

3.1	ARTICLE 1	78.23	ARTICLE 2
3.2	COMMUNITY SUPPORTS	78.24	CONTINUING CARE
3.3	Section 1. Minnesota Statutes 2016, section 144A.351, is amended to read:		
3.4	144A.351 BALANCING LONG-TERM CARE SERVICES AND SUPPORTS:		
3.5	REPORT AND STUDY REQUIRED.		
3.6	Subdivision 1. Report requirements. The commissioners of health and human services,		
3.7	with the cooperation of counties and in consultation with stakeholders, including persons		
3.8	who need or are using long-term care services and supports, lead agencies, regional entities,		
3.9	senior, disability, and mental health organization representatives, service providers, and		
3.10	community members shall prepare a report to the legislature by August 15, 2013, and		
3.11	biennially thereafter, regarding the status of the full range of long-term care services and		
3.12	supports for the elderly and children and adults with disabilities and mental illnesses in		
3.13	Minnesota. Any amounts appropriated for this report are available in either year of the		
3.14	biennium. The report shall address:		
3.15	(1) demographics and need for long-term care services and supports in Minnesota;		
3.16	(2) summary of county and regional reports on long-term care gaps, surpluses, imbalances,		
3.17	and corrective action plans;		
3.18	(3) status of long-term care services and related mental health services, housing options,		
3.19	and supports by county and region including:		
3.20	(i) changes in availability of the range of long-term care services and housing options;		
3.21	(ii) access problems, including access to the least restrictive and most integrated services		
3.22	and settings, regarding long-term care services; and		
3.23	(iii) comparative measures of long-term care services availability, including serving		
3.24	people in their home areas near family, and changes over time; and		
3.25	(4) recommendations regarding goals for the future of long-term care services and		
3.26	supports, policy and fiscal changes, and resource development and transition needs.		
3.27	Subd. 2. Critical access study. The commissioner of human services shall conduct a		
3.28	onetime study to assess local capacity and availability of home and community-based		
3.29	services for older adults, people with disabilities, and people with mental illnesses. The		
3.30	study must assess critical access at the community level and identify potential strategies to		

3.31 ~~build home and community-based service capacity in critical access areas. The report shall~~
 3.32 ~~be submitted to the legislature no later than August 15, 2015.~~

4.1 Sec. 2. Minnesota Statutes 2016, section 245D.03, subdivision 1, is amended to read:

4.2 Subdivision 1. **Applicability.** (a) The commissioner shall regulate the provision of home
 4.3 and community-based services to persons with disabilities and persons age 65 and older
 4.4 pursuant to this chapter. The licensing standards in this chapter govern the provision of
 4.5 basic support services and intensive support services.

4.6 (b) Basic support services provide the level of assistance, supervision, and care that is
 4.7 necessary to ensure the health and welfare of the person and do not include services that
 4.8 are specifically directed toward the training, treatment, habilitation, or rehabilitation of the
 4.9 person. Basic support services include:

4.10 (1) in-home and out-of-home respite care services as defined in section 245A.02,
 4.11 subdivision 15, and under the brain injury, community alternative care, community access
 4.12 for disability inclusion, developmental disability, and elderly waiver plans, excluding
 4.13 out-of-home respite care provided to children in a family child foster care home licensed
 4.14 under Minnesota Rules, parts 2960.3000 to 2960.3100, when the child foster care license
 4.15 holder complies with the requirements under section 245D.06, subdivisions 5, 6, 7, and 8,
 4.16 or successor provisions; and section 245D.061 or successor provisions, which must be
 4.17 stipulated in the statement of intended use required under Minnesota Rules, part 2960.3000,
 4.18 subpart 4;

4.19 (2) adult companion services as defined under the brain injury, community access for
 4.20 disability inclusion, and elderly waiver plans, excluding adult companion services provided
 4.21 under the Corporation for National and Community Services Senior Companion Program
 4.22 established under the Domestic Volunteer Service Act of 1973, Public Law 98-288;

4.23 (3) personal support as defined under the developmental disability waiver plan;

4.24 (4) 24-hour emergency assistance, personal emergency response as defined under the
 4.25 community access for disability inclusion and developmental disability waiver plans;

4.26 (5) night supervision services as defined under the brain injury waiver plan; ~~and~~

4.27 (6) homemaker services as defined under the community access for disability inclusion,
 4.28 brain injury, community alternative care, developmental disability, and elderly waiver plans,
 4.29 excluding providers licensed by the Department of Health under chapter 144A and those
 4.30 providers providing cleaning services only; ~~and~~

81.1 Sec. 4. Minnesota Statutes 2016, section 245D.03, subdivision 1, is amended to read:

81.2 Subdivision 1. **Applicability.** (a) The commissioner shall regulate the provision of home
 81.3 and community-based services to persons with disabilities and persons age 65 and older
 81.4 pursuant to this chapter. The licensing standards in this chapter govern the provision of
 81.5 basic support services and intensive support services.

81.6 (b) Basic support services provide the level of assistance, supervision, and care that is
 81.7 necessary to ensure the health and welfare of the person and do not include services that
 81.8 are specifically directed toward the training, treatment, habilitation, or rehabilitation of the
 81.9 person. Basic support services include:

81.10 (1) in-home and out-of-home respite care services as defined in section 245A.02,
 81.11 subdivision 15, and under the brain injury, community alternative care, community access
 81.12 for disability inclusion, developmental disability, and elderly waiver plans, excluding
 81.13 out-of-home respite care provided to children in a family child foster care home licensed
 81.14 under Minnesota Rules, parts 2960.3000 to 2960.3100, when the child foster care license
 81.15 holder complies with the requirements under section 245D.06, subdivisions 5, 6, 7, and 8,
 81.16 or successor provisions; and section 245D.061 or successor provisions, which must be
 81.17 stipulated in the statement of intended use required under Minnesota Rules, part 2960.3000,
 81.18 subpart 4;

81.19 (2) adult companion services as defined under the brain injury, community access for
 81.20 disability inclusion, and elderly waiver plans, excluding adult companion services provided
 81.21 under the Corporation for National and Community Services Senior Companion Program
 81.22 established under the Domestic Volunteer Service Act of 1973, Public Law 98-288;

81.23 (3) personal support as defined under the developmental disability waiver plan;

81.24 (4) 24-hour emergency assistance, personal emergency response as defined under the
 81.25 community access for disability inclusion and developmental disability waiver plans;

81.26 (5) night supervision services as defined under the brain injury waiver plan; ~~and~~

81.27 (6) homemaker services as defined under the community access for disability inclusion,
 81.28 brain injury, community alternative care, developmental disability, and elderly waiver plans,
 81.29 excluding providers licensed by the Department of Health under chapter 144A and those
 81.30 providers providing cleaning services only; ~~and~~

4.31 (7) individual community living support under section 256B.0915, subdivision 3g.

5.1 (c) Intensive support services provide assistance, supervision, and care that is necessary
5.2 to ensure the health and welfare of the person and services specifically directed toward the
5.3 training, habilitation, or rehabilitation of the person. Intensive support services include:

5.4 (1) intervention services, including:

5.5 (i) behavioral support services as defined under the brain injury and community access
5.6 for disability inclusion waiver plans;

5.7 (ii) in-home or out-of-home crisis respite services as defined under the developmental
5.8 disability waiver plan; and

5.9 (iii) specialist services as defined under the current developmental disability waiver
5.10 plan;

5.11 (2) in-home support services, including:

5.12 (i) in-home family support and supported living services as defined under the
5.13 developmental disability waiver plan;

5.14 (ii) independent living services training as defined under the brain injury and community
5.15 access for disability inclusion waiver plans; ~~and~~

5.16 (iii) semi-independent living services; and

5.17 (iv) individualized home supports services as defined under the brain injury, community
5.18 alternative care, and community access for disability inclusion waiver plans;

5.19 (3) residential supports and services, including:

5.20 (i) supported living services as defined under the developmental disability waiver plan
5.21 provided in a family or corporate child foster care residence, a family adult foster care
5.22 residence, a community residential setting, or a supervised living facility;

5.23 (ii) foster care services as defined in the brain injury, community alternative care, and
5.24 community access for disability inclusion waiver plans provided in a family or corporate
5.25 child foster care residence, a family adult foster care residence, or a community residential
5.26 setting; and

81.31 (c) Intensive support services provide assistance, supervision, and care that is necessary
81.32 to ensure the health and welfare of the person and services specifically directed toward the
81.33 training, habilitation, or rehabilitation of the person. Intensive support services include:

82.1 (1) intervention services, including:

82.2 (i) behavioral support services as defined under the brain injury and community access
82.3 for disability inclusion waiver plans;

82.4 (ii) in-home or out-of-home crisis respite services as defined under the developmental
82.5 disability waiver plan; and

82.6 (iii) specialist services as defined under the current developmental disability waiver
82.7 plan;

82.8 (2) in-home support services, including:

82.9 (i) in-home family support and supported living services as defined under the
82.10 developmental disability waiver plan;

82.11 (ii) independent living services training as defined under the brain injury and community
82.12 access for disability inclusion waiver plans; ~~and~~

82.13 (iii) semi-independent living services;

82.14 (3) residential supports and services, including:

82.15 (i) supported living services as defined under the developmental disability waiver plan
82.16 provided in a family or corporate child foster care residence, a family adult foster care
82.17 residence, a community residential setting, or a supervised living facility;

82.18 (ii) foster care services as defined in the brain injury, community alternative care, and
82.19 community access for disability inclusion waiver plans provided in a family or corporate
82.20 child foster care residence, a family adult foster care residence, or a community residential
82.21 setting; and

5.27 (iii) residential services provided to more than four persons with developmental
5.28 disabilities in a supervised living facility, including ICFs/DD;

5.29 (4) day services, including:

5.30 (i) structured day services as defined under the brain injury waiver plan;

6.1 (ii) day training and habilitation services under sections 252.41 to 252.46, and as defined
6.2 under the developmental disability waiver plan; and

6.3 (iii) prevocational services as defined under the brain injury and community access for
6.4 disability inclusion waiver plans; and

6.5 ~~(5) supported employment as defined under the brain injury, developmental disability,~~
6.6 ~~and community access for disability inclusion waiver plans~~ employment exploration services
6.7 as defined under the brain injury, community alternative care, community access for disability
6.8 inclusion, and developmental disability waiver plans;

6.9 (6) employment development services as defined under the brain injury, community
6.10 alternative care, community access for disability inclusion, and developmental disability
6.11 waiver plans; and

6.12 (7) employment support services as defined under the brain injury, community alternative
6.13 care, community access for disability inclusion, and developmental disability waiver plans.

6.14 EFFECTIVE DATE. (a) The amendment to paragraphs (b) and (c), clause (2), is
6.15 effective the day following final enactment.

6.16 (b) The amendments to paragraph (c), clauses (5) to (7), are effective upon federal
6.17 approval. The commissioner of human services shall notify the revisor of statutes when
6.18 federal approval is obtained.

6.19 Sec. 3. Minnesota Statutes 2016, section 252.41, subdivision 3, is amended to read:

6.20 Subd. 3. **Day training and habilitation services for adults with developmental**
6.21 **disabilities.** (a) "Day training and habilitation services for adults with developmental
6.22 disabilities" means services that:

6.23 (1) include supervision, training, assistance, ~~and supported employment, center-based~~
6.24 work-related activities, or other community-integrated activities designed and implemented
6.25 in accordance with the individual service and individual habilitation plans required under
6.26 Minnesota Rules, parts 9525.0004 to 9525.0036, to help an adult reach and maintain the

82.22 (iii) residential services provided to more than four persons with developmental
82.23 disabilities in a supervised living facility, including ICFs/DD;

82.24 (4) day services, including:

82.25 (i) structured day services as defined under the brain injury waiver plan;

82.26 (ii) day training and habilitation services under sections 252.41 to 252.46, and as defined
82.27 under the developmental disability waiver plan; and

82.28 (iii) prevocational services as defined under the brain injury and community access for
82.29 disability inclusion waiver plans; and

82.30 ~~(5) supported employment as defined under the brain injury, developmental disability,~~
82.31 ~~and community access for disability inclusion waiver plans~~ employment exploration services
83.1 as defined under the brain injury, community alternative care, community access for disability
83.2 inclusion, and developmental disability waiver plans;

83.3 (6) employment development services as defined under the brain injury, community
83.4 alternative care, community access for disability inclusion, and developmental disability
83.5 waiver plans; and

83.6 (7) employment support services as defined under the brain injury, community alternative
83.7 care, community access for disability inclusion, and developmental disability waiver plans.

83.8 EFFECTIVE DATE. This section is effective upon federal approval. The commissioner
83.9 of human services shall notify the revisor of statutes when federal approval is obtained.

86.5 Sec. 6. Minnesota Statutes 2016, section 252.41, subdivision 3, is amended to read:

86.6 Subd. 3. **Day training and habilitation services for adults with developmental**
86.7 **disabilities.** (a) "Day training and habilitation services for adults with developmental
86.8 disabilities" means services that:

86.9 (1) include supervision, training, assistance, ~~and supported employment, center-based~~
86.10 work-related activities, or other community-integrated activities designed and implemented
86.11 in accordance with the individual service and individual habilitation plans required under
86.12 Minnesota Rules, parts 9525.0004 to 9525.0036, to help an adult reach and maintain the

6.27 highest possible level of independence, productivity, and integration into the community;
6.28 and

6.29 (2) are provided by a vendor licensed under sections 245A.01 to 245A.16 and 252.28,
6.30 subdivision 2, to provide day training and habilitation services.

6.31 (b) Day training and habilitation services reimbursable under this section do not include
6.32 special education and related services as defined in the Education of the Individuals with
7.1 Disabilities Act, United States Code, title 20, chapter 33, section 1401, clauses (6) and (17),
7.2 or vocational services funded under section 110 of the Rehabilitation Act of 1973, United
7.3 States Code, title 29, section 720, as amended.

7.4 (c) Day training and habilitation services do not include employment exploration,
7.5 employment development, or employment support services as defined in the home and
7.6 community-based services waivers for people with disabilities authorized under sections
7.7 256B.092 and 256B.49.

7.8 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
7.9 of human services shall notify the revisor of statutes when federal approval is obtained.

7.10 Sec. 4. **[256.477] SELF-ADVOCACY GRANTS.**

7.11 (a) The commissioner shall make available a grant for the purposes of establishing and
7.12 maintaining a statewide self-advocacy network for persons with intellectual and
7.13 developmental disabilities. The self-advocacy network shall:

7.14 (1) ensure that persons with intellectual and developmental disabilities are informed of
7.15 their rights in employment, housing, transportation, voting, government policy, and other
7.16 issues pertinent to the intellectual and developmental disability community;

7.17 (2) provide public education and awareness of the civil and human rights issues persons
7.18 with intellectual and developmental disabilities face;

7.19 (3) provide funds, technical assistance, and other resources for self-advocacy groups
7.20 across the state; and

7.21 (4) organize systems of communications to facilitate an exchange of information between
7.22 self-advocacy groups.

7.23 (b) An organization receiving a grant under paragraph (a) must be an organization
7.24 governed by people with intellectual and developmental disabilities that administers a
7.25 statewide network of disability groups in order to maintain and promote self-advocacy

86.13 highest possible level of independence, productivity, and integration into the community;
86.14 and

86.15 (2) are provided by a vendor licensed under sections 245A.01 to 245A.16 and 252.28,
86.16 subdivision 2, to provide day training and habilitation services.

86.17 (b) Day training and habilitation services reimbursable under this section do not include
86.18 special education and related services as defined in the Education of the Individuals with
86.19 Disabilities Act, United States Code, title 20, chapter 33, section 1401, clauses (6) and (17),
86.20 or vocational services funded under section 110 of the Rehabilitation Act of 1973, United
86.21 States Code, title 29, section 720, as amended.

86.22 (c) Day training and habilitation services do not include employment exploration,
86.23 employment development, or employment supports services as defined in the home and
86.24 community-based services waivers for people with disabilities authorized under sections
86.25 256B.092 and 256B.49.

86.26 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
86.27 of human services shall notify the revisor of statutes when federal approval is obtained.

7.26 services and supports for persons with intellectual and developmental disabilities throughout
7.27 the state.

7.28 (c) An organization receiving a grant under paragraph (a) must use the funds for the
7.29 following purposes:

7.30 (1) to maintain the infrastructure needed to train and support the activities of a statewide
7.31 network of peer-to-peer mentors for people with developmental disabilities, focused on
7.32 building awareness of service options and advocacy skills necessary to move toward full
8.1 inclusion in community life, including the development and delivery of the curriculum to
8.2 support the peer-to-peer network;

8.3 (2) to provide outreach activities, including statewide conferences and disability
8.4 networking opportunities focused on self-advocacy, informed choice, and community
8.5 engagement skills;

8.6 (3) to provide an annual leadership program for persons with intellectual and
8.7 developmental disabilities; and

8.8 (4) to provide for administrative and general operating costs associated with managing
8.9 and maintaining facilities, program delivery, evaluation, staff, and technology.

87.15 Sec. 8. Minnesota Statutes 2016, section 256B.0625, subdivision 6a, is amended to read:

87.16 Subd. 6a. **Home health services.** Home health services are those services specified in
87.17 Minnesota Rules, part 9505.0295 and sections 256B.0651 and 256B.0653. Medical assistance
87.18 covers home health services at a recipient's home residence or in the community where
87.19 normal life activities take the recipient. Medical assistance does not cover home health
87.20 services for residents of a hospital, nursing facility, or intermediate care facility, unless the
87.21 commissioner of human services has authorized skilled nurse visits for less than 90 days
87.22 for a resident at an intermediate care facility for persons with developmental disabilities,
87.23 to prevent an admission to a hospital or nursing facility or unless a resident who is otherwise
87.24 eligible is on leave from the facility and the facility either pays for the home health services
87.25 or forgoes the facility per diem for the leave days that home health services are used. Home
87.26 health services must be provided by a Medicare certified home health agency. All nursing
87.27 and home health aide services must be provided according to sections 256B.0651 to
87.28 256B.0653.

87.29 Sec. 9. Minnesota Statutes 2016, section 256B.0653, subdivision 2, is amended to read:

87.30 Subd. 2. **Definitions.** For the purposes of this section, the following terms have the
87.31 meanings given.

- 88.1 (a) "Assessment" means an evaluation of the recipient's medical need for home health
 88.2 agency services by a registered nurse or appropriate therapist that is conducted within 30
 88.3 days of a request.
- 88.4 (b) "Home care therapies" means occupational, physical, and respiratory therapy and
 88.5 speech-language pathology services provided in the home by a Medicare certified home
 88.6 health agency.
- 88.7 (c) "Home health agency services" means services delivered ~~in the recipient's home~~
 88.8 ~~residence, except as specified in section 256B.0625,~~ by a home health agency to a recipient
 88.9 with medical needs due to illness, disability, or physical conditions in settings permitted
 88.10 under section 256B.0625, subdivision 6a.
- 88.11 (d) "Home health aide" means an employee of a home health agency who completes
 88.12 medically oriented tasks written in the plan of care for a recipient.
- 88.13 (e) "Home health agency" means a home care provider agency that is Medicare-certified.
- 88.14 (f) "Occupational therapy services" mean the services defined in Minnesota Rules, part
 88.15 9505.0390.
- 88.16 (g) "Physical therapy services" mean the services defined in Minnesota Rules, part
 88.17 9505.0390.
- 88.18 (h) "Respiratory therapy services" mean the services defined in chapter 147C.
- 88.19 (i) "Speech-language pathology services" mean the services defined in Minnesota Rules,
 88.20 part 9505.0390.
- 88.21 (j) "Skilled nurse visit" means a professional nursing visit to complete nursing tasks
 88.22 required due to a recipient's medical condition that can only be safely provided by a
 88.23 professional nurse to restore and maintain optimal health.
- 88.24 (k) "Store-and-forward technology" means telehomecare services that do not occur in
 88.25 real time via synchronous transmissions such as diabetic and vital sign monitoring.
- 88.26 (l) "Telehomecare" means the use of telecommunications technology via live, two-way
 88.27 interactive audiovisual technology which may be augmented by store-and-forward
 88.28 technology.
- 88.29 (m) "Telehomecare skilled nurse visit" means a visit by a professional nurse to deliver
 88.30 a skilled nurse visit to a recipient located at a site other than the site where the nurse is
 88.31 located and is used in combination with face-to-face skilled nurse visits to adequately meet
 88.32 the recipient's needs.
- 89.1 Sec. 10. Minnesota Statutes 2016, section 256B.0653, subdivision 3, is amended to read:
- 89.2 Subd. 3. **Home health aide visits.** (a) Home health aide visits must be provided by a
 89.3 certified home health aide using a written plan of care that is updated in compliance with
 89.4 Medicare regulations. A home health aide shall provide hands-on personal care, perform
 89.5 simple procedures as an extension of therapy or nursing services, and assist in instrumental
 89.6 activities of daily living as defined in section 256B.0659, including assuring that the person

- 89.7 gets to medical appointments if identified in the written plan of care. Home health aide
89.8 visits ~~must~~ may be provided in the recipient's home or in the community where normal life
89.9 activities take the recipient.
- 89.10 (b) All home health aide visits must have authorization under section 256B.0652. The
89.11 commissioner shall limit home health aide visits to no more than one visit per day per
89.12 recipient.
- 89.13 (c) Home health aides must be supervised by a registered nurse or an appropriate therapist
89.14 when providing services that are an extension of therapy.
- 89.15 Sec. 11. Minnesota Statutes 2016, section 256B.0653, subdivision 4, is amended to read:
- 89.16 Subd. 4. **Skilled nurse visit services.** (a) Skilled nurse visit services must be provided
89.17 by a registered nurse or a licensed practical nurse under the supervision of a registered nurse,
89.18 according to the written plan of care and accepted standards of medical and nursing practice
89.19 according to chapter 148. Skilled nurse visit services must be ordered by a physician and
89.20 documented in a plan of care that is reviewed and approved by the ordering physician at
89.21 least once every 60 days. All skilled nurse visits must be medically necessary and provided
89.22 in the recipient's home residence or in the community where normal life activities take the
89.23 recipient, except as allowed under section 256B.0625, subdivision 6a.
- 89.24 (b) Skilled nurse visits include face-to-face and telehomecare visits with a limit of up
89.25 to two visits per day per recipient. All visits must be based on assessed needs.
- 89.26 (c) Telehomecare skilled nurse visits are allowed when the recipient's health status can
89.27 be accurately measured and assessed without a need for a face-to-face, hands-on encounter.
89.28 All telehomecare skilled nurse visits must have authorization and are paid at the same
89.29 allowable rates as face-to-face skilled nurse visits.
- 89.30 (d) The provision of telehomecare must be made via live, two-way interactive audiovisual
89.31 technology and may be augmented by utilizing store-and-forward technologies. Individually
89.32 identifiable patient data obtained through real-time or store-and-forward technology must
89.33 be maintained as health records according to sections 144.291 to 144.298. If the video is
90.1 used for research, training, or other purposes unrelated to the care of the patient, the identity
90.2 of the patient must be concealed.
- 90.3 (e) Authorization for skilled nurse visits must be completed under section 256B.0652.
90.4 A total of nine face-to-face skilled nurse visits per calendar year do not require authorization.
90.5 All telehomecare skilled nurse visits require authorization.
- 90.6 Sec. 12. Minnesota Statutes 2016, section 256B.0653, subdivision 5, is amended to read:
- 90.7 Subd. 5. **Home care therapies.** (a) Home care therapies include the following: physical
90.8 therapy, occupational therapy, respiratory therapy, and speech and language pathology
90.9 therapy services.
- 90.10 (b) Home care therapies must be:

- 90.11 (1) provided in the recipient's residence or in the community where normal life activities
 90.12 take the recipient after it has been determined the recipient is unable to access outpatient
 90.13 therapy;
- 90.14 (2) prescribed, ordered, or referred by a physician and documented in a plan of care and
 90.15 reviewed, according to Minnesota Rules, part 9505.0390;
- 90.16 (3) assessed by an appropriate therapist; and
- 90.17 (4) provided by a Medicare-certified home health agency enrolled as a Medicaid provider
 90.18 agency.
- 90.19 (c) Restorative and specialized maintenance therapies must be provided according to
 90.20 Minnesota Rules, part 9505.0390. Physical and occupational therapy assistants may be used
 90.21 as allowed under Minnesota Rules, part 9505.0390, subpart 1, item B.
- 90.22 (d) For both physical and occupational therapies, the therapist and the therapist's assistant
 90.23 may not both bill for services provided to a recipient on the same day.
- 90.24 Sec. 13. Minnesota Statutes 2016, section 256B.0653, subdivision 6, is amended to read:
- 90.25 Subd. 6. **Noncovered home health agency services.** The following are not eligible for
 90.26 payment under medical assistance as a home health agency service:
- 90.27 (1) telehomecare skilled nurses services that is communication between the home care
 90.28 nurse and recipient that consists solely of a telephone conversation, facsimile, electronic
 90.29 mail, or a consultation between two health care practitioners;
- 90.30 (2) the following skilled nurse visits:
- 91.1 (i) for the purpose of monitoring medication compliance with an established medication
 91.2 program for a recipient;
- 91.3 (ii) administering or assisting with medication administration, including injections,
 91.4 prefilling syringes for injections, or oral medication setup of an adult recipient, when, as
 91.5 determined and documented by the registered nurse, the need can be met by an available
 91.6 pharmacy or the recipient or a family member is physically and mentally able to
 91.7 self-administer or prefill a medication;
- 91.8 (iii) services done for the sole purpose of supervision of the home health aide or personal
 91.9 care assistant;
- 91.10 (iv) services done for the sole purpose to train other home health agency workers;
- 91.11 (v) services done for the sole purpose of blood samples or lab draw when the recipient
 91.12 is able to access these services outside the home; and
- 91.13 (vi) Medicare evaluation or administrative nursing visits required by Medicare;
- 91.14 (3) home health aide visits when the following activities are the sole purpose for the
 91.15 visit: companionship, socialization, household tasks, transportation, and education; ~~and~~

8.10 Sec. 5. Minnesota Statutes 2016, section 256B.0659, subdivision 1, is amended to read:

8.11 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in
8.12 paragraphs (b) to ~~(t)~~ (s) have the meanings given unless otherwise provided in text.

91.16 (4) home care therapies provided in other settings such as a clinic, day program, or as
91.17 an inpatient or when the recipient can access therapy outside of the recipient's residence;
91.18 and
91.19 (5) home health agency services without qualifying documentation of a face-to-face
91.20 encounter as specified in subdivision 7.

91.21 Sec. 14. Minnesota Statutes 2016, section 256B.0653, is amended by adding a subdivision
91.22 to read:

91.23 Subd. 7. **Face-to-face encounter:** (a) A face-to-face encounter by a qualifying provider
91.24 must be completed for all home health services regardless of the need for prior authorization,
91.25 except when providing a onetime perinatal visit by skilled nursing. The face-to-face encounter
91.26 may occur through telemedicine as defined in section 256B.0625, subdivision 3b. The
91.27 encounter must be related to the primary reason the recipient requires home health services
91.28 and must occur within the 90 days before or the 30 days after the start of services. The
91.29 face-to-face encounter may be conducted by one of the following practitioners, licensed in
91.30 Minnesota:

91.31 (1) a physician;
91.32 (2) a nurse practitioner or clinical nurse specialist;
92.1 (3) a certified nurse midwife; or
92.2 (4) a physician assistant.

92.3 (b) The allowed nonphysician practitioner, as described in this subdivision, performing
92.4 the face-to-face encounter must communicate the clinical findings of that face-to-face
92.5 encounter to the ordering physician. Those clinical findings must be incorporated into a
92.6 written or electronic document included in the recipient's medical record. To assure clinical
92.7 correlation between the face-to-face encounter and the associated home health services, the
92.8 physician responsible for ordering the services must:

92.9 (1) document that the face-to-face encounter, which is related to the primary reason the
92.10 recipient requires home health services, occurred within the required time period; and
92.11 (2) indicate the practitioner who conducted the encounter and the date of the encounter.

92.12 (c) For home health services requiring authorization, including prior authorization, home
92.13 health agencies must retain the qualifying documentation of a face-to-face encounter as part
92.14 of the recipient health service record, and submit the qualifying documentation to the
92.15 commissioner or the commissioner's designee upon request.

8.13 (b) "Activities of daily living" means grooming, dressing, bathing, transferring, mobility,
8.14 positioning, eating, and toileting.

8.15 (c) "Behavior," effective January 1, 2010, means a category to determine the home care
8.16 rating and is based on the criteria found in this section. "Level I behavior" means physical
8.17 aggression towards self, others, or destruction of property that requires the immediate
8.18 response of another person.

8.19 (d) "Complex health-related needs," effective January 1, 2010, means a category to
8.20 determine the home care rating and is based on the criteria found in this section.

8.21 (e) "Complex personal care assistance services" means personal care assistance services:

8.22 (1) for a person who qualifies for ten hours or more of personal care assistance services
8.23 per day; and

8.24 (2) provided by a personal care assistant who is qualified to provide complex personal
8.25 assistance services under subdivision 11, paragraph (d).

8.26 ~~(e)~~ (f) "Critical activities of daily living," effective January 1, 2010, means transferring,
8.27 mobility, eating, and toileting.

8.28 ~~(f)~~ (g) "Dependency in activities of daily living" means a person requires assistance to
8.29 begin and complete one or more of the activities of daily living.

8.30 ~~(g)~~ (h) "Extended personal care assistance service" means personal care assistance
8.31 services included in a service plan under one of the home and community-based services
9.1 waivers authorized under sections 256B.0915, 256B.092, subdivision 5, and 256B.49, which
9.2 exceed the amount, duration, and frequency of the state plan personal care assistance services
9.3 for participants who:

9.4 (1) need assistance provided periodically during a week, but less than daily will not be
9.5 able to remain in their homes without the assistance, and other replacement services are
9.6 more expensive or are not available when personal care assistance services are to be reduced;
9.7 or

9.8 (2) need additional personal care assistance services beyond the amount authorized by
9.9 the state plan personal care assistance assessment in order to ensure that their safety, health,
9.10 and welfare are provided for in their homes.

- 9.11 ~~(H)~~ (i) "Health-related procedures and tasks" means procedures and tasks that can be
9.12 delegated or assigned by a licensed health care professional under state law to be performed
9.13 by a personal care assistant.
- 9.14 ~~(H)~~ (j) "Instrumental activities of daily living" means activities to include meal planning
9.15 and preparation; basic assistance with paying bills; shopping for food, clothing, and other
9.16 essential items; performing household tasks integral to the personal care assistance services;
9.17 communication by telephone and other media; and traveling, including to medical
9.18 appointments and to participate in the community.
- 9.19 ~~(H)~~ (k) "Managing employee" has the same definition as Code of Federal Regulations,
9.20 title 42, section 455.
- 9.21 ~~(H)~~ (l) "Qualified professional" means a professional providing supervision of personal
9.22 care assistance services and staff as defined in section 256B.0625, subdivision 19c.
- 9.23 ~~(H)~~ (m) "Personal care assistance provider agency" means a medical assistance enrolled
9.24 provider that provides or assists with providing personal care assistance services and includes
9.25 a personal care assistance provider organization, personal care assistance choice agency,
9.26 class A licensed nursing agency, and Medicare-certified home health agency.
- 9.27 ~~(H)~~ (n) "Personal care assistant" or "PCA" means an individual employed by a personal
9.28 care assistance agency who provides personal care assistance services.
- 9.29 ~~(H)~~ (o) "Personal care assistance care plan" means a written description of personal care
9.30 assistance services developed by the personal care assistance provider according to the
9.31 service plan.
- 9.32 ~~(H)~~ (p) "Responsible party" means an individual who is capable of providing the support
9.33 necessary to assist the recipient to live in the community.
- 10.1 ~~(H)~~ (q) "Self-administered medication" means medication taken orally, by injection,
10.2 nebulizer, or insertion, or applied topically without the need for assistance.
- 10.3 ~~(H)~~ (r) "Service plan" means a written summary of the assessment and description of the
10.4 services needed by the recipient.
- 10.5 ~~(H)~~ (s) "Wages and benefits" means wages and salaries, the employer's share of FICA
10.6 taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation, mileage
10.7 reimbursement, health and dental insurance, life insurance, disability insurance, long-term
10.8 care insurance, uniform allowance, and contributions to employee retirement accounts.

- 10.9 **EFFECTIVE DATE.** This section is effective July 1, 2018.
- 10.10 Sec. 6. Minnesota Statutes 2016, section 256B.0659, subdivision 2, is amended to read:
- 10.11 Subd. 2. **Personal care assistance services; covered services.** (a) The personal care
10.12 assistance services eligible for payment include services and supports furnished to an
10.13 individual, as needed, to assist in:
- 10.14 (1) activities of daily living;
- 10.15 (2) health-related procedures and tasks;
- 10.16 (3) observation and redirection of behaviors; and
- 10.17 (4) instrumental activities of daily living.
- 10.18 (b) Activities of daily living include the following covered services:
- 10.19 (1) dressing, including assistance with choosing, application, and changing of clothing
10.20 and application of special appliances, wraps, or clothing;
- 10.21 (2) grooming, including assistance with basic hair care, oral care, shaving, applying
10.22 cosmetics and deodorant, and care of eyeglasses and hearing aids. Nail care is included,
10.23 except for recipients who are diabetic or have poor circulation;
- 10.24 (3) bathing, including assistance with basic personal hygiene and skin care;
- 10.25 (4) eating, including assistance with hand washing and application of orthotics required
10.26 for eating, transfers, and feeding;
- 10.27 (5) transfers, including assistance with transferring the recipient from one seating or
10.28 reclining area to another;
- 10.29 (6) mobility, including assistance with ambulation, including use of a wheelchair.
10.30 Mobility does not include providing transportation for a recipient;
- 11.1 (7) positioning, including assistance with positioning or turning a recipient for necessary
11.2 care and comfort; and
- 11.3 (8) toileting, including assistance with helping recipient with bowel or bladder elimination
11.4 and care including transfers, mobility, positioning, feminine hygiene, use of toileting

- 11.5 equipment or supplies, cleansing the perineal area, inspection of the skin, and adjusting
11.6 clothing.
- 11.7 (c) Health-related procedures and tasks include the following covered services:
- 11.8 (1) range of motion and passive exercise to maintain a recipient's strength and muscle
11.9 functioning;
- 11.10 (2) assistance with self-administered medication as defined by this section, including
11.11 reminders to take medication, bringing medication to the recipient, and assistance with
11.12 opening medication under the direction of the recipient or responsible party, including
11.13 medications given through a nebulizer;
- 11.14 (3) interventions for seizure disorders, including monitoring and observation; and
- 11.15 (4) other activities considered within the scope of the personal care service and meeting
11.16 the definition of health-related procedures and tasks under this section.
- 11.17 (d) A personal care assistant may provide health-related procedures and tasks associated
11.18 with the complex health-related needs of a recipient if the procedures and tasks meet the
11.19 definition of health-related procedures and tasks under this section and the personal care
11.20 assistant is trained by a qualified professional and demonstrates competency to safely
11.21 complete the procedures and tasks. Delegation of health-related procedures and tasks and
11.22 all training must be documented in the personal care assistance care plan and the recipient's
11.23 and personal care assistant's files. A personal care assistant must not determine the medication
11.24 dose or time for medication.
- 11.25 (e) Effective January 1, 2010, for a personal care assistant to provide the health-related
11.26 procedures and tasks of tracheostomy suctioning and services to recipients on ventilator
11.27 support there must be:
- 11.28 (1) delegation and training by a registered nurse, certified or licensed respiratory therapist,
11.29 or a physician;
- 11.30 (2) utilization of clean rather than sterile procedure;
- 11.31 (3) specialized training about the health-related procedures and tasks and equipment,
11.32 including ventilator operation and maintenance;
- 12.1 (4) individualized training regarding the needs of the recipient; and
- 12.2 (5) supervision by a qualified professional who is a registered nurse.

12.3 (f) Effective January 1, 2010, a personal care assistant may observe and redirect the
12.4 recipient for episodes where there is a need for redirection due to behaviors. Training of
12.5 the personal care assistant must occur based on the needs of the recipient, the personal care
12.6 assistance care plan, and any other support services provided.

12.7 (g) Instrumental activities of daily living under subdivision 1, paragraph ~~(h)~~ (j).

12.8 **EFFECTIVE DATE.** This section is effective July 1, 2018.

12.9 Sec. 7. Minnesota Statutes 2016, section 256B.0659, subdivision 11, is amended to read:

12.10 Subd. 11. **Personal care assistant; requirements.** (a) A personal care assistant must
12.11 meet the following requirements:

12.12 (1) be at least 18 years of age with the exception of persons who are 16 or 17 years of
12.13 age with these additional requirements:

12.14 (i) supervision by a qualified professional every 60 days; and

12.15 (ii) employment by only one personal care assistance provider agency responsible for
12.16 compliance with current labor laws;

12.17 (2) be employed by a personal care assistance provider agency;

12.18 (3) enroll with the department as a personal care assistant after clearing a background
12.19 study. Except as provided in subdivision 11a, before a personal care assistant provides
12.20 services, the personal care assistance provider agency must initiate a background study on
12.21 the personal care assistant under chapter 245C, and the personal care assistance provider
12.22 agency must have received a notice from the commissioner that the personal care assistant
12.23 is;

12.24 (i) not disqualified under section 245C.14; or

12.25 (ii) is disqualified, but the personal care assistant has received a set aside of the
12.26 disqualification under section 245C.22;

12.27 (4) be able to effectively communicate with the recipient and personal care assistance
12.28 provider agency;

- 12.29 (5) be able to provide covered personal care assistance services according to the recipient's
12.30 personal care assistance care plan, respond appropriately to recipient needs, and report
12.31 changes in the recipient's condition to the supervising qualified professional or physician;
- 13.1 (6) not be a consumer of personal care assistance services;
- 13.2 (7) maintain daily written records including, but not limited to, time sheets under
13.3 subdivision 12;
- 13.4 (8) effective January 1, 2010, complete standardized training as determined by the
13.5 commissioner before completing enrollment. The training must be available in languages
13.6 other than English and to those who need accommodations due to disabilities. Personal care
13.7 assistant training must include successful completion of the following training components:
13.8 basic first aid, vulnerable adult, child maltreatment, OSHA universal precautions, basic
13.9 roles and responsibilities of personal care assistants including information about assistance
13.10 with lifting and transfers for recipients, emergency preparedness, orientation to positive
13.11 behavioral practices, fraud issues, and completion of time sheets. Upon completion of the
13.12 training components, the personal care assistant must demonstrate the competency to provide
13.13 assistance to recipients;
- 13.14 (9) complete training and orientation on the needs of the recipient; and
- 13.15 (10) be limited to providing and being paid for up to 275 hours per month of personal
13.16 care assistance services regardless of the number of recipients being served or the number
13.17 of personal care assistance provider agencies enrolled with. The number of hours worked
13.18 per day shall not be disallowed by the department unless in violation of the law.
- 13.19 (b) A legal guardian may be a personal care assistant if the guardian is not being paid
13.20 for the guardian services and meets the criteria for personal care assistants in paragraph (a).
- 13.21 (c) Persons who do not qualify as a personal care assistant include parents, stepparents,
13.22 and legal guardians of minors; spouses; paid legal guardians of adults; family foster care
13.23 providers, except as otherwise allowed in section 256B.0625, subdivision 19a; and staff of
13.24 a residential setting.
- 13.25 (d) A personal care assistant is qualified to provide complex personal care assistance
13.26 services defined in subdivision 1, paragraph (e), if the personal care assistant:
- 13.27 (1) provides services according to the care plan in subdivision 7 to an individual described
13.28 in subdivision 1, paragraph (e), clause (1); and

13.29 (2) beginning July 1, 2018, satisfies the current requirements of Medicare for training
13.30 and competency or competency evaluation of home health aides or nursing assistants, as
13.31 provided by Code of Federal Regulations, title 42, section 483.151 or 484.36, or alternative,
13.32 comparable, state-approved training and competency requirements.

13.33 **EFFECTIVE DATE.** This section is effective July 1, 2018.

14.1 Sec. 8. Minnesota Statutes 2016, section 256B.0659, is amended by adding a subdivision
14.2 to read:

14.3 Subd. 17a. **Rate for complex personal care assistance services.** The rate paid to a
14.4 provider for complex personal care assistance services shall be 110 percent of the rate paid
14.5 for personal care assistance services.

14.6 **EFFECTIVE DATE.** This section is effective July 1, 2018.

14.7 Sec. 9. Minnesota Statutes 2016, section 256B.0659, subdivision 21, is amended to read:

14.8 Subd. 21. **Requirements for provider enrollment of personal care assistance provider**
14.9 **agencies.** (a) All personal care assistance provider agencies must provide, at the time of
14.10 enrollment, reenrollment, and revalidation as a personal care assistance provider agency in
14.11 a format determined by the commissioner, information and documentation that includes,
14.12 but is not limited to, the following:

14.13 (1) the personal care assistance provider agency's current contact information including
14.14 address, telephone number, and e-mail address;

14.15 (2) proof of surety bond coverage. Upon new enrollment, or if the provider's Medicaid
14.16 revenue in the previous calendar year is up to and including \$300,000, the provider agency
14.17 must purchase a surety bond of \$50,000. If the Medicaid revenue in the previous year is
14.18 over \$300,000, the provider agency must purchase a surety bond of \$100,000. The surety
14.19 bond must be in a form approved by the commissioner, must be renewed annually, and must
14.20 allow for recovery of costs and fees in pursuing a claim on the bond;

14.21 (3) proof of fidelity bond coverage in the amount of \$20,000;

14.22 (4) proof of workers' compensation insurance coverage;

14.23 (5) proof of liability insurance;

- 14.24 (6) a description of the personal care assistance provider agency's organization identifying
14.25 the names of all owners, managing employees, staff, board of directors, and the affiliations
14.26 of the directors, owners, or staff to other service providers;
- 14.27 (7) a copy of the personal care assistance provider agency's written policies and
14.28 procedures including: hiring of employees; training requirements; service delivery; and
14.29 employee and consumer safety including process for notification and resolution of consumer
14.30 grievances, identification and prevention of communicable diseases, and employee
14.31 misconduct;
- 15.1 (8) copies of all other forms the personal care assistance provider agency uses in the
15.2 course of daily business including, but not limited to:
- 15.3 (i) a copy of the personal care assistance provider agency's time sheet if the time sheet
15.4 varies from the standard time sheet for personal care assistance services approved by the
15.5 commissioner, and a letter requesting approval of the personal care assistance provider
15.6 agency's nonstandard time sheet;
- 15.7 (ii) the personal care assistance provider agency's template for the personal care assistance
15.8 care plan; and
- 15.9 (iii) the personal care assistance provider agency's template for the written agreement
15.10 in subdivision 20 for recipients using the personal care assistance choice option, if applicable;
- 15.11 (9) a list of all training and classes that the personal care assistance provider agency
15.12 requires of its staff providing personal care assistance services;
- 15.13 (10) documentation that the personal care assistance provider agency and staff have
15.14 successfully completed all the training required by this section, including the requirements
15.15 under subdivision 11, paragraph (d), if complex personal care assistance services are provided
15.16 and submitted for payment;
- 15.17 (11) documentation of the agency's marketing practices;
- 15.18 (12) disclosure of ownership, leasing, or management of all residential properties that
15.19 is used or could be used for providing home care services;
- 15.20 (13) documentation that the agency will use the following percentages of revenue
15.21 generated from the medical assistance rate paid for personal care assistance services for
15.22 employee personal care assistant wages and benefits: 72.5 percent of revenue in the personal
15.23 care assistance choice option and 72.5 percent of revenue from other personal care assistance

15.24 providers. The revenue generated by the qualified professional and the reasonable costs
15.25 associated with the qualified professional shall not be used in making this calculation; and

15.26 (14) effective May 15, 2010, documentation that the agency does not burden recipients'
15.27 free exercise of their right to choose service providers by requiring personal care assistants
15.28 to sign an agreement not to work with any particular personal care assistance recipient or
15.29 for another personal care assistance provider agency after leaving the agency and that the
15.30 agency is not taking action on any such agreements or requirements regardless of the date
15.31 signed.

15.32 (b) Personal care assistance provider agencies shall provide the information specified
15.33 in paragraph (a) to the commissioner at the time the personal care assistance provider agency
16.1 enrolls as a vendor or upon request from the commissioner. The commissioner shall collect
16.2 the information specified in paragraph (a) from all personal care assistance providers
16.3 beginning July 1, 2009.

16.4 (c) All personal care assistance provider agencies shall require all employees in
16.5 management and supervisory positions and owners of the agency who are active in the
16.6 day-to-day management and operations of the agency to complete mandatory training as
16.7 determined by the commissioner before enrollment of the agency as a provider. Employees
16.8 in management and supervisory positions and owners who are active in the day-to-day
16.9 operations of an agency who have completed the required training as an employee with a
16.10 personal care assistance provider agency do not need to repeat the required training if they
16.11 are hired by another agency, if they have completed the training within the past three years.
16.12 By September 1, 2010, the required training must be available with meaningful access
16.13 according to title VI of the Civil Rights Act and federal regulations adopted under that law
16.14 or any guidance from the United States Health and Human Services Department. The
16.15 required training must be available online or by electronic remote connection. The required
16.16 training must provide for competency testing. Personal care assistance provider agency
16.17 billing staff shall complete training about personal care assistance program financial
16.18 management. This training is effective July 1, 2009. Any personal care assistance provider
16.19 agency enrolled before that date shall, if it has not already, complete the provider training
16.20 within 18 months of July 1, 2009. Any new owners or employees in management and
16.21 supervisory positions involved in the day-to-day operations are required to complete
16.22 mandatory training as a requisite of working for the agency. Personal care assistance provider
16.23 agencies certified for participation in Medicare as home health agencies are exempt from
16.24 the training required in this subdivision. When available, Medicare-certified home health
16.25 agency owners, supervisors, or managers must successfully complete the competency test.

16.26 Sec. 10. Minnesota Statutes 2016, section 256B.0911, subdivision 1a, is amended to read:

16.27 Subd. 1a. **Definitions.** For purposes of this section, the following definitions apply:

- 16.28 (a) Until additional requirements apply under paragraph (b), "long-term care consultation
16.29 services" means:
- 16.30 (1) intake for and access to assistance in identifying services needed to maintain an
16.31 individual in the most inclusive environment;
- 16.32 (2) providing recommendations for and referrals to cost-effective community services
16.33 that are available to the individual;
- 17.1 (3) development of an individual's person-centered community support plan;
- 17.2 (4) providing information regarding eligibility for Minnesota health care programs;
- 17.3 (5) face-to-face long-term care consultation assessments, which may be completed in a
17.4 hospital, nursing facility, intermediate care facility for persons with developmental disabilities
17.5 (ICF/DDs), regional treatment centers, or the person's current or planned residence;
- 17.6 (6) determination of home and community-based waiver and other service eligibility as
17.7 required under sections 256B.0913, 256B.0915, and 256B.49, including level of care
17.8 determination for individuals who need an institutional level of care as determined under
17.9 subdivision 4e, based on assessment and community support plan development, appropriate
17.10 referrals to obtain necessary diagnostic information, and including an eligibility determination
17.11 for consumer-directed community supports;
- 17.12 (7) providing recommendations for institutional placement when there are no
17.13 cost-effective community services available;
- 17.14 (8) providing access to assistance to transition people back to community settings after
17.15 institutional admission; and
- 17.16 (9) providing information about competitive employment, with or without supports, for
17.17 school-age youth and working-age adults and referrals to the Disability Linkage Line and
17.18 Disability Benefits 101 to ensure that an informed choice about competitive employment
17.19 can be made. For the purposes of this subdivision, "competitive employment" means work
17.20 in the competitive labor market that is performed on a full-time or part-time basis in an
17.21 integrated setting, and for which an individual is compensated at or above the minimum
17.22 wage, but not less than the customary wage and level of benefits paid by the employer for
17.23 the same or similar work performed by individuals without disabilities.
- 17.24 (b) Upon statewide implementation of lead agency requirements in subdivisions 2b, 2c,
17.25 and 3a, "long-term care consultation services" also means:

- 17.26 (1) service eligibility determination for state plan home care services identified in:
- 17.27 (i) section 256B.0625, subdivisions 7, 19a, and 19c;
- 17.28 (ii) consumer support grants under section 256.476; or
- 17.29 (iii) section 256B.85;
- 17.30 (2) notwithstanding provisions in Minnesota Rules, parts 9525.0004 to 9525.0024,
- 17.31 determination of eligibility for case management services available under sections 256B.0621,
- 17.32 subdivision 2, paragraph (4), and 256B.0924 and Minnesota Rules, part 9525.0016;
- 18.1 (3) determination of institutional level of care, home and community-based service
- 18.2 waiver, and other service eligibility as required under section 256B.092, determination of
- 18.3 eligibility for family support grants under section 252.32, semi-independent living services
- 18.4 under section 252.275, and day training and habilitation services under section 256B.092;
- 18.5 and
- 18.6 (4) obtaining necessary diagnostic information to determine eligibility under clauses (2)
- 18.7 and (3).
- 18.8 (c) "Long-term care options counseling" means the services provided by the linkage
- 18.9 lines as mandated by sections 256.01, subdivision 24, and 256.975, subdivision 7, and also
- 18.10 includes telephone assistance and follow up once a long-term care consultation assessment
- 18.11 has been completed.
- 18.12 (d) "Minnesota health care programs" means the medical assistance program under this
- 18.13 chapter and the alternative care program under section 256B.0913.
- 18.14 (e) "Lead agencies" means counties administering or tribes and health plans under
- 18.15 contract with the commissioner to administer long-term care consultation assessment and
- 18.16 support planning services.
- 18.17 (f) "Person-centered planning" includes the active participation of a person with a
- 18.18 disability in the person's services and program, including in making meaningful and informed
- 18.19 choices about the person's own goals and objectives, as well as making meaningful and
- 18.20 informed choices about the services the person receives. For the purposes of this paragraph,
- 18.21 "informed choice" means the process of the person with a disability choosing from all
- 18.22 available service options based on accurate and complete information concerning all available
- 18.23 service options and concerning the person's own preferences, abilities, goals, and objectives.
- 18.24 In order for a person to make an informed choice, all available options must be developed

18.25 and presented to the person by a partnership consisting of the person and the individuals
18.26 that will empower the consumer to make decisions.

18.27 Sec. 11. Minnesota Statutes 2016, section 256B.0911, subdivision 3a, is amended to read:

18.28 Subd. 3a. **Initial assessment and support planning.** (a) Persons requesting initial
18.29 assessment, initial services planning, or other assistance intended to support community-based
18.30 living, including persons who need assessment in order to determine initial waiver or
18.31 alternative care program eligibility, must be visited by a long-term care consultation team
18.32 within 20 calendar days after the date on which an initial assessment was requested or
18.33 recommended. Upon statewide implementation of subdivisions 2b, 2c, and 5, This
19.1 requirement also applies to an initial assessment of a person requesting personal care
19.2 assistance services and home care nursing. The commissioner shall provide at least a 90-day
19.3 notice to lead agencies prior to the effective date of this requirement. Face-to-face initial
19.4 assessments must be conducted according to paragraphs (b) to (i).

19.5 (b) Upon implementation of subdivisions 2b, 2c, and 5, Lead agencies shall use certified
19.6 assessors to conduct the initial assessment. For a person with complex health care needs, a
19.7 public health or registered nurse from the team must be consulted.

19.8 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
19.9 be used to complete a an initial comprehensive, person-centered assessment. The initial
19.10 assessment must include the health, psychological, functional, environmental, and social
19.11 needs of the individual necessary to develop a community support plan that meets the
19.12 individual's needs and preferences.

19.13 (d) The initial assessment must be conducted in a face-to-face interview with the person
19.14 being assessed and the person's legal representative. At the request of the person, other
19.15 individuals may participate in the assessment to provide information on the needs, strengths,
19.16 and preferences of the person necessary to develop a community support plan that ensures
19.17 the person's health and safety. Except for legal representatives or family members invited
19.18 by the person, persons participating in the assessment may not be a provider of service or
19.19 have any financial interest in the provision of services. For persons who are to be initially
19.20 assessed for elderly waiver customized living services under section 256B.0915, with the
19.21 permission of the person being assessed or the person's designated or legal representative,
19.22 the client's current or proposed provider of services may submit a copy of the provider's
19.23 nursing assessment or written report outlining its recommendations regarding the client's
19.24 care needs. The person conducting the assessment must notify the provider of the date by
19.25 which this information is to be submitted. This information shall be provided to the person
19.26 conducting the assessment prior to the assessment. For a person who is to be initially assessed
19.27 for waiver services under section 256B.092 or 256B.49, with the permission of the person
19.28 being assessed or the person's designated legal representative, the person's current provider
19.29 of services may submit a written report outlining recommendations regarding the person's

- 19.30 care needs prepared by a direct service employee with at least 20 hours of service to that
19.31 client. The person conducting the assessment ~~or reassessment~~ must notify the provider of
19.32 the date by which this information is to be submitted. This information shall be provided
19.33 to the person conducting the assessment and the person or the person's legal representative,
19.34 and must be considered prior to the finalization of the assessment or reassessment.
- 20.1 (e) The person or the person's legal representative must be provided with a written
20.2 community support plan within 40 calendar days of the initial assessment visit, regardless
20.3 of whether the individual is eligible for Minnesota health care programs. The written
20.4 community support plan must include:
- 20.5 (1) a summary of assessed needs as defined in paragraphs (c) and (d);
- 20.6 (2) the individual's options and choices to meet identified needs, including all available
20.7 options for case management services and providers;
- 20.8 (3) identification of health and safety risks and how those risks will be addressed,
20.9 including practical personal risk management strategies;
- 20.10 (4) referral information; and
- 20.11 (5) informal caregiver supports, if applicable.
- 20.12 For a person determined eligible for state plan home care under subdivision 1a, paragraph
20.13 (b), clause (1), the person or person's representative must also receive a copy of the home
20.14 care service plan developed by the certified assessor.
- 20.15 (f) A person may request assistance in identifying community supports without
20.16 participating in a complete assessment. Upon a request for assistance identifying community
20.17 support, the person must be transferred or referred to long-term care options counseling
20.18 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
20.19 telephone assistance and follow up.
- 20.20 (g) The person has the right to make the final decision between institutional placement
20.21 and community placement after the recommendations have been provided, except as provided
20.22 in section 256.975, subdivision 7a, paragraph (d).
- 20.23 (h) The lead agency must give the person receiving initial assessment or support planning,
20.24 or the person's legal representative, materials, and forms supplied by the commissioner
20.25 containing the following information:

- 20.26 (1) written recommendations for community-based services and consumer-directed
20.27 options;
- 20.28 (2) documentation that the most cost-effective alternatives available, including
20.29 independent living, were offered to the individual. For purposes of this clause,
20.30 "cost-effective" means community services and living arrangements that cost the same as
20.31 or less than institutional care or corporate foster care. For an individual found to meet
20.32 eligibility criteria for home and community-based service programs under section 256B.0915
21.1 or 256B.49, "cost-effectiveness" has the meaning found in the federally approved waiver
21.2 plan for each program;
- 21.3 (3) the need for and purpose of preadmission screening conducted by long-term care
21.4 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
21.5 nursing facility placement. If the individual selects nursing facility placement, the lead
21.6 agency shall forward information needed to complete the level of care determinations and
21.7 screening for developmental disability and mental illness collected during the assessment
21.8 to the long-term care options counselor using forms provided by the commissioner;
- 21.9 (4) the role of long-term care consultation assessment and support planning in eligibility
21.10 determination for waiver and alternative care programs, and state plan home care, case
21.11 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
21.12 and (b);
- 21.13 (5) information about Minnesota health care programs;
- 21.14 (6) the person's freedom to accept or reject the recommendations of the team;
- 21.15 (7) the person's right to confidentiality under the Minnesota Government Data Practices
21.16 Act, chapter 13;
- 21.17 (8) the certified assessor's decision regarding the person's need for institutional level of
21.18 care as determined under criteria established in subdivision 4c, the certified assessor's
21.19 decision regarding the person's need for corporate foster care, and the certified assessor's
21.20 decision regarding the person's eligibility for all services and programs as defined in
21.21 subdivision 1a, paragraphs (a), clause (6), and (b); and
- 21.22 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
21.23 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
21.24 (8), and (b), and incorporating the certified assessor's decision regarding the need for
21.25 institutional level of care, the certified assessor's decision regarding the need for corporate
21.26 foster care, or the lead agency's final decisions regarding public programs eligibility according
21.27 to section 256.045, subdivision 3.

21.28 (i) Face-to-face assessment completed as part of an initial eligibility determination for
21.29 the alternative care, elderly waiver, community access for disability inclusion, community
21.30 alternative care, and brain injury waiver programs under sections 256B.0913, 256B.0915,
21.31 and 256B.49 is valid to establish service eligibility for no more than 60 calendar days after
21.32 the date of assessment.

22.1 (j) The effective eligibility start date for programs in paragraph (i) can never be prior to
22.2 the date of initial assessment. If an initial assessment was completed more than 60 days
22.3 before the effective waiver or alternative care program eligibility start date, assessment and
22.4 support plan information must be updated and documented in the department's Medicaid
22.5 Management Information System (MMIS). Notwithstanding retroactive medical assistance
22.6 coverage of state plan services, the effective date of eligibility for programs included in
22.7 paragraph (i) cannot be prior to the date the ~~most recent updated~~ initial assessment is
22.8 completed.

22.9 Sec. 12. Minnesota Statutes 2016, section 256B.0911, is amended by adding a subdivision
22.10 to read:

22.11 Subd. 3f. **Service updates and modifications.** (a) A service update may substitute for
22.12 an annual reassessment under this section and Minnesota Rules, part 9525.0016, whenever
22.13 permitted by federal law and either there is not a significant change in a person's condition
22.14 or there is not a change in the person's needs for services. Service updates must be completed
22.15 face-to-face annually unless completed by phone. A service update may be completed by
22.16 telephone only if the person is able to participate in the update by telephone and no more
22.17 than two consecutive service updates are completed by phone.

22.18 (b) A service update must include a review of the most recent written community support
22.19 plan and home care plan, as well as a review of the initial baseline data, evaluation of service
22.20 effectiveness, modification of service plan and appropriate referrals, update of initial
22.21 assessment or most recent reassessment forms, obtaining service authorizations, and ongoing
22.22 consumer education.

22.23 (c) To the extent permitted by federal law, a service modification may substitute for a
22.24 reassessment otherwise required under this chapter following a change in condition or a
22.25 change in eligibility.

22.26 (d) A service update or service modification must be documented in a manner determined
22.27 by the commissioner.

- 22.28 (e) If the person receiving services or the person's legal representative requests a
22.29 reassessment under subdivision 3g, a service update or service modification must not be
22.30 substituted for a reassessment.
- 23.1 Sec. 13. Minnesota Statutes 2016, section 256B.0911, is amended by adding a subdivision
23.2 to read:
- 23.3 Subd. 3g. **Annual reassessments and other reassessments.** (a) All reassessments must
23.4 be conducted according to subdivision 3a.
- 23.5 (b) Any person who received an initial assessment under subdivision 3a and whose
23.6 continued eligibility for medical assistance services under federal law requires an annual
23.7 reassessment must be reassessed annually.
- 23.8 (c) If an annual reassessment is not required under federal law for a person who received
23.9 an initial assessment under subdivision 3a, lead agencies are not required to perform an
23.10 annual reassessment unless the person or the person's legal representative requests an annual
23.11 reassessment or the person has experienced a significant change in condition.
- 23.12 Sec. 14. Minnesota Statutes 2016, section 256B.0911, subdivision 4d, is amended to read:
- 23.13 Subd. 4d. **Preadmission screening of individuals under 65 years of age.** (a) It is the
23.14 policy of the state of Minnesota to ensure that individuals with disabilities or chronic illness
23.15 are served in the most integrated setting appropriate to their needs and have the necessary
23.16 information to make informed choices about home and community-based service options.
- 23.17 (b) Individuals under 65 years of age who are admitted to a Medicaid-certified nursing
23.18 facility must be screened prior to admission according to the requirements outlined in section
23.19 256.975, subdivisions 7a to 7c. This shall be provided by the Senior LinkAge Line as
23.20 required under section 256.975, subdivision 7.
- 23.21 (c) Individuals under 65 years of age who are admitted to nursing facilities with only a
23.22 telephone screening must receive a face-to-face initial assessment from the long-term care
23.23 consultation team member of the county in which the facility is located or from the recipient's
23.24 county case manager within 40 calendar days of admission.
- 23.25 (d) At the face-to-face initial assessment, the long-term care consultation team member
23.26 or county case manager must perform the activities required under subdivision 3b.
- 23.27 (e) For individuals under 21 years of age, a screening interview which recommends
23.28 nursing facility admission must be face-to-face and approved by the commissioner before
23.29 the individual is admitted to the nursing facility.

23.30 (f) In the event that an individual under 65 years of age is admitted to a nursing facility
23.31 on an emergency basis, the Senior LinkAge Line must be notified of the admission on the
24.1 next working day, and a face-to-face initial assessment as described in paragraph (c) must
24.2 be conducted within 40 calendar days of admission.

24.3 (g) At the face-to-face initial assessment, the long-term care consultation team member
24.4 or the case manager must present information about home and community-based options,
24.5 including consumer-directed options, so the individual can make informed choices. If the
24.6 individual chooses home and community-based services, the long-term care consultation
24.7 team member or case manager must complete a written relocation plan within 20 working
24.8 days of the visit. The plan shall describe the services needed to move out of the facility and
24.9 a time line for the move which is designed to ensure a smooth transition to the individual's
24.10 home and community.

24.11 (h) An individual under 65 years of age residing in a nursing facility whose condition
24.12 is likely to change shall receive a face-to-face ~~assessment~~ reassessment under subdivision
24.13 3g at least every 12 months to review the person's service choices and available alternatives
24.14 unless the individual indicates, in writing, that annual visits are not desired. In this case, the
24.15 individual must receive a face-to-face ~~assessment~~ reassessment at least once every 36 months
24.16 for the same purposes.

24.17 (i) An individual under 65 years of age residing in a nursing facility whose condition is
24.18 unlikely to change may, upon request, receive a face-to-face reassessment under subdivision
24.19 3g. An individual who does not request a reassessment under this paragraph must receive
24.20 an annual service update under subdivision 3f.

24.21 (j) Notwithstanding the provisions of subdivision 6, the commissioner may pay county
24.22 agencies directly for face-to-face initial assessments or reassessments for individuals under
24.23 65 years of age who are being considered for placement or residing in a nursing facility.

24.24 (k) Funding for preadmission screening follow-up shall be provided to the Disability
24.25 Linkage Line for the under-60 population by the Department of Human Services to cover
24.26 options counseling salaries and expenses to provide the services described in subdivisions
24.27 7a to 7c. The Disability Linkage Line shall employ, or contract with other agencies to
24.28 employ, within the limits of available funding, sufficient personnel to provide preadmission
24.29 screening follow-up services and shall seek to maximize federal funding for the service as
24.30 provided under section 256.01, subdivision 2, paragraph (dd).

24.31 Sec. 15. Minnesota Statutes 2016, section 256B.0915, subdivision 1a, is amended to read:

24.32 Subd. 1a. **Elderly waiver case management services.** (a) Except as provided to
24.33 individuals under prepaid medical assistance programs as described in paragraph (h), case

25.1 management services under the home and community-based services waiver for elderly
25.2 individuals are available from providers meeting qualification requirements and the standards
25.3 specified in subdivision 1b. Eligible recipients may choose any qualified provider of case
25.4 management services.

25.5 (b) Case management services assist individuals who receive waiver services in gaining
25.6 access to needed waiver and other state plan services and assist individuals in appeals under
25.7 section 256.045, as well as needed medical, social, educational, and other services regardless
25.8 of the funding source for the services to which access is gained. Case managers shall
25.9 collaborate with consumers, families, legal representatives, and relevant medical experts
25.10 and service providers in the development and periodic review of the coordinated service
25.11 and support plan.

25.12 (c) A case aide shall provide assistance to the case manager in carrying out administrative
25.13 activities of the case management function. The case aide may not assume responsibilities
25.14 that require professional judgment including assessments, reassessments, and care plan
25.15 development. The case manager is responsible for providing oversight of the case aide.

25.16 (d) Case managers shall be responsible for ongoing monitoring of the provision of
25.17 services included in the individual's plan of care. Case managers shall initiate the process
25.18 of reassessment of the individual's coordinated service and support plan and review the plan
25.19 at intervals specified in the federally approved waiver plan.

25.20 (e) The county of service or tribe must provide access to and arrange for case management
25.21 services. County of service has the meaning given it in Minnesota Rules, part 9505.0015,
25.22 subpart 11.

25.23 (f) Except as described in paragraph (h), case management services must be provided
25.24 by a public or private agency that is enrolled as a medical assistance provider determined
25.25 by the commissioner to meet all of the requirements in subdivision 1b. Case management
25.26 services must not be provided to a recipient by a private agency that has a financial interest
25.27 in the provision of any other services included in the recipient's coordinated service and
25.28 support plan. For purposes of this section, "private agency" means any agency that is not
25.29 identified as a lead agency under section 256B.0911, subdivision 1a, paragraph (e).

25.30 (g) Case management service activities provided to or arranged for a person include:

25.31 (1) development of the coordinated service and support plan under subdivision 6;

25.32 (2) informing the individual or the individual's legal guardian or conservator of service
25.33 options, and options for case management services and providers;

26.1 (3) consulting with relevant medical experts or service providers;

26.2 (4) assisting the person in the identification of potential providers;

26.3 (5) assisting the person to access services;

26.4 (6) coordination of services; and

26.5 (7) evaluation and monitoring of the services identified in the plan, which must
26.6 ~~incorporate at least one annual~~ include a face-to-face visit by the case manager with each
26.7 ~~person at the request of the individual or the individual's legal guardian or conservator of~~
26.8 ~~service options.~~

26.9 (h) Notwithstanding any requirements in this section, for individuals enrolled in prepaid
26.10 medical assistance programs under section 256B.69, subdivisions 6b and 23, the health plan
26.11 shall provide or arrange to provide elderly waiver case management services in paragraph
26.12 (g), in accordance with contract requirements established by the commissioner.

26.13 Sec. 16. Minnesota Statutes 2016, section 256B.0915, subdivision 5, is amended to read:

26.14 Subd. 5. **Assessments and reassessments for waiver clients.** (a) Each client shall
26.15 receive an initial assessment of strengths, informal supports, and need for services in
26.16 accordance with section 256B.0911, subdivisions 3, 3a, and 3b. ~~A reassessment of a client~~
26.17 ~~served~~ under the elderly waiver must be conducted ~~at least every 12 months and at other~~
26.18 ~~times~~ according to section 256B.0911, subdivision 3g, when the case manager determines
26.19 that there has been significant change in the client's functioning or at the request of the client
26.20 or the client's legal guardian or conservator of service options. This may include instances
26.21 where the client is discharged from the hospital. There must be a determination that the
26.22 client requires nursing facility level of care as defined in section 256B.0911, subdivision
26.23 4e, at an initial assessment under section 256B.0911, subdivision 3a, and any subsequent
26.24 ~~assessments~~ reassessments under section 256B.0911, subdivision 3g, or annual service
26.25 updates under section 256B.0911, subdivision 3f, to initiate and maintain participation in
26.26 the waiver program.

26.27 (b) Regardless of other assessments identified in section 144.0724, subdivision 4, as
26.28 appropriate to determine nursing facility level of care for purposes of medical assistance
26.29 payment for nursing facility services, only face-to-face initial assessments conducted
26.30 according to section 256B.0911, subdivisions 3a and 3b, that result in a nursing facility
26.31 level of care determination will be accepted for purposes of initial ~~and ongoing~~ access to
26.32 waiver service payment. Only reassessments conducted according to section 256B.0911,
26.33 subdivision 3g, that result in a nursing facility level of need determination or annual service
27.1 updates conducted according to section 256B.0911, subdivision 3f, that demonstrate no

27.2 improvement in the client's condition shall be accepted for the purposes of ongoing access
27.3 to waiver service payments.

27.4 Sec. 17. Minnesota Statutes 2016, section 256B.49, subdivision 15, is amended to read:

27.5 Subd. 15. **Coordinated service and support plan; comprehensive transitional service**
27.6 **plan; maintenance service plan.** (a) Each recipient of home and community-based waived
27.7 services shall be provided a copy of the written coordinated service and support plan which
27.8 meets the requirements in section 256B.092, subdivision 1b.

27.9 (b) In developing the comprehensive transitional service plan, the individual receiving
27.10 services, the case manager, and the guardian, if applicable, will identify the transitional
27.11 service plan fundamental service outcome and anticipated timeline to achieve this outcome.
27.12 Within the first 20 days following a recipient's request for an assessment or reassessment,
27.13 the transitional service planning team must be identified. A team leader must be identified
27.14 who will be responsible for assigning responsibility and communicating with team members
27.15 to ensure implementation of the transition plan and ongoing assessment and communication
27.16 process. The team leader should be an individual, such as the case manager or guardian,
27.17 who has the opportunity to follow the recipient to the next level of service.

27.18 Within ten days following an assessment, a comprehensive transitional service plan must
27.19 be developed incorporating elements of a comprehensive functional assessment and including
27.20 short-term measurable outcomes and timelines for achievement of and reporting on these
27.21 outcomes. Functional milestones must also be identified and reported according to the
27.22 timelines agreed upon by the transitional service planning team. In addition, the
27.23 comprehensive transitional service plan must identify additional supports that may assist
27.24 in the achievement of the fundamental service outcome such as the development of greater
27.25 natural community support, increased collaboration among agencies, and technological
27.26 supports.

27.27 The timelines for reporting on functional milestones will prompt a reassessment of
27.28 services provided, the units of services, rates, and appropriate service providers. It is the
27.29 responsibility of the transitional service planning team leader to review functional milestone
27.30 reporting to determine if the milestones are consistent with observable skills and that
27.31 milestone achievement prompts any needed changes to the comprehensive transitional
27.32 service plan.

27.33 For those whose fundamental transitional service outcome involves the need to procure
27.34 housing, a plan for the recipient to seek the resources necessary to secure the least restrictive
28.1 housing possible should be incorporated into the plan, including employment and public
28.2 supports such as housing access and shelter needy funding.

28.3 (c) Counties and other agencies responsible for funding community placement and
28.4 ongoing community supportive services are responsible for the implementation of the
28.5 comprehensive transitional service plans. Oversight responsibilities include both ensuring
28.6 effective transitional service delivery and efficient utilization of funding resources.

28.7 (d) Following one year of transitional services, the transitional services planning team
28.8 will make a determination as to whether or not the individual receiving services requires
28.9 the current level of continuous and consistent support in order to maintain the recipient's
28.10 current level of functioning. Recipients who are determined to have not had a significant
28.11 change in functioning for 12 months must move from a transitional to a maintenance service
28.12 plan. Recipients on a maintenance service plan must be reassessed to determine if the
28.13 recipient would benefit from a transitional service plan at least every 12 months and at other
28.14 times when there has been a significant change in the recipient's functioning or at the request
28.15 of the recipient or the recipient's guardian. This assessment should consider any changes to
28.16 technological or natural community supports.

28.17 (e) When a county is evaluating denials, reductions, or terminations of home and
28.18 community-based services under this section for an individual, the case manager shall offer
28.19 to meet with the individual or the individual's guardian in order to discuss the prioritization
28.20 of service needs within the coordinated service and support plan, comprehensive transitional
28.21 service plan, or maintenance service plan. The reduction in the authorized services for an
28.22 individual due to changes in funding for waived services may not exceed the amount
28.23 needed to ensure medically necessary services to meet the individual's health, safety, and
28.24 welfare.

28.25 (f) At the time of reassessment, local agency case managers shall assess each recipient
28.26 of community access for disability inclusion or brain injury waived services currently
28.27 residing in a licensed adult foster home that is not the primary residence of the license
28.28 holder, or in which the license holder is not the primary caregiver, to determine if that
28.29 recipient could appropriately be served in a community-living setting. If appropriate for the
28.30 recipient, the case manager shall offer the recipient, through a person-centered planning
28.31 process, the option to receive alternative housing and service options. In the event that the
28.32 recipient chooses to transfer from the adult foster home, the vacated bed shall not be filled
28.33 with another recipient of waiver services and group residential housing and the licensed
28.34 capacity shall be reduced accordingly, unless the savings required by the licensed bed closure
28.35 reductions under Laws 2011, First Special Session chapter 9, article 7, sections 1 and 40,
29.1 paragraph (f), for foster care settings where the physical location is not the primary residence
29.2 of the license holder are met through voluntary changes described in section 245A.03,
29.3 subdivision 7, paragraph (e), or as provided under paragraph (a), clauses (3) and (4). If the
29.4 adult foster home becomes no longer viable due to these transfers, the county agency, with
29.5 the assistance of the department, shall facilitate a consolidation of settings or closure. This
29.6 reassessment process shall be completed by July 1, 2013.

29.7 Sec. 18. Minnesota Statutes 2016, section 256B.4913, subdivision 4a, is amended to read:

29.8 Subd. 4a. **Rate stabilization adjustment.** (a) For purposes of this subdivision,

29.9 "implementation period" means the period beginning January 1, 2014, and ending on the

29.10 last day of the month in which the rate management system is populated with the data

29.11 necessary to calculate rates for substantially all individuals receiving home and

29.12 community-based waiver services under sections 256B.092 and 256B.49. "Banding period"

29.13 means the time period beginning on January 1, 2014, and ending upon the expiration of the

29.14 12-month period defined in paragraph (c), clause (5).

29.15 (b) For purposes of this subdivision, the historical rate for all service recipients means

29.16 the individual reimbursement rate for a recipient in effect on December 1, 2013, except

29.17 that:

29.18 (1) for a day service recipient who was not authorized to receive these waiver services

29.19 prior to January 1, 2014; added a new service or services on or after January 1, 2014; or

29.20 changed providers on or after January 1, 2014, the historical rate must be the weighted

29.21 average authorized rate for the provider number in the county of service, effective December

29.22 1, 2013; or

29.23 (2) for a unit-based service with programming or a unit-based service without

29.24 programming recipient who was not authorized to receive these waiver services prior to

29.25 January 1, 2014; added a new service or services on or after January 1, 2014; or changed

29.26 providers on or after January 1, 2014, the historical rate must be the weighted average

29.27 authorized rate for each provider number in the county of service, effective December 1,

29.28 2013; or

29.29 (3) for residential service recipients who change providers on or after January 1, 2014,

29.30 the historical rate must be set by each lead agency within their county aggregate budget

29.31 using their respective methodology for residential services effective December 1, 2013, for

29.32 determining the provider rate for a similarly situated recipient being served by that provider.

30.1 (c) The commissioner shall adjust individual reimbursement rates determined under this

30.2 section so that the unit rate is no higher or lower than:

30.3 (1) 0.5 percent from the historical rate for the implementation period;

30.4 (2) 0.5 percent from the rate in effect in clause (1), for the 12-month period immediately

30.5 following the time period of clause (1);

30.6 (3) 0.5 percent from the rate in effect in clause (2), for the 12-month period immediately

30.7 following the time period of clause (2);

95.10 Sec. 17. Minnesota Statutes 2016, section 256B.4913, subdivision 4a, is amended to read:

95.11 Subd. 4a. **Rate stabilization adjustment.** (a) For purposes of this subdivision,

95.12 "implementation period" means the period beginning January 1, 2014, and ending on the

95.13 last day of the month in which the rate management system is populated with the data

95.14 necessary to calculate rates for substantially all individuals receiving home and

95.15 community-based waiver services under sections 256B.092 and 256B.49. "Banding period"

95.16 means the time period beginning on January 1, 2014, and ending upon the expiration of the

95.17 12-month period defined in paragraph (c), clause (5).

95.18 (b) For purposes of this subdivision, the historical rate for all service recipients means

95.19 the individual reimbursement rate for a recipient in effect on December 1, 2013, except

95.20 that:

95.21 (1) for a day service recipient who was not authorized to receive these waiver services

95.22 prior to January 1, 2014; added a new service or services on or after January 1, 2014; or

95.23 changed providers on or after January 1, 2014, the historical rate must be the weighted

95.24 average authorized rate for the provider number in the county of service, effective December

95.25 1, 2013; or

95.26 (2) for a unit-based service with programming or a unit-based service without

95.27 programming recipient who was not authorized to receive these waiver services prior to

95.28 January 1, 2014; added a new service or services on or after January 1, 2014; or changed

95.29 providers on or after January 1, 2014, the historical rate must be the weighted average

95.30 authorized rate for each provider number in the county of service, effective December 1,

95.31 2013; or

95.32 (3) for residential service recipients who change providers on or after January 1, 2014,

95.33 the historical rate must be set by each lead agency within their county aggregate budget

96.1 using their respective methodology for residential services effective December 1, 2013, for

96.2 determining the provider rate for a similarly situated recipient being served by that provider.

96.3 (c) The commissioner shall adjust individual reimbursement rates determined under this

96.4 section so that the unit rate is no higher or lower than:

96.5 (1) 0.5 percent from the historical rate for the implementation period;

96.6 (2) 0.5 percent from the rate in effect in clause (1), for the 12-month period immediately

96.7 following the time period of clause (1);

96.8 (3) 0.5 percent from the rate in effect in clause (2), for the 12-month period immediately

96.9 following the time period of clause (2);

30.8 (4) 1.0 percent from the rate in effect in clause (3), for the 12-month period immediately
30.9 following the time period of clause (3);

30.10 (5) 1.0 percent from the rate in effect in clause (4), for the 12-month period immediately
30.11 following the time period of clause (4); ~~and~~

30.12 (6) no adjustment to the rate in effect in clause (5) for the 12-month period immediately
30.13 following the time period of clause (5). During this banding rate period, the commissioner
30.14 shall not enforce any rate decrease or increase that would otherwise result from the end of
30.15 the banding period. The commissioner shall, upon enactment, seek federal approval for the
30.16 addition of this banding period; ~~and~~

30.17 (7) one percent from the rate in effect in clause (6) for the 12-month period immediately
30.18 following the time period of clause (6).

30.19 (d) The commissioner shall review all changes to rates that were in effect on December
30.20 1, 2013, to verify that the rates in effect produce the equivalent level of spending and service
30.21 unit utilization on an annual basis as those in effect on October 31, 2013.

30.22 (e) By December 31, 2014, the commissioner shall complete the review in paragraph
30.23 (d), adjust rates to provide equivalent annual spending, and make appropriate adjustments.

30.24 (f) During the banding period, the Medicaid Management Information System (MMIS)
30.25 service agreement rate must be adjusted to account for change in an individual's need. The
30.26 commissioner shall adjust the Medicaid Management Information System (MMIS) service
30.27 agreement rate by:

30.28 (1) calculating a service rate under section 256B.4914, subdivision 6, 7, 8, or 9, for the
30.29 individual with variables reflecting the level of service in effect on December 1, 2013;

30.30 (2) calculating a service rate under section 256B.4914, subdivision 6, 7, 8, or 9, for the
30.31 individual with variables reflecting the updated level of service at the time of application;
30.32 and

31.1 (3) adding to or subtracting from the Medicaid Management Information System (MMIS)
31.2 service agreement rate, the difference between the values in clauses (1) and (2).

31.3 (g) This subdivision must not apply to rates for recipients served by providers new to a
31.4 given county after January 1, 2014. Providers of personal supports services who also acted
31.5 as fiscal support entities must be treated as new providers as of January 1, 2014.

96.10 (4) 1.0 percent from the rate in effect in clause (3), for the 12-month period immediately
96.11 following the time period of clause (3);

96.12 (5) 1.0 percent from the rate in effect in clause (4), for the 12-month period immediately
96.13 following the time period of clause (4); ~~and~~

96.14 (6) no adjustment to the rate in effect in clause (5) for the 12-month period immediately
96.15 following the time period of clause (5). During this banding rate period, the commissioner
96.16 shall not enforce any rate decrease or increase that would otherwise result from the end of
96.17 the banding period. The commissioner shall, upon enactment, seek federal approval for the
96.18 addition of this banding period.

96.19 (d) The commissioner shall review all changes to rates that were in effect on December
96.20 1, 2013, to verify that the rates in effect produce the equivalent level of spending and service
96.21 unit utilization on an annual basis as those in effect on October 31, 2013.

96.22 (e) By December 31, 2014, the commissioner shall complete the review in paragraph
96.23 (d), adjust rates to provide equivalent annual spending, and make appropriate adjustments.

96.24 (f) During the banding period, the Medicaid Management Information System (MMIS)
96.25 service agreement rate must be adjusted to account for change in an individual's need. The
96.26 commissioner shall adjust the Medicaid Management Information System (MMIS) service
96.27 agreement rate by:

96.28 (1) calculating a service rate under section 256B.4914, subdivision 6, 7, 8, or 9, for the
96.29 individual with variables reflecting the level of service in effect on December 1, 2013;

96.30 (2) calculating a service rate under section 256B.4914, subdivision 6, 7, 8, or 9, for the
96.31 individual with variables reflecting the updated level of service at the time of application;
96.32 and

97.1 (3) adding to or subtracting from the Medicaid Management Information System (MMIS)
97.2 service agreement rate, the difference between the values in clauses (1) and (2).

97.3 (g) This subdivision must not apply to rates for recipients served by providers new to a
97.4 given county after January 1, 2014. Providers of personal supports services who also acted
97.5 as fiscal support entities must be treated as new providers as of January 1, 2014.

31.6 **EFFECTIVE DATE.** (a) The amendment to paragraph (b) is effective the day following
31.7 final enactment.

31.8 (b) The amendment to paragraph (c) is effective upon federal approval. The commissioner
31.9 of human services shall notify the revisor of statutes when federal approval is obtained.

31.10 Sec. 19. Minnesota Statutes 2016, section 256B.4913, is amended by adding a subdivision
31.11 to read:

31.12 Subd. 7. **New services.** (a) A service added to section 256B.4914 after January 1, 2014,
31.13 is not subject to rate stabilization adjustment in this section.

31.14 (b) Employment support services authorized after January 1, 2018, under the new
31.15 employment support services definition according to the home and community-based services
31.16 waivers for people with disabilities under sections 256B.092 and 256B.49 are not subject
31.17 to rate stabilization adjustment in this section.

31.18 **EFFECTIVE DATE.** This section is effective the day following final enactment.

31.19 Sec. 20. Minnesota Statutes 2016, section 256B.4914, subdivision 2, is amended to read:

31.20 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
31.21 meanings given them, unless the context clearly indicates otherwise.

31.22 (b) "Commissioner" means the commissioner of human services.

31.23 (c) "Component value" means underlying factors that are part of the cost of providing
31.24 services that are built into the waiver rates methodology to calculate service rates.

31.25 (d) "Customized living tool" means a methodology for setting service rates that delineates
31.26 and documents the amount of each component service included in a recipient's customized
31.27 living service plan.

31.28 (e) "Disability waiver rates system" means a statewide system that establishes rates that
31.29 are based on uniform processes and captures the individualized nature of waiver services
31.30 and recipient needs.

32.1 (f) "Individual staffing" means the time spent as a one-to-one interaction specific to an
32.2 individual recipient by staff to provide direct support and assistance with activities of daily
32.3 living, instrumental activities of daily living, and training to participants, and is based on
32.4 the requirements in each individual's coordinated service and support plan under section
32.5 245D.02, subdivision 4b; any coordinated service and support plan addendum under section

97.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

97.7 Sec. 18. Minnesota Statutes 2016, section 256B.4913, is amended by adding a subdivision
97.8 to read:

97.9 Subd. 7. **New services.** (a) A service added to section 256B.4914 after January 1, 2014,
97.10 is not subject to rate stabilization adjustment in this section.

97.11 (b) Employment support services authorized after January 1, 2018, under the new
97.12 employment support services definition according to the home and community-based services
97.13 waivers for people with disabilities under sections 256B.092 and 256B.49 are not subject
97.14 to rate stabilization adjustment in this section.

97.15 **EFFECTIVE DATE.** This section is effective the day following final enactment.

97.16 Sec. 19. Minnesota Statutes 2016, section 256B.4914, subdivision 2, is amended to read:

97.17 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
97.18 meanings given them, unless the context clearly indicates otherwise.

97.19 (b) "Commissioner" means the commissioner of human services.

97.20 (c) "Component value" means underlying factors that are part of the cost of providing
97.21 services that are built into the waiver rates methodology to calculate service rates.

97.22 (d) "Customized living tool" means a methodology for setting service rates that delineates
97.23 and documents the amount of each component service included in a recipient's customized
97.24 living service plan.

97.25 (e) "Disability waiver rates system" means a statewide system that establishes rates that
97.26 are based on uniform processes and captures the individualized nature of waiver services
97.27 and recipient needs.

97.28 (f) "Individual staffing" means the time spent as a one-to-one interaction specific to an
97.29 individual recipient by staff to provide direct support and assistance with activities of daily
97.30 living, instrumental activities of daily living, and training to participants, and is based on
97.31 the requirements in each individual's coordinated service and support plan under section
98.1 245D.02, subdivision 4b; any coordinated service and support plan addendum under section

32.6 245D.02, subdivision 4c; and an assessment tool. Provider observation of an individual's
32.7 needs must also be considered.

32.8 (g) "Lead agency" means a county, partnership of counties, or tribal agency charged
32.9 with administering waived services under sections 256B.092 and 256B.49.

32.10 (h) "Median" means the amount that divides distribution into two equal groups, one-half
32.11 above the median and one-half below the median.

32.12 (i) "Payment or rate" means reimbursement to an eligible provider for services provided
32.13 to a qualified individual based on an approved service authorization.

32.14 (j) "Rates management system" means a Web-based software application that uses a
32.15 framework and component values, as determined by the commissioner, to establish service
32.16 rates.

32.17 (k) "Recipient" means a person receiving home and community-based services funded
32.18 under any of the disability waivers.

32.19 (l) "Shared staffing" means time spent by employees, not defined under paragraph (f),
32.20 providing or available to provide more than one individual with direct support and assistance
32.21 with activities of daily living as defined under section 256B.0659, subdivision 1, paragraph
32.22 (b); instrumental activities of daily living as defined under section 256B.0659, subdivision
32.23 1, paragraph (i); ancillary activities needed to support individual services; and training to
32.24 participants, and is based on the requirements in each individual's coordinated service and
32.25 support plan under section 245D.02, subdivision 4b; any coordinated service and support
32.26 plan addendum under section 245D.02, subdivision 4c; an assessment tool; and provider
32.27 observation of an individual's service need. Total shared staffing hours are divided
32.28 proportionally by the number of individuals who receive the shared service provisions.

32.29 (m) "Staffing ratio" means the number of recipients a service provider employee supports
32.30 during a unit of service based on a uniform assessment tool, provider observation, case
32.31 history, and the recipient's services of choice, and not based on the staffing ratios under
32.32 section 245D.31.

32.33 (n) "Unit of service" means the following:

33.1 (1) for residential support services under subdivision 6, a unit of service is a day. Any
33.2 portion of any calendar day, within allowable Medicaid rules, where an individual spends
33.3 time in a residential setting is billable as a day;

33.4 (2) for day services under subdivision 7:

98.2 245D.02, subdivision 4c; and an assessment tool. Provider observation of an individual's
98.3 needs must also be considered.

98.4 (g) "Lead agency" means a county, partnership of counties, or tribal agency charged
98.5 with administering waived services under sections 256B.092 and 256B.49.

98.6 (h) "Median" means the amount that divides distribution into two equal groups, one-half
98.7 above the median and one-half below the median.

98.8 (i) "Payment or rate" means reimbursement to an eligible provider for services provided
98.9 to a qualified individual based on an approved service authorization.

98.10 (j) "Rates management system" means a Web-based software application that uses a
98.11 framework and component values, as determined by the commissioner, to establish service
98.12 rates.

98.13 (k) "Recipient" means a person receiving home and community-based services funded
98.14 under any of the disability waivers.

98.15 (l) "Shared staffing" means time spent by employees, not defined under paragraph (f),
98.16 providing or available to provide more than one individual with direct support and assistance
98.17 with activities of daily living as defined under section 256B.0659, subdivision 1, paragraph
98.18 (b); instrumental activities of daily living as defined under section 256B.0659, subdivision
98.19 1, paragraph (i); ancillary activities needed to support individual services; and training to
98.20 participants, and is based on the requirements in each individual's coordinated service and
98.21 support plan under section 245D.02, subdivision 4b; any coordinated service and support
98.22 plan addendum under section 245D.02, subdivision 4c; an assessment tool; and provider
98.23 observation of an individual's service need. Total shared staffing hours are divided
98.24 proportionally by the number of individuals who receive the shared service provisions.

98.25 (m) "Staffing ratio" means the number of recipients a service provider employee supports
98.26 during a unit of service based on a uniform assessment tool, provider observation, case
98.27 history, and the recipient's services of choice, and not based on the staffing ratios under
98.28 section 245D.31.

98.29 (n) "Unit of service" means the following:

98.30 (1) for residential support services under subdivision 6, a unit of service is a day. Any
98.31 portion of any calendar day, within allowable Medicaid rules, where an individual spends
98.32 time in a residential setting is billable as a day;

98.33 (2) for day services under subdivision 7:

33.5 (i) for day training and habilitation services, a unit of service is either:

33.6 (A) a day unit of service is defined as six or more hours of time spent providing direct
33.7 services and transportation; or

33.8 (B) a partial day unit of service is defined as fewer than six hours of time spent providing
33.9 direct services and transportation; and

33.10 (C) for new day service recipients after January 1, 2014, 15 minute units of service must
33.11 be used for fewer than six hours of time spent providing direct services and transportation;

33.12 (ii) for adult day and structured day services, a unit of service is a day or 15 minutes. A
33.13 day unit of service is six or more hours of time spent providing direct services;

33.14 (iii) for prevocational services, a unit of service is a day or an hour. A day unit of service
33.15 is six or more hours of time spent providing direct service;

33.16 (3) for unit-based services with programming under subdivision 8:

33.17 (i) for supported living services, a unit of service is a day or 15 minutes. When a day
33.18 rate is authorized, any portion of a calendar day where an individual receives services is
33.19 billable as a day; and

33.20 (ii) for all other services, a unit of service is 15 minutes; and

33.21 (4) for unit-based services without programming under subdivision 9:

33.22 ~~(i) for respite services, a unit of service is a day or 15 minutes. When a day rate is~~
33.23 ~~authorized, any portion of a calendar day when an individual receives services is billable~~
33.24 ~~as a day; and~~

33.25 ~~(ii) for all other services, a unit of service is 15 minutes.~~

33.26 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
33.27 of human services shall notify the revisor of statutes when approval is obtained.

33.28 Sec. 21. Minnesota Statutes 2016, section 256B.4914, subdivision 3, is amended to read:

33.29 Subd. 3. **Applicable services.** Applicable services are those authorized under the state's
33.30 home and community-based services waivers under sections 256B.092 and 256B.49,

99.1 (i) for day training and habilitation services, a unit of service is either:

99.2 (A) a day unit of service is defined as six or more hours of time spent providing direct
99.3 services and transportation; or

99.4 (B) a partial day unit of service is defined as fewer than six hours of time spent providing
99.5 direct services and transportation; and

99.6 (C) for new day service recipients after January 1, 2014, 15 minute units of service must
99.7 be used for fewer than six hours of time spent providing direct services and transportation;

99.8 (ii) for adult day and structured day services, a unit of service is a day or 15 minutes. A
99.9 day unit of service is six or more hours of time spent providing direct services;

99.10 (iii) for prevocational services, a unit of service is a day or an hour. A day unit of service
99.11 is six or more hours of time spent providing direct service;

99.12 (3) for unit-based services with programming under subdivision 8:

99.13 (i) for supported living services, a unit of service is a day or 15 minutes. When a day
99.14 rate is authorized, any portion of a calendar day where an individual receives services is
99.15 billable as a day; and

99.16 (ii) for all other services, a unit of service is 15 minutes; and

99.17 (4) for unit-based services without programming under subdivision 9:

99.18 ~~(i) for respite services, a unit of service is a day or 15 minutes. When a day rate is~~
99.19 ~~authorized, any portion of a calendar day when an individual receives services is billable~~
99.20 ~~as a day; and~~

99.21 ~~(ii) for all other services, a unit of service is 15 minutes.~~

99.22 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
99.23 of human services shall notify the revisor of statutes when federal approval is obtained.

99.24 Sec. 20. Minnesota Statutes 2016, section 256B.4914, subdivision 3, is amended to read:

99.25 Subd. 3. **Applicable services.** Applicable services are those authorized under the state's
99.26 home and community-based services waivers under sections 256B.092 and 256B.49,

34.1 including the following, as defined in the federally approved home and community-based
34.2 services plan:

34.3 (1) 24-hour customized living;

34.4 (2) adult day care;

34.5 (3) adult day care bath;

34.6 (4) behavioral programming;

34.7 (5) companion services;

34.8 (6) customized living;

34.9 (7) day training and habilitation;

34.10 (8) housing access coordination;

34.11 (9) independent living skills;

34.12 (10) in-home family support;

34.13 (11) night supervision;

34.14 (12) personal support;

34.15 (13) prevocational services;

34.16 (14) residential care services;

34.17 (15) residential support services;

34.18 (16) respite services;

34.19 (17) structured day services;

34.20 ~~(18) supported employment services;~~

34.21 ~~(19)~~ (18) supported living services;

99.27 including the following, as defined in the federally approved home and community-based
99.28 services plan:

99.29 (1) 24-hour customized living;

99.30 (2) adult day care;

100.1 (3) adult day care bath;

100.2 (4) behavioral programming;

100.3 (5) companion services;

100.4 (6) customized living;

100.5 (7) day training and habilitation;

100.6 (8) housing access coordination;

100.7 (9) independent living skills;

100.8 (10) in-home family support;

100.9 (11) night supervision;

100.10 (12) personal support;

100.11 (13) prevocational services;

100.12 (14) residential care services;

100.13 (15) residential support services;

100.14 (16) respite services;

100.15 (17) structured day services;

100.16 ~~(18) supported employment services;~~

100.17 ~~(19)~~ (18) supported living services;

34.22 ~~(20)~~ (19) transportation services; and

34.23 (20) individualized home supports;

34.24 (21) independent living skills specialist services;

34.25 (22) employment exploration services;

34.26 (23) employment development services;

34.27 (24) employment support services; and

35.1 ~~(24)~~ (25) other services as approved by the federal government in the state home and

35.2 community-based services plan.

35.3 EFFECTIVE DATE. (a) Clause (20) is effective the day following final enactment.

35.4 (b) Clauses (21) to (24) are effective upon federal approval. The commissioner of human

35.5 services shall notify the revisor of statutes when federal approval is obtained.

35.6 Sec. 22. Minnesota Statutes 2016, section 256B.4914, subdivision 5, is amended to read:

35.7 Subd. 5. **Base wage index and standard component values.** (a) The base wage index

35.8 is established to determine staffing costs associated with providing services to individuals

35.9 receiving home and community-based services. For purposes of developing and calculating

35.10 the proposed base wage, Minnesota-specific wages taken from job descriptions and standard

35.11 occupational classification (SOC) codes from the Bureau of Labor Statistics as defined in

35.12 the most recent edition of the Occupational Handbook must be used. The base wage index

35.13 must be calculated as follows:

35.14 (1) for residential direct care staff, the sum of:

35.15 (i) 15 percent of the subtotal of 50 percent of the median wage for personal and home

35.16 health aide (SOC code 39-9021); 30 percent of the median wage for nursing ~~aide~~ assistant

35.17 (SOC code ~~31-1012~~ 31-1014); and 20 percent of the median wage for social and human

35.18 services aide (SOC code 21-1093); and

35.19 (ii) 85 percent of the subtotal of 20 percent of the median wage for home health aide

35.20 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide

35.21 (SOC code 39-9021); 20 percent of the median wage for nursing ~~aide~~ assistant (SOC code

35.22 ~~31-1012~~ 31-1014); 20 percent of the median wage for psychiatric technician (SOC code

100.18 ~~(20)~~ (19) transportation services; and

100.19 (20) independent living skills specialist services;

100.20 (21) employment exploration services;

100.21 (22) employment development services;

100.22 (23) employment support services; and

100.23 ~~(24)~~ (24) other services as approved by the federal government in the state home and

100.24 community-based services plan.

100.25 EFFECTIVE DATE. This section is effective upon federal approval, except clause

100.26 (20) is effective January 1, 2020. The commissioner of human services shall notify the

100.27 revisor of statutes when federal approval is obtained.

101.1 Sec. 21. Minnesota Statutes 2016, section 256B.4914, subdivision 5, is amended to read:

101.2 Subd. 5. **Base wage index and standard component values.** (a) The base wage index

101.3 is established to determine staffing costs associated with providing services to individuals

101.4 receiving home and community-based services. For purposes of developing and calculating

101.5 the proposed base wage, Minnesota-specific wages taken from job descriptions and standard

101.6 occupational classification (SOC) codes from the Bureau of Labor Statistics as defined in

101.7 the most recent edition of the Occupational Handbook must be used. The base wage index

101.8 must be calculated as follows:

101.9 (1) for residential direct care staff, the sum of:

101.10 (i) 15 percent of the subtotal of 50 percent of the median wage for personal and home

101.11 health aide (SOC code 39-9021); 30 percent of the median wage for nursing ~~aide~~ assistant

101.12 (SOC code ~~31-1012~~ 31-1014); and 20 percent of the median wage for social and human

101.13 services aide (SOC code 21-1093); and

101.14 (ii) 85 percent of the subtotal of 20 percent of the median wage for home health aide

101.15 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide

101.16 (SOC code 39-9021); 20 percent of the median wage for nursing ~~aide~~ assistant (SOC code

101.17 ~~31-1012~~ 31-1014); 20 percent of the median wage for psychiatric technician (SOC code

35.23 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
 35.24 21-1093);

35.25 (2) for day services, 20 percent of the median wage for nursing aide assistant (SOC code
 35.26 ~~31-1012~~ 31-1014); 20 percent of the median wage for psychiatric technician (SOC code
 35.27 29-2053); and 60 percent of the median wage for social and human services aide (SOC code
 35.28 21-1093);

35.29 (3) for residential asleep-overnight staff, the wage will be \$7.66 per hour is the minimum
 35.30 wage in Minnesota for large employers, except in a family foster care setting, the wage is
 35.31 \$2.80 per hour 36 percent of the minimum wage in Minnesota for large employers;

36.1 (4) for behavior program analyst staff, 100 percent of the median wage for mental health
 36.2 counselors (SOC code 21-1014);

36.3 (5) for behavior program professional staff, 100 percent of the median wage for clinical
 36.4 counseling and school psychologist (SOC code 19-3031);

36.5 (6) for behavior program specialist staff, 100 percent of the median wage for psychiatric
 36.6 technicians (SOC code 29-2053);

36.7 (7) for supportive living services staff, 20 percent of the median wage for nursing aide
 36.8 assistant (SOC code ~~31-1012~~ 31-1014); 20 percent of the median wage for psychiatric
 36.9 technician (SOC code 29-2053); and 60 percent of the median wage for social and human
 36.10 services aide (SOC code 21-1093);

36.11 (8) for housing access coordination staff, ~~50~~ 100 percent of the median wage for
 36.12 community and social services specialist (SOC code 21-1099); ~~and 50 percent of the median~~
 36.13 ~~wage for social and human services aide (SOC code 21-1093);~~

36.14 (9) for in-home family support staff, 20 percent of the median wage for nursing aide
 36.15 (SOC code 31-1012); 30 percent of the median wage for community social service specialist
 36.16 (SOC code 21-1099); 40 percent of the median wage for social and human services aide
 36.17 (SOC code 21-1093); and ten percent of the median wage for psychiatric technician (SOC
 36.18 code 29-2053);

36.19 (10) for individualized home supports services staff, 40 percent of the median wage for
 36.20 community social service specialist (SOC code 21-1099); 50 percent of the median wage
 36.21 for social and human services aide (SOC code 21-1093); and ten percent of the median
 36.22 wage for psychiatric technician (SOC code 29-2053);

101.18 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
 101.19 21-1093);

101.20 (2) for day services, 20 percent of the median wage for nursing aide assistant (SOC code
 101.21 ~~31-1012~~ 31-1014); 20 percent of the median wage for psychiatric technician (SOC code
 101.22 29-2053); and 60 percent of the median wage for social and human services aide (SOC code
 101.23 21-1093);

101.24 (3) for residential asleep-overnight staff, the wage will be \$7.66 per hour is the minimum
 101.25 wage in Minnesota for large employers, except in a family foster care setting, the wage is
 101.26 \$2.80 per hour 36 percent of the minimum wage in Minnesota for large employers;

101.27 (4) for behavior program analyst staff, 100 percent of the median wage for mental health
 101.28 counselors (SOC code 21-1014);

101.29 (5) for behavior program professional staff, 100 percent of the median wage for clinical
 101.30 counseling and school psychologist (SOC code 19-3031);

101.31 (6) for behavior program specialist staff, 100 percent of the median wage for psychiatric
 101.32 technicians (SOC code 29-2053);

102.1 (7) for supportive living services staff, 20 percent of the median wage for nursing aide
 102.2 assistant (SOC code ~~31-1012~~ 31-1014); 20 percent of the median wage for psychiatric
 102.3 technician (SOC code 29-2053); and 60 percent of the median wage for social and human
 102.4 services aide (SOC code 21-1093);

102.5 (8) for housing access coordination staff, ~~50~~ 100 percent of the median wage for
 102.6 community and social services specialist (SOC code 21-1099); ~~and 50 percent of the median~~
 102.7 ~~wage for social and human services aide (SOC code 21-1093);~~

102.8 (9) for in-home family support staff, 20 percent of the median wage for nursing aide
 102.9 (SOC code 31-1012); 30 percent of the median wage for community social service specialist
 102.10 (SOC code 21-1099); 40 percent of the median wage for social and human services aide
 102.11 (SOC code 21-1093); and ten percent of the median wage for psychiatric technician (SOC
 102.12 code 29-2053);

36.23 (11) for independent living skills staff, 40 percent of the median wage for community
 36.24 social service specialist (SOC code 21-1099); 50 percent of the median wage for social and
 36.25 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
 36.26 technician (SOC code 29-2053);

36.27 (12) for independent living skills specialist staff, 100 percent of mental health and
 36.28 substance abuse social worker (SOC code 21-1023);

36.29 ~~(11)~~ (13) for supported employment support services staff, 20 50 percent of the median
 36.30 wage for nursing aide rehabilitation counselor (SOC code 31-1012 21-1015); 20 percent of
 36.31 the median wage for psychiatric technician (SOC code 29-2053); and 60 50 percent of the
 36.32 median wage for community and social and human services aide specialist (SOC code
 36.33 21-1093 21-1099);

37.1 (14) for employment exploration services staff, 50 percent of the median wage for
 37.2 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
 37.3 community and social services specialist (SOC code 21-1099);

37.4 (15) for employment development services staff, 50 percent of the median wage for
 37.5 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
 37.6 of the median wage for community and social services specialist (SOC code 21-1099);

37.7 ~~(12)~~ (16) for adult companion staff, 50 percent of the median wage for personal and
 37.8 home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides,
 37.9 orderlies, and attendants assistant (SOC code 31-1012 31-1014);

37.10 ~~(13)~~ (17) for night supervision staff, 20 percent of the median wage for home health
 37.11 aide (SOC code 31-1011); 20 percent of the median wage for personal and home health
 37.12 aide (SOC code 39-9021); 20 percent of the median wage for nursing aide assistant (SOC
 37.13 code 31-1012 31-1014); 20 percent of the median wage for psychiatric technician (SOC
 37.14 code 29-2053); and 20 percent of the median wage for social and human services aide (SOC
 37.15 code 21-1093);

37.16 ~~(14)~~ (18) for respite staff, 50 percent of the median wage for personal and home care
 37.17 aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides, orderlies,
 37.18 and attendants assistant (SOC code 31-1012 31-1014);

37.19 ~~(15)~~ (19) for personal support staff, 50 percent of the median wage for personal and
 37.20 home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides,
 37.21 orderlies, and attendants assistant (SOC code 31-1012 31-1014);

102.13 (10) for independent living skills staff, 40 percent of the median wage for community
 102.14 social service specialist (SOC code 21-1099); 50 percent of the median wage for social and
 102.15 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
 102.16 technician (SOC code 29-2053);

102.17 (11) for independent living skills specialist staff, 100 percent of mental health and
 102.18 substance abuse social worker (SOC code 21-1023);

102.19 ~~(11)~~ (12) for supported employment supports services staff, 20 50 percent of the median
 102.20 wage for nursing aide rehabilitation counselor (SOC code 31-1012 21-1015); 20 percent of
 102.21 the median wage for psychiatric technician (SOC code 29-2053); and 60 50 percent of the
 102.22 median wage for community and social and human services aide specialist (SOC code
 102.23 21-1093 21-1099);

102.24 (13) for employment exploration services staff, 50 percent of the median wage for
 102.25 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
 102.26 community and social services specialist (SOC code 21-1099);

102.27 (14) for employment development services staff, 50 percent of the median wage for
 102.28 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
 102.29 of the median wage for community and social services specialist (SOC code 21-1099);

102.30 ~~(12)~~ (15) for adult companion staff, 50 percent of the median wage for personal and
 102.31 home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides,
 102.32 orderlies, and attendants assistant (SOC code 31-1012 31-1014);

103.1 ~~(13)~~ (16) for night supervision staff, 20 percent of the median wage for home health
 103.2 aide (SOC code 31-1011); 20 percent of the median wage for personal and home health
 103.3 aide (SOC code 39-9021); 20 percent of the median wage for nursing aide assistant (SOC
 103.4 code 31-1012 31-1014); 20 percent of the median wage for psychiatric technician (SOC
 103.5 code 29-2053); and 20 percent of the median wage for social and human services aide (SOC
 103.6 code 21-1093);

103.7 ~~(14)~~ (17) for respite staff, 50 percent of the median wage for personal and home care
 103.8 aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides, orderlies,
 103.9 and attendants assistant (SOC code 31-1012 31-1014);

103.10 ~~(15)~~ (18) for personal support staff, 50 percent of the median wage for personal and
 103.11 home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides,
 103.12 orderlies, and attendants assistant (SOC code 31-1012 31-1014);

37.22 ~~(16)~~ (20) for supervisory staff, ~~the basic wage is \$17.43 per hour, 100 percent of the~~
37.23 ~~median wage for community and social services specialist (SOC code 21-1099), with the~~
37.24 ~~exception of the supervisor of behavior professional, behavior analyst, and behavior~~
37.25 ~~specialists, which must be \$30.75 per hour is 100 percent of the median wage for clinical~~
37.26 ~~counseling and school psychologist (SOC code 19-3031);~~

37.27 ~~(17)~~ (21) for registered nurse staff, ~~the basic wage is \$30.82 per hour, 100 percent of~~
37.28 ~~the median wage for registered nurses (SOC code 29-1141); and~~

37.29 ~~(18)~~ (22) for licensed practical nurse staff, ~~the basic wage is \$18.64 per hour 100 percent~~
37.30 ~~of the median wage for licensed practical nurses (SOC code 29-2061).~~

37.31 (b) Component values for residential support services are:

37.32 (1) supervisory span of control ratio: 11 percent;

38.1 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

38.2 (3) employee-related cost ratio: 23.6 percent;

38.3 (4) general administrative support ratio: 13.25 percent;

38.4 (5) program-related expense ratio: 1.3 percent; and

38.5 (6) absence and utilization factor ratio: 3.9 percent.

38.6 (c) Component values for family foster care are:

38.7 (1) supervisory span of control ratio: 11 percent;

38.8 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

38.9 (3) employee-related cost ratio: 23.6 percent;

38.10 (4) general administrative support ratio: 3.3 percent;

38.11 (5) program-related expense ratio: 1.3 percent; and

38.12 (6) absence factor: 1.7 percent.

38.13 (d) Component values for day services for all services are:

103.13 ~~(16)~~ (19) for supervisory staff, the ~~basic~~ wage ~~is \$17.43 per hour~~ with exception of the
103.14 supervisor of behavior analyst and behavior specialists, which ~~must be \$30.75 per hour;~~

103.15 ~~(17)~~ (20) for registered nurse, the ~~basic~~ wage ~~is \$30.82 per hour;~~ and

103.16 ~~(18)~~ (21) for licensed practical nurse staff, ~~the basic wage is \$18.64 per hour 100 percent~~
103.17 ~~of the median wage for licensed practical nurses (SOC code 29-2061).~~

103.18 (b) Component values for residential support services are:

103.19 (1) supervisory span of control ratio: 11 percent;

103.20 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

103.21 (3) employee-related cost ratio: 23.6 percent;

103.22 (4) general administrative support ratio: 13.25 percent;

103.23 (5) program-related expense ratio: 1.3 percent; and

103.24 (6) absence and utilization factor ratio: 3.9 percent.

103.25 (c) Component values for family foster care are:

103.26 (1) supervisory span of control ratio: 11 percent;

103.27 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

103.28 (3) employee-related cost ratio: 23.6 percent;

103.29 (4) general administrative support ratio: 3.3 percent;

103.30 (5) program-related expense ratio: 1.3 percent; and

104.1 (6) absence factor: 1.7 percent.

104.2 (d) Component values for day services for all services are:

38.14 (1) supervisory span of control ratio: 11 percent;

38.15 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

38.16 (3) employee-related cost ratio: 23.6 percent;

38.17 (4) program plan support ratio: 5.6 percent;

38.18 (5) client programming and support ratio: ten percent;

38.19 (6) general administrative support ratio: 13.25 percent;

38.20 (7) program-related expense ratio: 1.8 percent; and

38.21 (8) absence and utilization factor ratio: ~~3.9~~ 9.4 percent.

38.22 (e) Component values for unit-based services with programming are:

38.23 (1) supervisory span of control ratio: 11 percent;

38.24 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

38.25 (3) employee-related cost ratio: 23.6 percent;

38.26 (4) program plan supports ratio: ~~3.4~~ 15.5 percent;

38.27 (5) client programming and supports ratio: ~~8.6~~ 4.7 percent;

39.1 (6) general administrative support ratio: 13.25 percent;

39.2 (7) program-related expense ratio: 6.1 percent; and

39.3 (8) absence and utilization factor ratio: 3.9 percent.

39.4 (f) Component values for unit-based services without programming except respite are:

39.5 (1) supervisory span of control ratio: 11 percent;

39.6 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

104.3 (1) supervisory span of control ratio: 11 percent;

104.4 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

104.5 (3) employee-related cost ratio: 23.6 percent;

104.6 (4) program plan support ratio: 5.6 percent;

104.7 (5) client programming and support ratio: ten percent;

104.8 (6) general administrative support ratio: 13.25 percent;

104.9 (7) program-related expense ratio: 1.8 percent; and

104.10 (8) absence and utilization factor ratio: ~~3.9~~ 5.9 percent.

104.11 (e) Component values for unit-based services with programming are:

104.12 (1) supervisory span of control ratio: 11 percent;

104.13 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

104.14 (3) employee-related cost ratio: 23.6 percent;

104.15 (4) program plan supports ratio: ~~3.4~~ 15.5 percent;

104.16 (5) client programming and supports ratio: ~~8.6~~ 4.7 percent;

104.17 (6) general administrative support ratio: 13.25 percent;

104.18 (7) program-related expense ratio: 6.1 percent; and

104.19 (8) absence and utilization factor ratio: 3.9 percent.

104.20 (f) Component values for unit-based services without programming except respite are:

104.21 (1) supervisory span of control ratio: 11 percent;

104.22 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

39.7 (3) employee-related cost ratio: 23.6 percent;

39.8 (4) program plan support ratio: ~~3.1~~ 7.0 percent;

39.9 (5) client programming and support ratio: ~~8.6~~ 2.3 percent;

39.10 (6) general administrative support ratio: 13.25 percent;

39.11 (7) program-related expense ratio: ~~6.1~~ 2.9 percent; and

39.12 (8) absence and utilization factor ratio: 3.9 percent.

39.13 (g) Component values for unit-based services without programming for respite are:

39.14 (1) supervisory span of control ratio: 11 percent;

39.15 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

39.16 (3) employee-related cost ratio: 23.6 percent;

39.17 (4) general administrative support ratio: 13.25 percent;

39.18 (5) program-related expense ratio: ~~6.1~~ 2.9 percent; and

39.19 (6) absence and utilization factor ratio: 3.9 percent.

39.20 (h) On July 1, 2017, the commissioner shall update the base wage index in paragraph

39.21 (a) based on the wage data by standard occupational code (SOC) from the Bureau of Labor

39.22 Statistics available on December 31, 2016. The commissioner shall publish these updated

39.23 values and load them into the rate management system. ~~This adjustment occurs every five~~

39.24 ~~years. For adjustments in 2021 and beyond, the commissioner shall use the data available~~

39.25 ~~on December 31 of the calendar year five years prior. On January 1, 2022, and every two~~

39.26 ~~years thereafter, the commissioner shall update the base wage index in paragraph (a) based~~

39.27 ~~on the most recently available wage data by SOC from the Bureau of Labor Statistics. The~~

39.28 ~~commissioner shall publish these updated values and load them into the rate management~~

39.29 ~~system.~~

40.1 (i) On July 1, 2017, the commissioner shall update the framework components in

40.2 ~~paragraphs (b) to (g) paragraph (d), clause (5); paragraph (e), clause (5); and paragraph (f),~~

40.3 ~~clause (5); subdivision 6, clauses (8) and (9); and subdivision 7, clauses (10), (16), and (17),~~

40.4 ~~for changes in the Consumer Price Index. The commissioner will adjust these values higher~~

104.23 (3) employee-related cost ratio: 23.6 percent;

104.24 (4) program plan support ratio: ~~3.1~~ 7.0 percent;

104.25 (5) client programming and support ratio: ~~8.6~~ 2.3 percent;

104.26 (6) general administrative support ratio: 13.25 percent;

104.27 (7) program-related expense ratio: ~~6.1~~ 2.9 percent; and

105.1 (8) absence and utilization factor ratio: 3.9 percent.

105.2 (g) Component values for unit-based services without programming for respite are:

105.3 (1) supervisory span of control ratio: 11 percent;

105.4 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

105.5 (3) employee-related cost ratio: 23.6 percent;

105.6 (4) general administrative support ratio: 13.25 percent;

105.7 (5) program-related expense ratio: ~~6.1~~ 2.9 percent; and

105.8 (6) absence and utilization factor ratio: 3.9 percent.

105.9 (h) On July 1, 2017, the commissioner shall update the base wage index in paragraph

105.10 (a) based on the wage data by standard occupational code (SOC) from the Bureau of Labor

105.11 Statistics available on December 31, 2016. The commissioner shall publish these updated

105.12 values and load them into the rate management system. ~~This adjustment occurs every five~~

105.13 ~~years. For adjustments in 2021 and beyond, the commissioner shall use the data available~~

105.14 ~~on December 31 of the calendar year five years prior. On January 1, 2022, and every two~~

105.15 ~~years thereafter, the commissioner shall update the base wage index in paragraph (a) based~~

105.16 ~~on the most recently available wage data by SOC from the Bureau of Labor Statistics. The~~

105.17 ~~commissioner shall publish these updated values and load~~

105.18 ~~them into the rate management system.~~

105.19 (i) On July 1, 2017, the commissioner shall update the framework components in

105.20 ~~paragraphs (b) to (g) paragraph (d), clause (5); paragraph (e), clause (5); and paragraph (f),~~

105.21 ~~clause (5); subdivision 6, clauses (8) and (9); and subdivision 7, clauses (10), (16), and (17),~~

105.22 ~~for changes in the Consumer Price Index. The commissioner will adjust these values higher~~

40.5 or lower by the percentage change in the Consumer Price Index-All Items, United States
40.6 city average (CPI-U) from January 1, 2014, to January 1, 2017. The commissioner shall
40.7 publish these updated values and load them into the rate management system. ~~This adjustment~~
40.8 ~~occurs every five years. For adjustments in 2021 and beyond, the commissioner shall use~~
40.9 ~~the data available on January 1 of the calendar year four years prior and January 1 of the~~
40.10 ~~current calendar year. On January 1, 2022, and every two years thereafter, the commissioner~~
40.11 ~~shall update the framework components in paragraph (d), clause (5); paragraph (e), clause~~
40.12 ~~(5); and paragraph (f), clause (5); subdivision 6, clauses (8) and (9); and subdivision 7,~~
40.13 ~~clauses (10), (16), and (17), for changes in the Consumer Price Index. The commissioner~~
40.14 ~~shall adjust these values higher or lower by the percentage change in the CPI-U from the~~
40.15 ~~date of the previous update to the date of the data most recently available prior to the~~
40.16 ~~scheduled update. The commissioner shall publish these updated values and load them into~~
40.17 ~~the rate management system.~~

40.18 (j) If Bureau of Labor Statistics SOC or Consumer Price Index items are unavailable in
40.19 the future, the commissioner shall recommend to the legislature codes or items to update
40.20 and replace missing component values.

40.21 (k) The commissioner must ensure that wage values and component values in subdivisions
40.22 5 to 9 reflect the cost to provide the service. As determined by the commissioner, in
40.23 consultation with stakeholders identified in section 256B.4913, subdivision 5, a provider
40.24 enrolled to provide services with rates determined under this section must submit business
40.25 cost data to the commissioner to support research on the cost of providing services that have
40.26 rates determined by the disability waiver rates system. Required business cost data includes,
40.27 but is not limited to:

40.28 (1) worker wage costs;

40.29 (2) benefits paid;

40.30 (3) supervisor wage costs;

40.31 (4) executive wage costs;

40.32 (5) vacation, sick, and training time paid;

40.33 (6) taxes, workers' compensation, and unemployment insurance costs paid;

41.1 (7) administrative costs paid;

105.23 or lower by the percentage change in the Consumer Price Index-All Items, United States
105.24 city average (CPI-U) from January 1, 2014, to January 1, 2017. The commissioner shall
105.25 publish these updated values and load them into the rate management system. ~~This adjustment~~
105.26 ~~occurs every five years. For adjustments in 2021 and beyond, the commissioner shall use~~
105.27 ~~the data available on January 1 of the calendar year four years prior and January 1 of the~~
105.28 ~~current calendar year. On January 1, 2022, and every two years thereafter, the commissioner~~
105.29 ~~shall update the framework components in paragraph (d), clause (5); paragraph (e), clause~~
105.30 ~~(5); and paragraph (f), clause (5); subdivision 6, clauses (8) and (9); and subdivision 7,~~
105.31 ~~clauses (10), (16), and (17), for changes in the Consumer Price Index. The commissioner~~
105.32 ~~shall adjust these values higher or lower by the percentage change in the~~
105.33 ~~Index-All Items, United States city average (CPI-U) from the date of the previous update~~
106.1 ~~to the date of the data most recently available prior to the scheduled update. The~~
106.2 ~~commissioner shall publish these updated values and load them into the rate management~~
106.3 ~~system.~~

106.4 (j) In this subdivision, if Bureau of Labor Statistics occupational codes or Consumer
106.5 Price Index items are unavailable in the future, the commissioner shall recommend to the
106.6 legislature codes or items to update and replace missing component values.

106.7 (k) The commissioner must ensure that wage values and component values in subdivisions
106.8 5 to 9 reflect the cost to provide the service. As determined by the commissioner, in
106.9 consultation with stakeholders identified in section 256B.4913, subdivision 5, a provider
106.10 enrolled to provide services with rates determined under this section must submit business
106.11 cost data to the commissioner to support research on the cost of providing services that have
106.12 rates determined by the disability waiver rates system. Required business cost data includes,
106.13 but is not limited to:

106.14 (1) worker wage costs;

106.15 (2) benefits paid;

106.16 (3) supervisor wage costs;

106.17 (4) executive wage costs;

106.18 (5) vacation, sick, and training time paid;

106.19 (6) taxes, workers' compensation, and unemployment insurance costs paid;

106.20 (7) administrative costs paid;

41.2 (8) program costs paid;

41.3 (9) transportation costs paid;

41.4 (10) vacancy rates; and

41.5 (11) other data relating to costs required to provide services requested by the

41.6 commissioner.

41.7 (l) A provider must submit cost component data at least once in any five-year period,

41.8 on a schedule determined by the commissioner, in consultation with stakeholders identified

41.9 in section 256B.4913, subdivision 5. If a provider fails to submit required reporting data,

41.10 the commissioner shall provide notice to providers that have not provided required data 30

41.11 days after the required submission date, and a second notice for providers who have not

41.12 provided required data 60 days after the required submission date. The commissioner shall

41.13 temporarily suspend payments to the provider if cost component data is not received 90

41.14 days after the required submission date. Withheld payments shall be made once data is

41.15 received by the commissioner.

41.16 (m) The commissioner shall conduct a random audit of data submitted under paragraph

41.17 (k) to ensure data accuracy. The commissioner shall analyze cost documentation in paragraph

41.18 (k) and provide recommendations for adjustments to cost components.

41.19 (n) The commissioner shall analyze cost documentation in paragraph (k) and, in

41.20 consultation with stakeholders identified in section 256B.4913, subdivision 5, may submit

41.21 recommendations on component values and inflationary factor adjustments to the chairs

41.22 and ranking minority members of the legislative committees with jurisdiction over human

41.23 services every four years beginning January 1, 2020. The commissioner shall make

41.24 recommendations in conjunction with reports submitted to the legislature according to

41.25 subdivision 10, paragraph (e). The commissioner shall release business cost data in an

41.26 aggregate form, and business cost data from individual providers shall not be released except

41.27 as provided for in current law.

41.28 (o) The commissioner, in consultation with stakeholders identified in section 256B.4913,

41.29 subdivision 5, shall develop and implement a process for providing training and technical

41.30 assistance necessary to support provider submission of cost documentation required under

41.31 paragraph (k).

41.32 **EFFECTIVE DATE.** (a) The amendments to paragraphs (a) to (g) are effective January

41.33 1, 2018, except the amendment to paragraph (d), clause (8), which is effective January 1,

42.1 2019, and the amendment to paragraph (a), clause (10), which is effective the day following

42.2 final enactment.

106.21 (8) program costs paid;

106.22 (9) transportation costs paid;

106.23 (10) vacancy rates; and

106.24 (11) other data relating to costs required to provide services requested by the

106.25 commissioner.

106.26 (l) A provider must submit cost component data at least once in any five-year period,

106.27 on a schedule determined by the commissioner, in consultation with stakeholders identified

106.28 in section 256B.4913, subdivision 5. If a provider fails to submit required reporting data,

106.29 the commissioner shall provide notice to providers that have not provided required data 30

106.30 days after the required submission date, and a second notice for providers who have not

106.31 provided required data 60 days after the required submission date. The commissioner shall

107.1 temporarily suspend payments to the provider if cost component data is not received 90

107.2 days after the required submission date. Withheld payments shall be made once data is

107.3 received by the commissioner.

107.4 (m) The commissioner shall conduct a random audit of data submitted under paragraph

107.5 (k) to ensure data accuracy. The commissioner shall analyze cost documentation in paragraph

107.6 (k) and provide recommendations for adjustments to cost components.

107.7 (n) The commissioner shall analyze cost documentation in paragraph (k) and, in

107.8 consultation with stakeholders identified in section 256B.4913, subdivision 5, may submit

107.9 recommendations on component values and inflationary factor adjustments to the chairs

107.10 and ranking minority members of the legislative committees with jurisdiction over human

107.11 services every four years beginning January 1, 2020. The commissioner shall make

107.12 recommendations in conjunction with reports submitted to the legislature according to

107.13 subdivision 10, paragraph (e). The commissioner shall release business cost data in an

107.14 aggregate form, and business cost data from individual providers shall not be released except

107.15 as provided for in current law.

107.16 (o) The commissioner, in consultation with stakeholders identified in section 256B.4913,

107.17 subdivision 5, shall develop and implement a process for providing training and technical

107.18 assistance necessary to support provider submission of cost documentation required under

107.19 paragraph (k).

107.20 **EFFECTIVE DATE.** (a) The amendments to paragraphs (a) to (g) are effective January

107.21 1, 2018, except paragraph (d), clause (8), is effective January 1, 2019.

42.3 (b) The amendments to paragraphs (h) to (o) are effective the day following final
42.4 enactment.

42.5 Sec. 23. Minnesota Statutes 2016, section 256B.4914, subdivision 6, is amended to read:

42.6 Subd. 6. **Payments for residential support services.** (a) Payments for residential support
42.7 services, as defined in sections 256B.092, subdivision 11, and 256B.49, subdivision 22,
42.8 must be calculated as follows:

42.9 (1) determine the number of shared staffing and individual direct staff hours to meet a
42.10 recipient's needs provided on site or through monitoring technology;

42.11 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
42.12 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
42.13 5. This is defined as the direct-care rate;

42.14 (3) for a recipient requiring customization for deaf and hard-of-hearing language
42.15 accessibility under subdivision 12, add the customization rate provided in subdivision 12
42.16 to the result of clause (2). This is defined as the customized direct-care rate;

42.17 (4) multiply the number of shared and individual direct staff hours provided on site or
42.18 through monitoring technology and nursing hours by the appropriate staff wages in
42.19 subdivision 5, paragraph (a), or the customized direct-care rate;

42.20 (5) multiply the number of shared and individual direct staff hours provided on site or
42.21 through monitoring technology and nursing hours by the product of the supervision span
42.22 of control ratio in subdivision 5, paragraph (b), clause (1), and the appropriate supervision
42.23 wage in subdivision 5, paragraph (a), clause ~~(16)~~ (20);

42.24 (6) combine the results of clauses (4) and (5), excluding any shared and individual direct
42.25 staff hours provided through monitoring technology, and multiply the result by one plus
42.26 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (b),
42.27 clause (2). This is defined as the direct staffing cost;

42.28 (7) for employee-related expenses, multiply the direct staffing cost, excluding any shared
42.29 and individual direct staff hours provided through monitoring technology, by one plus the
42.30 employee-related cost ratio in subdivision 5, paragraph (b), clause (3);

42.31 (8) for client programming and supports, the commissioner shall add \$2,179; and

43.1 (9) for transportation, if provided, the commissioner shall add \$1,680, or \$3,000 if
43.2 customized for adapted transport, based on the resident with the highest assessed need.

107.22 (b) The amendments to paragraphs (h) to (o) are effective the day following final
107.23 enactment.

107.24 Sec. 22. Minnesota Statutes 2016, section 256B.4914, subdivision 6, is amended to read:

107.25 Subd. 6. **Payments for residential support services.** (a) Payments for residential support
107.26 services, as defined in sections 256B.092, subdivision 11, and 256B.49, subdivision 22,
107.27 must be calculated as follows:

107.28 (1) determine the number of shared staffing and individual direct staff hours to meet a
107.29 recipient's needs provided on site or through monitoring technology;

107.30 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
107.31 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
107.32 5. This is defined as the direct-care rate;

108.1 (3) for a recipient requiring customization for deaf and hard-of-hearing language
108.2 accessibility under subdivision 12, add the customization rate provided in subdivision 12
108.3 to the result of clause (2). This is defined as the customized direct-care rate;

108.4 (4) multiply the number of shared and individual direct staff hours provided on site or
108.5 through monitoring technology and nursing hours by the appropriate staff wages in
108.6 subdivision 5, paragraph (a), or the customized direct-care rate;

108.7 (5) multiply the number of shared and individual direct staff hours provided on site or
108.8 through monitoring technology and nursing hours by the product of the supervision span
108.9 of control ratio in subdivision 5, paragraph (b), clause (1), and the appropriate supervision
108.10 wage in subdivision 5, paragraph (a), clause ~~(16)~~ (19);

108.11 (6) combine the results of clauses (4) and (5), excluding any shared and individual direct
108.12 staff hours provided through monitoring technology, and multiply the result by one plus
108.13 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (b),
108.14 clause (2). This is defined as the direct staffing cost;

108.15 (7) for employee-related expenses, multiply the direct staffing cost, excluding any shared
108.16 and individual direct staff hours provided through monitoring technology, by one plus the
108.17 employee-related cost ratio in subdivision 5, paragraph (b), clause (3);

108.18 (8) for client programming and supports, the commissioner shall add \$2,179; and

108.19 (9) for transportation, if provided, the commissioner shall add \$1,680, or \$3,000 if
108.20 customized for adapted transport, based on the resident with the highest assessed need.

43.3 (b) The total rate must be calculated using the following steps:

43.4 (1) subtotal paragraph (a), clauses (7) to (9), and the direct staffing cost of any shared
43.5 and individual direct staff hours provided through monitoring technology that was excluded
43.6 in clause (7);

43.7 (2) sum the standard general and administrative rate, the program-related expense ratio,
43.8 and the absence and utilization ratio;

43.9 (3) divide the result of clause (1) by one minus the result of clause (2). This is the total
43.10 payment amount; and

43.11 (4) adjust the result of clause (3) by a factor to be determined by the commissioner to
43.12 adjust for regional differences in the cost of providing services.

43.13 (c) The payment methodology for customized living, 24-hour customized living, and
43.14 residential care services must be the customized living tool. Revisions to the customized
43.15 living tool must be made to reflect the services and activities unique to disability-related
43.16 recipient needs.

43.17 (d) For individuals enrolled prior to January 1, 2014, the days of service authorized must
43.18 meet or exceed the days of service used to convert service agreements in effect on December
43.19 1, 2013, and must not result in a reduction in spending or service utilization due to conversion
43.20 during the implementation period under section 256B.4913, subdivision 4a. ~~If during the~~
43.21 ~~implementation period, an individual's historical rate, including adjustments required under~~
43.22 ~~section 256B.4913, subdivision 4a, paragraph (c), is equal to or greater than the rate~~
43.23 ~~determined in this subdivision, the number of days authorized for the individual is 365.~~

43.24 (e) The number of days authorized for all individuals enrolling after January 1, 2014,
43.25 in residential services must include every day that services start and end.

43.26 (f) Beginning January 1, 2018, for foster care and supportive living services provided
43.27 in a corporate setting with rates calculated under this section, the number of days authorized
43.28 must not exceed 350 days in an annual service span.

43.29 Sec. 24. Minnesota Statutes 2016, section 256B.4914, subdivision 7, is amended to read:

43.30 Subd. 7. **Payments for day programs.** Payments for services with day programs
43.31 including adult day care, day treatment and habilitation, prevocational services, and structured
43.32 day services must be calculated as follows:

44.1 (1) determine the number of units of service and staffing ratio to meet a recipient's needs:

108.21 (b) The total rate must be calculated using the following steps:

108.22 (1) subtotal paragraph (a), clauses (7) to (9), and the direct staffing cost of any shared
108.23 and individual direct staff hours provided through monitoring technology that was excluded
108.24 in clause (7);

108.25 (2) sum the standard general and administrative rate, the program-related expense ratio,
108.26 and the absence and utilization ratio;

108.27 (3) divide the result of clause (1) by one minus the result of clause (2). This is the total
108.28 payment amount; and

108.29 (4) adjust the result of clause (3) by a factor to be determined by the commissioner to
108.30 adjust for regional differences in the cost of providing services.

108.31 (c) The payment methodology for customized living, 24-hour customized living, and
108.32 residential care services must be the customized living tool. Revisions to the customized
109.1 living tool must be made to reflect the services and activities unique to disability-related
109.2 recipient needs.

109.3 (d) For individuals enrolled prior to January 1, 2014, the days of service authorized must
109.4 meet or exceed the days of service used to convert service agreements in effect on December
109.5 1, 2013, and must not result in a reduction in spending or service utilization due to conversion
109.6 during the implementation period under section 256B.4913, subdivision 4a. If during the
109.7 implementation period, an individual's historical rate, including adjustments required under
109.8 section 256B.4913, subdivision 4a, paragraph (c), is equal to or greater than the rate
109.9 determined in this subdivision, the number of days authorized for the individual is 365.

109.10 (e) The number of days authorized for all individuals enrolling after January 1, 2014,
109.11 in residential services must include every day that services start and end.

109.12 Sec. 23. Minnesota Statutes 2016, section 256B.4914, subdivision 7, is amended to read:

109.13 Subd. 7. **Payments for day programs.** Payments for services with day programs
109.14 including adult day care, day treatment and habilitation, prevocational services, and structured
109.15 day services must be calculated as follows:

109.16 (1) determine the number of units of service and staffing ratio to meet a recipient's needs:

44.2 (i) the staffing ratios for the units of service provided to a recipient in a typical week
44.3 must be averaged to determine an individual's staffing ratio; and

44.4 (ii) the commissioner, in consultation with service providers, shall develop a uniform
44.5 staffing ratio worksheet to be used to determine staffing ratios under this subdivision;

44.6 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
44.7 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
44.8 5;

44.9 (3) for a recipient requiring customization for deaf and hard-of-hearing language
44.10 accessibility under subdivision 12, add the customization rate provided in subdivision 12
44.11 to the result of clause (2). This is defined as the customized direct-care rate;

44.12 (4) multiply the number of day program direct staff hours and nursing hours by the
44.13 appropriate staff wage in subdivision 5, paragraph (a), or the customized direct-care rate;

44.14 (5) multiply the number of day direct staff hours by the product of the supervision span
44.15 of control ratio in subdivision 5, paragraph (d), clause (1), and the appropriate supervision
44.16 wage in subdivision 5, paragraph (a), clause ~~(16)~~ (20);

44.17 (6) combine the results of clauses (4) and (5), and multiply the result by one plus the
44.18 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (d), clause
44.19 (2). This is defined as the direct staffing rate;

44.20 (7) for program plan support, multiply the result of clause (6) by one plus the program
44.21 plan support ratio in subdivision 5, paragraph (d), clause (4);

44.22 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
44.23 employee-related cost ratio in subdivision 5, paragraph (d), clause (3);

44.24 (9) for client programming and supports, multiply the result of clause (8) by one plus
44.25 the client programming and support ratio in subdivision 5, paragraph (d), clause (5);

44.26 (10) for program facility costs, add \$19.30 per week with consideration of staffing ratios
44.27 to meet individual needs;

44.28 (11) for adult day bath services, add \$7.01 per 15 minute unit;

44.29 (12) this is the subtotal rate;

109.17 (i) the staffing ratios for the units of service provided to a recipient in a typical week
109.18 must be averaged to determine an individual's staffing ratio; and

109.19 (ii) the commissioner, in consultation with service providers, shall develop a uniform
109.20 staffing ratio worksheet to be used to determine staffing ratios under this subdivision;

109.21 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
109.22 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
109.23 5;

109.24 (3) for a recipient requiring customization for deaf and hard-of-hearing language
109.25 accessibility under subdivision 12, add the customization rate provided in subdivision 12
109.26 to the result of clause (2). This is defined as the customized direct-care rate;

109.27 (4) multiply the number of day program direct staff hours and nursing hours by the
109.28 appropriate staff wage in subdivision 5, paragraph (a), or the customized direct-care rate;

109.29 (5) multiply the number of day direct staff hours by the product of the supervision span
109.30 of control ratio in subdivision 5, paragraph (d), clause (1), and the appropriate supervision
109.31 wage in subdivision 5, paragraph (a), clause ~~(16)~~ (19);

110.1 (6) combine the results of clauses (4) and (5), and multiply the result by one plus the
110.2 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (d), clause
110.3 (2). This is defined as the direct staffing rate;

110.4 (7) for program plan support, multiply the result of clause (6) by one plus the program
110.5 plan support ratio in subdivision 5, paragraph (d), clause (4);

110.6 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
110.7 employee-related cost ratio in subdivision 5, paragraph (d), clause (3);

110.8 (9) for client programming and supports, multiply the result of clause (8) by one plus
110.9 the client programming and support ratio in subdivision 5, paragraph (d), clause (5);

110.10 (10) for program facility costs, add \$19.30 per week with consideration of staffing ratios
110.11 to meet individual needs;

110.12 (11) for adult day bath services, add \$7.01 per 15 minute unit;

110.13 (12) this is the subtotal rate;

44.30 (13) sum the standard general and administrative rate, the program-related expense ratio,
44.31 and the absence and utilization factor ratio;

45.1 (14) divide the result of clause (12) by one minus the result of clause (13). This is the
45.2 total payment amount;

45.3 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
45.4 to adjust for regional differences in the cost of providing services;

45.5 (16) for transportation provided as part of day training and habilitation for an individual
45.6 who does not require a lift, add:

45.7 (i) \$10.50 for a trip between zero and ten miles for a nonshared ride in a vehicle without
45.8 a lift, \$8.83 for a shared ride in a vehicle without a lift, and \$9.25 for a shared ride in a
45.9 vehicle with a lift;

45.10 (ii) \$15.75 for a trip between 11 and 20 miles for a nonshared ride in a vehicle without
45.11 a lift, \$10.58 for a shared ride in a vehicle without a lift, and \$11.88 for a shared ride in a
45.12 vehicle with a lift;

45.13 (iii) \$25.75 for a trip between 21 and 50 miles for a nonshared ride in a vehicle without
45.14 a lift, \$13.92 for a shared ride in a vehicle without a lift, and \$16.88 for a shared ride in a
45.15 vehicle with a lift; or

45.16 (iv) \$33.50 for a trip of 51 miles or more for a nonshared ride in a vehicle without a lift,
45.17 \$16.50 for a shared ride in a vehicle without a lift, and \$20.75 for a shared ride in a vehicle
45.18 with a lift;

45.19 (17) for transportation provided as part of day training and habilitation for an individual
45.20 who does require a lift, add:

45.21 (i) \$19.05 for a trip between zero and ten miles for a nonshared ride in a vehicle with a
45.22 lift, and \$15.05 for a shared ride in a vehicle with a lift;

45.23 (ii) \$32.16 for a trip between 11 and 20 miles for a nonshared ride in a vehicle with a
45.24 lift, and \$28.16 for a shared ride in a vehicle with a lift;

45.25 (iii) \$58.76 for a trip between 21 and 50 miles for a nonshared ride in a vehicle with a
45.26 lift, and \$58.76 for a shared ride in a vehicle with a lift; or

45.27 (iv) \$80.93 for a trip of 51 miles or more for a nonshared ride in a vehicle with a lift,
45.28 and \$80.93 for a shared ride in a vehicle with a lift.

110.14 (13) sum the standard general and administrative rate, the program-related expense ratio,
110.15 and the absence and utilization factor ratio;

110.16 (14) divide the result of clause (12) by one minus the result of clause (13). This is the
110.17 total payment amount;

110.18 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
110.19 to adjust for regional differences in the cost of providing services;

110.20 (16) for transportation provided as part of day training and habilitation for an individual
110.21 who does not require a lift, add:

110.22 (i) \$10.50 for a trip between zero and ten miles for a nonshared ride in a vehicle without
110.23 a lift, \$8.83 for a shared ride in a vehicle without a lift, and \$9.25 for a shared ride in a
110.24 vehicle with a lift;

110.25 (ii) \$15.75 for a trip between 11 and 20 miles for a nonshared ride in a vehicle without
110.26 a lift, \$10.58 for a shared ride in a vehicle without a lift, and \$11.88 for a shared ride in a
110.27 vehicle with a lift;

110.28 (iii) \$25.75 for a trip between 21 and 50 miles for a nonshared ride in a vehicle without
110.29 a lift, \$13.92 for a shared ride in a vehicle without a lift, and \$16.88 for a shared ride in a
110.30 vehicle with a lift; or

111.1 (iv) \$33.50 for a trip of 51 miles or more for a nonshared ride in a vehicle without a lift,
111.2 \$16.50 for a shared ride in a vehicle without a lift, and \$20.75 for a shared ride in a vehicle
111.3 with a lift;

111.4 (17) for transportation provided as part of day training and habilitation for an individual
111.5 who does require a lift, add:

111.6 (i) \$19.05 for a trip between zero and ten miles for a nonshared ride in a vehicle with a
111.7 lift, and \$15.05 for a shared ride in a vehicle with a lift;

111.8 (ii) \$32.16 for a trip between 11 and 20 miles for a nonshared ride in a vehicle with a
111.9 lift, and \$28.16 for a shared ride in a vehicle with a lift;

111.10 (iii) \$58.76 for a trip between 21 and 50 miles for a nonshared ride in a vehicle with a
111.11 lift, and \$58.76 for a shared ride in a vehicle with a lift; or

111.12 (iv) \$80.93 for a trip of 51 miles or more for a nonshared ride in a vehicle with a lift,
111.13 and \$80.93 for a shared ride in a vehicle with a lift.

45.29 Sec. 25. Minnesota Statutes 2016, section 256B.4914, subdivision 8, is amended to read:

45.30 Subd. 8. **Payments for unit-based services with programming.** Payments for unit-based
45.31 services with programming, including behavior programming, housing access coordination,
46.1 in-home family support, independent living skills training, independent living skills specialist
46.2 services, individualized home supports, hourly supported living services, employment
46.3 exploration services, employment development services, and supported employment support
46.4 services provided to an individual outside of any day or residential service plan must be
46.5 calculated as follows, unless the services are authorized separately under subdivision 6 or
46.6 7:

46.7 (1) determine the number of units of service to meet a recipient's needs;

46.8 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
46.9 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
46.10 5;

46.11 (3) for a recipient requiring customization for deaf and hard-of-hearing language
46.12 accessibility under subdivision 12, add the customization rate provided in subdivision 12
46.13 to the result of clause (2). This is defined as the customized direct-care rate;

46.14 (4) multiply the number of direct staff hours by the appropriate staff wage in subdivision
46.15 5, paragraph (a), or the customized direct-care rate;

46.16 (5) multiply the number of direct staff hours by the product of the supervision span of
46.17 control ratio in subdivision 5, paragraph (e), clause (1), and the appropriate supervision
46.18 wage in subdivision 5, paragraph (a), clause ~~(16)~~ (20);

46.19 (6) combine the results of clauses (4) and (5), and multiply the result by one plus the
46.20 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (e), clause
46.21 (2). This is defined as the direct staffing rate;

46.22 (7) for program plan support, multiply the result of clause (6) by one plus the program
46.23 plan supports ratio in subdivision 5, paragraph (e), clause (4);

46.24 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
46.25 employee-related cost ratio in subdivision 5, paragraph (e), clause (3);

46.26 (9) for client programming and supports, multiply the result of clause (8) by one plus
46.27 the client programming and supports ratio in subdivision 5, paragraph (e), clause (5);

46.28 (10) this is the subtotal rate;

111.14 Sec. 24. Minnesota Statutes 2016, section 256B.4914, subdivision 8, is amended to read:

111.15 Subd. 8. **Payments for unit-based services with programming.** Payments for unit-based
111.16 services with programming, including behavior programming, housing access coordination,
111.17 in-home family support, independent living skills training, independent living skills specialist
111.18 services, hourly supported living services, employment exploration services, employment
111.19 development services, and supported employment support services provided to an individual
111.20 outside of any day or residential service plan must be calculated as follows, unless the
111.21 services are authorized separately under subdivision 6 or 7:

111.22 (1) determine the number of units of service to meet a recipient's needs;

111.23 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
111.24 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
111.25 5;

111.26 (3) for a recipient requiring customization for deaf and hard-of-hearing language
111.27 accessibility under subdivision 12, add the customization rate provided in subdivision 12
111.28 to the result of clause (2). This is defined as the customized direct-care rate;

111.29 (4) multiply the number of direct staff hours by the appropriate staff wage in subdivision
111.30 5, paragraph (a), or the customized direct-care rate;

112.1 (5) multiply the number of direct staff hours by the product of the supervision span of
112.2 control ratio in subdivision 5, paragraph (e), clause (1), and the appropriate supervision
112.3 wage in subdivision 5, paragraph (a), clause ~~(16)~~ (19);

112.4 (6) combine the results of clauses (4) and (5), and multiply the result by one plus the
112.5 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (e), clause
112.6 (2). This is defined as the direct staffing rate;

112.7 (7) for program plan support, multiply the result of clause (6) by one plus the program
112.8 plan supports ratio in subdivision 5, paragraph (e), clause (4);

112.9 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
112.10 employee-related cost ratio in subdivision 5, paragraph (e), clause (3);

112.11 (9) for client programming and supports, multiply the result of clause (8) by one plus
112.12 the client programming and supports ratio in subdivision 5, paragraph (e), clause (5);

112.13 (10) this is the subtotal rate;

46.29 (11) sum the standard general and administrative rate, the program-related expense ratio,
46.30 and the absence and utilization factor ratio;

46.31 (12) divide the result of clause (10) by one minus the result of clause (11). This is the
46.32 total payment amount;

47.1 (13) for ~~supported~~ employment support services provided in a shared manner, divide
47.2 the total payment amount in clause (12) by the number of service recipients, not to exceed
47.3 ~~three six~~. For independent living skills training and individualized home supports provided
47.4 in a shared manner, divide the total payment amount in clause (12) by the number of service
47.5 recipients, not to exceed two; and

47.6 (14) adjust the result of clause (13) by a factor to be determined by the commissioner
47.7 to adjust for regional differences in the cost of providing services.

47.8 **EFFECTIVE DATE.** This section is effective the day following final enactment.

47.9 Sec. 26. Minnesota Statutes 2016, section 256B.4914, subdivision 9, is amended to read:

47.10 Subd. 9. **Payments for unit-based services without programming.** Payments for
47.11 unit-based services without programming, including night supervision, personal support,
47.12 respite, and companion care provided to an individual outside of any day or residential
47.13 service plan must be calculated as follows unless the services are authorized separately
47.14 under subdivision 6 or 7:

47.15 (1) for all services except respite, determine the number of units of service to meet a
47.16 recipient's needs;

47.17 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
47.18 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

47.19 (3) for a recipient requiring customization for deaf and hard-of-hearing language
47.20 accessibility under subdivision 12, add the customization rate provided in subdivision 12
47.21 to the result of clause (2). This is defined as the customized direct care rate;

47.22 (4) multiply the number of direct staff hours by the appropriate staff wage in subdivision
47.23 5 or the customized direct care rate;

47.24 (5) multiply the number of direct staff hours by the product of the supervision span of
47.25 control ratio in subdivision 5, paragraph (f), clause (1), and the appropriate supervision
47.26 wage in subdivision 5, paragraph (a), clause ~~(16)~~ (20);

112.14 (11) sum the standard general and administrative rate, the program-related expense ratio,
112.15 and the absence and utilization factor ratio;

112.16 (12) divide the result of clause (10) by one minus the result of clause (11). This is the
112.17 total payment amount;

112.18 (13) for ~~supported~~ employment support services provided in a shared manner, divide
112.19 the total payment amount in clause (12) by the number of service recipients, not to exceed
112.20 ~~three six~~. For independent living skills training provided in a shared manner, divide the total
112.21 payment amount in clause (12) by the number of service recipients, not to exceed two; and

112.22 (14) adjust the result of clause (13) by a factor to be determined by the commissioner
112.23 to adjust for regional differences in the cost of providing services.

112.24 **EFFECTIVE DATE.** This section is effective the day following final enactment.

112.25 Sec. 25. Minnesota Statutes 2016, section 256B.4914, subdivision 9, is amended to read:

112.26 Subd. 9. **Payments for unit-based services without programming.** Payments for
112.27 unit-based services without programming, including night supervision, personal support,
112.28 respite, and companion care provided to an individual outside of any day or residential
112.29 service plan must be calculated as follows unless the services are authorized separately
112.30 under subdivision 6 or 7:

113.1 (1) for all services except respite, determine the number of units of service to meet a
113.2 recipient's needs;

113.3 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
113.4 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

113.5 (3) for a recipient requiring customization for deaf and hard-of-hearing language
113.6 accessibility under subdivision 12, add the customization rate provided in subdivision 12
113.7 to the result of clause (2). This is defined as the customized direct care rate;

113.8 (4) multiply the number of direct staff hours by the appropriate staff wage in subdivision
113.9 5 or the customized direct care rate;

113.10 (5) multiply the number of direct staff hours by the product of the supervision span of
113.11 control ratio in subdivision 5, paragraph (f), clause (1), and the appropriate supervision
113.12 wage in subdivision 5, paragraph (a), clause ~~(16)~~ (19);

47.27 (6) combine the results of clauses (4) and (5), and multiply the result by one plus the
47.28 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (f), clause
47.29 (2). This is defined as the direct staffing rate;

47.30 (7) for program plan support, multiply the result of clause (6) by one plus the program
47.31 plan support ratio in subdivision 5, paragraph (f), clause (4);

48.1 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
48.2 employee-related cost ratio in subdivision 5, paragraph (f), clause (3);

48.3 (9) for client programming and supports, multiply the result of clause (8) by one plus
48.4 the client programming and support ratio in subdivision 5, paragraph (f), clause (5);

48.5 (10) this is the subtotal rate;

48.6 (11) sum the standard general and administrative rate, the program-related expense ratio,
48.7 and the absence and utilization factor ratio;

48.8 (12) divide the result of clause (10) by one minus the result of clause (11). This is the
48.9 total payment amount;

48.10 (13) for respite services, determine the number of day units of service to meet an
48.11 individual's needs;

48.12 (14) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
48.13 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

48.14 (15) for a recipient requiring deaf and hard-of-hearing customization under subdivision
48.15 12, add the customization rate provided in subdivision 12 to the result of clause (14). This
48.16 is defined as the customized direct care rate;

48.17 (16) multiply the number of direct staff hours by the appropriate staff wage in subdivision
48.18 5, paragraph (a);

48.19 (17) multiply the number of direct staff hours by the product of the supervisory span of
48.20 control ratio in subdivision 5, paragraph (g), clause (1), and the appropriate supervision
48.21 wage in subdivision 5, paragraph (a), clause ~~(16)~~ (20);

48.22 (18) combine the results of clauses (16) and (17), and multiply the result by one plus
48.23 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (g),
48.24 clause (2). This is defined as the direct staffing rate;

113.13 (6) combine the results of clauses (4) and (5), and multiply the result by one plus the
113.14 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (f), clause
113.15 (2). This is defined as the direct staffing rate;

113.16 (7) for program plan support, multiply the result of clause (6) by one plus the program
113.17 plan support ratio in subdivision 5, paragraph (f), clause (4);

113.18 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
113.19 employee-related cost ratio in subdivision 5, paragraph (f), clause (3);

113.20 (9) for client programming and supports, multiply the result of clause (8) by one plus
113.21 the client programming and support ratio in subdivision 5, paragraph (f), clause (5);

113.22 (10) this is the subtotal rate;

113.23 (11) sum the standard general and administrative rate, the program-related expense ratio,
113.24 and the absence and utilization factor ratio;

113.25 (12) divide the result of clause (10) by one minus the result of clause (11). This is the
113.26 total payment amount;

113.27 (13) for respite services, determine the number of day units of service to meet an
113.28 individual's needs;

113.29 (14) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
113.30 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

114.1 (15) for a recipient requiring deaf and hard-of-hearing customization under subdivision
114.2 12, add the customization rate provided in subdivision 12 to the result of clause (14). This
114.3 is defined as the customized direct care rate;

114.4 (16) multiply the number of direct staff hours by the appropriate staff wage in subdivision
114.5 5, paragraph (a);

114.6 (17) multiply the number of direct staff hours by the product of the supervisory span of
114.7 control ratio in subdivision 5, paragraph (g), clause (1), and the appropriate supervision
114.8 wage in subdivision 5, paragraph (a), clause ~~(16)~~ (19);

114.9 (18) combine the results of clauses (16) and (17), and multiply the result by one plus
114.10 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (g),
114.11 clause (2). This is defined as the direct staffing rate;

48.25 (19) for employee-related expenses, multiply the result of clause (18) by one plus the
48.26 employee-related cost ratio in subdivision 5, paragraph (g), clause (3);

48.27 (20) this is the subtotal rate;

48.28 (21) sum the standard general and administrative rate, the program-related expense ratio,
48.29 and the absence and utilization factor ratio;

48.30 (22) divide the result of clause (20) by one minus the result of clause (21). This is the
48.31 total payment amount; and

49.1 (23) adjust the result of clauses (12) and (22) by a factor to be determined by the
49.2 commissioner to adjust for regional differences in the cost of providing services.

49.3 Sec. 27. Minnesota Statutes 2016, section 256B.4914, subdivision 10, is amended to read:

49.4 Subd. 10. **Updating payment values and additional information.** (a) From January
49.5 1, 2014, through December 31, 2017, the commissioner shall develop and implement uniform
49.6 procedures to refine terms and adjust values used to calculate payment rates in this section.

49.7 (b) No later than July 1, 2014, the commissioner shall, within available resources, begin
49.8 to conduct research and gather data and information from existing state systems or other
49.9 outside sources on the following items:

49.10 (1) differences in the underlying cost to provide services and care across the state; and

49.11 (2) mileage, vehicle type, lift requirements, incidents of individual and shared rides, and
49.12 units of transportation for all day services, which must be collected from providers using
49.13 the rate management worksheet and entered into the rates management system; and

49.14 (3) the distinct underlying costs for services provided by a license holder under sections
49.15 245D.05, 245D.06, 245D.07, 245D.071, 245D.081, and 245D.09, and for services provided
49.16 by a license holder certified under section 245D.33.

49.17 (c) Beginning January 1, 2014, through December 31, 2018, using a statistically valid
49.18 set of rates management system data, the commissioner, in consultation with stakeholders,
49.19 shall analyze for each service the average difference in the rate on December 31, 2013, and
49.20 the framework rate at the individual, provider, lead agency, and state levels. The
49.21 commissioner shall issue semiannual reports to the stakeholders on the difference in rates
49.22 by service and by county during the banding period under section 256B.4913, subdivision
49.23 4a. The commissioner shall issue the first report by October 1, 2014, and the final report
49.24 shall be issued by December 31, 2018.

114.12 (19) for employee-related expenses, multiply the result of clause (18) by one plus the
114.13 employee-related cost ratio in subdivision 5, paragraph (g), clause (3);

114.14 (20) this is the subtotal rate;

114.15 (21) sum the standard general and administrative rate, the program-related expense ratio,
114.16 and the absence and utilization factor ratio;

114.17 (22) divide the result of clause (20) by one minus the result of clause (21). This is the
114.18 total payment amount; and

114.19 (23) adjust the result of clauses (12) and (22) by a factor to be determined by the
114.20 commissioner to adjust for regional differences in the cost of providing services.

114.21 Sec. 26. Minnesota Statutes 2016, section 256B.4914, subdivision 10, is amended to read:

114.22 Subd. 10. **Updating payment values and additional information.** (a) From January
114.23 1, 2014, through December 31, 2017, the commissioner shall develop and implement uniform
114.24 procedures to refine terms and adjust values used to calculate payment rates in this section.

114.25 (b) No later than July 1, 2014, the commissioner shall, within available resources, begin
114.26 to conduct research and gather data and information from existing state systems or other
114.27 outside sources on the following items:

114.28 (1) differences in the underlying cost to provide services and care across the state; and

114.29 (2) mileage, vehicle type, lift requirements, incidents of individual and shared rides, and
114.30 units of transportation for all day services, which must be collected from providers using
114.31 the rate management worksheet and entered into the rates management system; and

115.1 (3) the distinct underlying costs for services provided by a license holder under sections
115.2 245D.05, 245D.06, 245D.07, 245D.071, 245D.081, and 245D.09, and for services provided
115.3 by a license holder certified under section 245D.33.

115.4 (c) Beginning January 1, 2014, through December 31, 2018, using a statistically valid
115.5 set of rates management system data, the commissioner, in consultation with stakeholders,
115.6 shall analyze for each service the average difference in the rate on December 31, 2013, and
115.7 the framework rate at the individual, provider, lead agency, and state levels. The
115.8 commissioner shall issue semiannual reports to the stakeholders on the difference in rates
115.9 by service and by county during the banding period under section 256B.4913, subdivision
115.10 4a. The commissioner shall issue the first report by October 1, 2014, and the final report
115.11 shall be issued by December 31, 2018.

49.25 (d) No later than July 1, 2014, the commissioner, in consultation with stakeholders, shall
49.26 begin the review and evaluation of the following values already in subdivisions 6 to 9, or
49.27 issues that impact all services, including, but not limited to:

49.28 (1) values for transportation rates ~~for day services~~;

49.29 ~~(2) values for transportation rates in residential services~~;

49.30 ~~(3) (2)~~ values for services where monitoring technology replaces staff time;

49.31 ~~(4) (3)~~ values for indirect services;

50.1 ~~(5) (4)~~ values for nursing;

50.2 ~~(6) component values for independent living skills~~;

50.3 ~~(7) component values for family foster care that reflect licensing requirements~~;

50.4 ~~(8) adjustments to other components to replace the budget neutrality factor~~;

50.5 ~~(9) remote monitoring technology for nonresidential services~~;

50.6 ~~(10) values for basic and intensive services in residential services~~;

50.7 ~~(11) (5)~~ values for the facility use rate in day services, and the weightings used in the
50.8 day service ratios and adjustments to those weightings;

50.9 ~~(12) (6)~~ values for workers' compensation as part of employee-related expenses;

50.10 ~~(13) (7)~~ values for unemployment insurance as part of employee-related expenses;

50.11 ~~(14) a component value to reflect costs for individuals with rates previously adjusted~~
50.12 ~~for the inclusion of group residential housing rate 3 costs, only for any individual enrolled~~
50.13 ~~as of December 31, 2013; and~~

50.14 ~~(15) (8)~~ any changes in state or federal law with ~~an a direct~~ impact on the underlying
50.15 cost of providing home and community-based services; and

50.16 (9) outcome measures, determined by the commissioner, for home and community-based
50.17 services rates determined under this section.

115.12 (d) No later than July 1, 2014, the commissioner, in consultation with stakeholders, shall
115.13 begin the review and evaluation of the following values already in subdivisions 6 to 9, or
115.14 issues that impact all services, including, but not limited to:

115.15 (1) values for transportation rates ~~for day services~~;

115.16 ~~(2) values for transportation rates in residential services~~;

115.17 ~~(3) (2)~~ values for services where monitoring technology replaces staff time;

115.18 ~~(4) (3)~~ values for indirect services;

115.19 ~~(5) (4)~~ values for nursing;

115.20 ~~(6) component values for independent living skills~~;

115.21 ~~(7) component values for family foster care that reflect licensing requirements~~;

115.22 ~~(8) adjustments to other components to replace the budget neutrality factor~~;

115.23 ~~(9) remote monitoring technology for nonresidential services~~;

115.24 ~~(10) values for basic and intensive services in residential services~~;

115.25 ~~(11) (5)~~ values for the facility use rate in day services, and the weightings used in the
115.26 day service ratios and adjustments to those weightings;

115.27 ~~(12) (6)~~ values for workers' compensation as part of employee-related expenses;

115.28 ~~(13) (7)~~ values for unemployment insurance as part of employee-related expenses;

115.29 ~~(14) a component value to reflect costs for individuals with rates previously adjusted~~
115.30 ~~for the inclusion of group residential housing rate 3 costs, only for any individual enrolled~~
115.31 ~~as of December 31, 2013; and~~

116.1 ~~(15) (8)~~ any changes in state or federal law with ~~an a direct~~ impact on the underlying
116.2 cost of providing home and community-based services; and

116.3 (9) outcome measures, determined by the commissioner, for home and community-based
116.4 services rates determined under this section.

50.18 (e) The commissioner shall report to the chairs and the ranking minority members of
50.19 the legislative committees and divisions with jurisdiction over health and human services
50.20 policy and finance with the information and data gathered under paragraphs (b) to (d) on
50.21 the following dates:

50.22 (1) January 15, 2015, with preliminary results and data;

50.23 (2) January 15, 2016, with a status implementation update, and additional data and
50.24 summary information;

50.25 (3) January 15, 2017, with the full report; and

50.26 (4) January 15, ~~2019~~ 2020, with another full report, and a full report once every four
50.27 years thereafter.

50.28 ~~(f) Based on the commissioner's evaluation of the information and data collected in~~
50.29 ~~paragraphs (b) to (d), the commissioner shall make recommendations to the legislature by~~
50.30 ~~January 15, 2015, to address any issues identified during the first year of implementation.~~
51.1 ~~After January 15, 2015, the commissioner may make recommendations to the legislature~~
51.2 ~~to address potential issues.~~

51.3 ~~(g)~~ (f) The commissioner shall implement a regional adjustment factor to all rate
51.4 calculations in subdivisions 6 to 9, effective no later than January 1, 2015. Beginning July
51.5 1, 2017, the commissioner shall renew analysis and implement changes to the regional
51.6 adjustment factors when adjustments required under subdivision 5, paragraph (h), occur.
51.7 Prior to implementation, the commissioner shall consult with stakeholders on the
51.8 methodology to calculate the adjustment.

51.9 ~~(h)~~ (g) The commissioner shall provide a public notice via LISTSERV in October of
51.10 each year beginning October 1, 2014, containing information detailing legislatively approved
51.11 changes in:

51.12 (1) calculation values including derived wage rates and related employee and
51.13 administrative factors;

51.14 (2) service utilization;

51.15 (3) county and tribal allocation changes; and

51.16 (4) information on adjustments made to calculation values and the timing of those
51.17 adjustments.

116.5 (e) The commissioner shall report to the chairs and the ranking minority members of
116.6 the legislative committees and divisions with jurisdiction over health and human services
116.7 policy and finance with the information and data gathered under paragraphs (b) to (d) on
116.8 the following dates:

116.9 (1) January 15, 2015, with preliminary results and data;

116.10 (2) January 15, 2016, with a status implementation update, and additional data and
116.11 summary information;

116.12 (3) January 15, 2017, with the full report; and

116.13 (4) January 15, ~~2019~~ 2020, with another full report, and a full report once every four
116.14 years thereafter.

116.15 ~~(f) Based on the commissioner's evaluation of the information and data collected in~~
116.16 ~~paragraphs (b) to (d), the commissioner shall make recommendations to the legislature by~~
116.17 ~~January 15, 2015, to address any issues identified during the first year of implementation.~~
116.18 ~~After January 15, 2015, the commissioner may make recommendations to the legislature~~
116.19 ~~to address potential issues.~~

116.20 ~~(g)~~ (f) The commissioner shall implement a regional adjustment factor to all rate
116.21 calculations in subdivisions 6 to 9, effective no later than January 1, 2015. Beginning July
116.22 1, 2017, the commissioner shall renew analysis and implement changes to the regional
116.23 adjustment factors when adjustments required under subdivision 5, paragraph (h), occur.
116.24 Prior to implementation, the commissioner shall consult with stakeholders on the
116.25 methodology to calculate the adjustment.

116.26 ~~(h)~~ (g) The commissioner shall provide a public notice via LISTSERV in October of
116.27 each year beginning October 1, 2014, containing information detailing legislatively approved
116.28 changes in:

116.29 (1) calculation values including derived wage rates and related employee and
116.30 administrative factors;

116.31 (2) service utilization;

116.32 (3) county and tribal allocation changes; and

117.1 (4) information on adjustments made to calculation values and the timing of those
117.2 adjustments.

51.18 The information in this notice must be effective January 1 of the following year.

51.19 ~~(i) No later than July 1, 2016, the commissioner shall develop and implement, in~~
51.20 ~~consultation with stakeholders, a methodology sufficient to determine the shared staffing~~
51.21 ~~levels necessary to meet, at a minimum, health and welfare needs of individuals who will~~
51.22 ~~be living together in shared residential settings, and the required shared staffing activities~~
51.23 ~~described in subdivision 2, paragraph (l). This determination methodology must ensure~~
51.24 ~~staffing levels are adaptable to meet the needs and desired outcomes for current and~~
51.25 ~~prospective residents in shared residential settings.~~

51.26 ~~(j)~~ (h) When the available shared staffing hours in a residential setting are insufficient
51.27 to meet the needs of an individual who enrolled in residential services after January 1, 2014,
51.28 or insufficient to meet the needs of an individual with a service agreement adjustment
51.29 described in section 256B.4913, subdivision 4a, paragraph (f), then individual staffing hours
51.30 shall be used.

51.31 (i) The commissioner shall study the underlying cost of absence and utilization for day
51.32 services. Based on the commissioner's evaluation of the data collected under this paragraph,
52.1 the commissioner shall make recommendations to the legislature by January 15, 2018, for
52.2 changes, if any, to the absence and utilization factor ratio component value for day services.

52.3 (j) Beginning July 1, 2017, the commissioner shall collect transportation and trip
52.4 information for all day services through the rates management system.

52.5 **EFFECTIVE DATE.** This section is effective the day following final enactment.

52.6 Sec. 28. Minnesota Statutes 2016, section 256B.4914, subdivision 16, is amended to read:

52.7 Subd. 16. **Budget neutrality adjustments.** (a) The commissioner shall use the following
52.8 adjustments to the rate generated by the framework to assure budget neutrality until the rate
52.9 information is available to implement paragraph (b). The rate generated by the framework
52.10 shall be multiplied by the appropriate factor, as designated below:

52.11 (1) for residential services: 1.003;

52.12 (2) for day services: 1.000;

52.13 (3) for unit-based services with programming: 0.941; and

52.14 (4) for unit-based services without programming: 0.796.

117.3 The information in this notice must be effective January 1 of the following year.

117.4 ~~(i) No later than July 1, 2016, the commissioner shall develop and implement, in~~
117.5 ~~consultation with stakeholders, a methodology sufficient to determine the shared staffing~~
117.6 ~~levels necessary to meet, at a minimum, health and welfare needs of individuals who will~~
117.7 ~~be living together in shared residential settings, and the required shared staffing activities~~
117.8 ~~described in subdivision 2, paragraph (l). This determination methodology must ensure~~
117.9 ~~staffing levels are adaptable to meet the needs and desired outcomes for current and~~
117.10 ~~prospective residents in shared residential settings.~~

117.11 ~~(j)~~ (h) When the available shared staffing hours in a residential setting are insufficient
117.12 to meet the needs of an individual who enrolled in residential services after January 1, 2014,
117.13 or insufficient to meet the needs of an individual with a service agreement adjustment
117.14 described in section 256B.4913, subdivision 4a, paragraph (f), then individual staffing hours
117.15 shall be used.

117.16 (i) The commissioner shall study the underlying cost of absence and utilization for day
117.17 services. Based on the commissioner's evaluation of the data collected under this paragraph,
117.18 the commissioner shall make recommendations to the legislature by January 15, 2018, for
117.19 changes, if any, to the absence and utilization factor ratio component value for day services.

117.20 (j) Beginning July 1, 2017, the commissioner shall collect transportation and trip
117.21 information for all day services through the rates management system.

117.22 **EFFECTIVE DATE.** This section is effective the day following final enactment.

52.15 (b) Within 12 months of January 1, 2014, the commissioner shall compare estimated
52.16 spending for all home and community-based waiver services under the new payment rates
52.17 defined in subdivisions 6 to 9 with estimated spending for the same recipients and services
52.18 under the rates in effect on July 1, 2013. This comparison must distinguish spending under
52.19 each of subdivisions 6, 7, 8, and 9. The comparison must be based on actual recipients and
52.20 services for one or more service months after the new rates have gone into effect. The
52.21 commissioner shall consult with the commissioner of management and budget on this
52.22 analysis to ensure budget neutrality. If estimated spending under the new rates for services
52.23 under one or more subdivisions differs in this comparison by 0.3 percent or more, the
52.24 commissioner shall assure aggregate budget neutrality across all service areas by adjusting
52.25 the budget neutrality factor in paragraph (a) in each subdivision so that total estimated
52.26 spending for each subdivision under the new rates matches estimated spending under the
52.27 rates in effect on July 1, 2013.

52.28 (c) A service rate developed using values in subdivision 5, paragraph (a), clause (10),
52.29 is not subject to budget neutrality adjustments.

52.30 **EFFECTIVE DATE.** This section is effective the day following final enactment.

53.1 Sec. 29. Minnesota Statutes 2016, section 256B.85, subdivision 3, is amended to read:

53.2 Subd. 3. **Eligibility.** (a) CFSS is available to a person who meets one of the following:

53.3 (1) is an enrollee of medical assistance as determined under section 256B.055, 256B.056,
53.4 or 256B.057, subdivisions 5 and 9;

53.5 (2) is a participant in the alternative care program under section 256B.0913;

53.6 (3) is a waiver participant as defined under section 256B.0915, 256B.092, 256B.093, or
53.7 256B.49; or

53.8 (4) has medical services identified in a person's individualized education program and
53.9 is eligible for services as determined in section 256B.0625, subdivision 26.

53.10 (b) In addition to meeting the eligibility criteria in paragraph (a), a person must also
53.11 meet all of the following:

53.12 (1) require assistance and be determined dependent in one activity of daily living or
53.13 Level I behavior based on an initial assessment under section 256B.0911, subdivision 3a,
53.14 a reassessment under section 256B.0911, subdivision 3g, or an annual service update under
53.15 section 256B.0911, subdivision 3f; and

- 53.16 (2) is not a participant under a family support grant under section 252.32.
- 53.17 Sec. 30. Minnesota Statutes 2016, section 256B.85, subdivision 5, is amended to read:
- 53.18 Subd. 5. **Assessment requirements.** (a) The initial assessment of functional need must:
- 53.19 (1) be conducted by a certified assessor according to the criteria established in section
- 53.20 256B.0911, subdivision 3a;
- 53.21 (2) be conducted face-to-face, initially ~~and at least annually thereafter~~, or when there is
- 53.22 a significant change in the participant's condition or a change in the need for services and
- 53.23 supports, or at the request of the participant when the participant experiences a change in
- 53.24 condition or needs a change in the services or supports; and
- 53.25 (3) be completed using the format established by the commissioner.
- 53.26 (b) The results of the assessment and any recommendations and authorizations for CFSS
- 53.27 must be determined and communicated in writing by the lead agency's certified assessor as
- 53.28 defined in section 256B.0911 to the participant and the agency-provider or FMS provider
- 53.29 chosen by the participant within 40 calendar days and must include the participant's right
- 53.30 to appeal under section 256.045, subdivision 3.
- 54.1 (c) The lead agency assessor may authorize a temporary authorization for CFSS services
- 54.2 to be provided under the agency-provider model. Authorization for a temporary level of
- 54.3 CFSS services under the agency-provider model is limited to the time specified by the
- 54.4 commissioner, but shall not exceed 45 days. The level of services authorized under this
- 54.5 paragraph shall have no bearing on a future authorization. Participants approved for a
- 54.6 temporary authorization shall access the consultation service to complete their orientation
- 54.7 and selection of a service model.
- 54.8 Sec. 31. Minnesota Statutes 2016, section 256B.85, subdivision 6, is amended to read:
- 54.9 Subd. 6. **Community first services and supports service delivery plan.** (a) The CFSS
- 54.10 service delivery plan must be developed and evaluated through a person-centered planning
- 54.11 process by the participant, or the participant's representative or legal representative who
- 54.12 may be assisted by a consultation services provider. The CFSS service delivery plan must
- 54.13 reflect the services and supports that are important to the participant and for the participant
- 54.14 to meet the needs assessed by the certified assessor and identified in the coordinated service
- 54.15 and support plan identified in section 256B.0915, subdivision 6. The CFSS service delivery
- 54.16 plan must be reviewed by the participant, the consultation services provider, and the
- 54.17 agency-provider or FMS provider prior to starting services and ~~at least annually upon~~
- 54.18 ~~reassessment, or~~ as necessary when there is a significant change in the participant's condition.

- 54.19 or a change in the need for services and supports, or at the request of the participant or the
54.20 participant's representative.
- 54.21 (b) The commissioner shall establish the format and criteria for the CFSS service delivery
54.22 plan.
- 54.23 (c) The CFSS service delivery plan must be person-centered and:
- 54.24 (1) specify the consultation services provider, agency-provider, or FMS provider selected
54.25 by the participant;
- 54.26 (2) reflect the setting in which the participant resides that is chosen by the participant;
- 54.27 (3) reflect the participant's strengths and preferences;
- 54.28 (4) include the methods and supports used to address the needs as identified through an
54.29 assessment of functional needs;
- 54.30 (5) include the participant's identified goals and desired outcomes;
- 55.1 (6) reflect the services and supports, paid and unpaid, that will assist the participant to
55.2 achieve identified goals, including the costs of the services and supports, and the providers
55.3 of those services and supports, including natural supports;
- 55.4 (7) identify the amount and frequency of face-to-face supports and amount and frequency
55.5 of remote supports and technology that will be used;
- 55.6 (8) identify risk factors and measures in place to minimize them, including individualized
55.7 backup plans;
- 55.8 (9) be understandable to the participant and the individuals providing support;
- 55.9 (10) identify the individual or entity responsible for monitoring the plan;
- 55.10 (11) be finalized and agreed to in writing by the participant and signed by all individuals
55.11 and providers responsible for its implementation;
- 55.12 (12) be distributed to the participant and other people involved in the plan;
- 55.13 (13) prevent the provision of unnecessary or inappropriate care;

55.14 (14) include a detailed budget for expenditures for budget model participants or
55.15 participants under the agency-provider model if purchasing goods; and

55.16 (15) include a plan for worker training and development provided according to
55.17 subdivision 18a detailing what service components will be used, when the service components
55.18 will be used, how they will be provided, and how these service components relate to the
55.19 participant's individual needs and CFSS support worker services.

55.20 (d) The total units of agency-provider services or the service budget amount for the
55.21 budget model include both annual totals and a monthly average amount that cover the
55.22 number of months of the service agreement. The amount used each month may vary, but
55.23 additional funds must not be provided above the annual service authorization amount,
55.24 determined according to subdivision 8, unless a change in condition is assessed and
55.25 authorized by the certified assessor and documented in the coordinated service and support
55.26 plan and CFSS service delivery plan.

55.27 (e) In assisting with the development or modification of the CFSS service delivery plan
55.28 during the authorization time period, the consultation services provider shall:

55.29 (1) consult with the FMS provider on the spending budget when applicable; and

55.30 (2) consult with the participant or participant's representative, agency-provider, and case
55.31 manager/care coordinator.

56.1 (f) The CFSS service delivery plan must be approved by the consultation services provider
56.2 for participants without a case manager or care coordinator who is responsible for authorizing
56.3 services. A case manager or care coordinator must approve the plan for a waiver or alternative
56.4 care program participant.

56.5 Sec. 32. Minnesota Statutes 2016, section 256C.23, is amended by adding a subdivision
56.6 to read:

56.7 Subd. 1a. **Culturally affirmative.** "Culturally affirmative" describes services that are
56.8 designed and delivered within the context of the culture, language, and life experiences of
56.9 a person who is deaf, a person who is deafblind, and a person who is hard-of-hearing.

56.10 Sec. 33. Minnesota Statutes 2016, section 256C.23, subdivision 2, is amended to read:

56.11 Subd. 2. **Deaf.** "Deaf" means a hearing loss of such severity that the individual must
56.12 depend primarily on visual communication such as American Sign Language, or other
56.13 signed language, visual, and manual means of communication such as signing systems in
56.14 English or cued speech, writing, lip speech reading, manual communication, and gestures.

118.14 Sec. 30. Minnesota Statutes 2016, section 256C.23, is amended by adding a subdivision
118.15 to read:

118.16 Subd. 1a. **Culturally affirmative.** "Culturally affirmative" describes services that are
118.17 designed and delivered within the context of the culture, language, and life experiences of
118.18 a person who is deaf, a person who is deafblind, and a person who is hard-of-hearing.

118.19 Sec. 31. Minnesota Statutes 2016, section 256C.23, subdivision 2, is amended to read:

118.20 Subd. 2. **Deaf.** "Deaf" means a hearing loss of such severity that the individual must
118.21 depend primarily on visual communication such as American Sign Language or other signed
118.22 language, visual and manual means of communication such as signing systems in English
118.23 or Cued Speech, writing, lip speech reading, manual communication, and gestures.

56.15 Sec. 34. Minnesota Statutes 2016, section 256C.23, is amended by adding a subdivision
56.16 to read:

56.17 Subd. 2c. **Interpreting services.** "Interpreting services" means services that include:

56.18 (1) interpreting between a spoken language, such as English, and a visual language, such
56.19 as American Sign Language;

56.20 (2) interpreting between a spoken language and a visual representation of a spoken
56.21 language, such as **cued speech** and signing systems in English;

56.22 (3) interpreting within one language where the interpreter uses natural gestures and
56.23 silently repeats the spoken message, replacing some words or phrases to give higher visibility
56.24 on the lips;

56.25 (4) interpreting using low vision or tactile methods for **people** who have a combined
56.26 hearing and vision loss or are deafblind; and

56.27 (5) interpreting **between** one communication mode or language into another
56.28 communication mode or language that is linguistically and culturally appropriate for the
56.29 participants in the communication exchange.

57.1 Sec. 35. Minnesota Statutes 2016, section 256C.23, is amended by adding a subdivision
57.2 to read:

57.3 Subd. 6. **Real-time captioning.** "Real-time captioning" means a method of captioning
57.4 in which a caption is simultaneously prepared and displayed or transmitted at the time of
57.5 origination by specially trained real-time captioners.

57.6 Sec. 36. Minnesota Statutes 2016, section 256C.233, subdivision 1, is amended to read:

57.7 Subdivision 1. **Deaf and Hard-of-Hearing Services Division.** The commissioners of
57.8 ~~human services~~, education, employment and economic development, and health shall ~~create~~
57.9 ~~a distinct and separate organizational unit to be known as~~ advise the commissioner of human
57.10 services on the activities of the Deaf and Hard-of-Hearing Services Division ~~to address~~.
57.11 This division ~~addresses the developmental, social, educational, and occupational and~~
57.12 ~~social-emotional needs of persons who are deaf, persons who are deafblind, and persons~~
57.13 ~~who are hard-of-hearing persons through a statewide network of collaborative services and~~
57.14 ~~by coordinating the promulgation of public policies, regulations, legislation, and programs~~
57.15 ~~affecting~~ advocates on behalf of and provides information and training about how to best
57.16 serve persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing
57.17 persons. An interdepartmental management team shall advise the activities of the Deaf and

118.24 Sec. 32. Minnesota Statutes 2016, section 256C.23, is amended by adding a subdivision
118.25 to read:

118.26 Subd. 2c. **Interpreting services.** "Interpreting services" means services that include:

118.27 (1) interpreting between a spoken language, such as English, and a visual language, such
118.28 as American Sign Language;

118.29 (2) interpreting between a spoken language and a visual representation of a spoken
118.30 language, such as **Cued Speech** and signing systems in English;

119.1 (3) interpreting within one language where the interpreter uses natural gestures and
119.2 silently repeats the spoken message, replacing some words or phrases to give higher visibility
119.3 on the lips;

119.4 (4) interpreting using low vision or tactile methods for **persons** who have a combined
119.5 hearing and vision loss or are deafblind; and

119.6 (5) interpreting **from** one communication mode or language into another communication
119.7 mode or language that is linguistically and culturally appropriate for the participants in the
119.8 communication exchange.

119.9 Sec. 33. Minnesota Statutes 2016, section 256C.23, is amended by adding a subdivision
119.10 to read:

119.11 Subd. 6. **Real-time captioning.** "Real-time captioning" means a method of captioning
119.12 in which a caption is simultaneously prepared and displayed or transmitted at the time of
119.13 origination by specially trained real-time captioners.

119.14 Sec. 34. Minnesota Statutes 2016, section 256C.233, subdivision 1, is amended to read:

119.15 Subdivision 1. **Deaf and Hard-of-Hearing Services Division.** The commissioners of
119.16 ~~human services~~, education, employment and economic development, and health shall ~~create~~
119.17 ~~a distinct and separate organizational unit to be known as~~ advise the commissioner of human
119.18 services on the activities of the Deaf and Hard-of-Hearing Services Division ~~to address~~.
119.19 This division ~~addresses the developmental, social, educational, and occupational and~~
119.20 ~~social-emotional needs of persons who are deaf, persons who are deafblind, and persons~~
119.21 ~~who are hard-of-hearing persons through a statewide network of collaborative services and~~
119.22 ~~by coordinating the promulgation of public policies, regulations, legislation, and programs~~
119.23 ~~affecting~~ advocates on behalf of and provides information and training about how to best
119.24 serve persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing
119.25 persons. An interdepartmental management team shall advise the activities of the Deaf and

57.18 ~~Hard-of-Hearing Services Division.~~ The commissioner of human services shall coordinate
 57.19 the work of the interagency ~~management team~~ advisers and receive legislative appropriations
 57.20 for the division.

57.21 Sec. 37. Minnesota Statutes 2016, section 256C.233, subdivision 2, is amended to read:

57.22 Subd. 2. **Responsibilities.** The Deaf and Hard-of-Hearing Services Division shall:

57.23 (1) establish and maintain a statewide network of regional ~~service centers~~ culturally
 57.24 affirmative services for Minnesotans who are deaf, Minnesotans who are deafblind, and
 57.25 Minnesotans who are hard-of-hearing Minnesotans;

57.26 (2) ~~assist~~ work across divisions within ~~the Departments~~ Department of Human Services,
 57.27 Education, and Employment and Economic Development to ~~coordinate the promulgation~~
 57.28 ~~and implementation of public policies, regulations, legislation, programs, and services~~
 57.29 affecting as well as with other agencies and counties, to ensure that there is an understanding
 57.30 of;

57.31 (i) the communication challenges faced by persons who are deaf, persons who are
 57.32 deafblind, and persons who are hard-of-hearing persons;

58.1 (ii) the best practices for accommodating and mitigating communication challenges;
 58.2 and

58.3 (iii) the legal requirements for providing access to and effective communication with
 58.4 persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing; and

58.5 (3) ~~provide a coordinated system of~~ assess the supply and demand ~~statewide interpreting~~
 58.6 ~~or for interpreter referral services; and real-time captioning services, implement strategies~~
 58.7 to provide greater access to these services in areas without sufficient supply, and build the
 58.8 base of service providers across the state;

58.9 (4) maintain a statewide information resource that includes contact information and
 58.10 professional certification credentials of interpreting service providers and real-time captioning
 58.11 service providers;

58.12 (5) provide culturally affirmative mental health services to persons who are deaf, persons
 58.13 who are ~~hard-of-hearing~~, and persons who are ~~deafblind~~, who;

58.14 (i) use a visual language such as American Sign Language or a tactile form of a language;
 58.15 or

119.26 ~~Hard-of-Hearing Services Division.~~ The commissioner of human services shall coordinate
 119.27 the work of the interagency ~~management team~~ advisers and receive legislative appropriations
 119.28 for the division.

119.29 Sec. 35. Minnesota Statutes 2016, section 256C.233, subdivision 2, is amended to read:

119.30 Subd. 2. **Responsibilities.** The Deaf and Hard-of-Hearing Services Division shall:

120.1 (1) establish and maintain a statewide network of regional ~~service centers~~ culturally
 120.2 affirmative services for Minnesotans who are deaf, Minnesotans who are deafblind, and
 120.3 Minnesotans who are hard-of-hearing Minnesotans;

120.4 (2) ~~assist~~ work across divisions within the ~~Departments~~ Department of Human Services,
 120.5 Education, and Employment and Economic Development to ~~coordinate the promulgation~~
 120.6 ~~and implementation of public policies, regulations, legislation, programs, and services~~
 120.7 affecting as well as with other agencies and counties, to ensure that there is an understanding
 120.8 of;

120.9 (i) the communication challenges faced by persons who are deaf, persons who are
 120.10 deafblind, and persons who are hard-of-hearing persons;

120.11 (ii) the best practices for accommodating and mitigating communication challenges;
 120.12 and

120.13 (iii) the legal requirements for providing access to and effective communication with
 120.14 persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing; and

120.15 (3) ~~provide a coordinated system of~~ assess the supply and demand statewide ~~interpreting~~
 120.16 ~~or for interpreter referral services; and real-time captioning services, implement strategies~~
 120.17 to provide greater access to these services in areas without sufficient supply, and build the
 120.18 base of service providers across the state;

120.19 (4) maintain a statewide information resource that includes contact information and
 120.20 professional certification credentials of interpreting service providers and real-time captioning
 120.21 service providers;

120.22 (5) provide culturally affirmative mental health services to persons who are deaf, persons
 120.23 who are ~~deafblind~~, and persons who are ~~hard-of-hearing~~ who;

120.24 (i) use a visual language such as American Sign Language or a tactile form of a language;
 120.25 or

58.16 (ii) otherwise need culturally affirmative therapeutic services;

58.17 (6) research and develop best practices and recommendations for emerging issues;

58.18 (7) provide as much information as practicable on the division's stand-alone Web site
58.19 in American Sign Language; and

58.20 (8) report to the chairs and ranking minority members of the legislative committees with
58.21 jurisdiction over human services biennially, beginning on January 1, 2019, on the following:

58.22 (i) the number of regional service center staff, the location of the office of each staff
58.23 person, other service providers with which they are colocated, the number of people served
58.24 by each staff person, and a breakdown of whether each person was served on-site or off-site,
58.25 and for those served off-site, a list of locations where services were delivered, and the
58.26 number who were served in-person and the number who were served via technology;

58.27 (ii) the amount and percentage of the division budget spent on reasonable
58.28 accommodations for staff;

58.29 (iii) the number of people who use demonstration equipment and consumer evaluations
58.30 of the experience;

59.1 (iv) the number of training sessions provided by division staff, the topics covered, the
59.2 number of participants, and consumer evaluations, including a breakdown by delivery
59.3 method such as in-person or via technology;

59.4 (v) the number of training sessions hosted at a division location provided by another
59.5 service provider, the topics covered, the number of participants, and consumer evaluations,
59.6 including a breakdown by delivery method such as in-person or via technology;

59.7 (vi) for each grant awarded, the amount awarded to the grantee and a summary of the
59.8 grantee's results, including consumer evaluations of the services or products provided;

59.9 (vii) the number of people on waiting lists for any services provided by division staff
59.10 or for services or equipment funded through grants awarded by the division;

59.11 (viii) the amount of time staff spent driving to appointments to deliver direct one-to-one
59.12 client services in locations outside of the regional service centers;

59.13 (ix) the amount spent on mileage reimbursement and the number of clients who received
59.14 mileage reimbursement for traveling to the regional service centers for services; and

120.26 (ii) otherwise need culturally affirmative therapeutic services;

120.27 (6) research and develop best practices and recommendations for emerging issues;

120.28 (7) provide as much information as practicable on the division's stand-alone Web site
120.29 in American Sign Language; and

120.30 (8) report to the chairs and ranking minority members of the legislative committees with
120.31 jurisdiction over human services biennially, beginning on January 1, 2019, on the following:

121.1 (i) the number of regional service center staff, the location of the office of each staff
121.2 person, other service providers with which they are colocated, the number of people served
121.3 by each staff person and a breakdown of whether each person was served on-site or off-site,
121.4 and for those served off-site, a list of locations where services were delivered and the number
121.5 who were served in-person and the number who were served via technology;

121.6 (ii) the amount and percentage of the division budget spent on reasonable
121.7 accommodations for staff;

121.8 (iii) the number of people who use demonstration equipment and consumer evaluations
121.9 of the experience;

121.10 (iv) the number of training sessions provided by division staff, the topics covered, the
121.11 number of participants, and consumer evaluations, including a breakdown by delivery
121.12 method such as in-person or via technology;

121.13 (v) the number of training sessions hosted at a division location provided by another
121.14 service provider, the topics covered, the number of participants, and consumer evaluations,
121.15 including a breakdown by delivery method such as in-person or via technology;

121.16 (vi) for each grant awarded, the amount awarded to the grantee and a summary of the
121.17 grantee's results, including consumer evaluations of the services or products provided;

121.18 (vii) the number of people on waiting lists for any services provided by division staff
121.19 or for services or equipment funded through grants awarded by the division;

121.20 (viii) the amount of time staff spent driving to appointments to deliver direct one-to-one
121.21 client services in locations outside of the regional service centers;

121.22 (ix) the amount spent on mileage reimbursement and the number of clients who received
121.23 mileage reimbursement for traveling to the regional service centers for services; and

59.15 (x) the regional needs and feedback on addressing service gaps identified by the advisory
59.16 committee.

59.17 Sec. 38. Minnesota Statutes 2016, section 256C.24, subdivision 1, is amended to read:

59.18 Subdivision 1. **Location.** The Deaf and Hard-of-Hearing Services Division shall establish
59.19 ~~up to eight~~ at least six regional service centers for persons who are deaf and persons who
59.20 are hard-of-hearing persons. The centers shall be distributed regionally to provide access
59.21 for persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing
59.22 persons in all parts of the state.

59.23 Sec. 39. Minnesota Statutes 2016, section 256C.24, subdivision 2, is amended to read:

59.24 Subd. 2. **Responsibilities.** Each regional service center shall:

59.25 (1) ~~serve as a central entry point for~~ establish connections and collaborations colocating
59.26 with other public and private entities providing services to persons who are deaf, persons
59.27 who are deafblind, and persons who are hard-of-hearing persons in need of services and
59.28 make referrals to the services needed in the region;

59.29 (2) for those in need of services, assist in coordinating services between service providers
59.30 and persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing,
59.31 and the persons' families, and make referrals to the services needed;

60.1 ~~(2)~~ (3) employ staff trained to work with persons who are deaf, persons who are deafblind,
60.2 and persons who are hard-of-hearing persons;

60.3 ~~(3)~~ (4) if adequate services are not available from another public or private service
60.4 provider in the region, provide to all individual assistance to persons who are deaf, persons
60.5 who are deafblind, and persons who are hard-of-hearing persons access to interpreter services
60.6 which are necessary to help them obtain services, and the persons' families. Individual
60.7 culturally affirmative assistance may be provided using technology only in areas of the state
60.8 when a person has access to sufficient quality telecommunications or broadband services
60.9 to allow effective communication. When a person who is deaf, a person who is deafblind,
60.10 or a person who is hard-of-hearing does not have access to sufficient telecommunications
60.11 or broadband service, individual assistance shall be available in person;

60.12 (5) identify regional training needs, work with deaf and hard-of-hearing services training
60.13 staff, and collaborate with others to deliver training for persons who are deaf, persons who
60.14 are deafblind, and persons who are hard-of-hearing, and the persons' families, and other

121.24 (x) the regional needs and feedback on addressing service gaps identified by the advisory
121.25 committees.

121.26 Sec. 36. Minnesota Statutes 2016, section 256C.24, subdivision 1, is amended to read:

121.27 Subdivision 1. **Location.** The Deaf and Hard-of-Hearing Services Division shall establish
121.28 ~~up to eight~~ at least six regional service centers for persons who are deaf and persons who
121.29 are hard-of-hearing persons. The centers shall be distributed regionally to provide access
121.30 for persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing
121.31 persons in all parts of the state.

122.1 Sec. 37. Minnesota Statutes 2016, section 256C.24, subdivision 2, is amended to read:

122.2 Subd. 2. **Responsibilities.** (a) Each regional service center shall:

122.3 (1) ~~serve as a central entry point for~~ establish connections and collaborations and explore
122.4 co-locating with other public and private entities providing services to persons who are
122.5 deaf, persons who are deafblind, and persons who are hard-of-hearing persons in need of
122.6 services and make referrals to the services needed in the region;

122.7 (2) for those in need of services, assist in coordinating services between service providers
122.8 and persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing,
122.9 and the persons' families, and make referrals to the services needed;

122.10 ~~(2)~~ (3) employ staff trained to work with persons who are deaf, persons who are deafblind,
122.11 and persons who are hard-of-hearing persons;

122.12 ~~(3)~~ (4) if adequate services are not available from another public or private service
122.13 provider in the region, provide to all individual assistance to persons who are deaf, persons
122.14 who are deafblind, and persons who are hard-of-hearing persons access to interpreter services
122.15 which are necessary to help them obtain services, and the persons' families. Individually
122.16 culturally affirmative assistance may be provided using technology only in areas of the state
122.17 where a person has access to sufficient quality telecommunications or broadband services
122.18 to allow effective communication. When a person who is deaf, a person who is deafblind,
122.19 or a person who is hard-of-hearing does not have access to sufficient telecommunications
122.20 or broadband service, individual assistance shall be available in person;

122.21 (5) identify regional training needs, work with deaf and hard-of-hearing services training
122.22 staff, and collaborate with others to deliver training for persons who are deaf, persons who
122.23 are deafblind, and persons who are hard-of-hearing, and the persons' families, and other

60.15 service providers about subjects including the persons' rights under the law, American Sign
60.16 Language, and the impact of hearing loss and options for accommodating it;

60.17 ~~(4) implement a plan to provide loaned equipment and resource materials to deaf;~~
60.18 ~~deafblind, and hard-of-hearing~~ (6) have a mobile or permanent lab where persons who are
60.19 deaf, persons who are deafblind, and persons who are hard-of-hearing can try a selection
60.20 of modern assistive technology and equipment to determine what would best meet the
60.21 persons' needs;

60.22 ~~(5) cooperate with responsible departments and administrative authorities to provide~~
60.23 ~~access for deaf, deafblind, and hard-of-hearing persons to services provided by state, county,~~
60.24 ~~and regional agencies;~~

60.25 ~~(6) (7)~~ collaborate with the Resource Center for the Deaf and Hard-of-Hearing Persons,
60.26 other divisions of the Department of Education; and local school districts to develop and
60.27 deliver programs and services for families with children who are deaf, children who are
60.28 deafblind, or children who are hard-of-hearing children and to support school personnel
60.29 serving these children;

60.30 ~~(7) when possible, (8)~~ provide training to the social service or income maintenance staff
60.31 employed by counties or by organizations with whom counties contract for services to
60.32 ensure that communication barriers which prevent persons who are deaf, persons who are
60.33 deafblind, and persons who are hard-of-hearing persons from using services are removed;

61.1 ~~(8) when possible, (9)~~ provide training to ~~state and regional~~ human service agencies in
61.2 the region regarding program access for persons who are deaf, persons who are deafblind,
61.3 and persons who are hard-of-hearing persons; and

61.4 ~~(9) (10)~~ assess the ongoing need and supply of services for persons who are deaf, persons
61.5 who are deafblind, and persons who are hard-of-hearing persons in all parts of the state,
61.6 annually consult with the division's advisory committees to identify regional needs and
61.7 solicit feedback on addressing service gaps, and cooperate with public and private service
61.8 providers to develop these services;

61.9 (11) provide culturally affirmative mental health services to persons who are deaf,
61.10 persons who are hard-of-hearing, and persons who are deafblind, who:

61.11 (i) use a visual language such as American Sign Language or a tactile form of a language;
61.12 or

61.13 (ii) otherwise need culturally affirmative therapeutic services; and

122.24 service providers about subjects including the persons' rights under the law, American Sign
122.25 Language, and the impact of hearing loss and options for accommodating it;

122.26 ~~(4) implement a plan to provide loaned equipment and resource materials to deaf;~~
122.27 ~~deafblind, and hard-of-hearing~~ (6) have a mobile or permanent lab where persons who are
122.28 deaf, persons who are deafblind, and persons who are hard-of-hearing can try a selection
122.29 of modern assistive technology and equipment to determine what would best meet the
122.30 persons' needs;

122.31 ~~(5) cooperate with responsible departments and administrative authorities to provide~~
122.32 ~~access for deaf, deafblind, and hard-of-hearing persons to services provided by state, county,~~
122.33 ~~and regional agencies;~~

123.1 ~~(6) (7)~~ collaborate with the Resource Center for the Deaf and Hard-of-Hearing Persons,
123.2 other divisions of the Department of Education; and local school districts to develop and
123.3 deliver programs and services for families with children who are deaf, children who are
123.4 deafblind, or children who are hard-of-hearing children and to support school personnel
123.5 serving these children;

123.6 ~~(7) when possible, (8)~~ provide training to the social service or income maintenance staff
123.7 employed by counties or by organizations with whom counties contract for services to
123.8 ensure that communication barriers which prevent persons who are deaf, persons who are
123.9 deafblind, and persons who are hard-of-hearing persons from using services are removed;

123.10 ~~(8) when possible, (9)~~ provide training to ~~state and regional~~ human service agencies in
123.11 the region regarding program access for persons who are deaf, persons who are deafblind,
123.12 and persons who are hard-of-hearing persons; and

123.13 ~~(9) (10)~~ assess the ongoing need and supply of services for persons who are deaf, persons
123.14 who are deafblind, and persons who are hard-of-hearing persons in all parts of the state,
123.15 annually consult with the division's advisory committees to identify regional needs and
123.16 solicit feedback on addressing service gaps, and cooperate with public and private service
123.17 providers to develop these services;

123.18 (11) provide culturally affirmative mental health services to persons who are deaf,
123.19 persons who are deafblind, and persons who are hard-of-hearing who:

123.20 (i) use a visual language such as American Sign Language or a tactile form of a language;
123.21 or

123.22 (ii) otherwise need culturally affirmative therapeutic services; and

61.14 (12) establish partnerships with state and regional entities statewide with the technological
 61.15 capacity to provide Minnesotans with virtual access to the division's services and
 61.16 division-sponsored training via technology.

61.17 Sec. 40. Minnesota Statutes 2016, section 256C.24, is amended by adding a subdivision
 61.18 to read:

61.19 Subd. 4. Transportation cost reimbursement. Persons who are deaf, persons who are
 61.20 deafblind, and persons who are hard-of-hearing, and the person's family members who
 61.21 travel more than 50 miles round-trip from the person's home or work location to receive
 61.22 services at the regional service center may be reimbursed by the Deaf and Hard-of-Hearing
 61.23 Division for mileage at the reimbursement rate established by the Internal Revenue Service.

61.24 Sec. 41. Minnesota Statutes 2016, section 256C.261, is amended to read:

61.25 **256C.261 SERVICES FOR PERSONS WHO ARE DEAFBLIND PERSONS.**

61.26 (a) The commissioner of human services shall ~~combine the existing biennial base level~~
 61.27 ~~funding for deafblind services into a single grant program. At least 35 percent of the total~~
 61.28 ~~funding is awarded for services and other supports to deafblind children and their families~~
 61.29 ~~and at least 25 percent is awarded for services and other supports to deafblind adults use at~~
 61.30 ~~least 35 percent of the deafblind services biennial base level grant funding for services and~~
 61.31 ~~other supports for a child who is deafblind and the child's family. The commissioner shall~~
 62.1 ~~use at least 25 percent of the deafblind services biennial base level grant funding for services~~
 62.2 ~~and other supports for an adult who is deafblind.~~

62.3 The commissioner shall award grants for the purposes of:

62.4 (1) providing services and supports to ~~individuals~~ persons who are deafblind; and

62.5 (2) developing and providing training to counties and the network of senior citizen
 62.6 service providers. The purpose of the training grants is to teach counties how to use existing
 62.7 programs that capture federal financial participation to meet the needs of eligible persons
 62.8 who are deafblind persons and to build capacity of senior service programs to meet the
 62.9 needs of seniors with a dual sensory hearing and vision loss.

62.10 (b) The commissioner may make grants:

123.23 (12) establish partnerships with state and regional entities statewide that have the
 123.24 technological capacity to provide Minnesotans with virtual access to the division's services
 123.25 and division-sponsored training via technology.

123.26 (b) Persons who are deaf, persons who are deafblind, and persons who are
 123.27 hard-of-hearing, and the persons' family members who travel more than 50 miles round-trip
 123.28 from the persons' home or work location to receive services at the regional service center
 123.29 may be reimbursed for mileage at the reimbursement rate established by the Internal Revenue
 123.30 Service.

123.31 Sec. 38. Minnesota Statutes 2016, section 256C.261, is amended to read:

123.32 **256C.261 SERVICES FOR PERSONS WHO ARE DEAFBLIND PERSONS.**

124.1 (a) The commissioner of human services shall ~~combine the existing biennial base level~~
 124.2 ~~funding for deafblind services into a single grant program. At least 35 percent of the total~~
 124.3 ~~funding is awarded for services and other supports to deafblind children and their families~~
 124.4 ~~and at least 25 percent is awarded for services and other supports to deafblind adults; use~~
 124.5 ~~at least 35 percent of the deafblind services biennial base level grant funding for services~~
 124.6 ~~and other supports for a child who is deafblind and the child's family. The commissioner~~
 124.7 ~~shall use at least 25 percent of the deafblind services biennial base level grant funding for~~
 124.8 ~~services and other supports for an adult who is deafblind.~~

124.9 The commissioner shall award grants for the purposes of:

124.10 (1) providing services and supports to ~~individuals~~ persons who are deafblind; and

124.11 (2) developing and providing training to counties and the network of senior citizen
 124.12 service providers. The purpose of the training grants is to teach counties how to use existing
 124.13 programs that capture federal financial participation to meet the needs of eligible persons
 124.14 who are deafblind persons and to build capacity of senior service programs to meet the
 124.15 needs of seniors with a dual sensory hearing and vision loss.

124.16 (b) The commissioner may make grants:

62.11 (1) for services and training provided by organizations; and

62.12 (2) to develop and administer consumer-directed services.

62.13 (c) Consumer-directed services shall be provided in whole by grant-funded providers.

62.14 The deaf and hard-of-hearing regional service centers shall not provide any aspect of a

62.15 grant-funded consumer-directed services program.

62.16 ~~(d)~~ (d) Any entity that is able to satisfy the grant criteria is eligible to receive a grant

62.17 under paragraph (a).

62.18 ~~(e)~~ (e) Deafblind service providers may, but are not required to, provide intervenor

62.19 services as part of the service package provided with grant funds under this section.

63.9 Sec. 43. **FEDERAL WAIVER REQUESTS.**

63.10 The commissioner of human services shall submit necessary waiver amendments to the

63.11 Centers for Medicare and Medicaid Services to add employment exploration services,

63.12 employment development services, and employment support services to the home and

63.13 community-based services **waiver** authorized under Minnesota Statutes, sections 256B.092

63.14 and 256B.49. The commissioner shall also submit necessary waiver amendments to remove

63.15 community-based employment from day training and habilitation and prevocational services.

63.16 The commissioner shall submit **the** necessary waiver amendments by October 1, 2017.

63.17 **EFFECTIVE DATE.** This section is effective August 1, 2017.

62.20 Sec. 42. **CONSUMER-DIRECTED COMMUNITY SUPPORTS BUDGET**

62.21 **METHODOLOGY EXCEPTION FOR PERSONS LEAVING INSTITUTIONS AND**

62.22 **CRISIS RESIDENTIAL SETTINGS.**

62.23 (a) By September 30, 2017, the commissioner shall establish an institutional and crisis

62.24 bed consumer-directed community supports budget exception process in the home and

62.25 community-based services waivers under Minnesota Statutes, sections 256B.092 and

62.26 256B.49. This budget exception process shall be available for any individual who:

62.27 (1) is not offered available and appropriate services within 60 days since approval for

62.28 discharge from the individual's current institutional setting; **and**

62.29 (2) requires services that are more expensive than appropriate services provided in a

62.30 noninstitutional setting using the consumer-directed community supports option.

124.17 (1) for services and training provided by organizations; and

124.18 (2) to develop and administer consumer-directed services.

124.19 (c) Consumer-directed services shall be provided in whole by grant-funded providers.

124.20 The deaf and hard-of-hearing regional service centers shall not provide any aspect of a

124.21 grant-funded consumer-directed services program.

124.22 ~~(d)~~ (d) Any entity that is able to satisfy the grant criteria is eligible to receive a grant

124.23 under paragraph (a).

124.24 ~~(e)~~ (e) Deafblind service providers may, but are not required to, provide intervenor

124.25 services as part of the service package provided with grant funds under this section.

144.11 Sec. 68. **FEDERAL WAIVER AMENDMENTS.**

144.12 The commissioner of human services shall submit necessary waiver amendments to the

144.13 Centers for Medicare and Medicaid Services to add employment exploration services,

144.14 employment development services, and employment support services to the home and

144.15 community-based services **waivers** authorized under Minnesota Statutes, sections 256B.092

144.16 and 256B.49. The commissioner shall also submit necessary waiver amendments to remove

144.17 community-based employment **services** from day training and habilitation and prevocational

144.18 services. The commissioner shall submit **all** necessary waiver amendments by October 1,

144.19 2017.

144.20 **EFFECTIVE DATE.** This section is effective the day following final enactment.

144.21 Sec. 69. **EXCEPTION TO THE BUDGET METHODOLOGY FOR PERSONS**

144.22 **LEAVING INSTITUTIONS AND CRISIS RESIDENTIAL SETTINGS.**

144.23 (a) By September 30, 2017, the commissioner shall establish an institutional and crisis

144.24 bed consumer-directed community supports budget exception process **as described in the**

144.25 home and community-based services waivers under sections 256B.092 and 256B.49. This

144.26 budget exception process shall be available for any individual who:

144.27 (1) is not offered available and appropriate services within 60 days since approval for

144.28 discharge from the individual's current institutional setting; **or**

144.29 (2) requires services that are more expensive than appropriate less-restrictive services

144.30 using the consumer-directed community supports option.

63.1 (b) Institutional settings for purposes of this exception include intermediate care facilities
63.2 for persons with developmental disabilities; nursing facilities; acute care hospitals; Anoka
63.3 Metro Regional Treatment Center; Minnesota Security Hospital; and crisis beds. The budget
63.4 exception shall be limited to no more than the amount of appropriate services provided in
63.5 a noninstitutional setting as determined by the lead agency managing the individual's home
63.6 and community-based services waiver. The lead agency shall notify the Department of
63.7 Human Services of the budget exception.

63.8 **EFFECTIVE DATE.** This section is effective the day following final enactment.

63.18 Sec. 44. **TRANSPORTATION STUDY.**

63.19 The commissioner of human services, with cooperation from lead agencies and in
63.20 consultation with stakeholders, shall conduct a study to identify opportunities to increase
63.21 access to transportation services for an individual who receives home and community-based
63.22 services. The commissioner shall submit a report with recommendations to the chairs and
63.23 ranking minority members of the legislative committees with jurisdiction over human
63.24 services by January 15, 2019. The report shall:

63.25 (1) study all aspects of the current transportation service network, including the fleet
63.26 available, the different rate-setting methods currently used, methods that an individual uses
63.27 to access transportation, and the diversity of available provider agencies;

63.28 (2) identify current barriers for an individual accessing transportation and for a provider
63.29 providing waiver services transportation in the marketplace;

63.30 (3) identify efficiencies and collaboration opportunities to increase available
63.31 transportation, including transportation funded by medical assistance, and available regional
63.32 transportation and transit options;

64.1 (4) study transportation solutions in other states for delivering home and community-based
64.2 services;

64.3 (5) study provider costs required to administer transportation services;

64.4 (6) make recommendations for coordinating and increasing transportation accessibility
64.5 across the state; and

64.6 (7) make recommendations for the rate setting of waived transportation.

64.7 **EFFECTIVE DATE.** This section is effective the day following final enactment.

145.1 (b) Institutional settings for purposes of this exception include intermediate care facilities
145.2 for persons with developmental disabilities; nursing facilities; acute care hospitals; Anoka
145.3 Metro Regional Treatment Center; Minnesota Security Hospital; and crisis beds. The budget
145.4 exception shall be limited to no more than the amount of appropriate less-restrictive available
145.5 services determined by the lead agency managing the individual's home and community-based
145.6 services waiver. The lead agency shall notify the Department of Human Services of the
145.7 budget exception.

145.8 **EFFECTIVE DATE.** This section is effective the day following final enactment.

143.15 Sec. 66. **TRANSPORTATION STUDY.**

143.16 The commissioner of human services, with cooperation from lead agencies and in
143.17 consultation with stakeholders, shall conduct a study to identify opportunities to increase
143.18 access to transportation services for an individual who receives home and community-based
143.19 services. The commissioner shall submit a report with recommendations to the chairs and
143.20 ranking minority members of the legislative committees with jurisdiction over human
143.21 services by January 15, 2019. The report shall:

143.22 (1) study all aspects of the current transportation service network, including the fleet
143.23 available, the different rate-setting methods currently used, methods that an individual uses
143.24 to access transportation, and the diversity of available provider agencies;

143.25 (2) identify current barriers for an individual accessing transportation and for a provider
143.26 providing waiver services transportation in the marketplace;

143.27 (3) identify efficiencies and collaboration opportunities to increase available
143.28 transportation, including transportation funded by medical assistance, and available regional
143.29 transportation and transit options;

143.30 (4) study transportation solutions in other states for delivering home and community-based
143.31 services;

143.32 (5) study provider costs required to administer transportation services;

144.1 (6) make recommendations for coordinating and increasing transportation accessibility
144.2 across the state; and

144.3 (7) make recommendations for the rate setting of waived transportation.

144.4 **EFFECTIVE DATE.** This section is effective the day following final enactment.

64.8 Sec. 45. **DIRECTION TO COMMISSIONER; TELECOMMUNICATION**
64.9 **EQUIPMENT PROGRAM.**

64.10 (a) The commissioner of human services shall work in consultation with the Commission
64.11 of Deaf, Deafblind, and Hard-of-Hearing Minnesotans to provide recommendations by
64.12 January 15, 2018, to the chairs and ranking minority members of the house of representatives
64.13 and senate committees with jurisdiction over human services to modernize the
64.14 telecommunication equipment program. The recommendations must address:

64.15 (1) types of equipment and supports the program should provide to ensure people with
64.16 communication difficulties have equitable access to telecommunications services;

64.17 (2) additional services the program should provide such as education about technology
64.18 options that can improve a person's access to telecommunications **service**; and

64.19 (3) how the current program's service delivery structure might be improved to better
64.20 meet the needs of people with communication disabilities.

64.21 (b) The commissioner shall also provide draft legislative language to accomplish the
64.22 recommendations. Final recommendations, the final report, and draft legislative language
64.23 must be approved by both the commissioner and the chair of the **commission**.

64.24 Sec. 46. **DIRECTION TO COMMISSIONER; BILLING FOR MENTAL HEALTH**
64.25 **SERVICES.**

64.26 By January 1, 2018, the commissioner of human services shall report to the chairs and
64.27 ranking minority members of the house of representatives and senate committees with
64.28 jurisdiction over deaf and hard-of-hearing services on the potential costs and benefits of the
64.29 Deaf and Hard-of-Hearing Services Division billing for the cost of providing mental health
64.30 services.

65.1 Sec. 47. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES.**

65.2 The commissioner of human services shall work with lead agencies responsible for
65.3 conducting long-term consultation services under Minnesota Statutes, section 256B.0911,
65.4 to modify the MnCHOICES assessment tool and related policies to:

65.5 (1) reduce assessment times;

140.26 Sec. 63. **DIRECTION TO COMMISSIONER; TELECOMMUNICATION**
140.27 **EQUIPMENT PROGRAM.**

140.28 The commissioner of human services shall work in consultation with the Commission
140.29 of Deaf, Deafblind, and Hard-of-Hearing Minnesotans to provide recommendations by
140.30 January 15, 2018, to the chairs and ranking minority members of the house of representatives
140.31 and senate committees with jurisdiction over human services to modernize the
140.32 telecommunication equipment program. The recommendations must address:

141.1 (1) types of equipment and supports the program should provide to ensure people with
141.2 communication difficulties have equitable access to telecommunications services;

141.3 (2) additional services the program should provide; such as education about technology
141.4 options that can improve a person's access to telecommunications **services**; and

141.5 (3) how the current program's service delivery structure might be improved to better
141.6 meet the needs of people with communication disabilities.

141.7 The commissioner shall also provide draft legislative language to accomplish the
141.8 recommendations. Final recommendations, the final report, and draft legislative language
141.9 must be approved by both the commissioner and the chair of the **Commission of Deaf,**
141.10 **Deafblind, and Hard-of-Hearing Minnesotans.**

141.11 Sec. 64. **DIRECTION TO COMMISSIONER; BILLING FOR MENTAL HEALTH**
141.12 **SERVICES.**

141.13 By January 1, 2018, the commissioner of human services shall report to the chairs and
141.14 ranking minority members of the house of representatives and senate committees with
141.15 jurisdiction over deaf and hard-of-hearing services on the potential costs and benefits of the
141.16 Deaf and Hard-of-Hearing Services Division billing for the cost of providing mental health
141.17 services.

65.6 (2) create efficiencies within the tool and within practice and policy for conducting
65.7 assessments and support planning;

65.8 (3) implement policy changes reducing the frequency and depth of assessment and
65.9 reassessment, while ensuring federal compliance with medical assistance and disability
65.10 waiver eligibility requirements; and

65.11 (4) evaluate alternative payment methods.

65.12 Sec. 48. **EXPANSION OF CONSUMER-DIRECTED COMMUNITY SUPPORTS**
65.13 **BUDGET METHODOLOGY EXCEPTION.**

65.14 (a) No later than September 30, 2017, if necessary, the commissioner of human services
65.15 shall submit an amendment to the Centers for Medicare and Medicaid Services for the home
65.16 and community-based services waivers authorized under Minnesota Statutes, sections
65.17 256B.092 and 256B.49, to expand the exception to the consumer-directed community
65.18 supports budget methodology under Laws 2015, chapter 71, article 7, section 54, to increase
65.19 consumer-directed community support budgets up to 30 percent for the following:

65.20 (1) consumer-directed community support participants whose current consumer-directed
65.21 community support budget cannot accommodate increased services and supports identified
65.22 in the participant's coordinated service and support plan and that are required in order to:

65.23 (i) increase the amount of time a participant works or otherwise improves employment
65.24 opportunity;

65.25 (ii) plan a transition to, move to, or live in a setting described in Minnesota Statutes,
65.26 section 256D.44, subdivision 5, paragraph (f), clause (1), item (ii), or paragraph (g); or

65.27 (iii) develop and implement a positive support plan; or

65.28 (2) home and community-based waiver participants who are currently using licensed
65.29 providers for residential services that cost more annually than the participant would spend
65.30 under a consumer-directed community support plan for any and all of the services and
65.31 supports needed to meet the goals identified in clause (1).

136.29 Sec. 60. Laws 2015, chapter 71, article 7, section 54, is amended to read:

136.30 Sec. 54. **EXPANSION OF CONSUMER-DIRECTED COMMUNITY SUPPORTS**
136.31 **BUDGET METHODOLOGY EXCEPTION.**

137.1 (a) No later than September 30, 2015 2017, if necessary, the commissioner of human
137.2 services shall submit an amendment to the Centers for Medicare and Medicaid Services for
137.3 the home and community-based services waivers authorized under Minnesota Statutes,
137.4 sections 256B.092 and 256B.49, to establish an expand the 2015 exception to the
137.5 consumer-directed community supports budget methodology to provide up to 20 30 percent
137.6 more funds for both:

137.7 (1) consumer-directed community supports participants who have graduated from high
137.8 school and have a coordinated service and support plan which identifies the need for more
137.9 services under consumer-directed community supports, either prior to graduation or in order
137.10 to increase the amount of time a person works or to improve their employment opportunities;
137.11 an increased amount of services or supports under consumer-directed community supports
137.12 than the amount they are eligible to receive currently receiving under the current
137.13 consumer-directed community supports budget methodology; and:

137.14 (i) to increase the amount of time a person works or otherwise improves employment
137.15 opportunities;

137.16 (ii) to plan a transition to, move to, or live in a setting as described in Minnesota Statutes,
137.17 section 256D.44, subdivision 5, paragraph (f), clause (1), item (ii), or (g); or

137.18 (iii) to develop and implement a positive behavior support plan;

137.19 (2) home and community-based waiver participants who are currently using licensed
137.20 services providers for employment supports or services during the day or residential services,
137.21 either of which cost more annually than the person would spend under a consumer-directed
137.22 community supports plan for individualized employment supports or services during the
137.23 day any or all of the supports needed to meet the goals identified in paragraph (a), clause
137.24 (1).

66.1 (b) The exception under paragraph (a), clause (1), is limited to those consumer-directed
66.2 community participants who can demonstrate that the participant shall discontinue
66.3 consumer-directed community supports and accept other nonself-directed waiver services
66.4 because the participant cannot meet the goals described in paragraph (a), clause (1), within
66.5 the participant's current consumer-directed community support budget limits.

66.6 (c) The exception under paragraph (a), clause (2), is limited to those home and
66.7 community-based waiver participants who can demonstrate that, upon choosing to become
66.8 a consumer-directed community support participant, the total cost of services, including the
66.9 exception, would be less than the cost of the waiver services the participant would otherwise
66.10 receive.

137.25 (b) The exception under paragraph (a) is limited to those persons who can demonstrate
137.26 either that they will have to leave discontinue using consumer-directed community supports
137.27 and use accept other non-self-directed waiver services because their need for day or
137.28 employment supports needed for the goals described in paragraph (a), clause (1), cannot be
137.29 met within the consumer-directed community supports budget limits or they will move to
137.30 consumer-directed community supports and their services will cost less than services
137.31 currently being used.

137.32 (c) The exception under paragraph (a), clause (2), is limited to those persons who can
137.33 demonstrate that, upon choosing to become a consumer-directed community support
138.1 participant, the total cost of services, including the exception, will be less than the cost of
138.2 current waiver services.

138.3 **EFFECTIVE DATE.** The exception under this section is effective October 1, 2017, or
138.4 upon federal approval, whichever is later. The commissioner of human services shall notify
138.5 the revisor of statutes when federal approval is obtained.

140.7 Sec. 62. **CONSUMER-DIRECTED COMMUNITY SUPPORTS REVISED BUDGET**
140.8 **METHODOLOGY REPORT.**

140.9 (a) The commissioner of human services, in consultation with stakeholders and others
140.10 including representatives of lead agencies, home and community-based services waiver
140.11 participants using consumer-directed community supports, advocacy groups, state agencies,
140.12 the Institute on Community Integration at the University of Minnesota, and service and
140.13 financial management providers, shall develop a revised consumer-directed community
140.14 supports budget methodology. The new methodology shall be based on (1) the costs of
140.15 providing services as reflected by the wage and other relevant components incorporated in
140.16 the disability waiver rate formulas under chapter 256B, and (2) state-to-county
140.17 waiver-funding methodologies. The new methodology should develop individual
140.18 consumer-directed community supports budgets comparable to those provided for similar
140.19 needs individuals if paying for non-consumer-directed community supports waiver services.

140.20 (b) By December 15, 2018, the commissioner shall report a revised consumer-directed
140.21 community supports budget methodology, including proposed legislation and funding
140.22 necessary to implement the new methodology, to the chairs and ranking minority members
140.23 of the house of representatives and senate committees with jurisdiction over health and
140.24 human services.

140.25 **EFFECTIVE DATE.** This section is effective the day following final enactment.

66.11 Sec. 49. REPEALER.

66.12 (a) Minnesota Statutes 2016, sections 256C.23, subdivision 3; 256C.233, subdivision

66.13 4; and 256C.25, subdivisions 1 and 2, are repealed effective the day following final

66.14 enactment.

66.15 (b) Minnesota Statutes 2016, section 256B.4914, subdivision 16, is repealed effective

66.16 January 1, 2018.

145.9 Sec. 70. REPEALER.

145.10 (a) Minnesota Statutes 2016, sections 256C.23, subdivision 3; 256C.233, subdivision

145.11 4; and 256C.25, subdivisions 1 and 2, are repealed.

145.12 (b) Minnesota Statutes 2016, section 256B.4914, subdivision 16, is repealed effective

145.13 January 1, 2018.