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Article 1: Continuing Care policy

Overview

This article contains several continuing care policy provisions, including the governor's DHS continuing care policy and technical provisions.

Section

- 1 Nursing facility level of care.** Amends § 144.0724, subd. 11. Clarifies that the need for clinical monitoring is one of the criteria to be used to determine nursing facility level of care. Modifies timelines for completing the first quarterly assessment in the nursing facility when circumstances extend the date of the first quarterly assessment beyond the first 90 days of a resident's nursing facility stay.
- 2 Licensed beds on layaway status.** Amends § 144A.071, subd. 4b. Increases the number and length of time beds in nursing facilities may be put on layaway status. Specifies nursing facilities are not required to comply with licensure or certification requirements for beds on layaway status.
- 3 Scope.** Amends § 144A.161, subd. 1a. Modifies the circumstances under which a facility and the county social services agency must comply with nursing home and boarding care home resident relocation requirements.
- 4 Permitted services by an individual who is related.** Amends § 245A.03, by adding subd. 9. Allows an individual who is related to persons receiving supported living services to provide licensed services to that person under certain circumstances.
- 5 Personal care.** Amends § 256B.0625, subd. 19c. Updates a cross-reference.
- 6 Recipient protection.** Amends § 256B.0651, by adding subd. 17. Requires home care providers to provide recipients with a copy of the home care bill of rights and a termination

notice 30 days prior to terminating services when the home care provider is subject to a withhold of payment, suspension, or termination of service provision. Requires the home care provider to also provide notice to DHS and to responsible parties, if applicable. Authorizes DHS, lead agencies, and the Long-Term Care Ombudsman to inform recipients when these actions are taken against a home care provider agency and the welfare of the recipients is a concern.

- 7 Authorization; personal care assistance and qualified professional.** Amends § 256B.0625, subd. 6. Clarifies the establishment of an individual’s home care rating by considering the presence of, and not the number of, complex health-related needs or behaviors.
- 8 Responsible party; duties; delegation.** Amends § 256B.0659, subd. 10. Removes an erroneous phrase related to responsible parties. Corrects a typo.
- 9 Personal care assistant; requirements.** Amends § 256B.0659, subd. 11. Adds a cross-reference to a new subdivision creating exceptions to PCA requirements. Makes this section effective retroactively from July 1, 2009.
- 10 Exception to personal care assistant; requirements.** Amends § 256B.0659, by adding subd. 11a. Allows the PCA for a recipient to enroll with a different PCA provider agency upon initiation of a new background study if certain conditions are met. Makes this section effective retroactively from July 1, 2009.
- 11 Qualified professional; qualifications.** Amends § 256B.0659, subd. 13. Makes technical changes.
- 12 Requirements for initial enrollment of personal care assistance provider agencies.** Amends § 256B.0659, subd. 21. Conforms provider enrollment subdivision with other parts of the PCA statute by stating the provider must provide proof of liability insurance upon enrollment. Makes technical changes.
- 13 Notice of service changes to recipients.** Amends § 256B.0659, subd. 30. Makes a technical change.
- 14 Definitions.** Amends § 256B.0911, subd. 1a. Modifies the definition of “long-term care consultation services.”
- 15 Certified assessors.** Amends § 256B.0911, subd. 2b. Allows lead agencies to choose to contract with a qualified, certified assessor to conduct assessments and reassessments on behalf of the lead agency.
- 16 Assessment and support planning.** Amends § 256B.0911, subd. 3a. Requires that persons requesting assistance intended to support community-based living be provided with written recommendations for consumer-directed options in addition to other community-based services.
- 17 Transition assistance.** Amends § 256B.0911, subd. 3b. Modifies the activities that must be included in transition assistance.

- 18 Preadmission screening of individuals under 65 years of age.** Amends § 256B.0911, subd. 4b. During a face-to-face assessment, requires information to be presented on consumer-directed options.
- 19 Evaluation and referral of reports made to common entry point unit.** Amends § 626.557, subd. 9a. Requires common entry points to refer all reports of suspected maltreatment of vulnerable adults to the lead agency. The lead agency is responsible for determining whether to initiate an investigation into possible harm to vulnerable adults.
- 20 Elderly waiver conversion.** Authorizes the department to transition certain PCA recipients to the elderly waiver by making an exception to the elderly waiver individual budget caps.
- 21 Direction to commissioner; consultation with stakeholders.** Requires the commissioner to consult with stakeholders during the identification of data to be used in further development of an individual budget methodology for the HCBS waivers under the new comprehensive assessment.

Article 2: Personal Care Assistant Services

Overview

This article modifies the PCA program.

- 1 Home health aide visits.** Amends § 256B.0653, subd. 3. Modifies the duties of a home health aide.
- 2 Definitions.** Amends § 256B.0659, subd. 1. Adds definitions for “extended personal care assistance service,” and “wages and benefits.”
- 3 Noncovered personal care assistance services.** Amends § 256B.0659, subd. 3. Modifies the list of services that are ineligible for MA reimbursement.
- 4 Assessment for personal care assistance services; limitations.** Amends § 256B.0659, subd. 4. Modifies the limitations that apply to a PCA assessment.
- 5 Personal care assistant; requirements.** Amends § 256B.0659, subd. 11. Prohibits the number of hours worked from being disallowed by DHS unless in violation of the law. Requires training to be available in languages other than English and to those who need accommodations due to disabilities.
- 6 Qualified professional; qualifications.** Amends § 256B.0659, subd. 13. Requires training to be available in languages other than English and to those who need accommodations due to disabilities, online or by electronic remote connection and to provide for competency testing to demonstrate an understanding of the content without attending in-person training. Allows qualified professionals to be employed and not subject to the training requirement until the training is offered online or through remote electronic connection. Exempts qualified professionals who are employed by a PCA provider agency certified for participation in Medicare as a home health agency from the training. Requires the commissioner to assure that there is a mechanism in place to verify the identity of persons completing the competency testing electronically.

- 7 **Qualified professional; duties.** Amends § 256B.0659, subd. 14. Modifies the qualified professional duties related to evaluations of the PCA.
- 8 **Personal care assistance choice option; generally.** Amends § 256B.0659, subd. 18. Clarifies language and adds a cross-reference to the required written agreement between the recipient and the PCA choice agency.
- 9 **Personal care assistance choice option; qualifications; duties.** Amends § 256B.0659, subd. 19. Clarifies language and adds a cross-reference to the required written agreement between the recipient and the PCA choice agency.
- 10 **Personal care assistance choice option; administration.** Amends § 256B.0659, subd. 20. Modifies the parties that must enter into a written agreement. Specifies that the agreement must be made annually and provided to certain individuals.
- 11 **Requirements for initial enrollment of personal care assistance provider agencies.** Amends § 256B.0659, subd. 21. Requires agencies to provide documentation that they do not burden recipients' free exercise of their right to choose service providers by requiring PCAs to sign an agreement not to work with any particular recipient or for another PCA provider agency after leaving the agency. Modifies training requirements of employees who are in management and supervisory positions and owners of PCA agencies who are active in the day-to-day operations of the agency.
- 12 **Personal care assistance provider agency.** Amends § 256B.0659, subd. 27. Modifies PCA provider agency requirements related to services for ventilator-dependent recipients. Exempts PCA provider agencies certified for participation in Medicare as home health agencies from providing ventilator training.
- 13 **Notice of service changes to recipients.** Amends § 256B.0659, subd. 30. Requires the commissioner to provide a service agreement authorizing PCA hours of service at the previously authorized level, throughout the appeal process period, when a recipient requests services pending an appeal.