..... moves to amend H.F. No. 1239 as follows:

Page 6, after line 15, insert:

"Sec. .... Minnesota Statutes 2016, section 256B.4912, is amended by adding a subdivision to read:

Subd. 11. **Service documentation and billing requirements.** (a) Only a service provided as specified in a federally approved waiver plan, as authorized under sections 256B.0913, 256B.0915, 256B.092, and 256B.49, is eligible for payment. As a condition of payment, a home and community-based waiver provider must document each time a service was provided to a recipient. Payment for a service not documented according to this subdivision or not specified in a federally approved waiver plan shall be recovered by the department under section 256B.064. For payment of a service, documentation must meet the standards in this paragraph and paragraphs (b) to (i).

(b) The service delivered to a recipient must be documented in the provider's record of service delivery.

(c) The recipient's name and recipient identification number must be entered on each document.

(d) The provider's record of service delivery must be in English and must be legible according to the standard of a reasonable person.

(e) The provider's record of service delivery must contain a statement that it is a federal crime to provide false information on service billings for medical assistance or services under a federally approved waiver plan, as authorized under sections 256B.0913, 256B.0915, 256B.092, and 256B.49.

(f) If an entry is a time-based service, each entry in the provider's record of service delivery must contain:

(1) the date that the entry was made;

(2) the day, month, and year when the service was provided;

(3) the service name or description of the service provided;

(4) the start and stop times with a.m. and p.m. designations, except for case management services as defined under sections 256B.092, subdivision 1a, and 256B.49, subdivision 13; and

(5) the name, signature, and title, if any, of the provider of service. If the service is provided by multiple staff members, the provider may designate a staff member responsible for verifying services and completing the documentation required by this paragraph.

(g) For all other services, each record must contain:

(1) the date the entry of service delivery was made;

(2) the day, month, and year when the service was provided;

(3) a service name or description of the service provided; and

(4) the name, signature, and title, if any, of the person providing the service. If the service is provided by multiple staff, the provider may designate a staff person responsible for verifying services and completing the documentation required by this paragraph.

(h) If the service billed is transportation, each entry must contain the information from paragraphs (a) to (d) and (f). A provider must:

(1) maintain odometer and other records pursuant to section 256B.0625, subdivision 17b, paragraph (b), clause (3), sufficient to distinguish an individual trip with a specific vehicle and driver for a transportation service that is billed by mileage, except if the provider is a common carrier as defined by Minnesota Rules, part 9505.0315, subpart 1, item B, or a publicly operated transit system. This documentation may be collected and maintained electronically or in paper form, but must be made available and produced upon request;

(2) maintain documentation demonstrating that a vehicle and a driver meet the standards determined by the Department of Human Services on vehicle and driver qualifications;

(3) only bill a waivered transportation service if the transportation is not to or from a health care service available through the Medicaid state plan; and

(4) only bill a waivered transportation service when the rate for waiver service does not include transportation.

(i) If the service provided is equipment or supplies, the documentation must contain the information from paragraphs (a) to (d) and:

(1) the recipient's assessed need for the equipment or supplies and the reason the equipment or supplies are not covered by the Medicaid state plan;

(2) the type and brand name of equipment or supplies delivered to or purchased by the recipient, including whether the equipment or supplies were rented or purchased;

(3) the quantity of supplies delivered or purchased;

(4) the shipping invoice or a delivery service tracking log or other documentation showing the date of delivery that proves the equipment or supplies were delivered to the recipient or a receipt if the equipment or supplies were purchased by the recipient; and

(5) the cost of equipment or supplies if the amount paid for the service depends on the cost.

(j) A service defined as "adult day care" under section 245A.02, subdivision 2a, must meet the documentation standards specified in paragraphs (a) to (e) and must comply with the following:

(1) individual recipient's service records must contain the following:

(i) the recipient's needs assessment and current plan of care according to section 245A.143, subdivisions 4 to 7, or Minnesota Rules, part 9555.9700, if applicable; and

(ii) the day, month, and year the service was provided, including arrival and departure times with a.m. and p.m. designations and the first and last name of the individual making the entry; and

(2) entity records must contain the following:

(i) the monthly and quarterly program requirements in Minnesota Rules, part 9555.9710, subparts 1, items E and H, and 3, 4, and 6, if applicable;

(ii) the names and qualifications of the registered physical therapists, registered nurses, and registered dietitian who provide services to the adult day care or nonresidential program;

(iii) the location where the service was provided and, if the location is an alternate location than the primary place of service, the record must contain the address, or the description if the address is not available, of both the origin and destination location and the length of time at the alternate location with a.m. and p.m. designations, and a list of participants who went to the alternate location; and

(iv) documentation that the program is maintaining the appropriate staffing levels according to licensing standards and the federally approved waiver plan.

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

Sec. .... Minnesota Statutes 2016, section 256B.4912, is amended by adding a subdivision to read:

Subd. 12. **Annual data submission.** (a) As determined by the commissioner, a provider of home and community-based services for the elderly under section 256B.0915, home and community-based services for people with developmental disabilities under section 256B.092, and home and community-based services for people with disabilities under section 256B.49 shall submit data to the commissioner on the following:

(1) wages of workers;

(2) hours worked;

(3) benefits paid and accrued;

(4) staff retention rates;

(5) amount of overtime paid;

(6) amount of travel time paid;

(7) vacancy rates; and

(8) other related data requested by the commissioner.

(b) The commissioner may adjust reporting requirements for a self-employed worker.

(c) This subdivision also applies to a provider of personal care assistance services under section 256B.0625, subdivision 19a; community first services and supports under section 256B.85; consumer support grants under section 256.476; nursing services and home health services under section 256B.0625, subdivision 6a; home care nursing services under section 256B.0625, subdivision 7; or day training and habilitation services for residents of intermediate care facilities for persons with developmental disabilities under section 256B.501.

(d) A provider shall submit the data annually on a date specified by the commissioner. The commissioner shall give a provider at least 30 calendar days to submit the data. If a provider fails to timely submit the requested data, medical assistance reimbursement may be delayed.

(e) Individually identifiable data submitted to the commissioner in this section are considered private data on an individual, as defined by section 13.02, subdivision 12.

(f) The commissioner shall analyze data annually for workforce assessments and how the data impact service access.

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

Page 12, after line 12, insert:

"(j) The commissioner must ensure that wage values and component values in subdivisions 5 to 9 reflect the cost to provide a service. As determined by the commissioner, a provider enrolled to provide services with rates determined under this section must submit business cost data to the commissioner in concurrence with the five-year provider revalidation cycle. Reporting elements include, but are not limited to:

(1) worker wage costs;

(2) benefits paid;

(3) supervisor wage costs;

(4) executive wage costs;

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

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

(7) administrative costs paid;

(8) program costs paid;

(9) transportation costs paid;

(10) vacancy rates; and

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

(k) A provider must submit cost component data with provider revalidation and reenrollment required under section 256B.04, subdivision 22. If a provider fails to submit required reporting data, the commissioner may disenroll the provider.

(l) The commissioner shall conduct a random audit of data submitted under paragraph (j) to ensure data accuracy.

(m) The commissioner shall analyze cost documentation in paragraph (j) and submit recommendations on component value and inflationary factor adjustments to the chairs and

ranking minority members of the legislative committees with jurisdiction over human services every four years beginning January 1, 2020. The commissioner shall make recommendations in conjunction with reports submitted to the legislature according to subdivision 10, paragraph (e).

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

Page 12, line 13, delete "This section is" and insert "(a) Paragraphs (a) to (i) are"

Page 12, after line 14, insert:

"(b) Paragraph (j) is effective the day following final enactment."

Page 14, after line 30, insert:

"Sec. .... **APPROPRIATION; WAIVER CONSOLIDATION STUDY.**

$110,000 in fiscal year 2018 and $140,000 in fiscal year 2019 are appropriated from the general fund to the commissioner of human services to conduct a study on consolidating the four disability home and community-based services waivers into one program. The commissioner of human services shall submit recommendations to the chairs and ranking minority members of the legislative committees with oversight over health and human services by January 15, 2019. This is a onetime appropriation."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly