

1.1 moves to amend H.F. No. 4392 as follows:

1.2 Page 3, line 17, delete "seeking treatment for" and insert "identified as having"

1.3 Page 9, line 12, strike "Association"

1.4 Page 9, line 13, strike "of Recovery Community Organizations,"

1.5 Page 15, line 14, strike the comma

1.6 Page 15, line 15, strike everything before "week" and insert "20 or more hours of skilled
1.7 treatment services per"

1.8 Page 15, line 20, after "of" insert "skilled treatment"

1.9 Page 17, line 31, after "For" insert "outpatient individual and group"

1.10 Page 17, line 32, delete "items (ii) and (iii)" and strike the fourth comma

1.11 Page 18, after line 18, insert:

1.12 "(f) For substance use disorder services with medications for opioid use disorder under
1.13 section 254B.05, subdivision 5, clause (7), provided on or after January 1, 2021, payment
1.14 rates must be increased by 20 percent over the rates in effect on December 31, 2020. Upon
1.15 implementation of new rates according to section 254B.121, the 20 percent increase will
1.16 no longer apply."

1.17 Page 22, after line 22, insert:

1.18 "Sec. 22. Minnesota Statutes 2022, section 256B.85, subdivision 2, is amended to read:

1.19 Subd. 2. **Definitions.** (a) For the purposes of this section and section 256B.851, the terms
1.20 defined in this subdivision have the meanings given.

1.21 (b) "Activities of daily living" or "ADLs" means:

2.1 (1) dressing, including assistance with choosing, applying, and changing clothing and
2.2 applying special appliances, wraps, or clothing;

2.3 (2) grooming, including assistance with basic hair care, oral care, shaving, applying
2.4 cosmetics and deodorant, and care of eyeglasses and hearing aids. Grooming includes nail
2.5 care, except for recipients who are diabetic or have poor circulation;

2.6 (3) bathing, including assistance with basic personal hygiene and skin care;

2.7 (4) eating, including assistance with hand washing and applying orthotics required for
2.8 eating, ~~transfers~~, or feeding;

2.9 (5) transfers, including assistance with transferring the participant from one seating or
2.10 reclining area to another;

2.11 (6) mobility, including assistance with ambulation and use of a wheelchair. Mobility
2.12 does not include providing transportation for a participant;

2.13 (7) positioning, including assistance with positioning or turning a participant for necessary
2.14 care and comfort; and

2.15 (8) toileting, including assistance with bowel or bladder elimination and care, transfers,
2.16 mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing
2.17 the perineal area, inspection of the skin, and adjusting clothing.

2.18 (c) "Agency-provider model" means a method of CFSS under which a qualified agency
2.19 provides services and supports through the agency's own employees and policies. The agency
2.20 must allow the participant to have a significant role in the selection and dismissal of support
2.21 workers of their choice for the delivery of their specific services and supports.

2.22 (d) "Behavior" means a description of a need for services and supports used to determine
2.23 the home care rating and additional service units. The presence of Level I behavior is used
2.24 to determine the home care rating.

2.25 (e) "Budget model" means a service delivery method of CFSS that allows the use of a
2.26 service budget and assistance from a financial management services (FMS) provider for a
2.27 participant to directly employ support workers and purchase supports and goods.

2.28 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that
2.29 has been ordered by a physician, advanced practice registered nurse, or physician's assistant
2.30 and is specified in an assessment summary, including:

2.31 (1) tube feedings requiring:

2.32 (i) a gastrojejunostomy tube; or

- 3.1 (ii) continuous tube feeding lasting longer than 12 hours per day;
- 3.2 (2) wounds described as:
- 3.3 (i) stage III or stage IV;
- 3.4 (ii) multiple wounds;
- 3.5 (iii) requiring sterile or clean dressing changes or a wound vac; or
- 3.6 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized
- 3.7 care;
- 3.8 (3) parenteral therapy described as:
- 3.9 (i) IV therapy more than two times per week lasting longer than four hours for each
- 3.10 treatment; or
- 3.11 (ii) total parenteral nutrition (TPN) daily;
- 3.12 (4) respiratory interventions, including:
- 3.13 (i) oxygen required more than eight hours per day;
- 3.14 (ii) respiratory vest more than one time per day;
- 3.15 (iii) bronchial drainage treatments more than two times per day;
- 3.16 (iv) sterile or clean suctioning more than six times per day;
- 3.17 (v) dependence on another to apply respiratory ventilation augmentation devices such
- 3.18 as BiPAP and CPAP; and
- 3.19 (vi) ventilator dependence under section 256B.0651;
- 3.20 (5) insertion and maintenance of catheter, including:
- 3.21 (i) sterile catheter changes more than one time per month;
- 3.22 (ii) clean intermittent catheterization, and including self-catheterization more than six
- 3.23 times per day; or
- 3.24 (iii) bladder irrigations;
- 3.25 (6) bowel program more than two times per week requiring more than 30 minutes to
- 3.26 perform each time;
- 3.27 (7) neurological intervention, including:
- 3.28 (i) seizures more than two times per week and requiring significant physical assistance
- 3.29 to maintain safety; or

4.1 (ii) swallowing disorders diagnosed by a physician, advanced practice registered nurse,
4.2 or physician's assistant and requiring specialized assistance from another on a daily basis;
4.3 and

4.4 (8) other congenital or acquired diseases creating a need for significantly increased direct
4.5 hands-on assistance and interventions in six to eight activities of daily living.

4.6 (g) "Community first services and supports" or "CFSS" means the assistance and supports
4.7 program under this section needed for accomplishing activities of daily living, instrumental
4.8 activities of daily living, and health-related tasks through hands-on assistance to accomplish
4.9 the task or constant supervision and cueing to accomplish the task, or the purchase of goods
4.10 as defined in subdivision 7, clause (3), that replace the need for human assistance.

4.11 (h) "Community first services and supports service delivery plan" or "CFSS service
4.12 delivery plan" means a written document detailing the services and supports chosen by the
4.13 participant to meet assessed needs that are within the approved CFSS service authorization,
4.14 as determined in subdivision 8. Services and supports are based on the support plan identified
4.15 in sections 256B.092, subdivision 1b, and 256S.10.

4.16 (i) "Consultation services" means a Minnesota health care program enrolled provider
4.17 organization that provides assistance to the participant in making informed choices about
4.18 CFSS services in general and self-directed tasks in particular, and in developing a
4.19 person-centered CFSS service delivery plan to achieve quality service outcomes.

4.20 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

4.21 (k) "Dependency" in activities of daily living means a person requires hands-on assistance
4.22 or constant supervision and cueing to accomplish one or more of the activities of daily living
4.23 every day or on the days during the week that the activity is performed; however, a child
4.24 must not be found to be dependent in an activity of daily living if, because of the child's
4.25 age, an adult would either perform the activity for the child or assist the child with the
4.26 activity and the assistance needed is the assistance appropriate for a typical child of the
4.27 same age.

4.28 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are
4.29 included in the CFSS service delivery plan through one of the home and community-based
4.30 services waivers and as approved and authorized under chapter 256S and sections 256B.092,
4.31 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state
4.32 plan CFSS services for participants. Extended CFSS excludes the purchase of goods.

5.1 (m) "Financial management services provider" or "FMS provider" means a qualified
5.2 organization required for participants using the budget model under subdivision 13 that is
5.3 an enrolled provider with the department to provide vendor fiscal/employer agent financial
5.4 management services (FMS).

5.5 (n) "Health-related procedures and tasks" means procedures and tasks related to the
5.6 specific assessed health needs of a participant that can be taught or assigned by a
5.7 state-licensed health care or mental health professional and performed by a support worker.

5.8 (o) "Instrumental activities of daily living" means activities related to living independently
5.9 in the community, including but not limited to: meal planning, preparation, and cooking;
5.10 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance
5.11 with medications; managing finances; communicating needs and preferences during activities;
5.12 arranging supports; and assistance with traveling around and participating in the community,
5.13 including traveling to medical appointments. For purposes of this paragraph, traveling
5.14 includes driving and accompanying the recipient in the recipient's chosen mode of
5.15 transportation and according to the individual CFSS service delivery plan.

5.16 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 10.

5.17 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or
5.18 another representative with legal authority to make decisions about services and supports
5.19 for the participant. Other representatives with legal authority to make decisions include but
5.20 are not limited to a health care agent or an attorney-in-fact authorized through a health care
5.21 directive or power of attorney.

5.22 (r) "Level I behavior" means physical aggression toward self or others or destruction of
5.23 property that requires the immediate response of another person.

5.24 (s) "Medication assistance" means providing verbal or visual reminders to take regularly
5.25 scheduled medication, and includes any of the following supports listed in clauses (1) to
5.26 (3) and other types of assistance, except that a support worker must not determine medication
5.27 dose or time for medication or inject medications into veins, muscles, or skin:

5.28 (1) under the direction of the participant or the participant's representative, bringing
5.29 medications to the participant including medications given through a nebulizer, opening a
5.30 container of previously set-up medications, emptying the container into the participant's
5.31 hand, opening and giving the medication in the original container to the participant, or
5.32 bringing to the participant liquids or food to accompany the medication;

6.1 (2) organizing medications as directed by the participant or the participant's representative;
6.2 and

6.3 (3) providing verbal or visual reminders to perform regularly scheduled medications.

6.4 (t) "Participant" means a person who is eligible for CFSS.

6.5 (u) "Participant's representative" means a parent, family member, advocate, or other
6.6 adult authorized by the participant or participant's legal representative, if any, to serve as a
6.7 representative in connection with the provision of CFSS. If the participant is unable to assist
6.8 in the selection of a participant's representative, the legal representative shall appoint one.

6.9 (v) "Person-centered planning process" means a process that is directed by the participant
6.10 to plan for CFSS services and supports.

6.11 (w) "Service budget" means the authorized dollar amount used for the budget model or
6.12 for the purchase of goods.

6.13 (x) "Shared services" means the provision of CFSS services by the same CFSS support
6.14 worker to two or three participants who voluntarily enter into a written agreement to receive
6.15 services at the same time, in the same setting, and through the same agency-provider or
6.16 FMS provider.

6.17 (y) "Support worker" means a qualified and trained employee of the agency-provider
6.18 as required by subdivision 11b or of the participant employer under the budget model as
6.19 required by subdivision 14 who has direct contact with the participant and provides services
6.20 as specified within the participant's CFSS service delivery plan.

6.21 (z) "Unit" means the increment of service based on hours or minutes identified in the
6.22 service agreement.

6.23 (aa) "Vendor fiscal employer agent" means an agency that provides financial management
6.24 services.

6.25 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share
6.26 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,
6.27 mileage reimbursement, health and dental insurance, life insurance, disability insurance,
6.28 long-term care insurance, uniform allowance, contributions to employee retirement accounts,
6.29 or other forms of employee compensation and benefits.

6.30 (cc) "Worker training and development" means services provided according to subdivision
6.31 18a for developing workers' skills as required by the participant's individual CFSS service
6.32 delivery plan that are arranged for or provided by the agency-provider or purchased by the

7.1 participant employer. These services include training, education, direct observation and
7.2 supervision, and evaluation and coaching of job skills and tasks, including supervision of
7.3 health-related tasks or behavioral supports.

7.4 Sec. 23. Minnesota Statutes 2022, section 256B.85, subdivision 6, is amended to read:

7.5 Subd. 6. **Community first services and supports service delivery plan.** (a) The CFSS
7.6 service delivery plan must be developed and evaluated through a person-centered planning
7.7 process by the participant, or the participant's representative or legal representative who
7.8 may be assisted by a consultation services provider. The CFSS service delivery plan must
7.9 reflect the services and supports that are important to the participant and for the participant
7.10 to meet the needs assessed by the certified assessor and identified in the support plan
7.11 identified in sections 256B.092, subdivision 1b, and 256S.10. The CFSS service delivery
7.12 plan must be reviewed by the participant, the consultation services provider, and the
7.13 agency-provider or FMS provider prior to starting services and at least annually upon
7.14 reassessment, or when there is a significant change in the participant's condition, or a change
7.15 in the need for services and supports.

7.16 (b) The commissioner shall establish the format and criteria for the CFSS service delivery
7.17 plan.

7.18 (c) The CFSS service delivery plan must be person-centered and:

7.19 (1) specify the consultation services provider, agency-provider, or FMS provider selected
7.20 by the participant;

7.21 (2) reflect the setting in which the participant resides that is chosen by the participant;

7.22 (3) reflect the participant's strengths and preferences;

7.23 (4) include the methods and supports used to address the needs as identified through an
7.24 assessment of functional needs;

7.25 (5) include the participant's identified goals and desired outcomes;

7.26 (6) reflect the services and supports, paid and unpaid, that will assist the participant to
7.27 achieve identified goals, including the costs of the services and supports, and the providers
7.28 of those services and supports, including natural supports;

7.29 (7) identify the amount and frequency of face-to-face supports and amount and frequency
7.30 of remote supports and technology that will be used;

7.31 (8) identify risk factors and measures in place to minimize them, including individualized
7.32 backup plans;

8.1 (9) be understandable to the participant and the individuals providing support;

8.2 (10) identify the individual or entity responsible for monitoring the plan;

8.3 (11) be finalized and agreed to in writing by the participant and signed by individuals
8.4 and providers responsible for its implementation;

8.5 (12) be distributed to the participant and other people involved in the plan;

8.6 (13) prevent the provision of unnecessary or inappropriate care;

8.7 (14) include a detailed budget for expenditures for budget model participants or
8.8 participants under the agency-provider model if purchasing goods; and

8.9 (15) include a plan for worker training and development provided according to
8.10 subdivision 18a detailing what service components will be used, when the service components
8.11 will be used, how they will be provided, and how these service components relate to the
8.12 participant's individual needs and CFSS support worker services.

8.13 (d) The CFSS service delivery plan must describe the units or dollar amount available
8.14 to the participant. The total units of agency-provider services or the service budget amount
8.15 for the budget model include both annual totals and a monthly average amount that cover
8.16 the number of months of the service agreement. The amount used each month may vary,
8.17 but additional funds must not be provided above the annual service authorization amount,
8.18 determined according to subdivision 8, unless a change in condition is assessed and
8.19 authorized by the certified assessor and documented in the support plan and CFSS service
8.20 delivery plan.

8.21 (e) In assisting with the development or modification of the CFSS service delivery plan
8.22 during the authorization time period, the consultation services provider shall:

8.23 (1) consult with the FMS provider on the spending budget when applicable; and

8.24 (2) consult with the participant or participant's representative, agency-provider, and case
8.25 manager or care coordinator.

8.26 (f) The CFSS service delivery plan must be approved by the ~~consultation services provider~~
8.27 lead agency for participants without a case manager or care coordinator who is responsible
8.28 for authorizing services. A case manager or care coordinator must approve the plan for a
8.29 waiver or alternative care program participant.

9.1 Sec. 24. Minnesota Statutes 2022, section 256B.85, subdivision 6a, is amended to read:

9.2 Subd. 6a. **Person-centered planning process.** The person-centered planning process
9.3 must:

9.4 (1) include people chosen by the participant;

9.5 (2) provide necessary information and support to ensure that the participant directs the
9.6 process to the maximum extent possible, and is enabled to make informed choices and
9.7 decisions;

9.8 (3) be timely and occur at times and locations convenient to the participant;

9.9 (4) reflect cultural considerations of the participant;

9.10 (5) include within the process strategies for solving conflict or disagreement, including
9.11 clear conflict-of-interest guidelines as identified in Code of Federal Regulations, title 42,
9.12 section ~~441.500~~ 441.540, for all planning;

9.13 (6) provide the participant choices of the services and supports the participant receives
9.14 and the staff providing those services and supports;

9.15 (7) include a method for the participant to request updates to the plan; and

9.16 (8) record the alternative home and community-based settings that were considered by
9.17 the participant.

9.18 Sec. 25. Minnesota Statutes 2022, section 256B.85, subdivision 11, is amended to read:

9.19 Subd. 11. **Agency-provider model.** (a) The agency-provider model includes services
9.20 provided by support workers and staff providing worker training and development services
9.21 who are employed by an agency-provider that meets the criteria established by the
9.22 commissioner, including required training.

9.23 (b) The agency-provider shall allow the participant to have a significant role in the
9.24 selection and dismissal of the support workers for the delivery of the services and supports
9.25 specified in the participant's CFSS service delivery plan. The agency must make a reasonable
9.26 effort to fulfill the participant's request for the participant's preferred support worker.

9.27 (c) A participant may use authorized units of CFSS services as needed within a service
9.28 agreement that is not greater than 12 months. Using authorized units in a flexible manner
9.29 in either the agency-provider model or the budget model does not increase the total amount
9.30 of services and supports authorized for a participant or included in the participant's CFSS
9.31 service delivery plan.

10.1 (d) A participant may share CFSS services. Two or three CFSS participants may share
10.2 services at the same time provided by the same support worker.

10.3 (e) The agency-provider must use a minimum of 72.5 percent of the revenue generated
10.4 by the medical assistance payment for CFSS for support worker wages and benefits, except
10.5 all of the revenue generated by a medical assistance rate increase due to a collective
10.6 bargaining agreement under section 179A.54 must be used for support worker wages and
10.7 benefits. The agency-provider must document how this requirement is being met. The
10.8 revenue generated by the worker training and development services and the reasonable costs
10.9 associated with the worker training and development services must not be used in making
10.10 this calculation.

10.11 (f) The agency-provider model must be used by participants who are restricted by the
10.12 Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to
10.13 9505.2245.

10.14 (g) Participants purchasing goods under this model, along with support worker services,
10.15 must:

10.16 (1) specify the goods in the CFSS service delivery plan and detailed budget for
10.17 expenditures that must be approved by the ~~consultation services provider~~ lead agency, case
10.18 manager, or care coordinator; and

10.19 (2) use the FMS provider for the billing and payment of such goods.

10.20 (h) The agency provider is responsible for ensuring that any worker driving a participant
10.21 under subdivision 2, paragraph (o), has a valid driver's license and the vehicle used is
10.22 registered and insured according to Minnesota law.

10.23 Sec. 26. Minnesota Statutes 2023 Supplement, section 256B.85, subdivision 13a, is
10.24 amended to read:

10.25 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider
10.26 include but are not limited to: filing and payment of federal and state payroll taxes and
10.27 premiums on behalf of the participant; initiating and complying with background study
10.28 requirements under chapter 245C and maintaining documentation of background study
10.29 requests and results; billing for approved CFSS services with authorized funds; monitoring
10.30 expenditures; accounting for and disbursing CFSS funds; providing assistance in obtaining
10.31 and filing for liability, workers' compensation, family and medical benefit insurance, and
10.32 unemployment coverage; and providing participant instruction and technical assistance to
10.33 the participant in fulfilling employer-related requirements in accordance with section 3504

11.1 of the Internal Revenue Code and related regulations and interpretations, including Code
11.2 of Federal Regulations, title 26, section 31.3504-1.

11.3 (b) Agency-provider services shall not be provided by the FMS provider.

11.4 (c) The FMS provider shall provide service functions as determined by the commissioner
11.5 for budget model participants that include but are not limited to:

11.6 (1) assistance with the development of the detailed budget for expenditures portion of
11.7 the CFSS service delivery plan as requested by the consultation services provider or
11.8 participant;

11.9 (2) data recording and reporting of participant spending;

11.10 (3) other duties established by the department, including with respect to providing
11.11 assistance to the participant, participant's representative, or legal representative in performing
11.12 employer responsibilities regarding support workers. The support worker shall not be
11.13 considered the employee of the FMS provider; and

11.14 (4) billing, payment, and accounting of approved expenditures for goods.

11.15 (d) The FMS provider shall obtain an assurance statement from the participant employer
11.16 agreeing to follow state and federal regulations and CFSS policies regarding employment
11.17 of support workers.

11.18 (e) The FMS provider shall:

11.19 (1) not limit or restrict the participant's choice of service or support providers or service
11.20 delivery models consistent with any applicable state and federal requirements;

11.21 (2) provide the participant, consultation services provider, and case manager or care
11.22 coordinator, if applicable, with a monthly written summary of the spending for services and
11.23 supports that were billed against the spending budget;

11.24 (3) be knowledgeable of state and federal employment regulations, including those under
11.25 the Fair Labor Standards Act of 1938, and comply with the requirements under chapter
11.26 268B and section 3504 of the Internal Revenue Code and related regulations and
11.27 interpretations, including Code of Federal Regulations, title 26, section 31.3504-1, regarding
11.28 agency employer tax liability for vendor fiscal/employer agent, and any requirements
11.29 necessary to process employer and employee deductions, provide appropriate and timely
11.30 submission of employer tax liabilities, and maintain documentation to support medical
11.31 assistance claims;

12.1 (4) have current and adequate liability insurance and bonding and sufficient cash flow
12.2 as determined by the commissioner and have on staff or under contract a certified public
12.3 accountant or an individual with a baccalaureate degree in accounting;

12.4 (5) assume fiscal accountability for state funds designated for the program and be held
12.5 liable for any overpayments or violations of applicable statutes or rules, including but not
12.6 limited to the Minnesota False Claims Act, chapter 15C;

12.7 (6) maintain documentation of receipts, invoices, and bills to track all services and
12.8 supports expenditures for any goods purchased and maintain time records of support workers.
12.9 The documentation and time records must be maintained for a minimum of five years from
12.10 the claim date and be available for audit or review upon request by the commissioner. Claims
12.11 submitted by the FMS provider to the commissioner for payment must correspond with
12.12 services, amounts, and time periods as authorized in the participant's service budget and
12.13 service plan and must contain specific identifying information as determined by the
12.14 commissioner; and

12.15 (7) provide written notice to the participant or the participant's representative at least 30
12.16 calendar days before a proposed service termination becomes effective, except in cases
12.17 where:

12.18 (i) the participant engages in conduct that significantly alters the terms of the CFSS
12.19 service delivery plan with the FMS;

12.20 (ii) the participant or other persons at the setting where services are being provided
12.21 engage in conduct that creates an imminent risk of harm to the support worker or other staff;
12.22 or

12.23 (iii) an emergency or a significant change in the participant's condition occurs within a
12.24 24-hour period that results in the participant's service needs exceeding the participant's
12.25 identified needs in the current CFSS service delivery plan so that the plan cannot safely
12.26 meet the participant's needs.

12.27 (f) The commissioner shall:

12.28 (1) establish rates and payment methodology for the FMS provider;

12.29 (2) identify a process to ensure quality and performance standards for the FMS provider
12.30 and ensure statewide access to FMS providers; and

12.31 (3) establish a uniform protocol for delivering and administering CFSS services to be
12.32 used by eligible FMS providers.

13.1 Sec. 27. Minnesota Statutes 2022, section 256B.85, subdivision 17, is amended to read:

13.2 Subd. 17. **Consultation services duties.** Consultation services is a required service that
13.3 includes:

13.4 (1) entering into a written agreement with the participant, participant's representative,
13.5 or legal representative that includes but is not limited to the details of services, service
13.6 delivery methods, dates of services, and contact information;

13.7 (2) providing an initial and annual orientation to CFSS information and policies, including
13.8 selecting a service model;

13.9 (3) assisting with accessing FMS providers or agency-providers;

13.10 (4) providing assistance with the development, implementation, management,
13.11 documentation, and evaluation of the person-centered CFSS service delivery plan;

13.12 ~~(5) approving the CFSS service delivery plan for a participant without a case manager
13.13 or care coordinator who is responsible for authorizing services;~~

13.14 ~~(6)~~ (5) maintaining documentation of the approved CFSS service delivery plan;

13.15 ~~(7)~~ (6) distributing copies of the final CFSS service delivery plan to the participant and
13.16 to the agency-provider or FMS provider, case manager or care coordinator, and other
13.17 designated parties;

13.18 ~~(8)~~ (7) assisting to fulfill responsibilities and requirements of CFSS, including modifying
13.19 CFSS service delivery plans and changing service models;

13.20 ~~(9)~~ (8) if requested, providing consultation on recruiting, selecting, training, managing,
13.21 directing, supervising, and evaluating support workers;

13.22 ~~(10)~~ (9) evaluating services upon receiving information from an FMS provider indicating
13.23 spending or participant employer concerns;

13.24 ~~(11)~~ (10) reviewing the use of and access to informal and community supports, goods,
13.25 or resources;

13.26 ~~(12)~~ (11) a semiannual review of services if the participant does not have a case manager
13.27 or care coordinator and when the support worker is a paid parent of a minor participant or
13.28 the participant's spouse;

13.29 ~~(13)~~ (12) collecting and reporting of data as required by the department;

13.30 ~~(14)~~ (13) providing the participant with a copy of the participant protections under
13.31 subdivision 20 at the start of consultation services;

14.1 ~~(15)~~ (14) providing assistance to resolve issues of noncompliance with the requirements
14.2 of CFSS;

14.3 ~~(16)~~ (15) providing recommendations to the commissioner for changes to services when
14.4 support to participants to resolve issues of noncompliance have been unsuccessful; and

14.5 ~~(17)~~ (16) other duties as assigned by the commissioner.

14.6 Sec. 28. Minnesota Statutes 2022, section 256B.85, subdivision 20, is amended to read:

14.7 Subd. 20. **Participant protections.** (a) All CFSS participants have the protections
14.8 identified in this subdivision.

14.9 (b) Participants or participant's representatives must be provided with adequate
14.10 information, counseling, training, and assistance, as needed, to ensure that the participant
14.11 is able to choose and manage services, models, and budgets. This information must be
14.12 provided by the consultation services provider at the time of the initial or annual orientation
14.13 to CFSS, at the time of reassessment, or when requested by the participant or participant's
14.14 representative. This information must explain:

14.15 (1) person-centered planning;

14.16 (2) the range and scope of participant choices, including the differences between the
14.17 agency-provider model and the budget model, available CFSS providers, and other services
14.18 available in the community to meet the participant's needs;

14.19 (3) the process for changing plans, services, and budgets;

14.20 (4) identifying and assessing appropriate services; and

14.21 (5) risks to and responsibilities of the participant under the budget model.

14.22 (c) The consultation services provider must ensure that the participant chooses freely
14.23 between the agency-provider model and the budget model and among available
14.24 agency-providers and that the participant may change agency-providers after services have
14.25 begun.

14.26 (d) A participant who appeals a reduction in previously authorized CFSS services may
14.27 continue previously authorized services pending an appeal in accordance with section
14.28 256.045.

14.29 (e) If the units of service or budget allocation for CFSS are reduced, denied, or terminated,
14.30 the commissioner must provide notice of the reasons for the reduction in the participant's
14.31 notice of denial, termination, or reduction.

- 15.1 (f) If all or part of a CFSS service delivery plan is denied approval by the ~~eonsultation~~
15.2 ~~services provider~~ lead agency, the ~~eonsultation services provider~~ lead agency must provide
15.3 a notice that describes the basis of the denial."
- 15.4 Page 28, line 5, after "assistance" insert "with service supports and solutions"
- 15.5 Renumber the sections in sequence and correct the internal references
- 15.6 Amend the title accordingly