

# Bill Summary Comparison of Health and Human Services

House File 2128-4  
Article 14: Disability Services  
and Continuing Care for Older  
Adults

Senate File UEH2128-1  
Article 14: Disability Services  
and Continuing Care for Older  
Adults

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Section	Article 14: Disability Services and Continuing Care for Older Adults		Article 14: Disability Services and Continuing Care for Older Adults
1	<p><b>Resident assessment schedule.</b> Amends § 144.0724, subd. 4. Modifies nursing facility resident assessments for purposes of establishing case mix classifications for MA reimbursement.</p>	<p><b>Page R1: Similar with technical differences</b> - compare House paragraph (b), clause (7), to Senate new paragraph (c):</p> <ul style="list-style-type: none"> <li>▪ <b>Senate</b> limits requirement for significant change in status assessment following isolation to isolation for <i>active</i> infectious disease; <b>House does not</b> limit to isolation for active infectious disease.</li> </ul> <p><b>House only</b> – clarifies language that any modifications to a current assessment must be used to determine a case mix classification.</p>	<p><b>Section 1 (144.0724, subdivision 4, paragraph (c))</b> requires updated resident reimbursement classification assessments within 14 days of release from isolation or within 7 days of cessation of therapy services. Resident reimbursement classifications determine how much a nursing facility charges medical assistance or private pay residents per day for the services provided.</p>
		<p><b>Page R2: Senate only</b></p>	<p><b>Sections 2 and 3 (144A.073, subdivisions 2 and 17)</b> authorizes the existing nursing facility construction moratorium exception review committee to approve each biennium construction projects for which the full biennial state share of increased medical assistance spending in the years the projects are completed will not exceed \$10 million dollar.</p>
2	<p><b>Licensing moratorium.</b> Amends § 245A.03, subd. 7. Adds an exception to the corporate foster care licensing moratorium for new foster care licenses or community residential setting licenses for people receiving customized living or 24-hour customized living services under the BI or CADI waivers and residing in the customized living setting before July 1, 2022. Allows a customized living service provider to rebut the presumption that a license is required by seeking a reconsideration of the commissioner’s determination. Makes the commissioner’s disposition of a request for reconsideration final and not subject to appeal. Makes this exception available until June</p>	<p><b>Page R4: Identical</b></p>	<p><b>Section 4 (245A.03, subdivision 7)</b> creates a time-limited exception to the corporate foster care and community residential settings licensing moratorium to allow currently operational but unlicensed settings in which customized living services are being provided to BI and CADI waiver participants to become licensed settings</p>

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	<p>30, 2023. Specifies circumstances under which this exception is available.</p> <p>Provides a July 1, 2022, effective date.</p>		
		<p><b>Page R7: Senate only</b></p>	<p><b>Section 5 (256.477, subdivision 1, paragraph (a))</b> renames the existing statewide Self-Advocacy Network the “The Rick Cardenas Self-Advocacy Network” and expands the purposes of the existing grant program from self-advocacy to include training and support for service option selection, statewide conferences and training focused on self-advocacy, informed choice and community engagement skills, and an annual leadership program.</p> <p><b>Subdivision 1, paragraph (b)</b> allows a grantee to use a portion of the grant for administration and general operating costs.</p> <p><b>Subdivision 2</b> establishes a new grant program to provide subgrants to provide peer-led regional training sessions about accessing community options for people with intellectual and developmental disabilities working and living in institutional settings.</p>
		<p><b>Page R8: Senate only</b></p>	<p><b>Section 6 [256.4772]</b> establishes a new grant program to encourage self-advocacy groups of persons with intellectual and developmental disabilities to develop and organize projects that increase the inclusion of persons with intellectual and developmental disabilities in the community and improve community integration outcomes. The grant program will be administered by a fiscal host and funding decisions will be made by an advisory committee established by the fiscal host.</p>

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		Page R10: Senate only	Section 7 [256.4776] establishes a new grant program for a parent-to-parent peer support program to provide individualized support for families of children with a disability to special health care need from volunteer support parents who have received peer support training.
3	<p><b>Long-term care facility.</b> Amends § 256.9741, subd. 1. Modifies the definition of “long-term care facility” to conform to changes related to assisted living licensure and MA waiver customized living services.</p> <p>Provides an August 1, 2021, effective date.</p>	Page R10: House only	
		Page R11: Senate only	Section 8 (256B.0653, subdivision 8) provides an annual inflation adjustment to the medical assistance service rates for home health agency services.
		Page R11: Senate only	Section 9 (256B.0654, subdivision 5) provides an annual inflation adjustment to the medical assistance service rates for home care nursing services.
		Page R11: Senate only	Section 10 (256B.0659, subdivision 11) reduces from 12 to 10 the required hours of service for which a person must qualify in order for the PCA services provided to the person to qualify for the existing enhanced PCA service rate.
4	<p><b>Personal care assistants; notice of change of employment required.</b> Amends § 256B.0659, by adding subd. 11b. Requires a PCA to notify the commissioner that the PCA is no longer providing PCA services on behalf of a PCA provider agency with whom the PCA</p>	Page R13: House only	

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	was previously affiliated within six months of ceasing employment as a PCA with any PCA provider agency.		
5	<p><b>Documentation of qualified professional services provided.</b> Amends § 256B.0659, by adding subd. 14a. Requires qualified professional services to be documented in a manner prescribed by the commissioner and to include the qualified professional’s full name and individual provider number.</p>	Page R13: House only	
		Page R13: Senate only	Section 11 (256B.0659, subdivision 17a) reduces from 12 to 10 the required hours of service for which a person must qualify in order for the PCA services provided to the person to qualify for the existing enhanced PCA service rate.
6	<p><b>Requirements for provider enrollment of PCA provider agencies.</b> Amends § 256B.0659, subd. 21. Modifies the list of information and documentation PCA provider agencies must provide to the commissioner at the time of enrollment, reenrollment, and revalidation; removes obsolete language; requires all employees in management and supervisory positions to complete training every two years; requires PCA provider agencies enrolling for the first time to provide to the commissioner proof of sufficient operating capital and lists items that may be used as sufficient proof; and lists additional information PCA provider agencies must provide to the commissioner at the time of revalidation.</p>	Page R14: House only	
7	<p><b>Personal care assistance provider agency; general duties.</b> Amends § 256B.0659, subd. 24. Modifies the list of PCA provider agency general duties by requiring PCA provider agencies to notify the commissioner within specified time periods when a qualified</p>	Page R17: House only	

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	professional or PCA is no longer employed by or otherwise affiliated with the PCA provider agency.		
		<b>Page R18: Senate only</b>	<b>Section 12 (256B.0911, subdivision 1a)</b> replaces the existing definition of informed choice for the purposes of long-term care consultation services with the new definition of informed choice in the disability services policy statements in section 256B.4905, subdivision 1a.
<b>8</b>	<p><b>Assessment and support planning.</b> Amends § 256B.0911, subd. 3a. Modifies the statute governing long-term care assessment and support planning by adding language to allow a person who receives MA HCBS and temporarily enters certain health care facilities for 121 days or less to return to the community under the same waiver services without requiring an assessment or reassessment, unless the person’s annual reassessment is otherwise due. Specifies nothing in this section changes annual long-term care consultation reassessment requirements, payment for institutional or treatment services, MA financial eligibility, or any other law.</p> <p>Makes this section effective upon federal approval and requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	<p><b>Page R21: Technical differences</b></p> <p><b>Staff recommends Senate</b></p>	<b>Section 13 (256B.0911, subdivision 3a)</b> permits an individual who was receiving HCBS waiver services prior to a temporary admission to an institutional setting of 121 days or fewer to return to the waiver without an assessment, provided all other eligibility criteria are met.
		<b>Page R25: Senate only</b>	<b>Section 14 (256B.0911, subdivision 6)</b> makes technical and clarifying changes to the existing statutory language governing payments to lead agencies for long-term care consultation services and strikes obsolete language from a payment methodology that was superseded by subsequent legislation.

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		Page R26: Senate only	<p><b>Section 15 (256B.0911, subdivision 6b, paragraph (a))</b> freezes at fiscal year 2019 levels the appropriation for reimbursement to lead agencies for long-term care consultation services.</p> <p><b>Paragraph (b)</b> requires counties and tribes to collect data sufficient for the commissioner to develop and propose a capitated reimbursement method for long-term care consultation services to beginning in fiscal year 2026.</p>
		Page R27: Senate only	<p><b>Section 16 (256B.092, subdivision 1b, paragraph (a), clause (7))</b> requires a coordinated service and support plan for an individual on a disability waiver to clearly indicate the monetary resources available to meet the assessed needs and preferences of the individual.</p>
<p><b>9</b></p>	<p><b>Home and community-based services for developmental disabilities.</b> Amends § 256B.092, subd. 4. Removes language under the sections of statutes governing the MA developmental disabilities waiver requiring the commissioner to allocate MA waiver funds to county agencies and requiring county agencies to manage the funds.</p> <p>Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	Page R28: House only	
<p><b>10</b></p>	<p><b>Federal waivers.</b> Amends § 256B.092, subd. 5. Requires the commissioner to seek approval to allow for the reconfiguration of the MA home and</p>	Page R29: House only	

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	<p>community-based waivers to implement a two-waiver program structure and to implement an individual resource allocation methodology.</p> <p>Provides a January 1, 2023, effective date, or 90 days after federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>		
11	<p><b>Waiver services statewide priorities.</b> Amends § 256B.092, subd. 12. Makes conforming changes related to having the commissioner manage waiver funds rather than county agencies.</p>	Page R30: House only	
12	<p><b>Regional quality councils and systems improvement.</b> Amends § 256B.097, by adding subd. 7. Requires the commissioner to maintain the regional quality councils and lists duties of the regional quality councils.</p>	Page R31: Identical	<p><b>Sections 17 to 20 (256B.097)</b> reconfigures the existing regional quality councils to allow them to continue to perform their remaining functions in the absence of the state quality council, which is being repealed in the bill, and expands the statutory language relating to duties of the councils to examine and improve services for people with disabilities, promote informed decision making, provide advocacy and recommendations for quality improvements; and provide help resolve disputes between lead agencies or providers and people with disabilities.</p>
13	<p><b>Membership and staff.</b> Amends § 256B.097, by adding subd. 8. Specifies membership of the regional quality councils and give each regional quality council the authority to hire staff.</p>	Page R31: Identical	



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14	<p><b>Duties.</b> Amends § 256B.097, by adding subd. 9. Lists the duties of each regional quality council and allows each regional quality council to engage in quality improvement initiatives.</p>	<p><b>Page R32: Technical differences in House section 14 and Senate section 19.</b>  <b>Staff recommends Senate.</b></p>	
15	<p><b>Compensation.</b> Amends § 256B.097, by adding subd. 10. Provides for compensation for certain regional quality council members and allows regional quality councils to charge fees for their services.</p>	<p><b>Page R33: Identical</b></p>	
		<p><b>Page R33: Senate only</b></p>	<p><b>Section 21 (256B.19, clause (5))</b> establishes a 10 percent county share for the cost of services provided to an individual 18 or older but younger than 27 residing in an ICF/DD of any size for more than 90 days. Under current law, a 10 percent county share only applies to services provided in an ICF/DD with 7 or more beds.</p> <p><b>Clause (6)</b> establishes a 10 percent county share for the cost of the following services provided to an individual 18 or older but younger than 27: community residential services; corporate foster care services; and customized living services or 24-hour customized living services.</p>
16	<p><b>Contact information for consumer surveys for nursing facilities and home and community-based services.</b> Amends § 256B.439, by adding subd. 3c. Allows the commissioner to request contact information of clients and associated key representatives for purposes of conducting consumer surveys for nursing facilities and home and community-based services. Requires providers to furnish contact information available to the provider.</p>	<p><b>Page R35: House only</b></p>	

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	Provides an immediate effective date.		
17	<p><b>Resident experience survey and family survey for assisted living facilities.</b></p> <p>Amends § 256B.439, by adding subd. 3d. Requires the commissioner to develop and administer a resident experience survey for assisted living facility residents and a family survey for families of assisted living facility residents. Specifies money appropriated to the commissioner to administer the resident experience survey and family survey is available in either fiscal year of the biennium in which it is appropriated.</p>	Page R35: House only	
18	<p><b>Authority.</b></p> <p>Amends § 256B.49, subd. 11. Makes clarifying changes. Requires the commissioner to seek approval to allow for the reconfiguration of MA home and community-based waivers to implement a two-waiver program structure and to implement an individual resource allocation methodology.</p> <p>Provides a January 1, 2023, effective date, or 90 days after federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	Page R35: House only	
19	<p><b>Waiver services statewide priorities.</b></p> <p>Amends § 256B.49, subd. 11a. Makes conforming changes related to having the commissioner manage waiver funds rather than county agencies.</p> <p>Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human</p>	Page R36: House only	

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	services to notify the revisor of statutes when federal approval is obtained.		
20	<p><b>Cost of services and supports.</b> Amends § 256B.49, subd. 17. Removes language requiring the commissioner to allocate MA waiver funds to counties. Removes obsolete language.</p> <p>Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	Page R37: House only	
		Page R38: Senate only	Section 22 (256B.49, subdivision 23) modifies the requirements a leased setting must meet to qualify as a community-living setting for the purposes of the disability waivers by permitting an indefinite number of two-year extensions of cosigned lease agreements.
21	<p><b>Customized living moratorium for brain injury and community access for disability inclusion waivers.</b> Amends § 256B.49, by adding subd. 28. Paragraph (a) prohibits the commissioner from enrolling new customized living settings serving four or fewer people in a single-family home to deliver customized living services under the BI or CADI waiver plans to prevent new developments of customized living settings that otherwise meet the definition of “residential program.”</p> <p>Paragraph (b) lists exceptions to the moratorium the commissioner may approve.</p>	<p>Page R40: Similar</p> <p><b>Differences are technical:</b></p> <ul style="list-style-type: none"> <li>▪ DHS indicated to the Senate that paragraph (b); clause (2), is unnecessary</li> <li>▪ Senate language clarifies meanings of “operational”</li> </ul> <p>Staff recommends Senate provided DHS confirms.</p>	Section 23 (256B.49, subdivision 28) establishes a moratorium on enrolling after June 30, 2021 certain new customized living settings serving in a single-family home four or fewer participants in the BI or CADI wavier.

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	<p>Paragraph (c) considers customized living settings operational on or before June 30, 2021, as existing customized living settings.</p> <p>Paragraph (d) makes the authorizing lead agency responsible for all HCBS payments to any new customized living settings operational on or after July 1, 2021, serving four or fewer people in a single-family home.</p> <p>Paragraph (e) defines “operational” for purposes of this subdivision.</p> <p>Provides a July 1, 2021, effective date. Specifies this section only applies to customized living services provided under the MA BI and CADI waivers.</p>		
		<p><b>Page R41: Senate only</b></p>	<p><b>Sections 24 to 34</b> reframe and restate the home and community-based services (HCBS) policy statements enacted in 2020, and includes new language concerning standards for an informed decision-making process. <b>Section 79</b> repeals the policy language enacted in 2020.</p> <p><b>Section 24 (256B.4905, subdivision 1a)</b> defines “informed choice” and “HCBS” for the purposes of Minnesota Statutes, section 256B.4905.</p> <p><b>Section 25 (256B.4905, subdivision 2a)</b> states the policy of the state regarding the ability of people who have disabilities to make informed choices and that they will be offered an informed decision-making process in which to make those informed choices.</p> <p><b>Section 26 (256B.4905, subdivision 3a)</b> requires the commissioner of human services and lead agencies to implement the policy of the state regarding informed choices</p>

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			<p>and an informed decision-making process and specifies required features of an informed decision-making process.</p> <p><b>Section 27 (256B.4905, subdivision 4a)</b> reframes and restates the employment first policy statement from the 2020 legislation that is repealed in this legislation (see repealed subdivision 1)</p> <p><b>Section 28 (256B.4905, subdivision 5a)</b> reframes and restates the employment first implementation language from the 2020 legislation that is repealed in this legislation (see repealed subdivision 2)</p> <p><b>Section 29 (256B.4905, subdivision 7)</b> reframes and restates the independent living first policy statement from the 2020 legislation that is repealed in this legislation (see repealed subdivision 3)</p> <p><b>Section 30 (256B.4905, subdivision 8)</b> reframes and restates the independent living first implementation language from the 2020 legislation that is repealed in this legislation (see repealed subdivision 4).</p> <p><b>Section 31 (256B.4905, subdivision 9)</b> reframes and restates the self-direction first policy statement from the 2020 legislation that is repealed in this legislation (see repealed subdivision 5).</p> <p><b>Section 32 (256B.4905, subdivision 10)</b> reframes and restates self-direction first implementation language from the 2020 legislation that is repealed in this legislation (see repealed subdivision 4).</p> <p><b>Section 33 (256B.4905, subdivision 11)</b> is a new policy statement concerning the state’s policy regarding informed choice by people who have disabilities to utilize technology as a</p>

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			<p>means of delivering their services.</p> <p><b>Section 34 (256B.4905, subdivision 12)</b> is new implementation language concerning the state’s policy regarding informed choice by people who have disabilities to utilize technology as a means of delivering their services.</p>
		<p><b>Page R47: Senate only</b></p>	<p><b>Section 35 (256B.4914, subdivision 2, paragraph (p), clause (3), item (ii))</b> modifies the definition of a unit of service for the purposes of individualized home supports with training to include the option of a daily unit of service.</p>
<p><b>22</b></p>	<p><b>Base wage index and standard component values.</b> Amends § 256B.4914, subd. 5. Removes language related to family foster care base wages and component values in the section of statutes governing DWRS. Establishes component values under the disability waiver rate system (DWRS) for day support services, prevocational services, unit-based services with programming, and unit-based services without programming, except for respite care, delivered remotely. Makes technical and conforming changes.</p> <p>Provides a January 1, 2022, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	<p><b>Page R49: Different</b></p> <p><b>NOTE:</b> These sections contain three proposals:</p> <ol style="list-style-type: none"> <li>1. <b>House only</b> proposal related to eliminating family foster care and replacing it with family residential services;</li> <li>2. <b>Senate only</b> proposal to modify the base wage for employment exploration services; and</li> <li>3. <b>Different</b> proposals for establishing rates for remote services                             <ul style="list-style-type: none"> <li>▪ Paragraph (a), clause (4) – <b>House</b> removes language related to family foster care base wage; <b>Senate</b> does not.</li> <li>▪ Paragraph (a), clause (14) – <b>Senate</b> modifies the base wage for employment exploration services staff to</li> </ul> </li> </ol>	<p><b>Section 36 (256B.4914, subdivision 5, paragraph (a), clause (14))</b> modifies the base wage for employment exploration services staff to equal the existing base wage for employment development services staff.</p> <p><b>Paragraph (e)</b> establishes component values for remotely delivered day support services and prevocational services at levels equal to the values for those services when delivered in person.</p> <p><b>Paragraph (h)</b> establishes component values for remotely delivered unit-based services with programming at levels equal to the values for those services when delivered in person.</p> <p><b>Paragraph (j)</b> establishes component values for remotely delivered unit-based services without programming at levels equal to the values for those services when delivered in person.</p> <p><b>Paragraph (n)</b> applies existing inflation adjustments for services delivered in person to services delivered</p>

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		<p>equal the existing base wage for employment development services staff; <b>House</b> does not.</p> <ul style="list-style-type: none"> <li>▪ Paragraph (c) – <b>House</b> removes component values for family foster care; <b>Senate</b> does not.</li> <li>▪ House paragraph (d)/Senate paragraph (e) – clause (6): <b>different</b> component values.</li> <li>▪ House paragraph (g)/Senate paragraph (h) – clauses (5) and (6): <b>different</b> component values.</li> <li>▪ House paragraph (i)/Senate paragraph (j) – clauses (5) and (6): <b>different</b> component values.</li> <li>▪ House paragraph (m) – <b>House</b> includes in inflation adjustment rates for new family residential service; <b>Senate</b> does not (because Senate does not propose new family residential service.)</li> </ul> <p><b>Effective dates are different.</b></p>	<p>remotely.</p> <p><b>Paragraphs (o) and (p)</b> contain conforming changes to cross-references</p>
<p><b>23</b></p>	<p><b>Payments for residential support services.</b> Amends § 256B.4914, subd. 6. Removes references to family residential services, corporate and family foster care services, and supportive living services. Requires the commissioner to establish acuity-based input limits, based on case mix, for customized living and 24-hour customized living rates determined under DWRS. Limits customized living and 24-hour customized living rates determined under DWRS to 24 hours of support in a daily unit.</p> <p>Provides a January 1, 2022, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	<p><b>Page R56: Different</b></p> <p><b>Note:</b> these sections include four proposals:</p> <ol style="list-style-type: none"> <li>1. <b>House only</b> proposal to remove family foster care (replaced with family residential services);</li> <li>2. Conforming changes related to a <b>Senate only</b> proposal for a rate floor for certain customized living providers.</li> </ol>	<p><b>Section 37 (256B.4914, subdivision 6, paragraph d)</b> requires the commissioner to modify the customized living tool for recipients on the BI or CADI waiver to: (1) incorporate the customized living rate floor under section 256S.205; (2) prevent more than 24-hours of authorized services in a day; and (3) establish acuity-based input limits for service rate calculations. Also, strikes obsolete language and incorporates duplicative language from paragraph (g).</p>

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		<p>3. <b>Identical proposals</b> to limit to 24 hours the number of hours of support in a daily unit of 24-hour customized living.</p> <p>4. <b>Identical proposals</b> to direct the commissioner to develop acuity-based input limits for customized living.</p> <p><b>Technical differences</b> related to customized living – Senate strikes obsolete language and consolidates duplicative language; House does not.</p> <p><b>Effective dates are different.</b></p>	
<p><b>24</b></p>	<p><b>Payments for day programs.</b> Amends § 256B.4914, subd. 7. Specifies day programs may be provided in person or remotely. Makes conforming changes in the formula establishing rates under DWRS for day services.</p> <p>Provides a January 1, 2022, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	<p><b>Page R57: Different</b></p> <p><b>Substantive difference</b> is found in <b>clause (11)</b> – Senate increases the program facility costs for remote services; House does not.</p> <p><b>Technical differences</b> related to cross-references to component values.</p> <p><b>Effective dates are different.</b></p>	<p><b>Section 38 (256B.4914, subdivision 7)</b> applies the new component values for the purposes of determining the rates for remotely delivered day support services and prevocational services to ensure that the rates are the same as for those services when delivered in person.</p>
<p><b>25</b></p>	<p><b>Payments for unit-based services with programming.</b> Amends § 256B.4914, subd. 8. Specifies unit-based services with programming may be provided in person or remotely. Makes conforming changes in the formula establishing rates under DWRS for unit-based services with programming.</p>	<p><b>Page R61: Different</b></p> <p><b>Note:</b> These sections contain three proposals:</p>	<p><b>Section 39 (256B.4914, subdivision 8)</b> applies the new component values for the purposes of determining the rates for remotely delivered unit-based services with programming to ensure that the rates are the same as for those services when delivered in person.</p> <p><b>Clause (14)</b> increases from two to three the number of</p>



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	<p>Provides a January 1, 2022, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	<ol style="list-style-type: none"> <li>1. <b>Different</b> proposals related to rates for remote services;</li> <li>2. <b>Senate only</b> proposal to increase from two to three the number of waiver participants who may share individualized home supports with training; and</li> <li>3. Conforming changes to a <b>Senate only</b> proposal to allow a daily rate for individualized home supports with training.</li> </ol>	<p>waiver participants who may share individualized home support with training services.</p>
<p><b>26</b></p>	<p><b>Payments for unit-based services without programming.</b> Amends § 256B.4914, subd. 9. Specifies unit-based services without programming may be provided in person or remotely. Makes conforming changes in the formula establishing rates under DWRS for unit-based services without programming.</p> <p>Provides a January 1, 2022, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	<p><b>Page R63: Different</b></p> <p><b>Different</b> proposals related to rates for remote services.</p> <p><b>Effective dates are different.</b></p>	<p><b>Section 40 (256B.4914, subdivision 9)</b> applies the new component values for the purposes of determining the rates for remotely delivered unit-based services without programming to ensure that the rates are the same as for those services when delivered in person.</p>
<p><b>27</b></p>	<p><b>Payments for family residential services.</b> Amends § 256B.4914, by adding subd. 18. Requires the commissioner to establish rates for family residential services based on a person’s assessed needs.</p> <p>Provides a January 1, 2022, effective date, or upon federal approval, whichever is later. Requires the commissioner of human</p>	<p><b>Page R65: House only</b></p>	

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	services to notify the revisor of statutes when federal approval is obtained.		
		Page R65: Senate only	Section 41 (256B.5012, subdivision 18) effective for fiscal year 2022, increases intermediate care facility for persons with developmental disabilities (ICF/DD) rates by five percent over the rates in effect on July 30, 2021.
		Page R66: Senate only	<p>Section 42 (256B.5013, subdivision 1, paragraph (a)) modifies the conditions under which an intermediate care facility for persons with developmental disabilities (ICF/DD) is eligible for an increased ICF/DD rate to enable the facility to meet a particular individual’s documented increase in need. This paragraph also removes an existing 12-month limit on the increased rate and allows the increased rate to remain in place unless the needs of the particular individual for whom the increased rate was granted change.</p> <p><b>New Paragraph (b)</b> requires the county of financial responsibility to act on an increased rate request within 30 days of the request.</p> <p><b>Old paragraphs (c) to (e)</b> remove various requirements of counties and facilities related to justifying the use of funds made available through an increased rate, reporting on the uses of the funds, and preventing funds from being diverted away from providing services to the individual for whom the increased rate was granted.</p> <p><b>New paragraph (c)</b> adds cognitive needs and increased staffing needs as additional circumstances under which a county can recommend that a requested rate increase to meet the needs of a particular individual be granted.</p>

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			<p><b>New Paragraph (d)</b> specifies the information a facility must provide when making a request for a rate increase to meet the needs of a particular individual.</p>
		<p><b>Page R67: Senate only</b></p>	<p><b>Section 43 (256B.5013, subdivision 6)</b> makes a conforming change to the duties of the commissioner of human services.</p>
		<p><b>Page R68: Senate only</b></p>	<p><b>Section 44 (256B.5015, subdivision 2, paragraph (a))</b> increases the rate for “services during the day” from 75 percent of the rate that would have been paid for an individual to participate in “day training and habilitation” to 100 percent of that rate.</p> <p><b>Paragraph (b)</b> specifies the conditions under which an individual qualifies for services during the day, and thus for reimbursement for those services under paragraph (a).</p>
<p><b>28</b></p>	<p><b>Managed care contracts.</b> Amends § 256B.69, subd. 5a. By January 30 of each year that follows a PCA or CFSS rate increase, requires managed care plans to inform the commissioner and the chairs and ranking minority members of the legislative committees with jurisdiction over rates determined under the new payment rate system of the amount of the rate increase that is paid to each PCA provider agency with which the plan has a contract.</p> <p>Provides a January 1, 2023, effective date.</p>	<p><b>Page R68: House only</b></p>	

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29	<p><b>Definitions.</b> Amends § 256B.85, subd. 2. Applies the definitions under the CFSS program to the new payment rate system that is established and makes a grammatical change.</p> <p>Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	Page R72: House only	
		Page R77: Senate only	Section 45 (256B.85, subdivision 7a) reduces from 12 to 10 the required hours of service for which a person must qualify in order for the community first services and supports provided to the person to qualify for the existing enhanced CFSS service rate.
		Page R77: Senate only	Section 46 (256B.85, subdivision 16) reduces from 12 to 10 the required hours of service for which a person must qualify in order for the community first services and supports provided to the person to qualify for the existing enhanced CFSS service rate.
		Page R79: Senate only, except: <ul style="list-style-type: none"> <li>▪ language in Senate section 47 is <b>similar</b> to House section 30, subdivision 7.</li> </ul>	Section 47 (256B.85, subdivision 27) requires the commissioner to conduct on-going evaluations of whether the rates for PCA and CFSS appropriately address the costs of providing the services, requires the commissioner to make recommendations to the legislature on service rates based on the commissioner’s evaluation; and requires service providers to submit requested cost data at least once every three years.
		Page R80: Senate only, except:	Section 48 (256B.85, subdivision 28) specifies that the commissioner shall publish every two years an evaluation with recommendations of the costs and the rates for providing PCA

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		<ul style="list-style-type: none"> <li>▪ language in Senate section 48 is <b>similar</b> to House section 30, subdivision 8.</li> </ul>	and CFSS services.
30	<p><b>Community first services and supports; payment rates.</b> Creates § 256B.851.</p> <p><b>Subd. 1. Application.</b> Applies the payment methodologies in this section to: (1) CFSS, extended CFSS, and enhanced rate CFSS; and (2) PCA services, extended PCA service, and enhanced rate PCA services. Specifies this section does not change existing PCA program or CFSS policies and procedures.</p> <p><b>Subd. 2. Definitions.</b> Defines the terms “commissioner,” “component value,” and “payment rate.”</p> <p><b>Subd. 3. Payment rates; base wage index.</b> Establishes base wage component value calculations for the services covered under this section based on Bureau of Labor Statistics (BLS) standard occupational classifications.</p> <p><b>Subd. 4. Payment rates; total wage index.</b> Paragraphs (a) to (c) establish the competitive workforce factor and total wage component value for the services covered under this rate methodology.</p> <p>Paragraph (d) requires the commissioner to report recommendations to the legislature with an update of the competitive workforce factors beginning on August 1, 2024, and every two years thereafter. Requires the commissioner to calculate biennial adjustments to the competitive workforce factor after determining the base</p>	<p><b>Page R80: House only, except:</b></p> <ul style="list-style-type: none"> <li>▪ language in subdivisions 7 and 8 is <b>similar</b> to language in Senate sections 47 and 48.</li> </ul>	

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	<p>wage index updates, and specifies the manner in which the competitive workforce factor must be adjusted.</p> <p>Paragraph (e) requires the commissioner to recommend an increase or decrease of the competitive workforce factor from its previous value by no more than three percent. Prohibits the competitive workforce factor from being less than zero.</p> <p><b>Subd. 5. Payment rates; component values.</b> Paragraph (a) establishes component values for the payment rate methodology.</p> <p>Paragraph (b) establishes implementation components for the payment rate methodology.</p> <p><b>Subd. 6. Payment rates; rate determination.</b> Paragraph (a) lays out the payment rate calculation the commissioner must use to determine rates for PCA services, CFSS, extended PCA services, extended CFSS, enhanced rate PCA services, enhanced rate CFSS, qualified professional services, and CFSS worker training and development.</p> <p>Paragraph (b) requires the commissioner to publish the total adjusted payment rates.</p> <p><b>Subd. 7. Provider agency; required reporting and analysis of cost data.</b> Paragraph (a) requires the commissioner to evaluate on an ongoing basis whether the base wage component values and component values appropriately address the cost to provide the service and to make recommendations to adjust the rate methodology as</p>		

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	<p>indicated by the evaluation. Requires agencies enrolled to provide services with rates determined under this section to submit requested cost data to the commissioner. Lists the data the commissioner may request.</p> <p>Paragraph (b) requires providers to submit the required cost data for a fiscal year that ended not more than 18 months prior to the submission date at least once every three years. Requires the commissioner to provide each provider with a 90-day notice prior to its submission due date and with notices 30 and 60 days after the required submission date for providers who fail to submit required cost data. Allows the commissioner to temporarily suspend payments to a provider if the commissioner has not received the required cost data 90 days after the required submission date and to make withheld payments when the required cost data is received by the commissioner.</p> <p>Paragraph (c) requires the commissioner to conduct a random validation of data submitted to ensure data accuracy, analyze cost documentation, and provide recommendations for adjustments to cost components.</p> <p>Paragraph (d) requires the commissioner to analyze cost documentation and allows the commissioner to submit recommendations on component values, updated base wage component values, and competitive workforce factors to the legislature every two years beginning August 1, 2026. Requires the commissioner to release cost data in aggregate form and prohibits cost data from individual</p>		

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	<p>providers from being released except as provided for in current law.</p> <p>Paragraph (e) requires the commissioner to develop and implement a process for providing training and technical assistance necessary to support provider submission of cost data.</p> <p><b>Subd. 8. Payment rates; reports required.</b> Paragraph (a) requires the commissioner to assess the component values and publish evaluation findings and recommended changes to the rate methodology in a report to the legislature by August 1, 2026.</p> <p>Paragraph (b) requires the commissioner to: (1) assess the long-term impacts of the rate methodology implementation on staff providing services with rates determined under this section, including but not limited to measuring changes in wages, benefits provided, hours worked, and retention; and (2) publish evaluation findings in a report to the legislature by August 1, 2028, and once every two years thereafter.</p> <p><b>Subd. 9. Self-directed workforce.</b> Subjects the commissioner’s authority over terms and conditions for individual providers to the state’s obligation to meet and negotiate under the Public Employment Labor Relations Act, as modified and made applicable to individual providers, and to agreements with any exclusive representative of individual providers. Specifies a change in the rate for services within the covered programs does not constitute a change in a term or condition for individual providers in covered programs and is not subject</p>		



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	<p>to the state’s obligation to meet and negotiate under the Public Employment Labor Relations Act, except that the state shall meet and negotiate with the exclusive representative of individual providers over wage and benefit increases made possible by rate increases provided between January 1, 2023, and June 30, 2023. Requires any resulting tentative agreement to be submitted to the legislature for approval.</p> <p>Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>		
31	<p><b>Moratorium on development of housing support beds.</b> Amends § 256I.04, subd. 3. Modifies the housing support bed moratorium exceptions by expanding the exception for supportive housing units in the metro area for homeless adults with mental illness, a history of substance abuse, or HIV/AIDS to allow for more supportive housing units and to include additional counties (Carver, Scott, and Washington counties). Removes language requiring 70 percent of the supportive housing units to serve homeless adults who are about to be, or within the last six months, have been discharged from a regional treatment center, a state-contracted psychiatric bed in a community hospital, or a residential mental health or chemical dependency treatment program. Removes obsolete language. Adds paragraph (c), which requires the appropriation for the housing support bed moratorium exceptions to include administrative funding equal to the cost of two FTEs to process eligibility and requires the commissioner to disburse administrative funding to the fiscal agent for counties.</p>	Page R85: House only, but see Senate section 49	

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		Page R85: Senate only, but see House section 31	Section 49 (256I.04, subdivision 3) creates exceptions to the moratorium on the development of new housing support beds eligible for a supplemental services rate for a provider in Olmsted County and a provider in Blue Earth County.
32	<p><b>Supplementary service rates.</b> Amends § 256I.05, subd. 1a. Makes clarifying changes. Includes tribes in the cost-neutral housing support allocation option.</p> <p>Provides an immediate effective date.</p>	Page R87: Identical	Section 50 (256I.05, subdivision 1a) provides tribes the option to access the cost-neutral housing support lump-sum allocations currently available only to counties.
33	<p><b>Rate increases.</b> Amends § 256I.05, subd. 1c. Makes the housing support room and board rate for an individual payable beyond an 18-calendar-day absence period, not to exceed 150 days in a calendar year, for purposes of maintaining housing while temporarily absent due to residential behavioral health treatment or health care treatment that requires admission to certain facilities.</p>	<p>Page R88/R91: Different</p> <p><b>Senate only</b> creation of a new statutory section for absence policy.</p> <p><b>House</b> sets an annual limit of 150 absence days; <b>Senate</b> sets a per incident limit of 92 absence days.</p> <p><b>Senate only</b> exception procedure for additional day beyond the statutory per incident limit.</p> <p><b>Note:</b> If Senate proposal is adopted, the conforming changes in Senate sections 51 (all but new paragraph (f)) and 59 need to be adopted too.</p>	<p>Section 57 (256I.05, subdivision 2a, paragraph (a)) is a restatement of existing law deleted from paragraph (d) of section 256I.05, subdivision 1c (see bill section 51) related to absence days from supportive housing.</p> <p><b>Paragraph (b)</b> creates a new extended absence day limit of 92 days per year for individuals who are absent from a housing support setting because they are admitted to certain facilities.</p> <p><b>Paragraph (c)</b> creates a new exception process for individuals who exceed the new extended absence day limit.</p>
		Page R88: Senate only	<p>Section 51 (256I.05, subdivision 1c, <i>except paragraph (f)</i>) makes technical and conforming changes related to the housing support absence period proposal.</p> <p><b>Paragraph (f)</b> and permits an agency to increase by \$100 per month the housing support rates paid on behalf</p>

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			of individuals residing in unlicensed, uncertified, or unregistered supportive housing establishments when the individual has an approved habitability inspection and an individual lease agreement.
		<b>Page R89: Senate only</b>	<b>Section 52 (256I.05, subdivision 1q)</b> establishes a housing support supplemental services rate for a provider in Olmsted County equal to the existing statutory maximums.
		<b>Page R90: Senate only</b>	<b>Section 53 (256I.05, subdivision 1s)</b> establishes a housing support supplemental services rate for a provider in Douglas County equal to the existing statutory maximums.
		<b>Page R90: Senate only</b>	<b>Section 54 (256I.05, subdivision 1t)</b> establishes a housing support supplemental services rate exceeding the statutory maximum for a provider in Winona County.
		<b>Page R90: Senate only</b>	<b>Section 55 (256I.05, subdivision 1u)</b> establishes a housing support supplemental services rate for a provider in Blue Earth County equal to the existing statutory maximums.
		<b>Page R90: Senate only</b>	<b>Section 56 (256I.05, subdivision 1v)</b> establishes a housing support supplemental services rate exceeding the statutory maximum for a provider in Steele County.
<b>34</b>	<p><b>Transfer of emergency shelter funds.</b> Amends § 256I.05, subd. 11. Includes tribes in the cost-neutral housing support allocation option.</p> <p>Provides an immediate effective date.</p>	<b>Page R91: Identical</b>	<b>Section 58 (256I.05, subdivision 11)</b> provides tribes the option to access the cost-neutral housing support lump-sum allocations currently available only to counties.

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		Page R92: Senate only	Section 59 (256I.06, subdivision 8) is a conforming change.
35	<p><b>Monthly case mix budget cap exception.</b> Amends § 256S.18, subd. 7. Modifies the monthly case mix budget cap exception under the elderly waiver program by making technical changes, requiring the commissioner to calculate the difference between PCA services and enhanced rate PCA services, and prohibiting the additional budget amount approved under an exception from exceeding this difference.</p> <p>Provides a July 1, 2021, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	Page R92: House only	
36	<p><b>Customized living services provider requirements.</b> Amends § 256S.20, subd. 1. Makes changes to customized living services provider requirements to conform to the assisted living licensure statutes.</p> <p>Provides an August 1, 2021, effective date.</p>	Page R92: House only	
37	<p><b>Customized living services; requirements of providers in designated settings.</b> Creates § 256S.2003.</p> <p><b>Subd. 1. Definitions.</b> Defines “designated provider,” “designated setting,” and “resident.”</p> <p><b>Subd. 2. Attestation of compliance with requirements.</b> Upon enrollment with DHS to provide customized living services, requires a designated provider of customized</p>	Page R93: House only	

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	<p>living services to submit an attestation that the provider is in compliance with subdivisions 3 to 8.</p> <p><b>Subd. 3. Contracts.</b> Paragraph (a) requires every designated provider to execute a written contract with a resident or the resident’s representative and to operate in accordance with the terms of the contract. Requires the resident or resident’s representative to be given a copy of the contract and all supporting documents and attachments.</p> <p>Paragraphs (b) and (c) list the elements and statements that must be included in the contract or in supporting documents or attachments.</p> <p>Paragraph (d) specifies when restrictions of a resident’s rights are allowed and requires any restrictions of rights to be documented in the resident’s coordinated service and support plan.</p> <p>Paragraph (e) requires the designated provider to maintain contracts and documents in files from the date of execution until three years after a contract is terminated.</p> <p><b>Subd. 4. Training in dementia.</b> Paragraph (a) specifies training requirements designated provider employees must meet if the designated provider has a special program or special care unit for residents with Alzheimer’s disease or other dementias or promotes the provision of services for persons with Alzheimer’s disease or other dementias.</p> <p>Paragraph (b) lists areas of required training.</p>		

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	<p>Paragraph (c) requires the provider to provide to residents and prospective residents a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered.</p> <p><b>Subd. 5. Restraints.</b> Requires that residents be free from any mechanical or chemical restraints imposed for purposes of discipline or convenience.</p> <p><b>Subd. 6. Termination of contract.</b> Specifies the information that must be included with a notice of termination of contract.</p> <p><b>Subd. 7. Manager requirements.</b> Specifies continuing education requirements for the person primarily responsible for oversight and management of the designated provider.</p> <p><b>Subd. 8. Emergency planning.</b> Specifies emergency planning requirements each designated provider must meet.</p> <p><b>Subd. 9. Other laws.</b> Requires designated providers to comply with landlord and tenant laws and to obtain and maintain all other licenses, permits, registrations, or other required governmental approvals. Exempts a designated provider from needing to obtain a lodging license.</p> <p>Provides an August 1, 2021, effective date.</p>		
		<p><b>Page R97: Senate only</b></p>	<p><b>Section 60 (256S.203)</b> makes conforming changes to the statutes governing capitation payments and managed care payments for</p>

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			elderly waiver payments.
		<b>Page R97: Senate only</b>	<b>Section 61 (256S.205)</b> establishes a rate floor of \$119 per resident per day for certain facilities with an elderly waiver census of 80 percent or more and providing 24-hour customized living services.
		<b>Page R98: Senate only</b>	<b>Section 62 (Laws 2019, First Special Session chapter 9, article 5, section 86, subdivision 1, as amended by Laws 2020, First Special Session chapter 2, article 3, section 2, subdivision 1)</b> amends the Disability Waiver Reconfiguration authorizing language to include in the intent of the project that a reconfigured waiver program must assess any racial or geographical disparities and institutional bias and take steps to address them.
<b>38</b>	<b>Self-directed worker contract ratification.</b> Ratifies the labor agreement between the state of Minnesota and SEIU Healthcare Minnesota that was submitted to the Legislative Coordinating Commission on March 1, 2021.	<b>Page R99: House only</b>	
<b>39</b>	<b>Direction to the commissioner; customized living report.</b> Paragraph (a) requires, by January 15, 2022, the commissioner of human services to submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services policy and finance and specifies the information that must be included in the report.  Paragraph (b) requires the commissioner of health to provide the commissioner of human services with the required data to complete	<b>Page R99: Technical difference.</b>  <b>Staff recommends House.</b>	<b>Section 67 (Direction to the commissioner; Customized living report)</b> requires the commissioner to study the prevalence of customized living services being offered in unlicensed settings supplanting the provision of services in settings that must be licensed when providing similar services under the BI or CADI waiver. Based on the study the commissioner must submit to the legislature a report with recommendations related to continuing the enrollment moratorium on customized living settings and licensing existing customized living settings.

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	the report in paragraph (a) and implement the moratorium on HCBS customized living. Specifies the data that must be included.		
40	<p><b>Direction to commissioner; provider standards for customized living services in designated settings.</b></p> <p>Requires the commissioner of human services to review policies and provider standards for customized living services provided in specified settings in consultation with stakeholders. Allows the commissioner to provide recommendations to the legislature by February 15, 2022, regarding appropriate regulatory oversight and payment policies for customized living services delivered in those settings.</p>	Page R99: House only	
41	<p><b>Governor’s Council on an Age-Friendly Minnesota.</b></p> <p>Specifies duties of the Governor’s Council on an Age-Friendly Minnesota and extends the council until October 1, 2022.</p>	Page R100: House only	
		Page R100: Senate only	<p><b>Section 63 (Parenting with a disability; Pilot project)</b> requires the commissioner to establish up to three two-year competitive grants to personal care service provider agencies to develop and deliver a grant funded supportive parenting service to assist with parenting tasks parents who have disabilities and are receiving PCA services. Grant funds may also be used by grantees to purchase adaptive parenting equipment at the request of families receiving supportive parenting services.</p>
		Page R102: Senate only	<p><b>Section 64 (Direction to the commissioner; Study of supportive parenting services)</b> requires the commissioner to study the parenting with a disability pilot project funded through a state-funded grant for supportive parenting services and develop a proposal and legislative language to add supportive</p>



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			parenting services as a covered medical assistance service.
		Page R102: Senate only	<b>Section 65 (Direction to the commissioner of human services; Plan for addressing effects on community of certain state-operated services)</b> directs the commissioner to develop a plan to address MSOCS programs that are the location of repeated incidents that are disruptive to the communities in which the program is located.
		Page R103: Senate only	<b>Section 66 (Direction to the commissioner; Initial pace implementation funding)</b> directs the commissioner to develop a proposal for a funding mechanism for the PACE program.
		Page R103: Senate only	<b>Section 68 (Direction to the commissioner of human services; Direct care services during short-term acute hospital visits)</b> requires the commissioner to develop a medical assistance covered service to provide direct care services to patients admitted to an acute care hospital and submit to the legislature draft language to implement such a service.
		Page R103: Senate only	<b>Section 69 (Direction to the commissioner of human services; Driving as covered service under community first services and supports)</b> requires the commissioner to develop a medical assistance covered service to allow support workers to bill for time spent driving a participant to activities in the community and medical appointments.
		Page R103: Senate only	<b>Section 70 (Direction to the commissioner; Long-term care consultation service rates)</b> requires the commissioner to develop a proposal to reimburse lead agencies on a capitated basis for long-term care consultation services.

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		Page R104: Senate only	Section 71 (Housing support supplemental service rate reduction delay) delays by 3 months the rate reduction for housing stabilization services for providers who have made a good faith effort to become enrolled medical assistance providers.
42	<p><b>PCA compensation for services provided by a parent or spouse.</b> Allows for PCA compensation for services provided by a parent or spouse. Makes this section expire upon full implementation and phase-in of the CFSS program.</p> <p>Provides an immediate effective date or upon federal approval. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>	<p>Page R104: Technical differences</p> <p>Staff recommends Senate</p>	Section 72 (Personal care assistance compensation for services provided by a parent or spouse) resumes temporary funding for the provision of PCA services by parents of a minor and spouses.
43	<p><b>Rate increase for direct support services workforce.</b> Paragraph (a) requires the commissioner of human services to increase direct support services reimbursement rates, individual budgets, grants, or allocations by specified percentages effective October 1, 2021, or upon federal approval, whichever is later, if the labor agreement between the state and SEIU Healthcare Minnesota is approved.</p> <p>Paragraphs (b) and (c) list the programs to which the rate changes apply.</p>	Page R104: House only	
44	<p><b>Waiver reimagine phase II.</b> Paragraph (a) requires the commissioner of human services to implement a two-home and community-based services waiver program structure that serves persons who are determined by a certified assessor to require the levels of care provided in a nursing</p>	Page R105: House only	

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	<p>home, hospital, neurobehavioral hospital, or an intermediate care facility for persons with developmental disabilities.</p> <p>Paragraph (b) requires the commissioner to implement an individualized budget methodology that serves persons who are determined by a certified assessor to require the levels of care provided in a nursing home, hospital, neurobehavioral hospital, or an intermediate care facility for persons with developmental disabilities.</p> <p>Paragraph (c) allows the commissioner to seek all federal authority necessary to implement this section.</p> <p>Provides a September 1, 2024, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>		
		<p><b>Page R106: Senate only</b></p>	<p><b>Section 73 (Directions to the commissioner of human services; Waiver growth limits)</b> directs the commissioner to limit growth in the DD and CADI waiver to the equivalent of zero allocations per year, while providing for the return of individuals to the waivers after being off the waiver for no more than 90 and allowing exceptions to waiver growth for individuals exiting certain institutional settings.</p>
		<p><b>Page R106: Senate only</b></p>	<p><b>Section 74 (Retainer payments for home and community-based service providers)</b> establishes retainer payments in amounts to be determined by the commissioner to providers of most home and community-based services provided under the state Medicaid plan and the waiver programs.</p> <p><b>Subdivision 1</b> requires the commissioner beginning July</p>

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Section	Article 14: Disability Services and Continuing Care for Older Adults		Article 14: Disability Services and Continuing Care for Older Adults
			<p>1, 2021 to make 5 quarterly retainer payments to specified home and community-based service providers equal to a percentage to be determined by the commissioner of the providers medical assistance revenue for home and community-based services, including any revenue from managed care organizations.</p> <p><b>Subdivision 2</b> defines “direct care professional,” “eligible recipient,” “eligible service,” “recipient,” and “total home and community-based service revenue from medical assistance.”</p> <p><b>Subdivision 3</b> specifies the allowable uses of revenue from retainer payments and requires that at least 50 percent of such revenue be used for specified wages and benefits for direct care professionals.</p> <p><b>Subdivision 4</b> requires an eligible recipient to request retainer payments.</p> <p><b>Subdivisions 5 and 6</b> require an eligible recipient to attest and agree to various conditions on the receipt and use of retainer payments.</p> <p><b>Subdivision 7</b> requires a recipient to prepare and make available to the commissioner and the recipient’s employed direct care professionals a distribution plan for the revenue from the retainer payments.</p> <p><b>Subdivision 8</b> authorizes the commissioner to recoup retainer payments as over payments if a recipient uses revenue from retainer payments for an unallowable use.</p> <p><b>Subdivision 9</b> specifies how the commissioner shall calculate the amount of each quarterly retainer payment</p>

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			based on submitted and paid service claims.
		Page R111: Senate only	<b>Section 75 (Direction to the commissioner; Personal care assistance service rate increases)</b> provides a rate increase for personal care assistance services and community first services and supports to be determined by the commissioner based on the amount appropriated for this purpose.
		Page R111: Senate only	<b>Section 76 (Direction to the commissioner; Home care service rate increase)</b> provides a rate increase for home health agency services and home care nursing services to be determined by the commissioner based on the amount appropriated for this purpose.
		Page R111: Senate only	<b>Section 77 (Direction to the commissioner; Elderly waiver rate increase)</b> provides a rate increase for elderly waiver services to be determined by the commissioner based on the amount appropriated for this purpose.
		Page R111: Senate only	<b>Section 78 (Revisor instruction)</b> requires the revisor of statutes to prepare, in collaboration with house research, senate council and DHS, legislation to recodify the DWRS rate statutes, and the long-term care consultation services and long-term care options counseling statutes.
45	<p><b>Repealer.</b> Paragraph (a) repeals Minn. Stat. § 256B.097, subds. 1 to 6 (state quality assurance, quality improvement, and licensing system).  Paragraph (b) repeals Minn. Stat. §§ 256B.0916, subds. 2 (distribution of funds; partnerships), 3 (failure to develop partnerships or submit a plan), 4 (allowed reserve), 5 (allocation of new diversions and priorities for reassignment of resources for</p>	<p>Page R112: Different, except:</p> <ul style="list-style-type: none"> <li>▪ House paragraph (a) and Senate paragraph (b) are <b>identical</b></li> </ul>	<p><b>Section 79 (Repealer)</b> Paragraph (a) repeals the HCBS policy states passed in 2020 that are reframed and restated in this article. Paragraph (b) repeals the State Quality Council. Paragraph (c) repeals the DT&amp;H transition grants.</p>

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Section	Article 14: Disability Services and Continuing Care for Older Adults		Article 14: Disability Services and Continuing Care for Older Adults
	<p>developmental disabilities), 8 (financial and wait-list data reporting), 11 (excess spending), and 12 (use of waiver allocations); and 256B.49, subds. 26 (excess allocations) and 27 (use of waiver allocations), effective January 1, 2023, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p> <p>Paragraph (c) repeals Minn. Stat. § 256S.20, subd. 2, effective August 1, 2021.</p>		