

Subject Compliance training for high-risk medical assistance providers

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Overview

Under section 256B.04, subdivision 21, the commissioner of human services may designate certain medical assistance (MA) provider types as “high-risk.” For entities enrolled or applying to enroll as providers of those high-risk services, this bill requires all owners who are active in day-to-day management and all managerial and supervisory employees to complete compliance training.

The bill also adds a requirement for licensing applicants or license holders receiving MA reimbursement for high-risk services to provide an attestation regarding any outside assistance received when preparing licensing or renewal applications and any related documentation.

Summary

Section	Description
1	Application for licensure. Amends § 245A.04, subd. 1. Adds paragraph (j), requiring any applicant or license holder that elects to receive publicly funded reimbursement for providing services designated as high-risk to provide an attestation stating whether the applicant or authorized agent received third-party assistance with preparing the application or renewal, or any related documentation.
2	Grant of license; license extension. Amends § 245A.04, subd. 7. Makes technical conforming change.
3	Denial of application. Amends § 245A.05. Makes technical conforming change.

Section	Description
4	<p data-bbox="318 264 1333 296">Additional provider enrollment training requirements for high-risk providers.</p> <p data-bbox="318 310 732 342">Proposes coding for § 256B.044.</p> <p data-bbox="367 380 1386 527">Subd. 1. Applicability. Specifies that the new section applies to any entity enrolled in or applying to enroll in Minnesota health care programs as an MA provider that provides a service designated as high-risk under section 256B.04, subd. 21.</p> <p data-bbox="367 569 1403 758">Subd. 2. Mandatory training compliance. Effective January 1, 2027, before enrollment or reenrollment, requires the entities specified in subdivision 1 to require all owners who are active in day-to-day management and all managerial and supervisory employees to complete compliance training. Requires those individuals to repeat training prior to revalidation of the entity.</p> <p data-bbox="367 793 1425 982">Also requires new owners and managerial and supervisory employees to complete the training within 30 calendar days, and before conducting any management and operations activities. Specifies that an individual is not required to repeat training if the individual moves to another entity providing the same service and serves in a similar capacity.</p> <p data-bbox="367 1018 1292 1087">Requires the commissioner to determine the format and content of the compliance training; lists required training topics.</p>
5	<p data-bbox="318 1136 753 1167">Agency qualifications and duties.</p> <p data-bbox="318 1178 1284 1209">Amends § 256B.051, subd. 6. Adds cross-reference to new training section.</p>
6	<p data-bbox="318 1257 769 1289">Provider qualifications and duties.</p> <p data-bbox="318 1299 1300 1331">Amends § 256B.0701, subd. 9. Adds cross-reference to new training section.</p>
7	<p data-bbox="318 1379 1398 1446">Mandatory compliance training for currently enrolled high-risk medical assistance providers.</p> <p data-bbox="318 1457 1414 1722">Requires owners and individuals subject to the new training requirement, enrolled in MA before January 1, 2027, to complete initial compliance training by January 1, 2028. Specifies that owners and employees of personal care assistance (PCA) and community first services and supports (CFSS) agencies who have previously completed required compliance trainings are not required to complete the initial training requirements, but are required to repeat compliance training before revalidation of the entity as an MA provider.</p>

Section	Description
8	Repealer. Repeals § 256B.051, subd. 6b (housing stabilization services requirements for provider enrollment) and § 256B.0701, subd. 11 (recuperative care services requirements for provider enrollment; compliance training).



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