Bill Summary Comparison of

Health and Human Services

|  |  |
| --- | --- |
| House File 2414-2 | Senate File UEH2414-1 |
| Article 5: Disability Services | Article 5: Disability Services |

Prepared by:

House Research and Senate Counsel, Research and Fiscal Analysis

May 5, 2019

This publication can be made available in alternative format upon request.

Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance.

| Section | Article 5: Disability Services |  | Article 5: Disability Services |
| --- | --- | --- | --- |
|  | Deaf.  Amends § 237.50, subd. 4a. Modifies terminology in the definition of “deaf” under the telecommunications chapter of statutes. Provides a July 1, 2019, effective date and requires implementation by October 1, 2019. | House only |  |
|  | Discounted telecommunications or Internet services.  Amends § 237.50, by adding subd. 4c. Defines “discounted telecommunications services or Internet services.” Provides a July 1, 2019, effective date and requires implementation by October 1, 2019. | House only |  |
|  | Hard-of-hearing.  Amends § 237.50, subd. 6a. Modifies the definition of “hard-of-hearing.” Provides a July 1, 2019, effective date and requires implementation by October 1, 2019. | House only |  |
|  | Interconnectivity product.  Amends § 237.50, by adding subd. 6b. Defines “interconnectivity product.” Provides a July 1, 2019, effective date and requires implementation by October 1, 2019. | House only |  |
|  | Telecommunications device.  Amends § 237.50, subd. 10a. Modifies terminology in the definition of “telecommunications device.” Provides a July 1, 2019, effective date and requires implementation by October 1, 2019. | House only |  |
|  | Telecommunications relay services.  Amends § 237.50, subd. 11. Modifies terminology in the definition of “telecommunications relay services.” Provides a July 1, 2019, effective date and requires implementation by October 1, 2019. | House only |  |
|  | Creation.  Amends § 237.51, subd. 1. Expands the devices distributed through the Telecommunications Access Minnesota Program to include interconnectivity products. Provides a July 1, 2019, effective date and requires implementation by October 1, 2019. | House only |  |
|  | Commissioner of human services duties.  Amends § 237.51, subd. 5a. Modifies the commissioner’s duties under the Telecommunications Access Minnesota Program by making conforming changes and requiring the commissioner to assist a person with completing an application for discounted telecommunications services. Provides a July 1, 2019, effective date and requires implementation by October 1, 2019. | House only |  |
|  | Expenditures.  Amends § 237.52, subd. 5. Makes conforming changes. Provides a July 1, 2019, effective date and requires implementation by October 1, 2019. | House only |  |
|  | Telecommunications devices and interconnectivity products.  Amends § 237.53. Makes conforming changes related to expanding the types of devices distributed by the program and requires the commissioner of human services to assess the person’s telecommunications needs and provide information about assistive communications devices and products and where a person might obtain or purchase such devices. Lists assistive communications devices and products. Requires the commissioner of human services to assist a person who is applying for telecommunications devices and products in applying for discounted telecommunications services. Provides a July 1, 2019, effective date and requires implementation by October 1, 2019. | House only |  |
|  |  | Senate only | **Section 1 (245A.03, subdivision 7, paragraph (a), clause (7))** extends the availability of an existing foster care licensing moratorium exception from June 30, 2018, to June 30, 2019, for certain previously unlicensed setting to become licensed.  **Paragraph (a), clause (8)** excludes from the foster care license moratorium a vacancy created in a foster care setting that has been granted a foster care licensing moratorium exception under clause (7).  **Paragraph (c)** requires the commissioner of human services to use the resource need determination process to reduce the statewide capacity of corporate adult foster care by one bed within six months of a second bed being permanently vacated. |
|  |  | Senate only | **Section 2 (245A.11, subdivision 2a)** allows the commissioner of human services to issue adult foster care and community residential setting licenses with a capacity of six adults for settings licensed before June 30, 2016, provided the existing statutory requirements for a fifth bed are met; and removes the June 30, 2019, expiration of the commissioner’s authority to issue licenses for the fifth or sixth beds. |
|  | Early intensive developmental and behavioral intervention providers.  Amends § 245C.03, by adding subd. 13. Requires the commissioner to conduct background studies when initiated by an early intensive developmental and behavioral intervention provider. | House only |  |
|  | Early intensive developmental and behavioral intervention providers.  Amends § 245C.10, by adding subd. 14. Requires the commissioner to recover the cost of background studies for early intensive developmental and behavioral intervention providers through a fee of no more than $32 per study charged to the enrolled agency. Appropriates fees collected to the commissioner for the purposes of conducting background studies. | House only |  |
|  | Applicability.  Amends § 245D.03, subd. 1. Modifies the lists of basic support services and intensive support services under the statutory chapter governing Home and Community-Based Services Standards to include additional services. Provides a January 1, 2021, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval is obtained. | Different: Senate language is technical; House language includes substantive changes. | ****Section 3 (245D.03, subdivision 1)**** clarifies which services are governed by Minnesota Statutes, chapter 245D (Home and Community-Based Services Licensing Standards), by specifying which services are provided by each waiver, and changes the name of behavioral support services to positive support services. |
|  | Requirements for intensive support services.  Amends § 245D.071, subd. 1. Modifies the list of intensive support services exempt from certain requirements. Provides an immediate effective date. | House only |  |
|  |  | Senate only | **Section 4 (245D.071, subdivision 5)** amends the home and community-based services standards related to service planning for intensive support services.  **Paragraph (a)** is editorial.  **Paragraph (b)** requires a licensed provider of intensive home and community-based services, when conducting a service plan review, to include and document a discussion of how a person receiving intensive services might use technology to help the person meet the person’s goals. |
|  |  | Senate only | ****Section 5 (245D.09, subdivision 5)**** removes the minimum required hours of annual training for direct care staff providing licensed home and community-based services and removes the option for relevant training received for a source other than the license holder to count toward the annual training requires.  The requirement for annual training remains. |
|  |  | Senate only | ****Section 6 (245D.09, subdivision 5a)**** removes the discretion of the commissioner to approve online training and competency-based assessments as an alternative to orientation training provided by individual license holders. |
|  |  | Senate only | ****Section 7 (245D.091, subdivision 2, clause (12), item (vi))**** allows an individual with master’s degree or higher and a demonstrated expertise in positive supports to qualify as a positive supports professional. |
|  |  | Senate only | **Section 8 (245D.091, subdivision 3, paragraph (a), clause (3)),** permits a board-certified behavior analyst or assistant behavior analyst to qualify as a positive support analyst.  **Paragraph (b), clause (1),** modifies additional qualifications for a positive support analyst be requiring four years of supervised experience that includes specific tasks.  **Paragraph (b), clause (2),** allows a person who meets the other positive support analyst qualifications to qualify as a positive support analyst if the person receives the required training within 90 days following hire and adds additional training requirements.  Under current law, such a person does not qualify as a behavior analyst until after the training is completed.  **Paragraph (c)** allows a person who qualifies as a positive support professional to qualify as a positive support analyst without meeting the training requirements of paragraph (b). |
|  |  | Senate only | **Section 9 (245D.091, subdivision 4, paragraph (b))** allows a person who meets the other positive support specialist qualifications to qualify as a behavior specialist if the person receives the required training within 90 days following hire.  Under current law, such a person does not qualify as a behavior specialist until after the training is completed.  The bill does change the existing training requirements.  **Paragraph (c)** allows a person who qualifies as a positive support professional to qualify. |
|  | Integrated community supports; setting capacity report.  Creates § 245D.12. Paragraph (a) requires integrated community support license holders to submit a setting capacity report to the commissioner to ensure the service delivery location meets home and community-based services setting requirements.  Paragraph (b) lists the information the report must include.  Paragraph (c) allows only one license holder to deliver integrated community supports at a multifamily housing building.  Makes this section effective upon the date of federal approval. Requires the commissioner of human services to notify the revisor when federal approval is obtained. | House only |  |
|  | Contribution amount.  Amends § 252.27, subd. 2a. Reduces the parental contribution required under the MA TEFRA option. | Different. House reduces TEFRA parental fees by 15% beginning July 1, 2019. The Senate instructs the commissioner to reduce TEFRA parental fees by an amount equal to a general fund reduction of $14.609 million in the FY20-21 biennium and to eliminate TEFRA parental fees beginning July 1, 2021.  Note: amendment needed to correct drafting error on the senate side. | ****Article 2, Section 31 (252.27, subdivision 2a, paragraph (j))** reduces the parental contribution required under the MA TEFRA option for the ‘20/’21 biennium.**  ****Paragraph (k)**** eliminate TEFRA parental contribution fees beginning July 1, 2021. |
|  | Reimbursement.  Amends § 252.275, subd. 3. Reduces the county share for semi-independent living services from 30 percent to 15 percent. Provides a July 1, 2019, effective date. | Same | ****Section 10 (252.275, subdivision 3)**** reduces the county share for semi-independent living services (SILS) grants from 30 percent to 15 percent. |
|  | Determinations.  Amends § 252.28, subd. 1. Modifies the commissioner’s duty to determine the need for certain day services for persons with disabilities. | House only |  |
|  | Day services for adults with disabilities.  Amends § 252.41, subd. 3. Modifies the definition of “day services for adults with disabilities.” Provides a January 1, 2021, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval is obtained. | House only |  |
|  | Independence.  Amends § 252.41, subd. 4. Modifies the definition of “independence” under the statute governing day services. Provides a January 1, 2021, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval is obtained. | House only |  |
|  | Integration.  Amends § 252.41, subd. 5. Modifies the definition of “integration.” Provides a January 1, 2021, effective date. | House only |  |
|  | Productivity.  Amends § 252.41, subd. 6. Modifies the definition of “productivity.” Provides a January 1, 2021, effective date. | House only |  |
|  | Regional center.  Amends § 252.41, subd. 7. Modifies the definition of “regional center.” Provides a January 1, 2021, effective date. | House only |  |
|  | Vendor.  Amends § 252.41, subd. 9. Modifies the definition of “vendor.” Provides a January 1, 2021, effective date. | House only |  |
|  | Service principles.  Amends § 252.42. Updates terminology, expands services to all persons with disabilities (currently services are limited to persons with developmental disabilities). Provides a January 1, 2021, effective date. | House only |  |
|  | Commissioner’s duties.  Amends § 252.43. Updates terminology, makes technical changes. Provides a January 1, 2021, effective date. | House only |  |
|  | Lead agency board responsibilities.  Amends § 252.44. Updates terminology, specifies the authority under which case management services are provided, removes obsolete language. Provides a January 1, 2021, effective date. | House only |  |
|  | Vendor’s duties.  Amends § 252.45. Updates terminology and cross-references. Provides a January 1, 2021, effective date. | House only |  |
|  |  | Senate only | ****Article 2, Section 32 (256.4751)****establishes a grant program for organizations to support parent-to-parent programs that provide education and peer support for families of children and youth with special health care needs. |
|  |  | Senate only | ****Section 11 [256.488]**** establishes a new on-going grant program to promote access to physical fitness training for persons with disabilities. |
|  | Purchase of health care coverage for people living with HIV.  Amends § 256.9365.  **Subd. 1. Program established.** Expands the program to include cost sharing for prescriptions, including co-payments, deductibles, and coinsurance. Prohibits the commissioner from paying for the portion of a premium that is paid by the individual’s employer.  **Subd. 2. Eligibility requirements.** Modifies eligibility requirements for the program.  Subd. 3. Cost-effective coverage. Removes obsolete language. | Technical differences: staff recommends House, subdivisions 1 and 2, and Senate, subdivision 3. | ****Article 8, Section 3 (256.9365)**** conforms the program that provides health care coverage for individuals living with HIV to include the cost of health plan premiums as well as cost sharing for prescriptions including co-payments, deductibles, and co-insurance, with the exception of those portions of a premium paid for by the individual’s employer, and makes other conforming eligibility requirements for the program. |
|  |  | Senate only | ****Section 12 (256B.0625, subdivision 19a)**** modifies the eligibility criteria for personal care assistance services by requiring a dependence in one critical activity of daily living, rather than one activity of daily living, one level one behavior or one behavior that shows increase vulnerability. This section is effective January 1, 2020, or upon federal approval, whichever is later. |
|  |  | Senate only | ****Section 13 (256B.0652, subdivision 6)**** specifies that recipients of PCA services who have a dependency in one critical activity of daily living receive no more than two units of service a day. |
|  | Housing access grants.  Amends § 256B.0658. Modifies the population eligible for MA housing access grant funding by removing language referencing individuals eligible for MA home and community-based services and making individuals who are aged, blind, or who have a disability eligible. | Same | ****Section 14 (256B.0658)**** modifies the eligibility criteria for the housing access grant. |
|  |  | Senate only | ****Article 1, Section 38 (256B.0659, subdivision 3)**** clarifies that medical assistance will not cover the services of a qualified professional if those services are provided outside the statutorily required timelines. |
|  |  | Senate only | ****Section 15 (256B.0659, subdivision 3a)**** clarifies that lead agencies may continue to use legacy assessment tools for PCA assessments. |
|  | PCA; requirements.  Amends § 256B.0659, subd. 11. Establishes the qualifications that must be met in order for PCA services to qualify for the enhanced rate. Provides for a July 1, 2019, effective date. | Similar: House provides an enhanced rate for 12 or more hours; Senate for 10 or more. | ****Section 16 (256B.0659, subdivision 11, paragraph (d))**** specifies the requirements a personal care attendant must meet in order for the services the personal care attendant provides to qualify for an enhanced rate. |
|  |  | Senate only | ****Article 1, Section 40 (256B.0659, subdivision 13)****requires qualified professionals to enroll as individuals with DHS. |
|  |  | Senate only | **Article 1, Section 41 (256B.0659, subdivision 14)**requires a qualified professional to inform DHS within 30 days that they are no longer employed by the PCA agency with which they were affiliated. |
|  | Enhanced rate.  Amends § 256B.0659, by adding subd. 17a. Sets the PCA enhanced rate at 107.5 percent of the rate paid for PCA services. Specifies the enhanced rate includes any rate adjustment implemented by the commissioner on July 1, 2019, to comply with the terms of the direct support services providers collective bargaining agreement. Provides a July 1, 2019, effective date. | Similar:   * House provides enhanced rate of 107.5%; Senate enhanced rate is 110%. * House specifies enhanced rate includes and is not in addition to any rate increase implemented as the result of the 2019 individual provider contract; Senate specifies the enhanced rate includes and is not in addition to any rate increase implemented as a result of any individual provider contract. | ****Section 17 (256B.0659, subdivision 17a)**** establishes an enhanced rate of 110 percent of the non-enhanced rate for PCA services rendered to a client requiring ten or more hours of services. |
|  |  | Senate only | ****Article 1, Section 42 (256B.0659, subdivision 19)****requires PCA choice agencies to report labor market data. |
|  | Requirements for provider enrollment of PCA provider agencies.  Amends § 256B.0659, subd. 21. Requires provider agencies to document that the agency will use all of the revenue generated by an MA rate increase due to a collective bargaining agreement for employee PCA wages and benefits. | Different. The House requires PCA agencies to document use of additional MA revenue due to rate increases included in a collective bargaining agreement. The Senate requires PCA provider agencies to document training requirements necessary to qualify for the enhanced rate. | ****Section 18 (256B.0659, subdivision 21, paragraph (a), clause (10))**** requires provider agencies to document whether a personal care attendant has received the training that would qualify the services the personal care attendant provides for an enhanced rate. |
|  | PCA provider agency; general duties.  Amends § 256B.0659. subd. 24. Requires PCA provider agencies to document that the additional revenue received as a result of the enhanced rate is passed on to the PCAs who provided the services. Provides a July 1, 2019, effective date. | Technical differences: staff recommends House with addition of cross references from Senate side. | ****Section 19 (256B.0659, subdivision 24, clause (15))**** requires a provider agency to document that it passed through the entire value of the enhanced rate in the form of wages and benefits to the personal care attendants who provide the services that qualify for the enhanced rate. |
|  |  | Senate only (amending same subdivision as above; provisions do *not* conflict) | ****Article 1, Section 44 (256B.0659, subdivision 24, clause (15))**** inserts a cross-reference notifying PCA agencies of their obligation to report labor market data. |
|  | PCA provider agency; required documentation.  Amends § 256B.0659, subd. 28. Requires PCA provider agencies to verify PCA training requirement completion for enhanced rate reimbursement. Provides for a July 1, 2019, effective date. | Technical differences. Staff recommends House with addition of cross-reference from Senate side. | ****Section 20 (256B.0659, subdivision 28)**** requires provider agencies to document whether a personal care attendant has received the training that would qualify the services the personal care attendant provides for an enhanced rate. |
|  | Direct care workforce report.  Creates § 256B.0715. Requires the commissioner to annually assess the direct care workforce and publish findings in a report each August beginning August 1, 2020. Specifies the information that must be considered in preparing the report. Makes this section effective the day following final enactment. | House only |  |
|  |  | Senate only | ****Section 21 (256B.0911, subdivision 1a, paragraphs (a) and (b))**** clarifies language related to assessments for developmental disabilities waiver services; removes from the MnCHOICES assessment process service eligibility determinations for home care nursing, for home care targeted case management; for adult targeted case management, and for Rule 185 case management services; also removes long-term care consultation services (otherwise known as a MnCHOICES assessment) as the required process for determining whether the family of a minor with a disability is eligible for a support grant. |
|  |  | Senate only | **Section 22 (256B.0911, subdivision 3a, paragraph (a))**makes conforming changes by striking from the MnCHOICES statute references to home care nursing.  **Paragraph (c)** requires the MnCHOICES assessment process to be conversational in nature.  **Paragraph (d)** removes a requirement that a legal representative of a person receiving a MnCHOICES assessment be physically present during an assessor’s face-to-face assessment of the person seeking long-term care, and permits the legal representative to participate in the assessment remotely instead. Also requires a provider to submit information to be considered at an assessment at least 60 days prior to an assessment.  **Paragraph (e)** removes the existing requirement that a MnCHOICES assessor complete a community support plan within 40 calendar days of the assessment. DHS will determine a new deadline for completing the community support plan, but the total time for the assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 60 days.  **Paragraph (j), clause (9),** requires a certified assessor to point out in the assessment documents the location of the statement concerning the person’s right to appeal the results of an assessment.  **Paragraph (k)** allows the results of a MnCHOICES assessment to establish service eligibility for developmental disability waiver services for up to 60 days from the time of the assessment.  **Paragraph (k)** also interacts with existing paragraph (m) to permit a service eligibility update for developmental disability waiver services to extend the validity of a MnCHOICES assessment for an additional 30 days. These changes align the service eligibility timelines for developmental disability waiver services with the timelines for the other home and community-based waiver and alternative care services. |
|  |  | Senate only | ****Section 23 (256B.0911, subdivision 3f, paragraph (a))**** requires a certified assessor to review a person’s most recent assessment prior to a reassessment, and requires DHS to establish timelines for a MnCHOICES assessor, following an annual MnCHOICES reassessment, to complete an updated coordinated support plan and a case manager to complete an updated coordinated service and support plan. |
|  |  | Senate only | ****Section 24 (256B.0911, subdivision 3g)**** permits a person receiving only Rule 185 case management services to decline annual MnCHOICES assessments. |
|  |  | Senate only | ****Section 25 (256B.0911, subdivision 5), paragraph (c)**** requires the Commissioner of Human Services, in cooperation with lead agencies, to develop and collect data on a set of measures of increasing efficiency in the MnCHOICES assessment process, and to report an analysis of that data to lead agencies and to the Legislature.  Paragraphs (a) and (b) contain existing requirements that the commissioner make the assessment process more efficient.  This paragraph requires the commissioner to demonstrate that the process is becoming more efficient. |
|  | Elderly waiver cost limits.  Amends § 256B.0915, subd. 3a. Adds paragraph (f), which requires the commissioner to approve exceptions to the monthly case mix budget cap to pay for an enhanced rate for PCA services. Limits the amount of the exception and requires the exception to be reapproved on an annual basis at the time of a participant’s annual reassessment.  Provides a July 1, 2019, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval is obtained. | House only |  |
|  |  | Senate only | ****Section 26 (256B.0915, subdivision 6), paragraph (a), clause (1)**** removes the current ten-day deadline for case managers to complete coordinated service and support plans for people receiving any home and community-based waiver services or alternative care.  DHS will determine a new deadline for completing coordinated service and support plans, but the total time for a MnCHOICES assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 60 days. |
|  |  | Senate only | ****Section 27 (256B.0915, subdivision 10)**** modifies the elderly waiver capitation payments to managed care organizations to incorporate the value of the rate adjustment for designated disproportionate share establishments. |
|  |  | Senate only | **Section 28 (256B.0915, subdivision 18), paragraphs (a) to (d)** creates an application process for housing with services establishments to become designated disproportionate share establishments if at least 50 percent of the residents of the establishment are participants in the elderly waiver program.  **Paragraphs (e) and (f)** establish a variable rate adjustment from 101 percent to 110 percent of the customized living rate depending on the percentage of elderly waiver participants residing in a designated establishment.  **Paragraph (g)** specifies that the value of the rate adjustment will not be included in an individuals monthly case mix budget cap. |
|  |  | Senate only | **Section 29 (256B.092, subdivision 1b, paragraph (a), clause (1))** removes the current ten-day deadline for case managers to complete coordinated service and support plans for people receiving any home and community-based waiver services or alternative care.  DHS will determine a new deadline for completing coordinated service and support plans, but the total time for a MnCHOICES assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 60 days. |
|  |  | Senate only | ****Section 30 (256B.092, subdivision 12a)**** limits the growth in the developmental disabilities waiver by allowing new recipients to access the waivers only after an existing waiver recipient permanently exits the waiver or an existing ICF/DD permanently converts to waiver services. |
|  |  | Senate only | ****Section 31 (256B.0921)**** modifies the name of the grant program. |
|  | Background studies.  Amends § 256B.0949, by adding subd. 16a. Specifies background study requirements are met by an early intensive developmental and behavioral intervention services agency through the commissioner’s NETStudy system. | House only |  |
|  |  | Senate only | ****Article 2, section 33 (256B.14, subdivision 2)**** eliminate TEFRA parental contribution fees beginning July 1, 2021. |
|  |  | Senate only | ****Section 32 (256B.49, subdivision 11b)**** limits the growth in the community access for disability inclusion waiver by allowing new recipients to access the waivers only after an existing waiver recipient permanently exits the waiver. |
|  |  | Senate only | ****Section 33 (256B.49, subdivision 13), paragraph (a), clause (1)**** removes the current ten-day deadline for case managers to complete coordinated service and support plans for people receiving any home and community-based waiver services or alternative care.  DHS will determine a new deadline for completing coordinated service and support plans, but the total time for a MnCHOICES assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 60 days. |
|  |  | Senate only | ****Section 34 (256B.49, subdivision 14)**** requires a provider to submit within 60 days prior to an assessment any information to be considered at an assessment. |
|  |  | Senate only | ****Article 1, Section 46 (256B.4912, subdivision 1a)****establishes new labor market data reporting requirements for HCBS providers. |
|  | Rate stabilization adjustment.  Amends § 256B.4913, subd. 4a. Removes obsolete language and the seventh year of banding, which was not approved by the federal Centers for Medicare and Medicaid Services (CMS). Makes this section effective the day following final enactment. | House only |  |
|  | Stakeholder consultation and county training.  Amends § 256B.4913, subd. 5. Makes technical changes. Makes this section effective January 1, 2020. | House only |  |
|  | Definitions.  Amends § 256B.4914, subd. 2. Defines “comparable occupations” and “direct care staff.” Modifies the definition of “unit of service.” | Technical differences: staff recommends House definition of “direct care staff”  Different:   * House defines “comparable occupations”; Senate does not. * House adds new definition of “unit of service” for day support services; Senate does not. * Senate modifies definition of “unit of service” for prevocational services; House does not. | ****Section 35 (256B.4914, subdivision 2)**** defines “Direct care staff” for the purposes of DWRS, and modifies the definition of "unit of service" for the purposes of prevocational services, reducing a unit from one hour to 15 minutes. |
|  |  | Senate only | ****Section 36 (256B.4914, subdivision 3)**** makes conforming and editorial changes. |
|  | Data collection for rate determination.  Amends § 256B.4914, subd. 4. Removes obsolete language related to banding, which will end on December 31, 2019. Makes this section effective January 1, 2020. | House only |  |
|  | Base wage index and standard component values.  Amends § 256B.4914, subd. 5. Paragraphs (b) to (g) add a competitive workforce factor of 4.7 percent.  Paragraphs (h) and (k) remove obsolete language related to the 2017 automatic inflationary adjustment and change the frequency of future adjustments from once every five years to once every two years.  Paragraph (i) requires the commissioner to adjust the competitive workforce factor by two percent on July 1, 2022, and July 1, 2024.  Paragraph (j) requires the commissioner to report to the legislature with an analysis of the competitive workforce factor on January 1, 2026. Specifies the information that must be included in the report.  Adds paragraph (l), which removes the 2014 and 2015 out-of-framework adjustments from rates calculated under DWRS. (On February 15, 2018, CMS notified DHS that these adjustments were duplicative of the inflationary adjustments built into DWRS and CMS would not allow the duplication; therefore, Minnesota was not eligible for federal matching funds for the duplicative adjustments. DHS paid both the state and federal share of the value of the out-of-framework adjustments for the remainder of fiscal year 2018, but removed these adjustments from the DWRS rates beginning on July 1, 2018.)  Adds paragraph (m), which specifies that any rate adjustments made outside of the DWRS rate framework that apply to rates calculated under DWRS are removed from rate calculations upon implementation of automatic inflation adjustments under paragraphs (h) and (k).  Makes this section effective January 1, 2020, except: (1) paragraphs (h) and (k) are effective July 1, 2022, or upon federal approval, whichever is later; and (2) paragraph (l) is effective retroactively from July 1, 2018. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained. | Different:   * House applies competitive workforce factor as a component value to each service bucket and incorporates the factor into the rate calculation; senate adjusts the base wage index. * House requires a 2% increase in the CWF in 2022 and an additional 2% in 2024; the Senate does not. Note: compare House paragraphs (i) and (j) to Senate paragraph (c). * House and Senate use different data to determine future base wage and inflation adjustments. * Senate requires rate adjustment to account for licensing fee increases; House does not. | **Section 37 (256B.4914, subdivision 5), paragraph (b)** establishes a competitive workforce factor of 4.7 percent and requires providers to use additional revenue created by the competitive workforce factor to increase wages and benefits for direct care staff.  **Paragraph (c)** requires the commissioner to conduct a biennial analysis of the competitive workforce factor and make recommendations to the legislature related to adjusting the factor.  **Paragraph (j)** decreases the frequency of future wage index rebasing from every 5 years to every two years, but also uses older data when performing the rebasing.  **Paragraph (k)** decreases the frequency of future inflation adjustments from every 5 years to every two years, but also uses older data when performing the inflation adjustment.  **Paragraph (l)** removes all after framework adjustments from DWRS rates upon implementation of the next rebasing and inflation adjustment beginning July 1, 2022.  **Paragraph (m)** preemptively removes any rate adjustments not specified in 256B.4914 from DWRS rates each time a wage index rebasing and inflation adjustment occurs.  **Paragraph (o)** requires the commissioner to update the general administrative support ratios under DWRS in the event that chapter 245D licensing fees are required. |
|  | Direct care staff; compensation.  Amends § 256B.4914, by adding subd. 5a. Paragraphs (a) to (c) require providers paid with rates determined under DWRS to use a certain percentage of the revenue generated by rates determined under the DWRS for direct care staff compensation.  Paragraph (d) lists applicable compensation.  Makes this section effective January 1, 2020. | House only |  |
|  | Payments for residential support services.  Amends § 256B.4914, subd. 6. Modifies the rate calculation for residential support services to include the competitive workforce factor and removes obsolete language related to banding and the implementation period. Makes this section effective January 1, 2020, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval has been obtained. | Different. The House modifies the rate calculation due to the addition of the competitive workforce factor as a component value; the Senate does not since the Senate adjusts the base wage index with the competitive workforce factor. | ****Section 38 (256B.4914, subdivision 6)** make conforming changes to cross-references.** |
|  | Payments for day programs.  Amends § 256B.4914, subd. 7. Modifies terminology and the rate calculation for day programs to include the competitive workforce factor. Makes this section effective January 1, 2020, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval has been obtained. | Different. The House modifies the rate calculation due to the addition of the competitive workforce factor as a component value; the Senate does not since the Senate adjusts the base wage index with the competitive workforce factor.  House modifies terminology and the Senate does not. | ****Section 39 (256B.4914, subdivision 7)** make conforming changes to cross-references.** |
|  | Payments for unit-based services with programming.  Amends § 256B.4914, subd. 8. Modifies the list of unit-based services with programming and the rate calculation for unit-based services with programming to include the competitive workforce factor. Makes this section effective January 1, 2020, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval has been obtained. | Different. The House modifies the rate calculation due to the addition of the competitive workforce factor as a component value; the Senate does not since the Senate adjusts the base wage index with the competitive workforce factor.  House modifies the list of services and the Senate does not. | ****Section 40 (256B.4914, subdivision 8)** make conforming changes to cross-references.** |
|  | Payments for unit-based services without programming.  Amends § 256B.4914, subd. 9. Modifies the rate calculation for unit-based services without programming to include the competitive workforce factor. Makes this section effective January 1, 2020, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval has been obtained. | Different. The House modifies the rate calculation due to the addition of the competitive workforce factor as a component value; the Senate does not since the Senate adjusts the base wage index with the competitive workforce factor. | ****Section 41 (256B.4914, subdivision 9)** make conforming changes to cross-references.** |
|  | Updating payment values and additional information.  Amends § 256B.4914, subd. 10. Removes obsolete language related to outdated reporting and implementation requirements and banding. Adds direct care workforce labor market measures to the list of items DHS must review and evaluate under the DWRS. Modifies the frequency of adjustments to the regional variance factors. Requires the commissioner, in consultation with others, to study value-based models and outcome-based payment strategies for fee-for-service home and community-based services and report to the legislature by October 1, 2020, with recommended strategies to promote new models of care and reimbursement structures, assist clients in evaluating options, support person-centered planning, and create a broader range of client options. Makes this section effective the day following final enactment, except for paragraph (f), which is effective January 1, 2020. | Similar   * The Senate requires the commissioner to evaluate different competitive workforce factors by service and the House does not. * The House provides more direction to the commissioner regarding the study of value-based models and outcome-based payment strategies. * Technical differences. | ****Section 42 (256B.4914, subdivision 10)**** makes conforming changes; strikes obsolete language; modifies the frequency of required analysis of the regional adjustment factor; delays by one year the next full report on the data analysis DHS is performing related to the DWRS; and adds a new requirement that DHS and stakeholders study value-based payment methodologies for waiver services. |
|  | Reporting and analysis of cost data.  Amends § 256B.4914, subd. 10a. Adds paragraph (f), which requires providers with rates determined under DWRS to submit labor market data to the commissioner annually beginning November 1, 2019.  Adds paragraph (g), which requires the commissioner to publish annual reports on provider and state-level labor market data, beginning February 1, 2020.  Adds paragraph (h), which requires the commissioner to: (1) temporarily suspend payments to a provider if data requested under paragraph (f) is not received 90 days after the required submission date; and (2) make withheld payments once data is received by the commissioner.  Makes this section effective the day following final enactment. | Similar: Senate requires distribution plan for additional revenue; House does not, *but see House, section 44*  Technical differences in House paragraphs (f) to (h)/Senate paragraphs (g) to (i) and the effective dates. Staff recommends the Senate language. | **Section 43 (256B.4914, subdivision 10a), paragraph (f)**requires providers to report the additional revenue attributable to the competitive workforce factor and prepare a written plan for distributing that revenue to direct care workers.  **Paragraph (g)** requires providers to submit labor market data to the commissioner.  **Paragraph (h)** requires the commissioner to publish an annual report based on the labor market data submitted by providers.  **Paragraph (i)** permits the commissioner to withhold payments until providers comply with the data reporting requirements. |
|  | Exceptions.  Amends § 256B.4914, subd. 14. Removes obsolete language related to commissioner’s reporting requirements and banding. Makes this section effective January 1, 2020. | House only |  |
|  | County or tribal allocations.  Amends § 256B.4914, subd. 15. Removes obsolete language. | House only |  |
|  |  | Senate only | ****Section 44 (256B.493, subdivision 1)**** requires the commissioner of human services to use the existing planned closure process to close licensed corporate foster care settings in order to achieve the reduction in statewide corporate foster care capacity required under 245A.03, subdivision 7, paragraphs (c) and (d), which were amended earlier in the bill. |
|  |  | Senate only | ****Section  45 (256B.5013, subdivision 1), paragraph (a)**** modifies the conditions under which an intermediate care facility for persons with developmental disabilities 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.  **New Paragraph (b)** requires the county of financial responsibility to act on an increased rate request within 30 days of the request.  **Old paragraphs (c) to (e)** 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.  **New paragraph (c)** permits a county to recommend an increased rate for a cognitive need.  **New Paragraph (d)** specifies the information a facility must provide when making a request for an increased rate. |
|  |  | Senate only | ****Section 46 (256B.5013, subdivision 6)**** makes a conforming change to the duties of the commissioner of human services. |
|  |  | Senate only | ****Article 1, Section 52 (256B.5014)**** inserts a cross-reference notifying ICFs of their obligations to submit labor market data. |
|  |  | Senate only | **Section 47 (256B.5015, subdivision 2), paragraph (a)** increases the rate for services during the day from 75% of the rate that would have been paid for an individual to participate in day training and habilitation to 100% of that rate.  **Paragraph (b)** specifies the conditions under which an individual qualifies for services during the day, and thus for reimbursement for those services under paragraph (a). |
|  | Eligibility.  Amends § 256B.85, subd. 3. Specifies a pregnant woman eligible under MA is eligible for community first services and supports (CFSS) without federal financial participation if the woman meets certain criteria. Provides an immediate effective date. | Different: Senate modifies eligibility for services; House does not.  The language establishing eligibility for pregnant women is identical. | **Section 48 (256B.85, subdivision 3)** modifies the eligibility criteria for community first services and supports by requiring a dependence in one critical activity of daily living, rather than one activity of daily living, one level one behavior or one behavior that shows increase vulnerability. |
|  | Enhanced rate.  Amends § 256B.85, by adding subd. 7a. Establishes a CFSS enhanced rate of 107.5 percent of the rate paid for CFSS. Specifies the enhanced rate includes any rate adjustment implemented by the commissioner on July 1, 2019, to comply with the terms of the direct support services providers collective bargaining agreement. Provides a July 1, 2019, effective date. | House only |  |
|  |  | Senate only | **Section 49 (256B.85, subdivision 8), paragraph (b)** makes conforming changes to the CFSS home care ratings, and specifies that individuals with the lowest home care rating qualify for two units of service per day.  **Paragraph (c)** establishes CFSS eligibility for pregnant women. |
|  | Agency-provider and FMS provider qualifications and duties.  Amends § 256B.85, subd. 10. Requires CFSS agency-providers to maintain documentation of training requirements needed to qualify for an enhanced rate. Provides a July 1, 2019, effective date. | Different. The House requires documentation of certain training requirements and the Senate requires providers to comply with labor market reporting requirements. | **Article 1, Section 53 (256B.85, subdivision 10)** inserts a cross-reference notifying CFSS agency providers of their obligations to submit labor market data. |
|  | Agency-provider model.  Amends § 256B.85, subd. 11. Requires agency-providers to use all of the revenue generated by an MA rate increase due to a collective bargaining agreement for support worker wages and benefits. | House only |  |
|  | Requirements for enrollment of CFSS agency-providers.  Amends § 256B.85, subd. 12. Requires agency-providers to document that 100 percent of the revenue generated by an MA rate increase due to a collective bargaining agreement is used for support worker wages and benefits. | House only |  |
|  | Support workers requirements.  Amends § 256B.85, subd. 16. Specifies CFSS support worker requirements to qualify for the enhanced rate. Provides a July 1, 2019, effective date. | House only |  |
|  |  | Senate only | **Section 50 (256C.23, subdivision 7)** defines “family and community intervener.” |
|  |  | Senate only | ****Section 51 (256C.261)**** defines the services provided by a family or community intervener. |
|  |  | Senate only | **Section 52 (256I.03, subdivision 8)** amends the definition of “supplementary services” by adding a cross-reference to the requirements under Minnesota Statutes, section 256I.04, subdivision 2h. |
|  |  | Senate only | **Section 53 (256I.04, subdivision 2b)** requires that providers of housing supports confirm in their housing support agreement that the provider will not limit or restrict the number of hours an applicant or recipient chooses to be employed, as specified in subdivision 5. |
|  |  | Senate only | **Section 54 (256I.04, subdivision 2h)** is a new subdivision that requires providers of supplementary services to ensure that recipients have, at a minimum, assistance with services identified in the individual’s professional statement of need.  This section also requires all providers to maintain case notes with the date and description of services provided to individual recipients. |
|  |  | Senate only | **Section 55 (256I.04, subdivision 5)** is a new subdivision that prohibits a provider from limiting or restricting the number of hours an applicant or recipient is employed. |
|  |  | Senate only | **Section 56 (256I.05, subdivision 1r)** provides a supplementary rate to an Anoka County housing support provider for six of the provider’s 12 beds. |
|  |  | Senate only | **Section 57 [268A.061]** requires the Department of Employment and Economic Development to enter into limited-use vendor operating agreements with day training and habilitation (DT&H) providers to allow DT&H providers to provide vocational rehabilitative services to their existing disability waiver clients if the client makes an informed choice to stay with the DT&H provider when receiving vocational rehabilitative services. Limited-use vendor operating agreements are an existing type of vendor agreement for the provision of vocational rehabilitation services by providers who are not accredited with the Commission on Accreditation of Rehabilitation Facilities. |
|  |  | Senate only | **Section 58 (Expansion of CDCS budget methodology exception)** corrects a cross-reference. |
|  | Consumer-directed community supports (CDCS) budget methodology.  Amends Laws 2017, 1st Spec. Sess. ch. 6, art. 1, § 45.  Subd. 1. Exception for persons leaving institutions and crisis residential settings. No changes.  Subd. 2. Shared services. Defines “shared services,” requires individuals sharing services to use the same financial management services provider, requires individuals sharing services to develop a plan for shared services and a shared services agreement and specifies the information that must be included in the plan and agreement, allows any individual to withdraw from participating in a shared services agreement at any time, and specifies the duties of the lead agency and commissioner.  Makes this section effective October 1, 2019, or upon federal approval, whichever is later, except for the commissioner’s duties, which are effective immediately. Requires the commissioner of human services to notify the revisor when federal approval is obtained. | Same | **Section 59 (Consumer-directed community supports budget methodology)** allows people who have elected the consumer-directed community supports option to elect to establish a shared services arrangement with other people who have elected the consumer-directed community supports option. This subdivision specifies requirements for shared service arrangements and grants the commissioner authority to set rates for shared services. |
|  | Electronic visit verification.  Amends Laws 2017, 1st Spec. Sess. ch. 6, art. 3, § 49.  Subd. 1. Documentation; establishment. Modifies terminology.  **Subd. 2. Definitions.** Modifies terminology and expands the definition of “service.”  **Subd. 3. Requirements.** Modifies terminology and removes obsolete language. Requires the commissioner to make a state-selected electronic visit verification system available to service providers.  **Subd. 3a. Provider requirements.** Specifies provider requirements related to selecting an electronic visit verification system and complying with requirements and the implementation date established by the commissioner. Prohibits reimbursement rates from being reduced as a result of federal action to reduce the federal MA percentage.  **Subd. 4. Legislative report.** Removes obsolete language. | Technical differences: staff recommends Senate, subdivision 3, and House, subdivision 3a, paragraph (a).  Technical differences in cross references to federal law. Staff recommends House.  Similar: Senate establishes specific implementation dates; House directs the commissioner to set implementation dates. (*see also*, House, section 72, paragraph (a)) | **Article 1, Section 65 (Laws 2017, First Special Session chapter 6, article 3, section 49)** establishes electronic visit verification for PCA services and home health care services as required by federal law; specifies that the commissioner cannot enforce electronic visit verification requirements until six months after the commissioner makes available to service providers the state-selected electronic visit verification system, the data aggregator, and training on the system; prohibits reduction of reimbursement rates as a result of federal enforcement of electronic visit verification implementation requirements. |
|  | Individual providers of direct support services.  Ratifies the labor agreement between the state of Minnesota and the Service Employees International Union Healthcare Minnesota, submitted to the Legislative Coordinating Commission on March 11, 2019, and provides a July 1, 2019, effective date. | House only |  |
|  | Rate increase for direct support services providers workforce negotiations.  Requires the commissioner of human services to increase reimbursement rates, individual budgets, grants, or allocations by 2.37 percent for services provided on or after July 1, 2019, to implement the minimum hourly wage, holiday, enhanced rate, and paid time off provisions of the labor agreement between the state of Minnesota and SEIU Healthcare Minnesota. | House only |  |
|  | Direction to commissioner; skilled nurse visit rates.  Requires the commissioner of human services to ensure that skilled nurse visits reimbursed under MA are coded using codes compliant with HIPAA. Defines “skilled nurse visit.” | House only |  |
|  | Direction to commissioner; interagency agreements.  Requires the Department of Commerce, Public Utilities Commission, and Department of Human Services to amend all interagency agreements necessary to implement the changes to the Telecommunications Access Minnesota Program by October 1, 2019. | House only |  |
|  | Direction to commissioner; federal authority for reconfigured waiver services.  Requires the commissioner of human services to seek necessary federal authority to implement new and reconfigured waiver services and to notify the revisor when federal approval is obtained and when new services are fully implemented. | House only |  |
|  | Disability waiver reconfiguration.  **Subd. 1. Intent.** Specifies it is the intent of the legislature to reform the MA waiver programs for people with disabilities to simplify administration of the programs, incentivize person-centered supports, enhance each person’s personal authority over the person’s service choice, align benefits across waivers, encourage equity across programs and populations, and promote long-term sustainability of needed services. Requires the disability waiver reconfiguration to maintain service stability and continuity.  **Subd. 2. Report.** By January 15, 2021, requires the commissioner to submit a report to the legislature on any necessary waivers, state plan amendments, requests for new funding or realignment of existing funds, any changes to statutes or rule, and any other federal authority necessary to implement the disability waiver reconfiguration. Also requires the report to include information about the commissioner’s work to collect feedback from stakeholders.  **Subd. 3. Proposal.** By January 15, 2021, requires the commissioner to develop a proposal to reconfigure the MA disability waivers and specifies the information that must be included in the proposal. Requires the commissioner to publish a draft report with sufficient time for interested persons to offer additional feedback. | House only |  |
|  | Direct care workforce rate methodology study.  Requires the commissioner of human services, in consultation with stakeholders, to evaluate the feasibility of developing a rate methodology for the PCA program and CFSS similar to the DWRS and to report to the legislature with recommendations, including proposed legislation, by February 1, 2020. | Technical differences. Staff recommends Senate. | **Section 70 (Direction to the commissioner; direct-care workforce rate methodology study)** requires the commissioner to evaluate the feasibility of developing a reimbursement methodology for direct-care workers similar to the DWRS methodology, and report to the legislature by February 1, 2020. |
|  | Direction to commissioner of human services; TEFRA option improvement measures.  Paragraph (a) requires the commissioner of human services, using existing appropriations, to develop content to be included on the MNsure website explaining the TEFRA option under MA for applicants who indicate during the application process that a child in the family has a disability.  Paragraph (b) requires the commissioner to: (1) develop a cover letter explaining the TEFRA option under MA, as well as the application and renewal process, to be disseminated along with the application form to applicants who may qualify for MA under the TEFRA option; (2) provide the content and form to the executive director of MNsure for inclusion on the MNsure website; and (3) develop and implement education and training for lead agency staff.  Paragraph (c) requires the commissioner to convene a stakeholder group to consider improvements to the TEFRA option enrollment and renewal process.  Paragraph (d) lists the membership of the stakeholder group.  Paragraph (e) requires the stakeholder group to submit a report of the group’s recommended improvements and any associated costs to the commissioner by December 31, 2020. Requires the commissioner to provide a copy of the report to the legislative committees with jurisdiction over MA. | Same | **Article 2, Section 40 (Direction to the Commissioner; TEFRA application improvement)** directs the commissioner of human services to develop content explaining the medical assistance-TEFRA option to online applicants. It also directs the commissioner to develop a cover letter explaining the medical assistance-TEFRA option enrollment and renewal processes to be disseminated with materials sent to applicants who may qualify for the TEFRA option. It finally directs the commissioner to convene a stakeholder group to consider improvements to the TEFRA option enrollment and renewal processes. The stakeholder group shall report to the commissioner the recommended improvements and associated costs by December 31, 2020. |
|  | Direction to commissioner; direct care staff compensation report.  By January 15, 2022, requires the commissioner, in consultation with stakeholders, to report to the legislature with recommendations to implement: (1) penalties for providers who do not meet the direct care staff compensation requirements; (2) good cause exemptions for providers who do not meet the direct care staff compensation requirements; and (3) rebasing of the direct care staff compensation requirements. | House only |  |
|  |  | Senate only | **Section 60 (Day training and habilitation disability waiver rate system transition grants)** establishes a four–year grant program for day training and habilitation providers who serve at least 100 waiver recipients and who will experience reductions in revenue under full implementation of DWRS of at least 15 percent and $300,000.  Grant recipients must develop and implement a sustainability plan to close their funding gaps, and must demonstrate progress in closing the funding gap to qualify for a grant renewal. |
|  |  | Senate only | **Section 61 (Direction to the Commissioner; MnCHOICES 2.0)** requires the Commissioner of Human Services to ensure that the updates to the MnCHOICES assessment tool incorporates a qualitative approach to interviewing, requires the commissioner to include members of the disability community in the planning process for modifying MnCHOICES, and permits counties to use legacy assessment tools rather than the MnCHOICES tool until MnCHOICES 2.0 is fully implemented. |
|  |  | Senate only | **Section 62 (Direction to the Commissioner; Payments for county human services activities)** requires the commissioner to develop a proposal to replace the random moment time study payment methodology for county human services activities with a per-activity fee based on the historical data collected through prior time studies. |
|  |  | Senate only | **Section 63 (Direction to the Commissioner; Barriers to independent living)** requires the commissioner to submit to the legislature a report describing state and federal regulations that create barriers to independent living for people with disabilities. |
|  |  | Senate only | **Section 64 (Adult foster care moratorium exception)** exempts a licensed family adult foster care setting from the moratorium on new corporate foster care licenses, thereby allowing the setting to convert to a corporate setting. |
|  |  | Senate only | **Section 65 (Direction to the Commissioner; Authorize redistribution of housing with services capacity)** permits an existing housing with services establishment providing customized living services under the BI and CADI waivers to redistribute its service capacity to other establishments. |
|  |  | Senate only | **Section 66 (Direction to the Commissioner; PCA comparability waiver)** directs the commissioner to submit a request to waiver the Medicaid comparability requirement for the purposes of the modified PCA eligibility criteria. |
|  |  | Senate only | **Section 67 (Direction to the commissioner; Transition period for modified eligibility for personal care assistance services)** requires the commissioner not to apply the new PCA eligibility requirements to people receiving PCA services on December 31, 2019 until the latest date permissible under federal law, and requires the commissioner to allow for a transition period of up to one year following the date upon which the new PCA eligibility criteria are applied to people receiving PCA services on December 31, 2019. |
|  |  | Senate only | **Section 68 (Direction to the commissioner; Report on eligibility for PCA and access to DD and CADI waivers)** requires the commissioner to submit to the legislature a report on the effects of the modified PCA eligibility requirements and the limit on the growth of the DD and CADI waivers. |
|  |  | Senate only | **Section 69 (Direction to the commissioner; Intermediate care facility for persons with developmental disabilities level of care criteria)** requires the commissioner to prepare draft legislation to codify the commissioner’s existing criteria for determinations of need for an ICF/DD level of care. |
|  |  | Senate only | **Section 71 (Direction to the commissioner; home care services payment reform proposal)** requires the commissioner to develop a proposal for medical assistance reimbursement for home care services based on the Medicare prospective payment methodology for home health. |
|  |  | Senate only | **Section 72 (Direction to commissioner; interagency plan for supported employment) requires the commissioners of human services, education, and employment and economic development to develop a plan to assist people between the ages of 14 and 24 with significant disabilities to maximize their opportunities to achieve integrated competitive employment.** |
|  | Revisor instruction.  Instructs the revisor, in consultation with others, to prepare legislation for the 2020 legislative session to codify laws governing CDCS. | Senate paragraph (a) is senate only.  Technical differences. Staff recommends senate paragraph (b). | **Section 73 (Revisor’s instruction)**  **Paragraph (a)** instructs the revisor of statutes to correct inconsistent terminology related to the DD waiver, and to codify existing session law related to the consumer-directed community support opinions under the home and community-based waivers.  **Paragraph (b)** instructs the Revisor to codify existing law related to the consumer-directed community supports option. |
|  | Revisor instruction.  Instructs the revisor of statutes to renumber Minnesota Statutes, section 256B.4913, subd. 5 (county training), as a subdivision in Minnesota Statutes, section 256B.4914, and to make necessary cross-reference changes in Minnesota Statutes consistent with the renumbering. (This is a technical instruction to move the remaining language of section 256B.4913 into section 256B.4914 once the banding period is completed on December 31, 2019). | House only |  |
|  |  | Senate only | **Article 1, Section 69 (Revisor’s instruction)** is a Revisor’s instruction to codify the electronic visit verification language from Minnesota Laws 2017, First Special Session chapter 6, article 3, section 49. |
|  | Repealer.  Paragraph (a) repeals Minnesota Statutes, § 256B.0705 (PCA; mandated service verification) the day following final enactment.  Paragraph (b) repeals Minn. Stat. §§ 252.431 (supported employment services; departmental duties; coordination); 252.451 (business agreements; support and supervision of persons with disabilities) effective September 1, 2019.  Paragraph (c) repeals Minn. Stat. §§ 252.41, subd. 8 (supported employment); and 256B.4913, subdivisions 4a (rate stabilization adjustment), 6 (implementation), and 7 (new services), effective January 1, 2020 (these subdivisions all become obsolete once the banding period is completed on December 31, 2019). | House paragraph (a) is similar to Senate: the effective dates differ.  House paragraphs (b) and (c) are House only. | **Article 1, Section 70 (Repealer)** repeals the existing PCA service verification system upon the effective date of the electronic visit verification system. |
|  |  | Senate only | **Section 74 (Repealer)** repeals section 256I.05, subdivision 3, which requires housing support providers to charge the same room and board rate to all residents. |