

1.1 ..... moves to amend H.F. No. 2925 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2020, section 245D.10, subdivision 3a, is amended to read:

1.4 Subd. 3a. **Service termination.** (a) The license holder must establish policies and  
1.5 procedures for service termination that promote continuity of care and service coordination  
1.6 with the person and the case manager and with other licensed caregivers, if any, who also  
1.7 provide support to the person. The policy must include the requirements specified in  
1.8 paragraphs (b) to (f).

1.9 (b) The license holder must permit each person to remain in the program or to continue  
1.10 receiving services and must not terminate services unless:

1.11 (1) the termination is necessary for the person's welfare and the facility license holder  
1.12 cannot meet the person's needs;

1.13 (2) the safety of the person ~~or~~ others in the program, or staff is endangered and positive  
1.14 support strategies were attempted and have not achieved and effectively maintained safety  
1.15 for the person or others;

1.16 (3) the health of the person ~~or~~ others in the program, or staff would otherwise be  
1.17 endangered;

1.18 (4) the ~~program~~ license holder has not been paid for services;

1.19 (5) the program or license holder ceases to operate;

1.20 (6) the person has been terminated by the lead agency from waiver eligibility; or

1.21 (7) for state-operated community-based services, the person no longer demonstrates  
1.22 complex behavioral needs that cannot be met by private community-based providers  
1.23 identified in section 252.50, subdivision 5, paragraph (a), clause (1).

2.1 (c) Prior to giving notice of service termination, the license holder must document actions  
2.2 taken to minimize or eliminate the need for termination. Action taken by the license holder  
2.3 must include, at a minimum:

2.4 (1) consultation with the person's support team or expanded support team to identify  
2.5 and resolve issues leading to issuance of the termination notice;

2.6 (2) a request to the case manager for intervention services identified in section 245D.03,  
2.7 subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention  
2.8 services to support the person in the program. This requirement does not apply to notices  
2.9 of service termination issued under paragraph (b), clauses (4) and (7); and

2.10 (3) for state-operated community-based services terminating services under paragraph  
2.11 (b), clause (7), the state-operated community-based services must engage in consultation  
2.12 with the person's support team or expanded support team to:

2.13 (i) identify that the person no longer demonstrates complex behavioral needs that cannot  
2.14 be met by private community-based providers identified in section 252.50, subdivision 5,  
2.15 paragraph (a), clause (1);

2.16 (ii) provide notice of intent to issue a termination of services to the lead agency when a  
2.17 finding has been made that a person no longer demonstrates complex behavioral needs that  
2.18 cannot be met by private community-based providers identified in section 252.50, subdivision  
2.19 5, paragraph (a), clause (1);

2.20 (iii) assist the lead agency and case manager in developing a person-centered transition  
2.21 plan to a private community-based provider to ensure continuity of care; and

2.22 (iv) coordinate with the lead agency to ensure the private community-based service  
2.23 provider is able to meet the person's needs and criteria established in a person's  
2.24 person-centered transition plan.

2.25 If, based on the best interests of the person, the circumstances at the time of the notice were  
2.26 such that the license holder was unable to take the action specified in clauses (1) and (2),  
2.27 the license holder must document the specific circumstances and the reason for being unable  
2.28 to do so.

2.29 (d) The notice of service termination must meet the following requirements:

2.30 (1) the license holder must notify the person or the person's legal representative and the  
2.31 case manager in writing of the intended service termination. If the service termination is  
2.32 from residential supports and services as defined in section 245D.03, subdivision 1, paragraph  
2.33 (c), clause (3), the license holder must also notify the commissioner in writing; and

3.1 (2) the notice must include:

3.2 (i) the reason for the action;

3.3 (ii) except for a service termination under paragraph (b), clause (5), a summary of actions  
3.4 taken to minimize or eliminate the need for service termination or temporary service  
3.5 suspension as required under paragraph (c), and why these measures failed to prevent the  
3.6 termination or suspension;

3.7 (iii) the person's right to appeal the termination of services under section 256.045,  
3.8 subdivision 3, paragraph (a); and

3.9 (iv) the person's right to seek a temporary order staying the termination of services  
3.10 according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).

3.11 (e) Notice of the proposed termination of service, including those situations that began  
3.12 with a temporary service suspension, must be given at least 90 days prior to termination of  
3.13 services under paragraph (b), clause (7), 60 days prior to termination when a license holder  
3.14 is providing intensive supports and services identified in section 245D.03, subdivision 1,  
3.15 paragraph (c), and 30 days prior to termination for all other services licensed under this  
3.16 chapter. This notice may be given in conjunction with a notice of temporary service  
3.17 suspension under subdivision 3.

3.18 (f) During the service termination notice period, the license holder must:

3.19 (1) work with the support team or expanded support team to develop reasonable  
3.20 alternatives to protect the person and others and to support continuity of care;

3.21 (2) provide information requested by the person or case manager; and

3.22 (3) maintain information about the service termination, including the written notice of  
3.23 intended service termination, in the service recipient record.

3.24 (g) For notices issued under paragraph (b), clause (7), the lead agency shall provide  
3.25 notice to the commissioner and state-operated services at least 30 days before the conclusion  
3.26 of the 90-day termination period, if an appropriate alternative provider cannot be secured.  
3.27 Upon receipt of this notice, the commissioner and state-operated services shall reassess  
3.28 whether a private community-based service can meet the person's needs. If the commissioner  
3.29 determines that a private provider can meet the person's needs, state-operated services shall,  
3.30 if necessary, extend notice of service termination until placement can be made. If the  
3.31 commissioner determines that a private provider cannot meet the person's needs,  
3.32 state-operated services shall rescind the notice of service termination and re-engage with  
3.33 the lead agency in service planning for the person.

4.1 (h) For state-operated community-based services, the license holder shall prioritize the  
4.2 capacity created within the existing service site by the termination of services under paragraph  
4.3 (b), clause (7), to serve persons described in section 252.50, subdivision 5, paragraph (a),  
4.4 clause (1).

4.5 Sec. 2. Minnesota Statutes 2020, section 256.045, subdivision 3, is amended to read:

4.6 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

4.7 (1) any person applying for, receiving or having received public assistance, medical  
4.8 care, or a program of social services granted by the state agency or a county agency or the  
4.9 federal Food and Nutrition Act whose application for assistance is denied, not acted upon  
4.10 with reasonable promptness, or whose assistance is suspended, reduced, terminated, or  
4.11 claimed to have been incorrectly paid;

4.12 (2) any patient or relative aggrieved by an order of the commissioner under section  
4.13 252.27;

4.14 (3) a party aggrieved by a ruling of a prepaid health plan;

4.15 (4) except as provided under chapter 245C, any individual or facility determined by a  
4.16 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after  
4.17 they have exercised their right to administrative reconsideration under section 626.557;

4.18 (5) any person whose claim for foster care payment according to a placement of the  
4.19 child resulting from a child protection assessment under chapter 260E is denied or not acted  
4.20 upon with reasonable promptness, regardless of funding source;

4.21 (6) any person to whom a right of appeal according to this section is given by other  
4.22 provision of law;

4.23 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver  
4.24 under section 256B.15;

4.25 (8) an applicant aggrieved by an adverse decision to an application or redetermination  
4.26 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

4.27 (9) except as provided under chapter 245A, an individual or facility determined to have  
4.28 maltreated a minor under chapter 260E, after the individual or facility has exercised the  
4.29 right to administrative reconsideration under chapter 260E;

4.30 (10) except as provided under chapter 245C, an individual disqualified under sections  
4.31 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,  
4.32 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the

5.1 individual has committed an act or acts that meet the definition of any of the crimes listed  
5.2 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section  
5.3 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding a maltreatment  
5.4 determination under clause (4) or (9) and a disqualification under this clause in which the  
5.5 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into  
5.6 a single fair hearing. In such cases, the scope of review by the human services judge shall  
5.7 include both the maltreatment determination and the disqualification. The failure to exercise  
5.8 the right to an administrative reconsideration shall not be a bar to a hearing under this section  
5.9 if federal law provides an individual the right to a hearing to dispute a finding of  
5.10 maltreatment;

5.11 (11) any person with an outstanding debt resulting from receipt of public assistance,  
5.12 medical care, or the federal Food and Nutrition Act who is contesting a setoff claim by the  
5.13 Department of Human Services or a county agency. The scope of the appeal is the validity  
5.14 of the claimant agency's intention to request a setoff of a refund under chapter 270A against  
5.15 the debt;

5.16 (12) a person issued a notice of service termination under section 245D.10, subdivision  
5.17 3a, from by a licensed provider of any residential supports and or services as defined listed  
5.18 in section 245D.03, subdivision 1, paragraph paragraphs (b) and (c), clause (3), that is not  
5.19 otherwise subject to appeal under subdivision 4a;

5.20 (13) an individual disability waiver recipient based on a denial of a request for a rate  
5.21 exception under section 256B.4914; or

5.22 (14) a person issued a notice of service termination under section 245A.11, subdivision  
5.23 11, that is not otherwise subject to appeal under subdivision 4a.

5.24 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),  
5.25 is the only administrative appeal to the final agency determination specifically, including  
5.26 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested  
5.27 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or  
5.28 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged  
5.29 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case  
5.30 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),  
5.31 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A  
5.32 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only  
5.33 available when there is no district court action pending. If such action is filed in district  
5.34 court while an administrative review is pending that arises out of some or all of the events

6.1 or circumstances on which the appeal is based, the administrative review must be suspended  
6.2 until the judicial actions are completed. If the district court proceedings are completed,  
6.3 dismissed, or overturned, the matter may be considered in an administrative hearing.

6.4 (c) For purposes of this section, bargaining unit grievance procedures are not an  
6.5 administrative appeal.

6.6 (d) The scope of hearings involving claims to foster care payments under paragraph (a),  
6.7 clause (5), shall be limited to the issue of whether the county is legally responsible for a  
6.8 child's placement under court order or voluntary placement agreement and, if so, the correct  
6.9 amount of foster care payment to be made on the child's behalf and shall not include review  
6.10 of the propriety of the county's child protection determination or child placement decision.

6.11 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to  
6.12 whether the proposed termination of services is authorized under section 245D.10,  
6.13 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements  
6.14 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,  
6.15 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of  
6.16 termination of services, the scope of the hearing shall also include whether the case  
6.17 management provider has finalized arrangements for a residential facility, a program, or  
6.18 services that will meet the assessed needs of the recipient by the effective date of the service  
6.19 termination.

6.20 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor  
6.21 under contract with a county agency to provide social services is not a party and may not  
6.22 request a hearing under this section, except if assisting a recipient as provided in subdivision  
6.23 4.

6.24 (g) An applicant or recipient is not entitled to receive social services beyond the services  
6.25 prescribed under chapter 256M or other social services the person is eligible for under state  
6.26 law.

6.27 (h) The commissioner may summarily affirm the county or state agency's proposed  
6.28 action without a hearing when the sole issue is an automatic change due to a change in state  
6.29 or federal law.

6.30 (i) Unless federal or Minnesota law specifies a different time frame in which to file an  
6.31 appeal, an individual or organization specified in this section may contest the specified  
6.32 action, decision, or final disposition before the state agency by submitting a written request  
6.33 for a hearing to the state agency within 30 days after receiving written notice of the action,  
6.34 decision, or final disposition, or within 90 days of such written notice if the applicant,

7.1 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision  
7.2 13, why the request was not submitted within the 30-day time limit. The individual filing  
7.3 the appeal has the burden of proving good cause by a preponderance of the evidence.

7.4 Sec. 3. Minnesota Statutes 2020, section 256B.4914, subdivision 8, as amended by Laws  
7.5 2022, chapter 33, section 1, subdivision 8, is amended to read:

7.6 Subd. 8. **Unit-based services with programming; component values and calculation**  
7.7 **of payment rates.** (a) For the purpose of this section, unit-based services with programming  
7.8 include employment exploration services, employment development services, employment  
7.9 support services, individualized home supports with family training, individualized home  
7.10 supports with training, and positive support services provided to an individual outside of  
7.11 any service plan for a day program or residential support service.

7.12 (b) Component values for unit-based services with programming are:

7.13 (1) competitive workforce factor: 4.7 percent;

7.14 (2) supervisory span of control ratio: 11 percent;

7.15 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

7.16 (4) employee-related cost ratio: 23.6 percent;

7.17 (5) program plan support ratio: 15.5 percent;

7.18 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision  
7.19 5b;

7.20 (7) general administrative support ratio: 13.25 percent;

7.21 (8) program-related expense ratio: 6.1 percent; and

7.22 (9) absence and utilization factor ratio: 3.9 percent.

7.23 (c) A unit of service for unit-based services with programming is 15 minutes.

7.24 (d) Payments for unit-based services with programming must be calculated as follows,  
7.25 unless the services are reimbursed separately as part of a residential support services or day  
7.26 program payment rate:

7.27 (1) determine the number of units of service to meet a recipient's needs;

7.28 (2) determine the appropriate hourly staff wage rates derived by the commissioner as  
7.29 provided in subdivisions 5 and 5a;

8.1 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the  
8.2 product of one plus the competitive workforce factor;

8.3 (4) for a recipient requiring customization for deaf and hard-of-hearing language  
8.4 accessibility under subdivision 12, add the customization rate provided in subdivision 12  
8.5 to the result of clause (3);

8.6 (5) multiply the number of direct staffing hours by the appropriate staff wage;

8.7 (6) multiply the number of direct staffing hours by the product of the supervisory span  
8.8 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

8.9 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the  
8.10 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing  
8.11 rate;

8.12 (8) for program plan support, multiply the result of clause (7) by one plus the program  
8.13 plan support ratio;

8.14 (9) for employee-related expenses, multiply the result of clause (8) by one plus the  
8.15 employee-related cost ratio;

8.16 (10) for client programming and supports, multiply the result of clause (9) by one plus  
8.17 the client programming and support ratio;

8.18 (11) this is the subtotal rate;

8.19 (12) sum the standard general administrative support ratio, the program-related expense  
8.20 ratio, and the absence and utilization factor ratio;

8.21 (13) divide the result of clause (11) by one minus the result of clause (12). This is the  
8.22 total payment amount;

8.23 (14) for services provided in a shared manner, divide the total payment in clause (13)  
8.24 as follows:

8.25 (i) for employment exploration services, divide by the number of service recipients, not  
8.26 to exceed five;

8.27 (ii) for employment support services, divide by the number of service recipients, not to  
8.28 exceed six; and

8.29 (iii) for individualized home supports with training and individualized home supports  
8.30 with family training, divide by the number of service recipients, not to exceed ~~two~~ three;  
8.31 and

9.1 (15) adjust the result of clause (14) by a factor to be determined by the commissioner  
9.2 to adjust for regional differences in the cost of providing services.

9.3 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,  
9.4 whichever occurs later. The commissioner of human services shall notify the revisor of  
9.5 statutes when federal approval is obtained.

9.6 Sec. 4. Minnesota Statutes 2020, section 256B.4914, subdivision 9, as amended by Laws  
9.7 2022, chapter 33, section 1, subdivision 9, is amended to read:

9.8 **Subd. 9. Unit-based services without programming; component values and**  
9.9 **calculation of payment rates.** (a) For the purposes of this section, unit-based services  
9.10 without programming include individualized home supports without training and night  
9.11 supervision provided to an individual outside of any service plan for a day program or  
9.12 residential support service. Unit-based services without programming do not include respite.

9.13 (b) Component values for unit-based services without programming are:

9.14 (1) competitive workforce factor: 4.7 percent;

9.15 (2) supervisory span of control ratio: 11 percent;

9.16 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

9.17 (4) employee-related cost ratio: 23.6 percent;

9.18 (5) program plan support ratio: 7.0 percent;

9.19 (6) client programming and support ratio: 2.3 percent, updated as specified in subdivision  
9.20 5b;

9.21 (7) general administrative support ratio: 13.25 percent;

9.22 (8) program-related expense ratio: 2.9 percent; and

9.23 (9) absence and utilization factor ratio: 3.9 percent.

9.24 (c) A unit of service for unit-based services without programming is 15 minutes.

9.25 (d) Payments for unit-based services without programming must be calculated as follows  
9.26 unless the services are reimbursed separately as part of a residential support services or day  
9.27 program payment rate:

9.28 (1) determine the number of units of service to meet a recipient's needs;

9.29 (2) determine the appropriate hourly staff wage rates derived by the commissioner as  
9.30 provided in subdivisions 5 to 5a;

10.1 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the  
10.2 product of one plus the competitive workforce factor;

10.3 (4) for a recipient requiring customization for deaf and hard-of-hearing language  
10.4 accessibility under subdivision 12, add the customization rate provided in subdivision 12  
10.5 to the result of clause (3);

10.6 (5) multiply the number of direct staffing hours by the appropriate staff wage;

10.7 (6) multiply the number of direct staffing hours by the product of the supervisory span  
10.8 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

10.9 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the  
10.10 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing  
10.11 rate;

10.12 (8) for program plan support, multiply the result of clause (7) by one plus the program  
10.13 plan support ratio;

10.14 (9) for employee-related expenses, multiply the result of clause (8) by one plus the  
10.15 employee-related cost ratio;

10.16 (10) for client programming and supports, multiply the result of clause (9) by one plus  
10.17 the client programming and support ratio;

10.18 (11) this is the subtotal rate;

10.19 (12) sum the standard general administrative support ratio, the program-related expense  
10.20 ratio, and the absence and utilization factor ratio;

10.21 (13) divide the result of clause (11) by one minus the result of clause (12). This is the  
10.22 total payment amount;

10.23 (14) for individualized home supports without training provided in a shared manner,  
10.24 divide the total payment amount in clause (13) by the number of service recipients, not to  
10.25 exceed ~~two~~ three; and

10.26 (15) adjust the result of clause (14) by a factor to be determined by the commissioner  
10.27 to adjust for regional differences in the cost of providing services.

10.28 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,  
10.29 whichever occurs later. The commissioner of human services shall notify the revisor of  
10.30 statutes when federal approval is obtained.

11.1 Sec. 5. Laws 2022, chapter 33, section 1, subdivision 9a, is amended to read:

11.2 Subd. 9a. **Respite services; component values and calculation of payment rates.** (a)

11.3 For the purposes of this section, respite services include respite services provided to an  
11.4 individual outside of any service plan for a day program or residential support service.

11.5 (b) Component values for respite services are:

11.6 (1) competitive workforce factor: 4.7 percent;

11.7 (2) supervisory span of control ratio: 11 percent;

11.8 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

11.9 (4) employee-related cost ratio: 23.6 percent;

11.10 (5) general administrative support ratio: 13.25 percent;

11.11 (6) program-related expense ratio: 2.9 percent; and

11.12 (7) absence and utilization factor ratio: 3.9 percent.

11.13 (c) A unit of service for respite services is 15 minutes.

11.14 (d) Payments for respite services must be calculated as follows unless the service is  
11.15 reimbursed separately as part of a residential support services or day program payment rate:

11.16 (1) determine the number of units of service to meet an individual's needs;

11.17 (2) determine the appropriate hourly staff wage rates derived by the commissioner as  
11.18 provided in subdivisions 5 and 5a;

11.19 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the  
11.20 product of one plus the competitive workforce factor;

11.21 (4) for a recipient requiring deaf and hard-of-hearing customization under subdivision  
11.22 12, add the customization rate provided in subdivision 12 to the result of clause (3);

11.23 (5) multiply the number of direct staffing hours by the appropriate staff wage;

11.24 (6) multiply the number of direct staffing hours by the product of the supervisory span  
11.25 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

11.26 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the  
11.27 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing  
11.28 rate;

11.29 (8) for employee-related expenses, multiply the result of clause (7) by one plus the  
11.30 employee-related cost ratio;

12.1 (9) this is the subtotal rate;

12.2 (10) sum the standard general administrative support ratio, the program-related expense  
12.3 ratio, and the absence and utilization factor ratio;

12.4 (11) divide the result of clause (9) by one minus the result of clause (10). This is the  
12.5 total payment amount;

12.6 (12) for respite services provided in a shared manner, divide the total payment amount  
12.7 in clause (11) by the number of service recipients, not to exceed three; ~~and~~

12.8 (13) for night supervision provided in a shared manner, divide the total payment amount  
12.9 in clause (11) by the number of service recipients, not to exceed two; and

12.10 ~~(13)~~ (14) adjust the result of clause clauses (12) and (13) by a factor to be determined  
12.11 by the commissioner to adjust for regional differences in the cost of providing services.

12.12 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,  
12.13 whichever occurs later. The commissioner of human services shall notify the revisor of  
12.14 statutes when federal approval is obtained.

12.15 Sec. 6. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; SHARED**  
12.16 **SERVICES.**

12.17 (a) By December 1, 2022, the commissioner of human services shall seek any necessary  
12.18 changes to home and community-based services waiver plans regarding sharing services in  
12.19 order to:

12.20 (1) permit shared services for more services, including chore, homemaker, and night  
12.21 supervision;

12.22 (2) permit shared services for some services for higher ratios, including individualized  
12.23 home supports without training, individualized home supports with training, and  
12.24 individualized home supports with family training for a ratio of one staff person to three  
12.25 recipients;

12.26 (3) ensure that individuals who are seeking to share services permitted under the waiver  
12.27 plans in an own-home setting are not required to live in a licensed setting in order to share  
12.28 services so long as all other requirements are met; and

12.29 (4) issue guidance for shared services, including:

12.30 (i) informed choice for all individuals sharing the services;

13.1 (ii) guidance for when multiple shared services by different providers occur in one home  
 13.2 and how lead agencies and individuals shall determine that shared service is appropriate to  
 13.3 meet the needs, health, and safety of each individual for whom the lead agency provides  
 13.4 case management or care coordination; and

13.5 (iii) guidance clarifying that an individual's decision to share services does not reduce  
 13.6 any determination of the individual's overall or assessed needs for services.

13.7 (b) The commissioner shall develop or provide guidance outlining:

13.8 (1) instructions for shared services support planning;

13.9 (2) person-centered approaches and informed choice in shared services support planning;

13.10 and

13.11 (3) required contents of shared services agreements.

13.12 (c) The commissioner shall seek and utilize stakeholder input for any proposed changes  
 13.13 to waiver plans and any shared services guidance.

13.14 **Sec. 7. APPROPRIATION; SUPPORT COORDINATION TRAINING.**

13.15 (a) \$736,000 in fiscal year 2023 is appropriated from the general fund to the commissioner  
 13.16 of human services to develop and implement a curriculum and training plan for case managers  
 13.17 to ensure all case managers have the knowledge and skills necessary to fulfill support  
 13.18 planning and coordination responsibilities for people who use home and community-based  
 13.19 disability services waivers authorized under Minnesota Statutes, sections 256B.0913,  
 13.20 256B.092, and 256B.49, and chapter 256S, and live in own-home settings. Case manager  
 13.21 support planning and coordination responsibilities to be addressed in the training include  
 13.22 developing a plan with the participant and their family to address urgent staffing changes  
 13.23 or unavailability and other support coordination issues that may arise for a participant. The  
 13.24 commissioner shall work with lead agencies, advocacy organizations, and other stakeholders  
 13.25 to develop the training. An initial support coordination training and competency evaluation  
 13.26 must be completed by all staff responsible for case management, and the support coordination  
 13.27 training and competency evaluation must be available to all staff responsible for case  
 13.28 management following the initial training.

13.29 (b) The base for this appropriation is \$377,000 in fiscal year 2024 and \$377,000 in fiscal  
 13.30 year 2025 only."

13.31 Amend the title accordingly