

1.1 moves to amend H.F. No. 945, the delete everything amendment (A17-0300),
1.2 as follows:

1.3 Page 86, after line 31, insert:

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

1.6 Subd. 11. Service documentation and billing requirements. (a) Only a service provided
1.7 as specified in a federally approved waiver plan, as authorized under sections 256B.0913,
1.8 256B.0915, 256B.092, and 256B.49, is eligible for payment. As a condition of payment, a
1.9 home and community-based waiver provider must document each time a service was
1.10 provided to a recipient. Payment for a service not documented according to this subdivision
1.11 or not specified in a federally approved waiver plan shall be recovered by the department
1.12 under section 256B.064. For payment of a service, documentation must meet the standards
1.13 in this paragraph and paragraphs (b) to (i).

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

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

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

1.20 (e) The provider's record of service delivery must contain a statement that it is a federal
1.21 crime to provide false information on service billings for medical assistance or services
1.22 under a federally approved waiver plan, as authorized under sections 256B.0913, 256B.0915,
1.23 256B.092, and 256B.49.

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

- 2.1 (1) the date that the entry was made;
- 2.2 (2) the day, month, and year when the service was provided;
- 2.3 (3) the service name or description of the service provided;
- 2.4 (4) the start and stop times with a.m. and p.m. designations, except for case management
2.5 services as defined under sections 256B.092, subdivision 1a, and 256B.49, subdivision 13;
2.6 and
- 2.7 (5) the name, signature, and title, if any, of the provider of service. If the service is
2.8 provided by multiple staff members, the provider may designate a staff member responsible
2.9 for verifying services and completing the documentation required by this paragraph.
- 2.10 (g) For all other services, each record must contain:
- 2.11 (1) the date the entry of service delivery was made;
- 2.12 (2) the day, month, and year when the service was provided;
- 2.13 (3) a service name or description of the service provided; and
- 2.14 (4) the name, signature, and title, if any, of the person providing the service. If the service
2.15 is provided by multiple staff, the provider may designate a staff person responsible for
2.16 verifying services and completing the documentation required by this paragraph.
- 2.17 (h) If the service billed is transportation, each entry must contain the information from
2.18 paragraphs (a) to (d) and (f). A provider must:
- 2.19 (1) maintain odometer and other records pursuant to section 256B.0625, subdivision
2.20 17b, paragraph (b), clause (3), sufficient to distinguish an individual trip with a specific
2.21 vehicle and driver for a transportation service that is billed by mileage, except if the provider
2.22 is a common carrier as defined by Minnesota Rules, part 9505.0315, subpart 1, item B, or
2.23 a publicly operated transit system. This documentation may be collected and maintained
2.24 electronically or in paper form, but must be made available and produced upon request;
- 2.25 (2) maintain documentation demonstrating that a vehicle and a driver meet the standards
2.26 determined by the Department of Human Services on vehicle and driver qualifications;
- 2.27 (3) only bill a waived transportation service if the transportation is not to or from a
2.28 health care service available through the Medicaid state plan; and
- 2.29 (4) only bill a waived transportation service when the rate for waiver service does not
2.30 include transportation.

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

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

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

3.7 (3) the quantity of supplies delivered or purchased;

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

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

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

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

3.17 (i) the recipient's needs assessment and current plan of care according to section
3.18 245A.143, subdivisions 4 to 7, or Minnesota Rules, part 9555.9700, if applicable; and

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

3.22 (2) entity records must contain the following:

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

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

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

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

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

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

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

4.11 (1) wages of workers;

4.12 (2) hours worked;

4.13 (3) benefits paid and accrued;

4.14 (4) staff retention rates;

4.15 (5) amount of overtime paid;

4.16 (6) amount of travel time paid;

4.17 (7) vacancy rates; and

4.18 (8) other related data requested by the commissioner.

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

4.20 (c) This subdivision also applies to a provider of personal care assistance services under
4.21 section 256B.0625, subdivision 19a; community first services and supports under section
4.22 256B.85; consumer support grants under section 256.476; nursing services and home health
4.23 services under section 256B.0625, subdivision 6a; home care nursing services under section
4.24 256B.0625, subdivision 7; or day training and habilitation services for residents of
4.25 intermediate care facilities for persons with developmental disabilities under section
4.26 256B.501.

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

5.1 (e) The commissioner shall analyze data annually for workforce assessments and how
5.2 the data impact service access. The commissioner shall release data in an aggregate form,
5.3 and business cost data from individual providers shall not be released except as provided
5.4 for in current law.

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

5.6 Renumber the sections in sequence and correct the internal references

5.7 Amend the title accordingly