Overview

This bill contains DHS initiatives related to services for persons with developmental disabilities. The bill amends the consolidated standards for developmental disability services, allows greater flexibility in the use of personal care assistant hours, allows recipients of personal care services to use fiscal agents, allows recipients to share private duty nursing care, modifies capitation rates for the demonstration project for persons with disabilities, and makes other changes.

Section

1 Reporting incidents and emergencies. Amends § 245B.05, subd. 7. Requires persons holding a license to provide services to persons with developmental disabilities to report deaths or serious injuries of consumers to the DHS licensing division (current law requires a report to the commissioner).

2 Staff orientation. Amends § 245B.07, subd. 5. Allows staff providing services to persons with developmental disabilities to administer medications only after they demonstrate the ability to do so, as defined in the license holder's medication administration policy and procedures.

3 Policies and procedures. Amends § 245B.07, subd. 8. Requires policies for safe medication administration to incorporate an observed skill assessment. Requires license holders to provide consumers with at least 60 days notice of a temporary service suspension (current law requires notice "as soon as possible").

4 Consumer funds. Amends § 245B.07, subd. 10. Requires license holders who assist consumers with funds or other property to have written authorization, and to provide statements of receipts and disbursement in the manner preferred by the consumer, consumer's legal representative, and case manager. Makes changes in terminology.

5 Reports and allocations. Amends § 252.32, subd. 3a. Requires any remaining funds for the family support grant program, after allocation to counties based on their guaranteed floors, to be
allocated to county agencies to support children in their family homes. Strikes outdated language.

6 **Personal care services.** Amends § 256B.04, subd. 16. Makes conforming changes related to the amendments to sections 256B.0625, subd. 19c and 256B.0627, subd. 10.

7 **Home health services.** Amends § 256B.0625, subd. 6a. Allows MA coverage of home health services for residents of health care facilities licensed by the commissioner of health that are not hospitals, nursing facilities, or intermediate care facilities.

8 **Personal care.** Amends § 256B.0625, subd. 19c. Allows personal care services to be supervised by the recipient under the fiscal agent option or by a qualified professional. Defines "qualified professional" to mean a mental health professional or a registered nurse. (Under current law, supervision must be done by a registered nurse.)

9 **Definition.** Amends § 256B.0627, subd. 1. Clarifies assessment procedures for personal care services. Allows service updates to substitute for face-to-face assessments when there is not a significant change in recipient condition or care needs. Adds conforming changes related to sections 256B.0625, subd. 19c and 256B.0627, subd. 10.

10 **Services covered.** Amends § 256B.0627, subd. 2. Adds to the list of covered home care services consulting professionals for personal care assistant (PCA) services under the fiscal agent option and service updates and review by county public health nurses of temporary increases for personal care assistant services. Adds references to qualified professionals and face-to-face assessments.

11 **Personal care services.** Amends § 256B.0627, subd. 4. Allows parents of adult recipients, adult children, or siblings to provide personal care services when, because of special language needs, the relative is needed to provide an adequate number of PCAs. Requires non-adult siblings to obtain hardship waiver to provide personal care services.

12 **Limitation on payments.** Amends § 256B.0627, subd. 5. Allows recipients to receive up to two face-to-face assessments and one service update without prior authorization. Strikes language allowing the service update to substitute for the annual reassessment and adds language requiring the commissioner to review service updates and requests for temporary services. Makes changes related to qualified professionals.

13 **Shared personal care assistant services.** Amends § 256B.0627, subd. 8. Makes changes in terminology and phrasing in a subdivision dealing with shared PCA services.

14 **Flexible use of personal care assistant hours.** Amends § 256B.0627, by adding subd. 9. Allows the scheduled use of authorized PCA services to vary within the service authorization period in order to more effectively meet the needs and schedule of the recipient or responsible party. Sets requirement for this more flexible use of hours and allows the commissioner to deny, revoke, or suspend this authorization if the requirements are not met.

15 **Fiscal agent option available for personal care assistant services.** Amends § 256B.0627, by adding subd. 10. Gives the commissioner authority to allow recipients of PCA services to use fiscal agents to assist in paying and accounting for these services. Specifies requirements for recipients or responsible parties, fiscal agents, and consulting professionals. Requires the fiscal agent and recipient to enter into a written agreement before services are provided. Sets the payment rate for PCA services provided under this subdivision at the MA rate. Except for an administrative fee paid to the fiscal agent, requires the remainder of the payment rate to be used to pay for salary and benefits for the PCA or those providing professional consultation. Specifies the conditions under which the commissioner can deny, revoke, or suspend the use of the fiscal agent option, and allows appeals.
Shared private duty nursing option. Amends § 256B.0627, subd. 11. Allows two recipients in the same setting to share private duty nursing care. Limits reimbursement to 1.5 times the nonwaivered private duty nursing rate for serving a single individual who is not ventilator dependent. Sets documentation and other requirements for the provision of shared services.

Payment for persons with special needs for crisis intervention services. Amends § 256B.501, subd. 8a. Makes changes related to delivery of and payment for crisis intervention services. Allows crisis intervention services to be provided by private sector ICFs/MR, as well as state operated community services. Allows residential crisis services to be provided at sites other than foster care settings. Specifies that payment rates are to be consistent with county negotiated crisis intervention services and sets other requirements related to payment.

Eligible individuals. Amends § 256B.77, subd. 7a. Strikes language allowing individuals residing on an Indian reservation to be excluded from the demonstration project for persons with disabilities. Also corrects a cross-reference.

American Indian recipients. Amends § 256B.77, subd. 7b. Paragraph (a) provides a purchasing model for American Indian MA recipients who are required to enroll in the demonstration project for persons with disabilities. The model would provide reimbursement on a fee-for-service basis to American Indian health services facilities and facilities operated by a tribe or tribal organization. Makes implementation subject to federal approval. Paragraph (b) requires the commissioner to develop a plan for tribes to assist in the enrollment process under the demonstration project and to be included in coordinating care. Paragraph (c) provides a definition of American Indian.

Responsibilities of the county administrative entity. Amends § 256B.77, subd. 8. Specifies that enrollees in the demonstration project for persons with disabilities who choose not to develop a personal support plan are subject to the network and prior authorization requirements of the county administrative entity or service delivery organization 60 days after enrollment.

Capitation payment. Amends § 256B.77, subd. 10. A new paragraph (c) provides the risk-sharing formula to be used when the aggregate fee-for-service cost of covered services provided by a county administrative entity under the demonstration project for persons with disabilities exceeds the aggregate sum of capitation payments. A new paragraph (d) allows the commissioner to increase payments by up to 0.5 percent of the projected per person costs that would otherwise have been paid under MA fee-for-service, in order to: (1) offset rate increases for RTC services; and (2) implement incentives to encourage appropriate, high quality, efficient services.

External advocacy. Amends § 256B.77, subd. 14. Increases funding to the ombudsman for mental health and mental retardation for advocacy services from 0.1 to 0.4 percent of the projected per person costs under MA fee-for-service. Removes the requirement that external advocacy contractors have the expertise to advocate on behalf of "all categories" of eligible individuals.

Service coordination transition. Amends § 256B.77, by adding subd. 27. Allows demonstration sites, with the permission of an eligible individual, to implement the service coordination requirement beginning 60 days prior to an individual's enrollment.