

1.1 moves to amend H.F. No. 1285 as follows:

1.2 Page 2, delete subdivisions 2 and 3, and insert:

1.3 "Subd. 2. **Behavioral interventions.** (a) Behavioral interventions may include any
1.4 services not identified in the community support plan but are needed to prevent imminent
1.5 crisis placement or institutionalization, or to intervene in a crisis.

1.6 (b) Behavioral interventions must be calculated outside of the individual's
1.7 consumer-directed community supports budget, and paid for using aggregate waiver funds
1.8 from the county of financial responsibility.

1.9 (c) No later than September 30, 2019, the commissioner of human services shall submit
1.10 an amendment to the federal Centers for Medicare and Medicaid Services for the home and
1.11 community-based services waivers authorized under Minnesota Statutes, sections 256B.092
1.12 and 256B.49, to exclude the cost of behavioral interventions as described in paragraph (a)
1.13 from an individual's consumer-directed community supports budget.

1.14 Subd. 3. **Shared services.** (a) Medical assistance payments for shared services under
1.15 consumer-directed community supports are limited to this subdivision.

1.16 (b) For purposes of this subdivision, "shared services" means services provided at the
1.17 same time by the same direct care staff for individuals who have entered into an agreement
1.18 to share consumer-directed community supports services.

1.19 (c) Shared services may include, but are not limited to, any services in the categories of
1.20 personal supports or treatment and training as outlined in the consumer-directed community
1.21 supports plan and shared services agreement, except for the following:

1.22 (1) services for more than three individuals provided by one direct support staff at one
1.23 time;

1.24 (2) use of more than one provider for the shared services; and

2.1 (3) a child care program licensed under Minnesota Statutes, chapter 245A, or operated
2.2 by a local school district or private school.

2.3 (d) Individuals sharing services must use the same financial management services
2.4 provider.

2.5 (e) The individuals or, as needed, their representatives shall develop the plan for shared
2.6 services when developing or amending the consumer-directed community supports plan,
2.7 and must follow the consumer-directed community supports process for approval of the
2.8 plan by the lead agency. The plan for shared services in an individual's consumer-directed
2.9 community supports plan shall include:

2.10 (1) the grouping of shared services based on individuals' needs and preferences;

2.11 (2) training specific to each individual served; and

2.12 (3) instructions to follow all required documentation for time and services provided.

2.13 (f) Individuals whose consumer-directed community supports plans include shared
2.14 services must also jointly develop, with the support of their representatives as needed, a
2.15 consumer-directed community supports shared services agreement. The agreement must
2.16 include:

2.17 (1) the names of the individuals receiving shared services;

2.18 (2) the individuals' representatives, if identified in their consumer-directed community
2.19 supports plans, and their duties;

2.20 (3) the case managers;

2.21 (4) the financial management services provider;

2.22 (5) the shared services that must be provided;

2.23 (6) the schedule for shared services;

2.24 (7) where shared services must be provided;

2.25 (8) a contingency plan for each of the recipients that accounts for service provision and
2.26 billing in the absence of one of the recipients in a shared services setting due to illness or
2.27 other circumstances;

2.28 (9) signatures of all parties involved in the shared services; and

2.29 (10) agreement by each of the recipients who are sharing services on the number of
2.30 shared hours for services provided.

3.1 (g) Any recipient or any recipient's representative may withdraw from participating in
3.2 a shared services agreement at any time.

3.3 (h) The financial management services provider shall follow all required documentation
3.4 for time and services provided.

3.5 (i) The case manager for each recipient shall:

3.6 (1) authorize the use of the shared services option based on the criteria that the shared
3.7 service is appropriate to meet the needs, health, and safety of each individual for whom
3.8 case management services are provided;

3.9 (2) visit the shared setting as services are being provided at least once every six months
3.10 or whenever needed for response to a recipient's request;

3.11 (3) provide quarterly monitoring and evaluation of the effectiveness and appropriateness
3.12 of the shared services plan;

3.13 (4) develop a contingency plan with each of the recipients that accounts for the absence
3.14 of one of the recipients in a shared services setting due to illness or other circumstances;
3.15 and

3.16 (5) document the training completed by the provider specific to the shared services
3.17 setting and individuals sharing services.

3.18 (j) Nothing in this subdivision must be construed to reduce the total authorized
3.19 consumer-directed community supports budget for an individual recipient.

3.20 (k) No later than September 30, 2019, the commissioner of human services shall:

3.21 (1) submit an amendment to the federal Centers for Medicare and Medicaid Services
3.22 for the home and community-based services waivers authorized under Minnesota Statutes,
3.23 sections 256B.092 and 256B.49, to allow for a shared services option under
3.24 consumer-directed community supports; and

3.25 (2) with stakeholder input, develop guidance for shared services in consumer-directed
3.26 community supports within the Community Based Services Manual. The guidance must
3.27 include:

3.28 (i) recommendations for negotiating payment for one-to-two and one-to-three services;
3.29 and

3.30 (ii) a template of the shared services agreement."