

ARTICLE 1

DISABILITY SERVICES

Section 1. Minnesota Statutes 2022, section 144G.45, subdivision 3, is amended to read:

Subd. 3. **Local laws apply.** Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county.

Sec. 2. Minnesota Statutes 2022, section 245A.11, subdivision 2, is amended to read:

Subd. 2. **Permitted single-family residential use.** (a) Residential programs with a licensed capacity of six or fewer persons shall be considered a permitted single-family residential use of property for the purposes of zoning and other land use regulations, except that a residential program whose primary purpose is to treat juveniles who have violated criminal statutes relating to sex offenses or have been adjudicated delinquent on the basis of conduct in violation of criminal statutes relating to sex offenses shall not be considered a permitted use. This exception shall not apply to residential programs licensed before July 1, 1995. Programs otherwise allowed under this subdivision shall not be prohibited by operation of restrictive covenants or similar restrictions, regardless of when entered into, which cannot be met because of the nature of the licensed program, including provisions which require the home's occupants be related, and that the home must be occupied by the owner, or similar provisions.

~~(b) Unless otherwise provided in any town, municipal, or county zoning regulation, licensed residential services provided to more than four persons with developmental disabilities in a supervised living facility, including intermediate care facilities for persons with developmental disabilities, with a licensed capacity of seven to eight persons shall be considered a permitted single-family residential use of property for the purposes of zoning and other land use regulations. A town, municipal, or county zoning authority may require a conditional use or special use permit to assure proper maintenance and operation of the residential program. Conditions imposed on the residential program must not be more restrictive than those imposed on other conditional uses or special uses of residential property in the same zones, unless the additional conditions are necessary to protect the health and safety of the persons being served by the program. This paragraph expires July 1, 2023.~~

(b) A residential program as defined in section 245D.02, subdivision 4a, with a licensed capacity of six or fewer persons that is actively serving residents for which it is licensed is exempt from rental licensing regulations imposed by any town, municipality, or county.

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Sec. 2. Minnesota Statutes 2022, section 245A.11, subdivision 2, is amended to read:

Subd. 2. **Permitted single-family residential use.** (a) Residential programs with a licensed capacity of six or fewer persons shall be considered a permitted single-family residential use of property for the purposes of zoning and other land use regulations, except that a residential program whose primary purpose is to treat juveniles who have violated criminal statutes relating to sex offenses or have been adjudicated delinquent on the basis of conduct in violation of criminal statutes relating to sex offenses shall not be considered a permitted use. This exception shall not apply to residential programs licensed before July 1, 1995. Programs otherwise allowed under this subdivision shall not be prohibited by operation of restrictive covenants or similar restrictions, regardless of when entered into, which cannot be met because of the nature of the licensed program, including provisions which require the home's occupants be related, and that the home must be occupied by the owner, or similar provisions.

~~(b) Unless otherwise provided in any town, municipal, or county zoning regulation, licensed residential services provided to more than four persons with developmental disabilities in a supervised living facility, including intermediate care facilities for persons with developmental disabilities, with a licensed capacity of seven to eight persons shall be considered a permitted single-family residential use of property for the purposes of zoning and other land use regulations. A town, municipal, or county zoning authority may require a conditional use or special use permit to assure proper maintenance and operation of the residential program. Conditions imposed on the residential program must not be more restrictive than those imposed on other conditional uses or special uses of residential property in the same zones, unless the additional conditions are necessary to protect the health and safety of the persons being served by the program. This paragraph expires July 1, 2023.~~

(b) A community residential setting as defined in section 245D.02, subdivision 4a, with a licensed capacity of six or fewer persons that is actively serving residents for which it is licensed is exempt from rental licensing regulations imposed by any town, municipality, or county.

3.4 Sec. 3. Minnesota Statutes 2022, section 245D.071, subdivision 3, is amended to read:

3.5 Subd. 3. **Assessment and initial service planning.** (a) Within 15 days of service initiation
3.6 the license holder must complete a preliminary support plan addendum based on the support
3.7 plan.

3.8 (b) Within the scope of services, the license holder must, at a minimum, complete
3.9 assessments in the following areas before ~~the 45-day planning meeting providing 45 days~~
3.10 of service or within 60 calendar days of service initiation, whichever is shorter:

3.11 (1) the person's ability to self-manage health and medical needs to maintain or improve
3.12 physical, mental, and emotional well-being, including, when applicable, allergies, seizures,
3.13 choking, special dietary needs, chronic medical conditions, self-administration of medication
3.14 or treatment orders, preventative screening, and medical and dental appointments;

3.15 (2) the person's ability to self-manage personal safety to avoid injury or accident in the
3.16 service setting, including, when applicable, risk of falling, mobility, regulating water
3.17 temperature, community survival skills, water safety skills, and sensory disabilities; and

3.18 (3) the person's ability to self-manage symptoms or behavior that may otherwise result
3.19 in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), suspension
3.20 or termination of services by the license holder, or other symptoms or behaviors that may
3.21 jeopardize the health and welfare of the person or others.

3.22 Assessments must produce information about the person that describes the person's overall
3.23 strengths, functional skills and abilities, and behaviors or symptoms. Assessments must be
3.24 based on the person's status within the last 12 months at the time of service initiation.
3.25 Assessments based on older information must be documented and justified. Assessments
3.26 must be conducted annually at a minimum or within 30 days of a written request from the
3.27 person or the person's legal representative or case manager. The results must be reviewed
3.28 by the support team or expanded support team as part of a service plan review.

3.29 (c) Before providing 45 days of service or within 60 calendar days of service initiation,
3.30 whichever is shorter, the license holder must ~~meet~~ hold an initial planning meeting with the
3.31 person, the person's legal representative, the case manager, other members of the support
3.32 team or expanded support team, and other people as identified by the person or the person's
3.33 legal representative to determine the following based on information obtained from the
4.1 assessments identified in paragraph (b), the person's identified needs in the support plan,
4.2 and the requirements in subdivision 4 and section 245D.07, subdivision 1a:

4.3 (1) the scope of the services to be provided to support the person's daily needs and
4.4 activities;

4.5 (2) the person's desired outcomes and the supports necessary to accomplish the person's
4.6 desired outcomes;

4.7 (3) the person's preferences for how services and supports are provided, including how
4.8 the provider will support the person to have control of the person's schedule;

3.5 Sec. 3. Minnesota Statutes 2022, section 245D.071, subdivision 3, is amended to read:

3.6 Subd. 3. **Assessment and initial service planning.** (a) Within 15 days of service initiation
3.7 the license holder must complete a preliminary support plan addendum based on the support
3.8 plan.

3.9 (b) Within the scope of services, the license holder must, at a minimum, complete
3.10 assessments in the following areas before ~~the 45-day planning meeting providing 45 days~~
3.11 of service or within 60 calendar days of service initiation, whichever is shorter:

3.12 (1) the person's ability to self-manage health and medical needs to maintain or improve
3.13 physical, mental, and emotional well-being, including, when applicable, allergies, seizures,
3.14 choking, special dietary needs, chronic medical conditions, self-administration of medication
3.15 or treatment orders, preventative screening, and medical and dental appointments;

3.16 (2) the person's ability to self-manage personal safety to avoid injury or accident in the
3.17 service setting, including, when applicable, risk of falling, mobility, regulating water
3.18 temperature, community survival skills, water safety skills, and sensory disabilities; and

3.19 (3) the person's ability to self-manage symptoms or behavior that may otherwise result
3.20 in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), suspension
3.21 or termination of services by the license holder, or other symptoms or behaviors that may
3.22 jeopardize the health and welfare of the person or others.

3.23 Assessments must produce information about the person that describes the person's overall
3.24 strengths, functional skills and abilities, and behaviors or symptoms. Assessments must be
3.25 based on the person's status within the last 12 months at the time of service initiation.
3.26 Assessments based on older information must be documented and justified. Assessments
3.27 must be conducted annually at a minimum or within 30 days of a written request from the
3.28 person or the person's legal representative or case manager. The results must be reviewed
3.29 by the support team or expanded support team as part of a service plan review.

3.30 (c) Before providing 45 days of service or within 60 calendar days of service initiation,
3.31 whichever is shorter, the license holder must ~~meet~~ hold an initial planning meeting with the
3.32 person, the person's legal representative, the case manager, other members of the support
3.33 team or expanded support team, and other people as identified by the person or the person's
4.1 legal representative to determine the following based on information obtained from the
4.2 assessments identified in paragraph (b), the person's identified needs in the support plan,
4.3 and the requirements in subdivision 4 and section 245D.07, subdivision 1a:

4.4 (1) the scope of the services to be provided to support the person's daily needs and
4.5 activities;

4.6 (2) the person's desired outcomes and the supports necessary to accomplish the person's
4.7 desired outcomes;

4.8 (3) the person's preferences for how services and supports are provided, including how
4.9 the provider will support the person to have control of the person's schedule;

4.9 (4) whether the current service setting is the most integrated setting available and
4.10 appropriate for the person;

4.11 (5) opportunities to develop and maintain essential and life-enriching skills, abilities,
4.12 strengths, interests, and preferences;

4.13 (6) opportunities for community access, participation, and inclusion in preferred
4.14 community activities;

4.15 (7) opportunities to develop and strengthen personal relationships with other persons of
4.16 the person's choice in the community;

4.17 (8) opportunities to seek competitive employment and work at competitively paying
4.18 jobs in the community; and

4.19 (9) how services must be coordinated across other providers licensed under this chapter
4.20 serving the person and members of the support team or expanded support team to ensure
4.21 continuity of care and coordination of services for the person.

4.22 (d) A discussion of how technology might be used to meet the person's desired outcomes
4.23 must be included in the ~~45-day~~ initial planning meeting. The support plan or support plan
4.24 addendum must include a summary of this discussion. The summary must include a statement
4.25 regarding any decision that is made regarding the use of technology and a description of
4.26 any further research that needs to be completed before a decision regarding the use of
4.27 technology can be made. Nothing in this paragraph requires that the support plan include
4.28 the use of technology for the provision of services.

4.29 Sec. 4. Minnesota Statutes 2022, section 245D.071, subdivision 4, is amended to read:

4.30 Subd. 4. **Service outcomes and supports.** (a) Within ten working days of the ~~45-day~~
4.31 initial planning meeting, the license holder must develop a service plan that documents the
4.32 service outcomes and supports based on the assessments completed under subdivision 3
5.1 and the requirements in section 245D.07, subdivision 1a. The outcomes and supports must
5.2 be included in the support plan addendum.

5.3 (b) The license holder must document the supports and methods to be implemented to
5.4 support the person and accomplish outcomes related to acquiring, retaining, or improving
5.5 skills and physical, mental, and emotional health and well-being. The documentation must
5.6 include:

5.7 (1) the methods or actions that will be used to support the person and to accomplish the
5.8 service outcomes, including information about:

5.9 (i) any changes or modifications to the physical and social environments necessary when
5.10 the service supports are provided;

5.11 (ii) any equipment and materials required; and

4.10 (4) whether the current service setting is the most integrated setting available and
4.11 appropriate for the person;

4.12 (5) opportunities to develop and maintain essential and life-enriching skills, abilities,
4.13 strengths, interests, and preferences;

4.14 (6) opportunities for community access, participation, and inclusion in preferred
4.15 community activities;

4.16 (7) opportunities to develop and strengthen personal relationships with other persons of
4.17 the person's choice in the community;

4.18 (8) opportunities to seek competitive employment and work at competitively paying
4.19 jobs in the community; and

4.20 (9) how services must be coordinated across other providers licensed under this chapter
4.21 serving the person and members of the support team or expanded support team to ensure
4.22 continuity of care and coordination of services for the person.

4.23 (d) A discussion of how technology might be used to meet the person's desired outcomes
4.24 must be included in the ~~45-day~~ initial planning meeting. The support plan or support plan
4.25 addendum must include a summary of this discussion. The summary must include a statement
4.26 regarding any decision that is made regarding the use of technology and a description of
4.27 any further research that needs to be completed before a decision regarding the use of
4.28 technology can be made. Nothing in this paragraph requires that the support plan include
4.29 the use of technology for the provision of services.

4.30 Sec. 4. Minnesota Statutes 2022, section 245D.071, subdivision 4, is amended to read:

4.31 Subd. 4. **Service outcomes and supports.** (a) Within ten working days of the ~~45-day~~
4.32 initial planning meeting, the license holder must develop a service plan that documents the
5.1 service outcomes and supports based on the assessments completed under subdivision 3
5.2 and the requirements in section 245D.07, subdivision 1a. The outcomes and supports must
5.3 be included in the support plan addendum.

5.4 (b) The license holder must document the supports and methods to be implemented to
5.5 support the person and accomplish outcomes related to acquiring, retaining, or improving
5.6 skills and physical, mental, and emotional health and well-being. The documentation must
5.7 include:

5.8 (1) the methods or actions that will be used to support the person and to accomplish the
5.9 service outcomes, including information about:

5.10 (i) any changes or modifications to the physical and social environments necessary when
5.11 the service supports are provided;

5.12 (ii) any equipment and materials required; and

5.12 (iii) techniques that are consistent with the person's communication mode and learning
5.13 style;

5.14 (2) the measurable and observable criteria for identifying when the desired outcome has
5.15 been achieved and how data will be collected;

5.16 (3) the projected starting date for implementing the supports and methods and the date
5.17 by which progress towards accomplishing the outcomes will be reviewed and evaluated;
5.18 and

5.19 (4) the names of the staff or position responsible for implementing the supports and
5.20 methods.

5.21 (c) Within 20 working days of the ~~45-day~~ initial planning meeting, the license holder
5.22 must submit to and obtain dated signatures from the person or the person's legal representative
5.23 and case manager to document completion and approval of the assessment and support plan
5.24 addendum. If, within ten working days of the submission of the assessment or support plan
5.25 addendum, the person or the person's legal representative or case manager has not signed
5.26 and returned to the license holder the assessment and support plan addendum or has not
5.27 proposed written modifications to the license holder's submission, the submission is deemed
5.28 approved and the assessment and support plan addendum become effective and remain in
5.29 effect until the legal representative or case manager submits a written request to revise the
5.30 assessment or support plan addendum.

6.1 Sec. 5. Minnesota Statutes 2022, section 245D.081, subdivision 2, is amended to read:

6.2 Subd. 2. **Coordination and evaluation of individual service delivery.** (a) Delivery
6.3 and evaluation of services provided by the license holder must be coordinated by a designated
6.4 staff person. Except as provided in clause (3), the designated coordinator must provide
6.5 supervision, support, and evaluation of activities that include:

6.6 (1) oversight of the license holder's responsibilities assigned in the person's support plan
6.7 and the support plan addendum;

6.8 (2) taking the action necessary to facilitate the accomplishment of the outcomes according
6.9 to the requirements in section 245D.07;

6.10 (3) instruction and assistance to direct support staff implementing the support plan and
6.11 the service outcomes, including direct observation of service delivery sufficient to assess
6.12 staff competency. The designated coordinator may delegate the direct observation and
6.13 competency assessment of the service delivery activities of direct support staff to an
6.14 individual whom the designated coordinator has previously deemed competent in those
6.15 activities; and

6.16 (4) evaluation of the effectiveness of service delivery, methodologies, and progress on
6.17 the person's outcomes based on the measurable and observable criteria for identifying when
6.18 the desired outcome has been achieved according to the requirements in section 245D.07.

5.13 (iii) techniques that are consistent with the person's communication mode and learning
5.14 style;

5.15 (2) the measurable and observable criteria for identifying when the desired outcome has
5.16 been achieved and how data will be collected;

5.17 (3) the projected starting date for implementing the supports and methods and the date
5.18 by which progress towards accomplishing the outcomes will be reviewed and evaluated;
5.19 and

5.20 (4) the names of the staff or position responsible for implementing the supports and
5.21 methods.

5.22 (c) Within 20 working days of the ~~45-day~~ initial planning meeting, the license holder
5.23 must submit to and obtain dated signatures from the person or the person's legal representative
5.24 and case manager to document completion and approval of the assessment and support plan
5.25 addendum. If, within ten working days of the submission of the assessment or support plan
5.26 addendum, the person or the person's legal representative or case manager has not signed
5.27 and returned to the license holder the assessment and support plan addendum or has not
5.28 proposed written modifications to the license holder's submission, the submission is deemed
5.29 approved and the assessment and support plan addendum become effective and remain in
5.30 effect until the legal representative or case manager submits a written request to revise the
5.31 assessment or support plan addendum.

6.1 Sec. 5. Minnesota Statutes 2022, section 245D.081, subdivision 2, is amended to read:

6.2 Subd. 2. **Coordination and evaluation of individual service delivery.** (a) Delivery
6.3 and evaluation of services provided by the license holder must be coordinated by a designated
6.4 staff person. Except as provided in clause (3), the designated coordinator must provide
6.5 supervision, support, and evaluation of activities that include:

6.6 (1) oversight of the license holder's responsibilities assigned in the person's support plan
6.7 and the support plan addendum;

6.8 (2) taking the action necessary to facilitate the accomplishment of the outcomes according
6.9 to the requirements in section 245D.07;

6.10 (3) instruction and assistance to direct support staff implementing the support plan and
6.11 the service outcomes, including direct observation of service delivery sufficient to assess
6.12 staff competency. The designated coordinator may delegate the direct observation and
6.13 competency assessment of the service delivery activities of direct support staff to an
6.14 individual whom the designated coordinator has previously deemed competent in those
6.15 activities; and

6.16 (4) evaluation of the effectiveness of service delivery, methodologies, and progress on
6.17 the person's outcomes based on the measurable and observable criteria for identifying when
6.18 the desired outcome has been achieved according to the requirements in section 245D.07.

6.19 (b) The license holder must ensure that the designated coordinator is competent to
6.20 perform the required duties identified in paragraph (a) through education, training, and work
6.21 experience relevant to the primary disability of persons served by the license holder and
6.22 the individual persons for whom the designated coordinator is responsible. The designated
6.23 coordinator must have the skills and ability necessary to develop effective plans and to
6.24 design and use data systems to measure effectiveness of services and supports. The license
6.25 holder must verify and document competence according to the requirements in section
6.26 245D.09, subdivision 3. The designated coordinator must minimally have:

6.27 (1) a baccalaureate degree ~~in a field related to human services~~, and one year of full-time
6.28 work experience providing direct care services to persons with disabilities or persons age
6.29 65 and older;

6.30 (2) an associate degree ~~in a field related to human services~~, and two years of full-time
6.31 work experience providing direct care services to persons with disabilities or persons age
6.32 65 and older;

7.1 (3) a diploma ~~in a field related to human services~~ from an accredited postsecondary
7.2 institution and three years of full-time work experience providing direct care services to
7.3 persons with disabilities or persons age 65 and older; or

7.4 (4) a minimum of 50 hours of education and training related to human services and
7.5 disabilities; and

7.6 (5) four years of ~~full-time work~~ experience providing direct care services to persons
7.7 with disabilities or persons age 65 and older ~~under the supervision of a staff person who~~
7.8 ~~meets the qualifications identified in clauses (1) to (3).~~

7.9 Sec. 6. Minnesota Statutes 2022, section 245D.081, subdivision 3, is amended to read:

7.10 Subd. 3. **Program management and oversight.** (a) The license holder must designate
7.11 a managerial staff person or persons to provide program management and oversight of the
7.12 services provided by the license holder. The designated manager is responsible for the
7.13 following:

7.14 (1) maintaining a current understanding of the licensing requirements sufficient to ensure
7.15 compliance throughout the program as identified in section 245A.04, subdivision 1, paragraph
7.16 (e), and when applicable, as identified in section 256B.04, subdivision 21, paragraph (g);

7.17 (2) ensuring the duties of the designated coordinator are fulfilled according to the
7.18 requirements in subdivision 2;

7.19 (3) ensuring the program implements corrective action identified as necessary by the
7.20 program following review of incident and emergency reports according to the requirements
7.21 in section 245D.11, subdivision 2, clause (7). An internal review of incident reports of

6.19 (b) The license holder must ensure that the designated coordinator is competent to
6.20 perform the required duties identified in paragraph (a) through education, training, and work
6.21 experience relevant to the primary disability of persons served by the license holder and
6.22 the individual persons for whom the designated coordinator is responsible. The designated
6.23 coordinator must have the skills and ability necessary to develop effective plans and to
6.24 design and use data systems to measure effectiveness of services and supports. The license
6.25 holder must verify and document competence according to the requirements in section
6.26 245D.09, subdivision 3. The designated coordinator must minimally have:

6.27 (1) a baccalaureate degree in a field related to human services, education, or health and
6.28 one year of full-time work experience providing direct care services to persons with
6.29 disabilities or persons age 65 and older, or equivalent work experience supporting individuals
6.30 in a field related to their degree;

6.31 (2) an associate degree in a field related to human services, education, or health and two
6.32 years of full-time work experience providing direct care services to persons with disabilities
7.1 or persons age 65 and older, or equivalent work experience supporting individuals in a field
7.2 related to their degree;

7.3 (3) a diploma in a field related to human services, education, or health from an accredited
7.4 postsecondary institution and three years of full-time work experience providing direct care
7.5 services to persons with disabilities or persons age 65 and older or equivalent work experience
7.6 supporting individuals in a field related to their degree; or

7.7 (4) a minimum of 50 hours of education and training related to human services and
7.8 disabilities; and

7.9 (5) four years of ~~full-time work~~ experience providing direct care services to persons
7.10 with disabilities or persons age 65 and older under the supervision of a staff person who
7.11 meets the qualifications identified in clauses (1) to (3).

7.12 Sec. 6. Minnesota Statutes 2022, section 245D.081, subdivision 3, is amended to read:

7.13 Subd. 3. **Program management and oversight.** (a) The license holder must designate
7.14 a managerial staff person or persons to provide program management and oversight of the
7.15 services provided by the license holder. The designated manager is responsible for the
7.16 following:

7.17 (1) maintaining a current understanding of the licensing requirements sufficient to ensure
7.18 compliance throughout the program as identified in section 245A.04, subdivision 1, paragraph
7.19 (e), and when applicable, as identified in section 256B.04, subdivision 21, paragraph (g);

7.20 (2) ensuring the duties of the designated coordinator are fulfilled according to the
7.21 requirements in subdivision 2;

7.22 (3) ensuring the program implements corrective action identified as necessary by the
7.23 program following review of incident and emergency reports according to the requirements
7.24 in section 245D.11, subdivision 2, clause (7). An internal review of incident reports of

7.22 alleged or suspected maltreatment must be conducted according to the requirements in
7.23 section 245A.65, subdivision 1, paragraph (b);

7.24 (4) evaluation of satisfaction of persons served by the program, the person's legal
7.25 representative, if any, and the case manager, with the service delivery and progress toward
7.26 accomplishing outcomes identified in sections 245D.07 and 245D.071, and ensuring and
7.27 protecting each person's rights as identified in section 245D.04;

7.28 (5) ensuring staff competency requirements are met according to the requirements in
7.29 section 245D.09, subdivision 3, and ensuring staff orientation and training is provided
7.30 according to the requirements in section 245D.09, subdivisions 4, 4a, and 5;

7.31 (6) ensuring corrective action is taken when ordered by the commissioner and that the
7.32 terms and conditions of the license and any variances are met; and

8.1 (7) evaluating the information identified in clauses (1) to (6) to develop, document, and
8.2 implement ongoing program improvements.

8.3 (b) The designated manager must be competent to perform the duties as required and
8.4 must minimally meet the education and training requirements identified in subdivision 2,
8.5 paragraph (b), and have a minimum of three years of supervisory level experience ~~in a~~
8.6 ~~program providing direct support services to persons with disabilities or persons age 65 and~~
8.7 ~~older.~~

8.8 Sec. 7. Minnesota Statutes 2022, section 245D.09, subdivision 3, is amended to read:

8.9 Subd. 3. **Staff qualifications.** (a) The license holder must ensure that staff providing
8.10 direct support, or staff who have responsibilities related to supervising or managing the
8.11 provision of direct support service, are competent as demonstrated through skills and
8.12 knowledge training, experience, and education relevant to the primary disability of the
8.13 person and to meet the person's needs and additional requirements as written in the support
8.14 plan or support plan addendum, or when otherwise required by the case manager or the
8.15 federal waiver plan. The license holder must verify and maintain evidence of staff
8.16 competency, including documentation of:

8.17 (1) education and experience qualifications relevant to the job responsibilities assigned
8.18 to the staff and to the primary disability of persons served by the program, including a valid
8.19 degree and transcript, or a current license, registration, or certification, when a degree or
8.20 licensure, registration, or certification is required by this chapter or in the support plan or
8.21 support plan addendum;

8.22 (2) demonstrated competency in the orientation and training areas required under this
8.23 chapter, and when applicable, completion of continuing education required to maintain
8.24 professional licensure, registration, or certification requirements. Competency in these areas
8.25 is determined by the license holder through knowledge testing or observed skill assessment
8.26 conducted by the trainer or instructor or by an individual who has been previously deemed
8.27 competent by the trainer or instructor in the area being assessed; and

7.25 alleged or suspected maltreatment must be conducted according to the requirements in
7.26 section 245A.65, subdivision 1, paragraph (b);

7.27 (4) evaluation of satisfaction of persons served by the program, the person's legal
7.28 representative, if any, and the case manager, with the service delivery and progress toward
7.29 accomplishing outcomes identified in sections 245D.07 and 245D.071, and ensuring and
7.30 protecting each person's rights as identified in section 245D.04;

8.1 (5) ensuring staff competency requirements are met according to the requirements in
8.2 section 245D.09, subdivision 3, and ensuring staff orientation and training is provided
8.3 according to the requirements in section 245D.09, subdivisions 4, 4a, and 5;

8.4 (6) ensuring corrective action is taken when ordered by the commissioner and that the
8.5 terms and conditions of the license and any variances are met; and

8.6 (7) evaluating the information identified in clauses (1) to (6) to develop, document, and
8.7 implement ongoing program improvements.

8.8 (b) The designated manager must be competent to perform the duties as required and
8.9 must minimally meet the education and training requirements identified in subdivision 2,
8.10 paragraph (b), and have a minimum of three years of supervisory level experience ~~in a~~
8.11 ~~program providing direct support services to persons with disabilities or persons age 65 and~~
8.12 ~~older~~ that provides care or education to vulnerable adults or children.

8.13 Sec. 7. Minnesota Statutes 2022, section 245D.09, subdivision 3, is amended to read:

8.14 Subd. 3. **Staff qualifications.** (a) The license holder must ensure that staff providing
8.15 direct support, or staff who have responsibilities related to supervising or managing the
8.16 provision of direct support service, are competent as demonstrated through skills and
8.17 knowledge training, experience, and education relevant to the primary disability of the
8.18 person and to meet the person's needs and additional requirements as written in the support
8.19 plan or support plan addendum, or when otherwise required by the case manager or the
8.20 federal waiver plan. The license holder must verify and maintain evidence of staff
8.21 competency, including documentation of:

8.22 (1) education and experience qualifications relevant to the job responsibilities assigned
8.23 to the staff and to the primary disability of persons served by the program, including a valid
8.24 degree and transcript, or a current license, registration, or certification, when a degree or
8.25 licensure, registration, or certification is required by this chapter or in the support plan or
8.26 support plan addendum;

8.27 (2) demonstrated competency in the orientation and training areas required under this
8.28 chapter, and when applicable, completion of continuing education required to maintain
8.29 professional licensure, registration, or certification requirements. Competency in these areas
8.30 is determined by the license holder through knowledge testing or observed skill assessment
8.31 conducted by the trainer or instructor or by an individual who has been previously deemed
8.32 competent by the trainer or instructor in the area being assessed; and

8.28 (3) except for a license holder who is the sole direct support staff, periodic performance
8.29 evaluations completed by the license holder of the direct support staff person's ability to
8.30 perform the job functions based on direct observation.

8.31 (b) Staff under 18 years of age may not perform overnight duties ~~or administer~~
8.32 ~~medication.~~

9.1 Sec. 8. Minnesota Statutes 2022, section 245D.091, subdivision 3, is amended to read:

9.2 Subd. 3. **Positive support analyst qualifications.** (a) A positive support analyst providing
9.3 positive support services as identified in section 245D.03, subdivision 1, paragraph (c),
9.4 clause (1), item (i), must have competencies in one of the following areas as required under
9.5 the brain injury, community access for disability inclusion, community alternative care, and
9.6 developmental disabilities waiver plans or successor plans:

9.7 (1) have obtained a baccalaureate degree, master's degree, or PhD in either a social
9.8 services discipline or nursing;

9.9 (2) meet the qualifications of a mental health practitioner as defined in section 245.462,
9.10 subdivision 17; or

9.11 (3) be a board-certified behavior analyst or board-certified assistant behavior analyst by
9.12 the Behavior Analyst Certification Board, Incorporated.

9.13 (b) In addition, a positive support analyst must:

9.14 (1) have four years of supervised experience ~~conducting functional behavior assessments~~
9.15 ~~and designing, implementing, and evaluating effectiveness of positive practices behavior~~
9.16 ~~support strategies for people working with individuals who exhibit challenging behaviors~~
9.17 ~~as well as co-occurring mental disorders and neurocognitive disorder;~~

9.18 (2) have received training prior to hire or within 90 calendar days of hire that includes:

9.19 (i) ten hours of instruction in functional assessment and functional analysis;

9.20 (ii) 20 hours of instruction in the understanding of the function of behavior;

9.21 (iii) ten hours of instruction on design of positive practices behavior support strategies;

9.22 (iv) 20 hours of instruction preparing written intervention strategies, designing data
9.23 collection protocols, training other staff to implement positive practice strategies,
9.24 summarizing and reporting program evaluation data, analyzing program evaluation data to
9.25 identify design flaws in behavioral interventions or failures in implementation fidelity, and
9.26 recommending enhancements based on evaluation data; and

9.27 (v) eight hours of instruction on principles of person-centered thinking;

9.28 (3) be determined by a positive support professional to have the training and prerequisite
9.29 skills required to provide positive practice strategies as well as behavior reduction approved
9.30 and permitted intervention to the person who receives positive support; and

9.1 (3) except for a license holder who is the sole direct support staff, periodic performance
9.2 evaluations completed by the license holder of the direct support staff person's ability to
9.3 perform the job functions based on direct observation.

9.4 (b) Staff under 18 years of age may not perform overnight duties ~~or administer~~
9.5 ~~medication.~~

- 9.31 (4) be under the direct supervision of a positive support professional.
- 10.1 (c) Meeting the qualifications for a positive support professional under subdivision 2
- 10.2 shall substitute for meeting the qualifications listed in paragraph (b).
- 10.3 **EFFECTIVE DATE.** This section is effective July 1, 2024, or upon federal approval,
- 10.4 whichever occurs first. The commissioner of human services shall inform the revisor of
- 10.5 statutes when federal approval is obtained.
- 10.6 Sec. 9. Minnesota Statutes 2022, section 245D.091, subdivision 4, is amended to read:
- 10.7 Subd. 4. **Positive support specialist qualifications.** (a) A positive support specialist
- 10.8 providing positive support services as identified in section 245D.03, subdivision 1, paragraph
- 10.9 (c), clause (1), item (i), must have competencies in one of the following areas as required
- 10.10 under the brain injury, community access for disability inclusion, community alternative
- 10.11 care, and developmental disabilities waiver plans or successor plans:
- 10.12 (1) have an associate's degree in either a social services discipline or nursing; or
- 10.13 (2) have two years of supervised experience working with individuals who exhibit
- 10.14 challenging behaviors as well as co-occurring mental disorders or neurocognitive disorder.
- 10.15 (b) In addition, a behavior specialist must:
- 10.16 (1) have received training prior to hire or within 90 calendar days of hire that includes:
- 10.17 (i) a minimum of four hours of training in functional assessment;
- 10.18 (ii) 20 hours of instruction in the understanding of the function of behavior;
- 10.19 (iii) ten hours of instruction on design of positive practices behavioral support strategies;
- 10.20 and
- 10.21 (iv) eight hours of instruction on principles of person-centered thinking;
- 10.22 (2) be determined by a positive support professional to have the training and prerequisite
- 10.23 skills required to provide positive practices strategies as well as behavior reduction approved
- 10.24 intervention to the person who receives positive support; and
- 10.25 (3) be under the direct supervision of a positive support professional.
- 10.26 (c) Meeting the qualifications for a positive support professional under subdivision 2
- 10.27 shall substitute for meeting the qualifications listed in paragraphs (a) and (b).
- 10.28 **EFFECTIVE DATE.** This section is effective July 1, 2024, or upon federal approval,
- 10.29 whichever occurs first. The commissioner of human services shall inform the revisor of
- 10.30 statutes when federal approval is obtained.

11.1 Sec. 10. Minnesota Statutes 2022, section 245D.10, subdivision 1, is amended to read:

11.2 Subdivision 1. **Policy and procedure requirements.** A license holder providing either

11.3 basic or intensive supports and services must establish, enforce, and maintain policies and

11.4 procedures as required in this chapter, chapter 245A, and other applicable state and federal

11.5 laws and regulations governing the provision of home and community-based services

11.6 licensed according to this chapter. A license holder must use forms provided by the

11.7 commissioner to report service suspensions and service terminations under subdivisions 3

11.8 and 3a.

11.9 **EFFECTIVE DATE.** This section is effective August 1, 2024.

11.10 Sec. 11. Minnesota Statutes 2023 Supplement, section 256B.057, subdivision 9, is amended

11.11 to read:

11.12 Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid for

11.13 a person who is employed and who:

11.14 (1) but for excess earnings or assets meets the definition of disabled under the

11.15 Supplemental Security Income program; and

11.16 (2) pays a premium and other obligations under paragraph ~~(e)~~.

11.17 (b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible

11.18 for medical assistance under this subdivision, a person must have more than \$65 of earned

11.19 income, be receiving an unemployment insurance benefit under chapter 268 that the person

11.20 began receiving while eligible under this subdivision, or be receiving family and medical

11.21 leave benefits under chapter 268B that the person began receiving while eligible under this

11.22 subdivision. Earned income must have Medicare, Social Security, and applicable state and

11.23 federal taxes withheld. The person must document earned income tax withholding. Any

11.24 spousal income shall be disregarded for purposes of eligibility and premium determinations.

11.25 (c) After the month of enrollment, a person enrolled in medical assistance under this

11.26 subdivision who would otherwise be ineligible and be disenrolled due to one of the following

11.27 circumstances may retain eligibility for up to four consecutive months after a month of job

11.28 loss if the person:

11.29 (1) is temporarily unable to work and without receipt of earned income due to a medical

11.30 condition, as verified by a physician, advanced practice registered nurse, or physician

11.31 assistant; or

12.1 (2) loses employment for reasons not attributable to the enrollee, and is without receipt

12.2 of earned income.

12.3 To receive a four-month extension of continued eligibility under this paragraph, enrollees

12.4 must verify the medical condition or provide notification of job loss, continue to meet all

12.5 other eligibility requirements, and continue to pay all calculated premium costs.

9.6 Sec. 8. Minnesota Statutes 2022, section 245D.10, subdivision 1, is amended to read:

9.7 Subdivision 1. **Policy and procedure requirements.** A license holder providing either

9.8 basic or intensive supports and services must establish, enforce, and maintain policies and

9.9 procedures as required in this chapter, chapter 245A, and other applicable state and federal

9.10 laws and regulations governing the provision of home and community-based services

9.11 licensed according to this chapter. A license holder must use forms provided by the

9.12 commissioner to report service suspensions and service terminations under subdivisions 3

9.13 and 3a.

9.14 **EFFECTIVE DATE.** This section is effective August 1, 2024.

9.15 Sec. 9. Minnesota Statutes 2023 Supplement, section 256B.057, subdivision 9, is amended

9.16 to read:

9.17 Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid for

9.18 a person who is employed and who:

9.19 (1) but for excess earnings or assets meets the definition of disabled under the

9.20 Supplemental Security Income program; and

9.21 (2) pays a premium and other obligations under paragraph ~~(e)~~ (d).

9.22 (b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible

9.23 for medical assistance under this subdivision, a person must have more than \$65 of earned

9.24 income, be receiving an unemployment insurance benefit under chapter 268 that the person

9.25 began receiving while eligible under this subdivision, or be receiving family and medical

9.26 leave benefits under chapter 268B that the person began receiving while eligible under this

9.27 subdivision. Earned income must have Medicare, Social Security, and applicable state and

9.28 federal taxes withheld. The person must document earned income tax withholding. A person

9.29 who is self-employed must file and pay all applicable taxes. Any spousal income shall be

9.30 disregarded for purposes of eligibility and premium determinations.

9.31 (c) After the month of enrollment, a person enrolled in medical assistance under this

9.32 subdivision who would otherwise be ineligible and be disenrolled due to one of the following

10.1 circumstances may retain eligibility for up to four consecutive months after a month of job

10.2 loss if the person:

10.3 (1) is temporarily unable to work and without receipt of earned income due to a medical

10.4 condition, as verified by a physician, advanced practice registered nurse, or physician

10.5 assistant; or

10.6 (2) loses employment for reasons not attributable to the enrollee, and is without receipt

10.7 of earned income.

10.8 To receive a four-month extension of continued eligibility under this paragraph, enrollees

10.9 must verify the medical condition or provide notification of job loss, continue to meet all

10.10 other eligibility requirements, and continue to pay all calculated premium costs.

12.6 (d) All enrollees must pay a premium to be eligible for medical assistance under this
12.7 subdivision, except as provided under clause (5).

12.8 (1) An enrollee must pay the greater of a \$35 premium or the premium calculated based
12.9 on the person's gross earned and unearned income and the applicable family size using a
12.10 sliding fee scale established by the commissioner, which begins at one percent of income
12.11 at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for
12.12 those with incomes at or above 300 percent of the federal poverty guidelines.

12.13 (2) Annual adjustments in the premium schedule based upon changes in the federal
12.14 poverty guidelines shall be effective for premiums due in July of each year.

12.15 (3) All enrollees who receive unearned income must pay one-half of one percent of
12.16 unearned income in addition to the premium amount, except as provided under clause (5).

12.17 (4) Increases in benefits under title II of the Social Security Act shall not be counted as
12.18 income for purposes of this subdivision until July 1 of each year.

12.19 (5) Effective July 1, 2009, American Indians are exempt from paying premiums as
12.20 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public
12.21 Law 111-5. For purposes of this clause, an American Indian is any person who meets the
12.22 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

12.23 (e) A person's eligibility and premium shall be determined by the local county agency.
12.24 Premiums must be paid to the commissioner. All premiums are dedicated to the
12.25 commissioner.

12.26 (f) Any required premium shall be determined at application and redetermined at the
12.27 enrollee's ~~six-month~~ 12-month income review or when a change in income or household
12.28 size is reported. Enrollees must report any change in income or household size within ~~ten~~
12.29 30 days of when the change occurs. A decreased premium resulting from a reported change
12.30 in income or household size shall be effective the first day of the next available billing
12.31 month after the change is reported. Except for changes occurring from annual cost-of-living
12.32 increases, a change resulting in an increased premium shall not affect the premium amount
12.33 until the next ~~six-month~~ 12-month review.

13.1 (g) Premium payment is due upon notification from the commissioner of the premium
13.2 amount required. Premiums may be paid in installments at the discretion of the commissioner.

13.3 (h) Nonpayment of the premium shall result in denial or termination of medical assistance
13.4 unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse
13.5 for the enrollee's failure to pay the required premium when due because the circumstances
13.6 were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall
13.7 determine whether good cause exists based on the weight of the supporting evidence
13.8 submitted by the enrollee to demonstrate good cause. Except when an installment agreement
13.9 is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must
13.10 pay any past due premiums as well as current premiums due prior to being reenrolled.

10.11 (d) All enrollees must pay a premium to be eligible for medical assistance under this
10.12 subdivision, except as provided under clause (5).

10.13 (1) An enrollee must pay the greater of a \$35 premium or the premium calculated based
10.14 on the person's gross earned and unearned income and the applicable family size using a
10.15 sliding fee scale established by the commissioner, which begins at one percent of income
10.16 at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for
10.17 those with incomes at or above 300 percent of the federal poverty guidelines.

10.18 (2) Annual adjustments in the premium schedule based upon changes in the federal
10.19 poverty guidelines shall be effective for premiums due in July of each year.

10.20 (3) All enrollees who receive unearned income must pay one-half of one percent of
10.21 unearned income in addition to the premium amount, except as provided under clause (5).

10.22 (4) Increases in benefits under title II of the Social Security Act shall not be counted as
10.23 income for purposes of this subdivision until July 1 of each year.

10.24 (5) Effective July 1, 2009, American Indians are exempt from paying premiums as
10.25 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public
10.26 Law 111-5. For purposes of this clause, an American Indian is any person who meets the
10.27 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

10.28 (e) A person's eligibility and premium shall be determined by the local county agency.
10.29 Premiums must be paid to the commissioner. All premiums are dedicated to the
10.30 commissioner.

10.31 (f) Any required premium shall be determined at application and redetermined at the
10.32 enrollee's ~~six-month~~ 12-month income review or when a change in income or household
11.1 size is reported. Enrollees must report any change in income or household size within ~~ten~~
11.2 30 days of when the change occurs. A decreased premium resulting from a reported change
11.3 in income or household size shall be effective the first day of the next available billing
11.4 month after the change is reported. Except for changes occurring from annual cost-of-living
11.5 increases, a change resulting in an increased premium shall not affect the premium amount
11.6 until the next ~~six-month~~ 12-month review.

11.7 (g) Premium payment is due upon notification from the commissioner of the premium
11.8 amount required. Premiums may be paid in installments at the discretion of the commissioner.

11.9 (h) Nonpayment of the premium shall result in denial or termination of medical assistance
11.10 unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse
11.11 for the enrollee's failure to pay the required premium when due because the circumstances
11.12 were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall
11.13 determine whether good cause exists based on the weight of the supporting evidence
11.14 submitted by the enrollee to demonstrate good cause. Except when an installment agreement
11.15 is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must
11.16 pay any past due premiums as well as current premiums due prior to being reenrolled.

13.11 Nonpayment shall include payment with a returned, refused, or dishonored instrument. The
13.12 commissioner may require a guaranteed form of payment as the only means to replace a
13.13 returned, refused, or dishonored instrument.

13.14 (i) For enrollees whose income does not exceed 200 percent of the federal poverty
13.15 guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the
13.16 enrollee for Medicare part B premiums under section 256B.0625, subdivision 15, paragraph
13.17 (a).

13.18 (j) The commissioner is authorized to determine that a premium amount was calculated
13.19 or billed in error, make corrections to financial records and billing systems, and refund
13.20 premiums collected in error.

13.21 Sec. 12. Minnesota Statutes 2022, section 256B.0659, subdivision 17a, is amended to
13.22 read:

13.23 Subd. 17a. **Enhanced rate.** (a) An enhanced rate of 107.5 percent of the rate paid for
13.24 personal care assistance services shall be paid for services provided to persons who qualify
13.25 for ten or more hours of personal care assistance services per day when provided by a
13.26 personal care assistant who meets the requirements of subdivision 11, paragraph (d).

13.27 (b) A personal care assistance provider must use all additional revenue attributable to
13.28 the rate enhancements under this subdivision for the wages and wage-related costs of the
13.29 personal care assistants, including any corresponding increase in the employer's share of
13.30 FICA taxes, Medicare taxes, state and federal unemployment taxes, and workers'
13.31 compensation premiums. The agency must not use the additional revenue attributable to
13.32 any enhanced rate under this subdivision to pay for mileage reimbursement, health and
13.33 dental insurance, life insurance, disability insurance, long-term care insurance, uniform
13.34 allowance, contributions to employee retirement accounts, or any other employee benefits.

14.1 (c) Any change in the eligibility criteria for the enhanced rate for personal care assistance
14.2 services as described in this subdivision and referenced in subdivision 11, paragraph (d),
14.3 does not constitute a change in a term or condition for individual providers as defined in
14.4 section 256B.0711, and is not subject to the state's obligation to meet and negotiate under
14.5 chapter 179A.

14.6 **EFFECTIVE DATE.** This section is effective July 1, 2024.

14.7 Sec. 13. Minnesota Statutes 2023 Supplement, section 256B.0659, subdivision 24, is
14.8 amended to read:

14.9 Subd. 24. **Personal care assistance provider agency; general duties.** A personal care
14.10 assistance provider agency shall:

14.11 (1) enroll as a Medicaid provider meeting all provider standards, including completion
14.12 of the required provider training;

14.13 (2) comply with general medical assistance coverage requirements;

11.17 Nonpayment shall include payment with a returned, refused, or dishonored instrument. The
11.18 commissioner may require a guaranteed form of payment as the only means to replace a
11.19 returned, refused, or dishonored instrument.

11.20 (i) For enrollees whose income does not exceed 200 percent of the federal poverty
11.21 guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the
11.22 enrollee for Medicare part B premiums under section 256B.0625, subdivision 15, paragraph
11.23 (a).

11.24 (j) The commissioner is authorized to determine that a premium amount was calculated
11.25 or billed in error, make corrections to financial records and billing systems, and refund
11.26 premiums collected in error.

- 14.14 (3) demonstrate compliance with law and policies of the personal care assistance program
14.15 to be determined by the commissioner;
- 14.16 (4) comply with background study requirements;
- 14.17 (5) verify and keep records of hours worked by the personal care assistant and qualified
14.18 professional;
- 14.19 (6) not engage in any agency-initiated direct contact or marketing in person, by phone,
14.20 or other electronic means to potential recipients, guardians, or family members;
- 14.21 (7) pay the personal care assistant and qualified professional based on actual hours of
14.22 services provided;
- 14.23 (8) withhold and pay all applicable federal and state taxes;
- 14.24 (9) document that the agency uses a minimum of 72.5 percent of the revenue generated
14.25 by the medical assistance rate for personal care assistance services for employee personal
14.26 care assistant wages and benefits. The revenue generated by the qualified professional and
14.27 the reasonable costs associated with the qualified professional shall not be used in making
14.28 this calculation;
- 14.29 (10) make the arrangements and pay unemployment insurance, taxes, workers'
14.30 compensation, liability insurance, and other benefits, if any;
- 14.31 (11) enter into a written agreement under subdivision 20 before services are provided;
- 15.1 (12) report suspected neglect and abuse to the common entry point according to section
15.2 256B.0651;
- 15.3 (13) provide the recipient with a copy of the home care bill of rights at start of service;
- 15.4 (14) request reassessments at least 60 days prior to the end of the current authorization
15.5 for personal care assistance services, on forms provided by the commissioner;
- 15.6 (15) comply with the labor market reporting requirements described in section 256B.4912,
15.7 subdivision 1a;
- 15.8 (16) document that the agency uses the additional revenue due to the enhanced rate under
15.9 subdivision 17a for the wages and benefits and any corresponding increase in the employer's
15.10 share of FICA taxes, Medicare taxes, state and federal unemployment taxes, and workers'
15.11 compensation premiums of the PCAs whose services meet the requirements under subdivision
15.12 11, paragraph (d); and
- 15.13 (17) ensure that a personal care assistant driving a recipient under subdivision 1,
15.14 paragraph (i), has a valid driver's license and the vehicle used is registered and insured
15.15 according to Minnesota law.
- 15.16 **EFFECTIVE DATE.** This section is effective July 1, 2024.

15.17 Sec. 14. Minnesota Statutes 2022, section 256B.0911, subdivision 24, is amended to read:

15.18 Subd. 24. **Remote reassessments.** (a) Assessments performed according to subdivisions
15.19 17 to 20 and 23 must be in person unless the assessment is a reassessment meeting the
15.20 requirements of this subdivision. Remote reassessments conducted by interactive video or
15.21 telephone may substitute for in-person reassessments.

15.22 (b) For services provided by the developmental disabilities waiver under section
15.23 256B.092, and the community access for disability inclusion, community alternative care,
15.24 and brain injury waiver programs under section 256B.49, remote reassessments may be
15.25 substituted for two consecutive reassessments if followed by an in-person reassessment.

15.26 (c) For services provided by alternative care under section 256B.0913, essential
15.27 community supports under section 256B.0922, and the elderly waiver under chapter 256S,
15.28 remote reassessments may be substituted for one reassessment if followed by an in-person
15.29 reassessment.

15.30 (d) For personal care assistance provided under section 256B.0659 and community first
15.31 services and supports provided under section 256B.85, remote reassessments may be
15.32 substituted for two consecutive reassessments if followed by an in-person reassessment.

16.1 ~~(e)~~ (e) A remote reassessment is permitted only if the lead agency provides informed
16.2 choice and the person being reassessed or the person's legal representative provides informed
16.3 consent for a remote assessment. Lead agencies must document that informed choice was
16.4 offered.

16.5 ~~(f)~~ (f) The person being reassessed, or the person's legal representative, may refuse a
16.6 remote reassessment at any time.

16.7 ~~(g)~~ (g) During a remote reassessment, if the certified assessor determines an in-person
16.8 reassessment is necessary in order to complete the assessment, the lead agency shall schedule
16.9 an in-person reassessment.

16.10 ~~(h)~~ (h) All other requirements of an in-person reassessment apply to a remote
16.11 reassessment, including updates to a person's support plan.

16.12 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
16.13 whichever occurs later. The commissioner of human services shall notify the revisor of
16.14 statutes when federal approval is obtained.

16.15 Sec. 15. Minnesota Statutes 2022, section 256B.092, is amended by adding a subdivision
16.16 to read:

16.17 Subd. 3a. **Authorization of technology services.** (a) Lead agencies must not implement
16.18 additional requirements, in addition to those required by the commissioner, that could result
16.19 in the delay of approval or implementation of technology.

11.27 Sec. 10. Minnesota Statutes 2022, section 256B.0911, subdivision 24, is amended to read:

11.28 Subd. 24. **Remote reassessments.** (a) Assessments performed according to subdivisions
11.29 17 to 20 and 23 must be in person unless the assessment is a reassessment meeting the
11.30 requirements of this subdivision. Remote reassessments conducted by interactive video or
11.31 telephone may substitute for in-person reassessments.

11.32 (b) For services provided by the developmental disabilities waiver under section
11.33 256B.092, and the community access for disability inclusion, community alternative care,
12.1 and brain injury waiver programs under section 256B.49, remote reassessments may be
12.2 substituted for two consecutive reassessments if followed by an in-person reassessment.

12.3 (c) For services provided by alternative care under section 256B.0913, essential
12.4 community supports under section 256B.0922, and the elderly waiver under chapter 256S,
12.5 remote reassessments may be substituted for one reassessment if followed by an in-person
12.6 reassessment.

12.7 (d) For personal care assistance provided under section 256B.0659 and community first
12.8 services and supports provided under section 256B.85, remote reassessments may be
12.9 substituted for two consecutive reassessments if followed by an in-person reassessment.

12.10 ~~(e)~~ (e) A remote reassessment is permitted only if the lead agency provides informed
12.11 choice and the person being reassessed or the person's legal representative provides informed
12.12 consent for a remote assessment. Lead agencies must document that informed choice was
12.13 offered.

12.14 ~~(f)~~ (f) The person being reassessed, or the person's legal representative, may refuse a
12.15 remote reassessment at any time.

12.16 ~~(g)~~ (g) During a remote reassessment, if the certified assessor determines an in-person
12.17 reassessment is necessary in order to complete the assessment, the lead agency shall schedule
12.18 an in-person reassessment.

12.19 ~~(h)~~ (h) All other requirements of an in-person reassessment apply to a remote
12.20 reassessment, including updates to a person's support plan.

12.21 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
12.22 of human services shall notify the revisor of statutes when federal approval is obtained.

12.23 Sec. 11. Minnesota Statutes 2022, section 256B.092, is amended by adding a subdivision
12.24 to read:

12.25 Subd. 3a. **Authorization of technology services.** (a) Lead agencies must not implement
12.26 additional requirements, in addition to those required by the commissioner, that could result
12.27 in the delay of approval or implementation of technology.

16.20 (b) For individuals receiving waiver services under this section, approval or denial of
16.21 technology must occur within 30 business days of the receipt of the initial request. If denied,
16.22 the lead agency must submit a notice of action form clearly stating the reason for the denial,
16.23 including information describing why the technology is not appropriate to meet the
16.24 individual's assessed need.

16.25 Sec. 16. Minnesota Statutes 2022, section 256B.49, is amended by adding a subdivision
16.26 to read:

16.27 Subd. 16b. **Authorization of technology services.** (a) Lead agencies must not implement
16.28 additional requirements, in addition to those required by the commissioner, that could result
16.29 in the delay of approval or implementation of technology.

16.30 (b) For individuals receiving waiver services under this section, approval or denial of
16.31 technology must occur within 30 business days of the receipt of the initial request. If denied,
16.32 the lead agency must submit a notice of action form clearly stating the reason for the denial,
17.1 including information describing why the technology is not appropriate to meet the
17.2 individual's assessed need.

17.3 Sec. 17. Minnesota Statutes 2022, section 256B.4905, subdivision 12, is amended to read:

17.4 Subd. 12. **Informed choice in and technology prioritization in implementation for**
17.5 **disability waiver services.** The commissioner of human services shall ensure that:

17.6 (1) disability waivers under sections 256B.092 and 256B.49 support the presumption
17.7 that all adults who have disabilities and children who have disabilities may use assistive
17.8 technology, remote supports, or both to enhance the adult's or child's independence and
17.9 quality of life; and

17.10 (2) each individual accessing waiver services is offered, after an informed
17.11 decision-making process and during a person-centered planning process, the opportunity
17.12 to choose assistive technology, remote support, or both prior to the commissioner offering
17.13 or reauthorizing services that utilize direct support staff to ensure equitable access.

17.14 Sec. 18. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 4, is
17.15 amended to read:

17.16 Subd. 4. **Data collection for rate determination.** (a) Rates for applicable home and
17.17 community-based waived services, including customized rates under subdivision 12, are
17.18 set by the rates management system.

17.19 (b) Data and information in the rates management system must be used to calculate an
17.20 individual's rate.

17.21 (c) Service providers, with information from the support plan and oversight by lead
17.22 agencies, shall provide values and information needed to calculate an individual's rate in
17.23 the rates management system. Lead agencies must use forms provided by the commissioner
17.24 to collect this information. The determination of service levels must be part of a discussion

12.28 (b) For individuals receiving waiver services under this section, approval or denial of
12.29 technology must occur within 30 business days of the receipt of the initial request. If denied,
12.30 the lead agency must submit a notice of action form clearly stating the reason for the denial,
12.31 including information describing why the technology is not appropriate to meet the
12.32 individual's assessed need.

13.1 Sec. 12. Minnesota Statutes 2022, section 256B.49, is amended by adding a subdivision
13.2 to read:

13.3 Subd. 16b. **Authorization of technology services.** (a) Lead agencies must not implement
13.4 additional requirements, in addition to those required by the commissioner, that could result
13.5 in the delay of approval or implementation of technology.

13.6 (b) For individuals receiving waiver services under this section, approval or denial of
13.7 technology must occur within 30 business days of the receipt of the initial request. If denied,
13.8 the lead agency must submit a notice of action form clearly stating the reason for the denial,
13.9 including information describing why the technology is not appropriate to meet the
13.10 individual's assessed need.

13.11 Sec. 13. Minnesota Statutes 2022, section 256B.4905, subdivision 12, is amended to read:

13.12 Subd. 12. **Informed choice in and technology prioritization in implementation for**
13.13 **disability waiver services.** The commissioner of human services shall ensure that:

13.14 (1) disability waivers under sections 256B.092 and 256B.49 support the presumption
13.15 that all adults who have disabilities and children who have disabilities may use assistive
13.16 technology, remote supports, or both to enhance the adult's or child's independence and
13.17 quality of life; and

13.18 (2) each individual accessing waiver services is offered, after an informed
13.19 decision-making process and during a person-centered planning process, the opportunity
13.20 to choose assistive technology, remote support, or both prior to the commissioner offering
13.21 or reauthorizing services that utilize direct support staff to ensure equitable access.

13.22 Sec. 14. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 4, is
13.23 amended to read:

13.24 Subd. 4. **Data collection for rate determination.** (a) Rates for applicable home and
13.25 community-based waived services, including customized rates under subdivision 12, are
13.26 set by the rates management system.

13.27 (b) Data and information in the rates management system must be used to calculate an
13.28 individual's rate.

13.29 (c) Service providers, with information from the support plan and oversight by lead
13.30 agencies, shall provide values and information needed to calculate an individual's rate in
13.31 the rates management system. Lead agencies must use forms provided by the commissioner
13.32 to collect this information. The determination of service levels must be part of a discussion

17.25 with members of the support team as defined in section 245D.02, subdivision 34. This
17.26 discussion must occur prior to the final establishment of each individual's rate. The values
17.27 and information include:

17.28 (1) shared staffing hours;

17.29 (2) individual staffing hours;

17.30 (3) direct registered nurse hours;

17.31 (4) direct licensed practical nurse hours;

18.1 (5) staffing ratios;

18.2 (6) information to document variable levels of service qualification for variable levels
18.3 of reimbursement in each framework;

18.4 (7) shared or individualized arrangements for unit-based services, including the staffing
18.5 ratio;

18.6 (8) number of trips and miles for transportation services; and

18.7 (9) service hours provided through monitoring technology.

18.8 (d) Updates to individual data must include:

18.9 (1) data for each individual that is updated annually when renewing service plans; and

18.10 (2) requests by individuals or lead agencies to update a rate whenever there is a change
18.11 in an individual's service needs, with accompanying documentation.

18.12 (e) Lead agencies shall review and approve all services reflecting each individual's needs,
18.13 and the values to calculate the final payment rate for services with variables under
18.14 subdivisions 6 to 9 for each individual. Lead agencies must notify the individual and the
18.15 service provider of the final agreed-upon values and rate, and provide information that is
18.16 identical to what was entered into the rates management system. If a value used was
18.17 mistakenly or erroneously entered and used to calculate a rate, a provider may petition lead
18.18 agencies to correct it. Lead agencies must respond to these requests. When responding to
18.19 the request, the lead agency must consider:

18.20 (1) meeting the health and welfare needs of the individual or individuals receiving
18.21 services by service site, identified in their support plan under section 245D.02, subdivision
18.22 4b, and any addendum under section 245D.02, subdivision 4c;

18.23 (2) meeting the requirements for staffing under subdivision 2, paragraphs (h), (n), and
18.24 (o); and meeting or exceeding the licensing standards for staffing required under section
18.25 245D.09, subdivision 1; and

18.26 (3) meeting the staffing ratio requirements under subdivision 2, paragraph (o), and
18.27 meeting or exceeding the licensing standards for staffing required under section 245D.31.

14.1 with members of the support team as defined in section 245D.02, subdivision 34. This
14.2 discussion must occur prior to the final establishment of each individual's rate. The values
14.3 and information include:

14.4 (1) shared staffing hours;

14.5 (2) individual staffing hours;

14.6 (3) direct registered nurse hours;

14.7 (4) direct licensed practical nurse hours;

14.8 (5) staffing ratios;

14.9 (6) information to document variable levels of service qualification for variable levels
14.10 of reimbursement in each framework;

14.11 (7) shared or individualized arrangements for unit-based services, including the staffing
14.12 ratio;

14.13 (8) number of trips and miles for transportation services; and

14.14 (9) service hours provided through monitoring technology.

14.15 (d) Updates to individual data must include:

14.16 (1) data for each individual that is updated annually when renewing service plans; and

14.17 (2) requests by individuals or lead agencies to update a rate whenever there is a change
14.18 in an individual's service needs, with accompanying documentation.

14.19 (e) Lead agencies shall review and approve all services reflecting each individual's needs,
14.20 and the values to calculate the final payment rate for services with variables under
14.21 subdivisions 6 to 9 for each individual. Lead agencies must notify the individual and the
14.22 service provider of the final agreed-upon values and rate, and provide information that is
14.23 identical to what was entered into the rates management system. If a value used was
14.24 mistakenly or erroneously entered and used to calculate a rate, a provider may petition lead
14.25 agencies to correct it. Lead agencies must respond to these requests. When responding to
14.26 the request, the lead agency must consider:

14.27 (1) meeting the health and welfare needs of the individual or individuals receiving
14.28 services by service site, identified in their support plan under section 245D.02, subdivision
14.29 4b, and any addendum under section 245D.02, subdivision 4c;

15.1 (2) meeting the requirements for staffing under subdivision 2, paragraphs (h), (n), and
15.2 (o); and meeting or exceeding the licensing standards for staffing required under section
15.3 245D.09, subdivision 1; and

15.4 (3) meeting the staffing ratio requirements under subdivision 2, paragraph (o), and
15.5 meeting or exceeding the licensing standards for staffing required under section 245D.31.

18.28 **EFFECTIVE DATE.** This section is effective January 1, 2025.

18.29 Sec. 19. Minnesota Statutes 2022, section 256B.85, subdivision 2, is amended to read:

18.30 Subd. 2. **Definitions.** (a) For the purposes of this section and section 256B.851, the terms
18.31 defined in this subdivision have the meanings given.

19.1 (b) "Activities of daily living" or "ADLs" means:

19.2 (1) dressing, including assistance with choosing, applying, and changing clothing and
19.3 applying special appliances, wraps, or clothing;

19.4 (2) grooming, including assistance with basic hair care, oral care, shaving, applying
19.5 cosmetics and deodorant, and care of eyeglasses and hearing aids. Grooming includes nail
19.6 care, except for recipients who are diabetic or have poor circulation;

19.7 (3) bathing, including assistance with basic personal hygiene and skin care;

19.8 (4) eating, including assistance with hand washing and applying orthotics required for
19.9 eating, ~~transfers~~, or feeding;

19.10 (5) transfers, including assistance with transferring the participant from one seating or
19.11 reclining area to another;

19.12 (6) mobility, including assistance with ambulation and use of a wheelchair. Mobility
19.13 does not include providing transportation for a participant;

19.14 (7) positioning, including assistance with positioning or turning a participant for necessary
19.15 care and comfort; and

19.16 (8) toileting, including assistance with bowel or bladder elimination and care, transfers,
19.17 mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing
19.18 the perineal area, inspection of the skin, and adjusting clothing.

19.19 (c) "Agency-provider model" means a method of CFSS under which a qualified agency
19.20 provides services and supports through the agency's own employees and policies. The agency
19.21 must allow the participant to have a significant role in the selection and dismissal of support
19.22 workers of their choice for the delivery of their specific services and supports.

19.23 (d) "Behavior" means a description of a need for services and supports used to determine
19.24 the home care rating and additional service units. The presence of Level I behavior is used
19.25 to determine the home care rating.

19.26 (e) "Budget model" means a service delivery method of CFSS that allows the use of a
19.27 service budget and assistance from a financial management services (FMS) provider for a
19.28 participant to directly employ support workers and purchase supports and goods.

19.29 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that
19.30 has been ordered by a physician, advanced practice registered nurse, or physician's assistant
19.31 and is specified in an assessment summary, including:

15.6 **EFFECTIVE DATE.** This section is effective January 1, 2025.

15.7 Sec. 15. Minnesota Statutes 2022, section 256B.85, subdivision 2, is amended to read:

15.8 Subd. 2. **Definitions.** (a) For the purposes of this section and section 256B.851, the terms
15.9 defined in this subdivision have the meanings given.

15.10 (b) "Activities of daily living" or "ADLs" means:

15.11 (1) dressing, including assistance with choosing, applying, and changing clothing and
15.12 applying special appliances, wraps, or clothing;

15.13 (2) grooming, including assistance with basic hair care, oral care, shaving, applying
15.14 cosmetics and deodorant, and care of eyeglasses and hearing aids. Grooming includes nail
15.15 care, except for recipients who are diabetic or have poor circulation;

15.16 (3) bathing, including assistance with basic personal hygiene and skin care;

15.17 (4) eating, including assistance with hand washing and applying orthotics required for
15.18 eating, ~~transfers~~, or feeding;

15.19 (5) transfers, including assistance with transferring the participant from one seating or
15.20 reclining area to another;

15.21 (6) mobility, including assistance with ambulation and use of a wheelchair. Mobility
15.22 does not include providing transportation for a participant;

15.23 (7) positioning, including assistance with positioning or turning a participant for necessary
15.24 care and comfort; and

15.25 (8) toileting, including assistance with bowel or bladder elimination and care, transfers,
15.26 mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing
15.27 the perineal area, inspection of the skin, and adjusting clothing.

15.28 (c) "Agency-provider model" means a method of CFSS under which a qualified agency
15.29 provides services and supports through the agency's own employees and policies. The agency
15.30 must allow the participant to have a significant role in the selection and dismissal of support
15.31 workers of their choice for the delivery of their specific services and supports.

16.1 (d) "Behavior" means a description of a need for services and supports used to determine
16.2 the home care rating and additional service units. The presence of Level I behavior is used
16.3 to determine the home care rating.

16.4 (e) "Budget model" means a service delivery method of CFSS that allows the use of a
16.5 service budget and assistance from a financial management services (FMS) provider for a
16.6 participant to directly employ support workers and purchase supports and goods.

16.7 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that
16.8 has been ordered by a physician, advanced practice registered nurse, or physician's assistant
16.9 and is specified in an assessment summary, including:

19.32 (1) tube feedings requiring:
20.1 (i) a gastrojejunostomy tube; or
20.2 (ii) continuous tube feeding lasting longer than 12 hours per day;
20.3 (2) wounds described as:
20.4 (i) stage III or stage IV;
20.5 (ii) multiple wounds;
20.6 (iii) requiring sterile or clean dressing changes or a wound vac; or
20.7 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized
20.8 care;
20.9 (3) parenteral therapy described as:
20.10 (i) IV therapy more than two times per week lasting longer than four hours for each
20.11 treatment; or
20.12 (ii) total parenteral nutrition (TPN) daily;
20.13 (4) respiratory interventions, including:
20.14 (i) oxygen required more than eight hours per day;
20.15 (ii) respiratory vest more than one time per day;
20.16 (iii) bronchial drainage treatments more than two times per day;
20.17 (iv) sterile or clean suctioning more than six times per day;
20.18 (v) dependence on another to apply respiratory ventilation augmentation devices such
20.19 as BiPAP and CPAP; and
20.20 (vi) ventilator dependence under section 256B.0651;
20.21 (5) insertion and maintenance of catheter, including:
20.22 (i) sterile catheter changes more than one time per month;
20.23 (ii) clean intermittent catheterization, and including self-catheterization more than six
20.24 times per day; or
20.25 (iii) bladder irrigations;
20.26 (6) bowel program more than two times per week requiring more than 30 minutes to
20.27 perform each time;
20.28 (7) neurological intervention, including:

16.10 (1) tube feedings requiring:
16.11 (i) a gastrojejunostomy tube; or
16.12 (ii) continuous tube feeding lasting longer than 12 hours per day;
16.13 (2) wounds described as:
16.14 (i) stage III or stage IV;
16.15 (ii) multiple wounds;
16.16 (iii) requiring sterile or clean dressing changes or a wound vac; or
16.17 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized
16.18 care;
16.19 (3) parenteral therapy described as:
16.20 (i) IV therapy more than two times per week lasting longer than four hours for each
16.21 treatment; or
16.22 (ii) total parenteral nutrition (TPN) daily;
16.23 (4) respiratory interventions, including:
16.24 (i) oxygen required more than eight hours per day;
16.25 (ii) respiratory vest more than one time per day;
16.26 (iii) bronchial drainage treatments more than two times per day;
16.27 (iv) sterile or clean suctioning more than six times per day;
16.28 (v) dependence on another to apply respiratory ventilation augmentation devices such
16.29 as BiPAP and CPAP; and
17.1 (vi) ventilator dependence under section 256B.0651;
17.2 (5) insertion and maintenance of catheter, including:
17.3 (i) sterile catheter changes more than one time per month;
17.4 (ii) clean intermittent catheterization, and including self-catheterization more than six
17.5 times per day; or
17.6 (iii) bladder irrigations;
17.7 (6) bowel program more than two times per week requiring more than 30 minutes to
17.8 perform each time;
17.9 (7) neurological intervention, including:

21.1 (i) seizures more than two times per week and requiring significant physical assistance
21.2 to maintain safety; or

21.3 (ii) swallowing disorders diagnosed by a physician, advanced practice registered nurse,
21.4 or physician's assistant and requiring specialized assistance from another on a daily basis;
21.5 and

21.6 (8) other congenital or acquired diseases creating a need for significantly increased direct
21.7 hands-on assistance and interventions in six to eight activities of daily living.

21.8 (g) "Community first services and supports" or "CFSS" means the assistance and supports
21.9 program under this section needed for accomplishing activities of daily living, instrumental
21.10 activities of daily living, and health-related tasks through hands-on assistance to accomplish
21.11 the task or constant supervision and cueing to accomplish the task, or the purchase of goods
21.12 as defined in subdivision 7, clause (3), that replace the need for human assistance.

21.13 (h) "Community first services and supports service delivery plan" or "CFSS service
21.14 delivery plan" means a written document detailing the services and supports chosen by the
21.15 participant to meet assessed needs that are within the approved CFSS service authorization,
21.16 as determined in subdivision 8. Services and supports are based on the support plan identified
21.17 in sections 256B.092, subdivision 1b, and 256S.10.

21.18 (i) "Consultation services" means a Minnesota health care program enrolled provider
21.19 organization that provides assistance to the participant in making informed choices about
21.20 CFSS services in general and self-directed tasks in particular, and in developing a
21.21 person-centered CFSS service delivery plan to achieve quality service outcomes.

21.22 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

21.23 (k) "Dependency" in activities of daily living means a person requires hands-on assistance
21.24 or constant supervision and cueing to accomplish one or more of the activities of daily living
21.25 every day or on the days during the week that the activity is performed; however, a child
21.26 must not be found to be dependent in an activity of daily living if, because of the child's
21.27 age, an adult would either perform the activity for the child or assist the child with the
21.28 activity and the assistance needed is the assistance appropriate for a typical child of the
21.29 same age.

21.30 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are
21.31 included in the CFSS service delivery plan through one of the home and community-based
21.32 services waivers and as approved and authorized under chapter 256S and sections 256B.092,
22.1 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state
22.2 plan CFSS services for participants. Extended CFSS excludes the purchase of goods.

22.3 (m) "Financial management services provider" or "FMS provider" means a qualified
22.4 organization required for participants using the budget model under subdivision 13 that is
22.5 an enrolled provider with the department to provide vendor fiscal/employer agent financial
22.6 management services (FMS).

17.10 (i) seizures more than two times per week and requiring significant physical assistance
17.11 to maintain safety; or

17.12 (ii) swallowing disorders diagnosed by a physician, advanced practice registered nurse,
17.13 or physician's assistant and requiring specialized assistance from another on a daily basis;
17.14 and

17.15 (8) other congenital or acquired diseases creating a need for significantly increased direct
17.16 hands-on assistance and interventions in six to eight activities of daily living.

17.17 (g) "Community first services and supports" or "CFSS" means the assistance and supports
17.18 program under this section needed for accomplishing activities of daily living, instrumental
17.19 activities of daily living, and health-related tasks through hands-on assistance to accomplish
17.20 the task or constant supervision and cueing to accomplish the task, or the purchase of goods
17.21 as defined in subdivision 7, clause (3), that replace the need for human assistance.

17.22 (h) "Community first services and supports service delivery plan" or "CFSS service
17.23 delivery plan" means a written document detailing the services and supports chosen by the
17.24 participant to meet assessed needs that are within the approved CFSS service authorization,
17.25 as determined in subdivision 8. Services and supports are based on the support plan identified
17.26 in sections 256B.092, subdivision 1b, and 256S.10.

17.27 (i) "Consultation services" means a Minnesota health care program enrolled provider
17.28 organization that provides assistance to the participant in making informed choices about
17.29 CFSS services in general and self-directed tasks in particular, and in developing a
17.30 person-centered CFSS service delivery plan to achieve quality service outcomes.

17.31 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

18.1 (k) "Dependency" in activities of daily living means a person requires hands-on assistance
18.2 or constant supervision and cueing to accomplish one or more of the activities of daily living
18.3 every day or on the days during the week that the activity is performed; however, a child
18.4 must not be found to be dependent in an activity of daily living if, because of the child's
18.5 age, an adult would either perform the activity for the child or assist the child with the
18.6 activity and the assistance needed is the assistance appropriate for a typical child of the
18.7 same age.

18.8 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are
18.9 included in the CFSS service delivery plan through one of the home and community-based
18.10 services waivers and as approved and authorized under chapter 256S and sections 256B.092,
18.11 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state
18.12 plan CFSS services for participants. Extended CFSS excludes the purchase of goods.

18.13 (m) "Financial management services provider" or "FMS provider" means a qualified
18.14 organization required for participants using the budget model under subdivision 13 that is
18.15 an enrolled provider with the department to provide vendor fiscal/employer agent financial
18.16 management services (FMS).

22.7 (n) "Health-related procedures and tasks" means procedures and tasks related to the
22.8 specific assessed health needs of a participant that can be taught or assigned by a
22.9 state-licensed health care or mental health professional and performed by a support worker.

22.10 (o) "Instrumental activities of daily living" means activities related to living independently
22.11 in the community, including but not limited to: meal planning, preparation, and cooking;
22.12 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance
22.13 with medications; managing finances; communicating needs and preferences during activities;
22.14 arranging supports; and assistance with traveling around and participating in the community,
22.15 including traveling to medical appointments. For purposes of this paragraph, traveling
22.16 includes driving and accompanying the recipient in the recipient's chosen mode of
22.17 transportation and according to the individual CFSS service delivery plan.

22.18 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 10.

22.19 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or
22.20 another representative with legal authority to make decisions about services and supports
22.21 for the participant. Other representatives with legal authority to make decisions include but
22.22 are not limited to a health care agent or an attorney-in-fact authorized through a health care
22.23 directive or power of attorney.

22.24 (r) "Level I behavior" means physical aggression toward self or others or destruction of
22.25 property that requires the immediate response of another person.

22.26 (s) "Medication assistance" means providing verbal or visual reminders to take regularly
22.27 scheduled medication, and includes any of the following supports listed in clauses (1) to
22.28 (3) and other types of assistance, except that a support worker must not determine medication
22.29 dose or time for medication or inject medications into veins, muscles, or skin:

22.30 (1) under the direction of the participant or the participant's representative, bringing
22.31 medications to the participant including medications given through a nebulizer, opening a
22.32 container of previously set-up medications, emptying the container into the participant's
23.1 hand, opening and giving the medication in the original container to the participant, or
23.2 bringing to the participant liquids or food to accompany the medication;

23.3 (2) organizing medications as directed by the participant or the participant's representative;
23.4 and

23.5 (3) providing verbal or visual reminders to perform regularly scheduled medications.

23.6 (t) "Participant" means a person who is eligible for CFSS.

23.7 (u) "Participant's representative" means a parent, family member, advocate, or other
23.8 adult authorized by the participant or participant's legal representative, if any, to serve as a
23.9 representative in connection with the provision of CFSS. If the participant is unable to assist
23.10 in the selection of a participant's representative, the legal representative shall appoint one.

18.17 (n) "Health-related procedures and tasks" means procedures and tasks related to the
18.18 specific assessed health needs of a participant that can be taught or assigned by a
18.19 state-licensed health care or mental health professional and performed by a support worker.

18.20 (o) "Instrumental activities of daily living" means activities related to living independently
18.21 in the community, including but not limited to: meal planning, preparation, and cooking;
18.22 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance
18.23 with medications; managing finances; communicating needs and preferences during activities;
18.24 arranging supports; and assistance with traveling around and participating in the community,
18.25 including traveling to medical appointments. For purposes of this paragraph, traveling
18.26 includes driving and accompanying the recipient in the recipient's chosen mode of
18.27 transportation and according to the individual CFSS service delivery plan.

18.28 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 10.

18.29 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or
18.30 another representative with legal authority to make decisions about services and supports
18.31 for the participant. Other representatives with legal authority to make decisions include but
18.32 are not limited to a health care agent or an attorney-in-fact authorized through a health care
18.33 directive or power of attorney.

19.1 (r) "Level I behavior" means physical aggression toward self or others or destruction of
19.2 property that requires the immediate response of another person.

19.3 (s) "Medication assistance" means providing verbal or visual reminders to take regularly
19.4 scheduled medication, and includes any of the following supports listed in clauses (1) to
19.5 (3) and other types of assistance, except that a support worker must not determine medication
19.6 dose or time for medication or inject medications into veins, muscles, or skin:

19.7 (1) under the direction of the participant or the participant's representative, bringing
19.8 medications to the participant including medications given through a nebulizer, opening a
19.9 container of previously set-up medications, emptying the container into the participant's
19.10 hand, opening and giving the medication in the original container to the participant, or
19.11 bringing to the participant liquids or food to accompany the medication;

19.12 (2) organizing medications as directed by the participant or the participant's representative;
19.13 and

19.14 (3) providing verbal or visual reminders to perform regularly scheduled medications.

19.15 (t) "Participant" means a person who is eligible for CFSS.

19.16 (u) "Participant's representative" means a parent, family member, advocate, or other
19.17 adult authorized by the participant or participant's legal representative, if any, to serve as a
19.18 representative in connection with the provision of CFSS. If the participant is unable to assist
19.19 in the selection of a participant's representative, the legal representative shall appoint one.

23.11 (v) "Person-centered planning process" means a process that is directed by the participant
23.12 to plan for CFSS services and supports.

23.13 (w) "Service budget" means the authorized dollar amount used for the budget model or
23.14 for the purchase of goods.

23.15 (x) "Shared services" means the provision of CFSS services by the same CFSS support
23.16 worker to two or three participants who voluntarily enter into a written agreement to receive
23.17 services at the same time, in the same setting, and through the same agency-provider or
23.18 FMS provider.

23.19 (y) "Support worker" means a qualified and trained employee of the agency-provider
23.20 as required by subdivision 11b or of the participant employer under the budget model as
23.21 required by subdivision 14 who has direct contact with the participant and provides services
23.22 as specified within the participant's CFSS service delivery plan.

23.23 (z) "Unit" means the increment of service based on hours or minutes identified in the
23.24 service agreement.

23.25 (aa) "Vendor fiscal employer agent" means an agency that provides financial management
23.26 services.

23.27 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share
23.28 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,
23.29 mileage reimbursement, health and dental insurance, life insurance, disability insurance,
23.30 long-term care insurance, uniform allowance, contributions to employee retirement accounts,
23.31 or other forms of employee compensation and benefits.

24.1 (cc) "Worker training and development" means services provided according to subdivision
24.2 18a for developing workers' skills as required by the participant's individual CFSS service
24.3 delivery plan that are arranged for or provided by the agency-provider or purchased by the
24.4 participant employer. These services include training, education, direct observation and
24.5 supervision, and evaluation and coaching of job skills and tasks, including supervision of
24.6 health-related tasks or behavioral supports.

24.7 Sec. 20. Minnesota Statutes 2022, section 256B.85, subdivision 6, is amended to read:

24.8 Subd. 6. **Community first services and supports service delivery plan.** (a) The CFSS
24.9 service delivery plan must be developed and evaluated through a person-centered planning
24.10 process by the participant, or the participant's representative or legal representative who
24.11 may be assisted by a consultation services provider. The CFSS service delivery plan must
24.12 reflect the services and supports that are important to the participant and for the participant
24.13 to meet the needs assessed by the certified assessor and identified in the support plan
24.14 identified in sections 256B.092, subdivision 1b, and 256S.10. The CFSS service delivery
24.15 plan must be reviewed by the participant, the consultation services provider, and the
24.16 agency-provider or FMS provider prior to starting services and at least annually upon

19.20 (v) "Person-centered planning process" means a process that is directed by the participant
19.21 to plan for CFSS services and supports.

19.22 (w) "Service budget" means the authorized dollar amount used for the budget model or
19.23 for the purchase of goods.

19.24 (x) "Shared services" means the provision of CFSS services by the same CFSS support
19.25 worker to two or three participants who voluntarily enter into a written agreement to receive
19.26 services at the same time, in the same setting, and through the same agency-provider or
19.27 FMS provider.

19.28 (y) "Support worker" means a qualified and trained employee of the agency-provider
19.29 as required by subdivision 11b or of the participant employer under the budget model as
19.30 required by subdivision 14 who has direct contact with the participant and provides services
19.31 as specified within the participant's CFSS service delivery plan.

20.1 (z) "Unit" means the increment of service based on hours or minutes identified in the
20.2 service agreement.

20.3 (aa) "Vendor fiscal employer agent" means an agency that provides financial management
20.4 services.

20.5 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share
20.6 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,
20.7 mileage reimbursement, health and dental insurance, life insurance, disability insurance,
20.8 long-term care insurance, uniform allowance, contributions to employee retirement accounts,
20.9 or other forms of employee compensation and benefits.

20.10 (cc) "Worker training and development" means services provided according to subdivision
20.11 18a for developing workers' skills as required by the participant's individual CFSS service
20.12 delivery plan that are arranged for or provided by the agency-provider or purchased by the
20.13 participant employer. These services include training, education, direct observation and
20.14 supervision, and evaluation and coaching of job skills and tasks, including supervision of
20.15 health-related tasks or behavioral supports.

20.16 Sec. 16. Minnesota Statutes 2022, section 256B.85, subdivision 6, is amended to read:

20.17 Subd. 6. **Community first services and supports service delivery plan.** (a) The CFSS
20.18 service delivery plan must be developed and evaluated through a person-centered planning
20.19 process by the participant, or the participant's representative or legal representative who
20.20 may be assisted by a consultation services provider. The CFSS service delivery plan must
20.21 reflect the services and supports that are important to the participant and for the participant
20.22 to meet the needs assessed by the certified assessor and identified in the support plan
20.23 identified in sections 256B.092, subdivision 1b, and 256S.10. The CFSS service delivery
20.24 plan must be reviewed by the participant, the consultation services provider, and the
20.25 agency-provider or FMS provider prior to starting services and at least annually upon

24.17 reassessment, or when there is a significant change in the participant's condition, or a change
24.18 in the need for services and supports.

24.19 (b) The commissioner shall establish the format and criteria for the CFSS service delivery
24.20 plan.

24.21 (c) The CFSS service delivery plan must be person-centered and:

24.22 (1) specify the consultation services provider, agency-provider, or FMS provider selected
24.23 by the participant;

24.24 (2) reflect the setting in which the participant resides that is chosen by the participant;

24.25 (3) reflect the participant's strengths and preferences;

24.26 (4) include the methods and supports used to address the needs as identified through an
24.27 assessment of functional needs;

24.28 (5) include the participant's identified goals and desired outcomes;

24.29 (6) reflect the services and supports, paid and unpaid, that will assist the participant to
24.30 achieve identified goals, including the costs of the services and supports, and the providers
24.31 of those services and supports, including natural supports;

25.1 (7) identify the amount and frequency of face-to-face supports and amount and frequency
25.2 of remote supports and technology that will be used;

25.3 (8) identify risk factors and measures in place to minimize them, including individualized
25.4 backup plans;

25.5 (9) be understandable to the participant and the individuals providing support;

25.6 (10) identify the individual or entity responsible for monitoring the plan;

25.7 (11) be finalized and agreed to in writing by the participant and signed by individuals
25.8 and providers responsible for its implementation;

25.9 (12) be distributed to the participant and other people involved in the plan;

25.10 (13) prevent the provision of unnecessary or inappropriate care;

25.11 (14) include a detailed budget for expenditures for budget model participants or
25.12 participants under the agency-provider model if purchasing goods; and

25.13 (15) include a plan for worker training and development provided according to
25.14 subdivision 18a detailing what service components will be used, when the service components
25.15 will be used, how they will be provided, and how these service components relate to the
25.16 participant's individual needs and CFSS support worker services.

25.17 (d) The CFSS service delivery plan must describe the units or dollar amount available
25.18 to the participant. The total units of agency-provider services or the service budget amount

20.26 reassessment, or when there is a significant change in the participant's condition, or a change
20.27 in the need for services and supports.

20.28 (b) The commissioner shall establish the format and criteria for the CFSS service delivery
20.29 plan.

20.30 (c) The CFSS service delivery plan must be person-centered and:

20.31 (1) specify the consultation services provider, agency-provider, or FMS provider selected
20.32 by the participant;

20.33 (2) reflect the setting in which the participant resides that is chosen by the participant;

21.1 (3) reflect the participant's strengths and preferences;

21.2 (4) include the methods and supports used to address the needs as identified through an
21.3 assessment of functional needs;

21.4 (5) include the participant's identified goals and desired outcomes;

21.5 (6) reflect the services and supports, paid and unpaid, that will assist the participant to
21.6 achieve identified goals, including the costs of the services and supports, and the providers
21.7 of those services and supports, including natural supports;

21.8 (7) identify the amount and frequency of face-to-face supports and amount and frequency
21.9 of remote supports and technology that will be used;

21.10 (8) identify risk factors and measures in place to minimize them, including individualized
21.11 backup plans;

21.12 (9) be understandable to the participant and the individuals providing support;

21.13 (10) identify the individual or entity responsible for monitoring the plan;

21.14 (11) be finalized and agreed to in writing by the participant and signed by individuals
21.15 and providers responsible for its implementation;

21.16 (12) be distributed to the participant and other people involved in the plan;

21.17 (13) prevent the provision of unnecessary or inappropriate care;

21.18 (14) include a detailed budget for expenditures for budget model participants or
21.19 participants under the agency-provider model if purchasing goods; and

21.20 (15) include a plan for worker training and development provided according to
21.21 subdivision 18a detailing what service components will be used, when the service components
21.22 will be used, how they will be provided, and how these service components relate to the
21.23 participant's individual needs and CFSS support worker services.

21.24 (d) The CFSS service delivery plan must describe the units or dollar amount available
21.25 to the participant. The total units of agency-provider services or the service budget amount

25.19 for the budget model include both annual totals and a monthly average amount that cover
25.20 the number of months of the service agreement. The amount used each month may vary,
25.21 but additional funds must not be provided above the annual service authorization amount,
25.22 determined according to subdivision 8, unless a change in condition is assessed and
25.23 authorized by the certified assessor and documented in the support plan and CFSS service
25.24 delivery plan.

25.25 (e) In assisting with the development or modification of the CFSS service delivery plan
25.26 during the authorization time period, the consultation services provider shall:

25.27 (1) consult with the FMS provider on the spending budget when applicable; and

25.28 (2) consult with the participant or participant's representative, agency-provider, and case
25.29 manager or care coordinator.

25.30 (f) The CFSS service delivery plan must be approved by the ~~consultation services provider~~
25.31 ~~lead agency~~ for participants without a case manager or care coordinator who is responsible
26.1 for authorizing services. A case manager or care coordinator must approve the plan for a
26.2 waiver or alternative care program participant.

26.3 Sec. 21. Minnesota Statutes 2022, section 256B.85, subdivision 6a, is amended to read:

26.4 Subd. 6a. **Person-centered planning process.** The person-centered planning process
26.5 must:

26.6 (1) include people chosen by the participant;

26.7 (2) provide necessary information and support to ensure that the participant directs the
26.8 process to the maximum extent possible, and is enabled to make informed choices and
26.9 decisions;

26.10 (3) be timely and occur at times and locations convenient to the participant;

26.11 (4) reflect cultural considerations of the participant;

26.12 (5) include within the process strategies for solving conflict or disagreement, including
26.13 clear conflict-of-interest guidelines as identified in Code of Federal Regulations, title 42,
26.14 section ~~441.500~~ 441.540, for all planning;

26.15 (6) provide the participant choices of the services and supports the participant receives
26.16 and the staff providing those services and supports;

26.17 (7) include a method for the participant to request updates to the plan; and

26.18 (8) record the alternative home and community-based settings that were considered by
26.19 the participant.

21.26 for the budget model include both annual totals and a monthly average amount that cover
21.27 the number of months of the service agreement. The amount used each month may vary,
21.28 but additional funds must not be provided above the annual service authorization amount,
21.29 determined according to subdivision 8, unless a change in condition is assessed and
21.30 authorized by the certified assessor and documented in the support plan and CFSS service
21.31 delivery plan.

22.1 (e) In assisting with the development or modification of the CFSS service delivery plan
22.2 during the authorization time period, the consultation services provider shall:

22.3 (1) consult with the FMS provider on the spending budget when applicable; and

22.4 (2) consult with the participant or participant's representative, agency-provider, and case
22.5 manager or care coordinator.

22.6 (f) The CFSS service delivery plan must be approved by the ~~consultation services provider~~
22.7 ~~lead agency~~ for participants without a case manager or care coordinator who is responsible
22.8 for authorizing services. A case manager or care coordinator must approve the plan for a
22.9 waiver or alternative care program participant.

22.10 Sec. 17. Minnesota Statutes 2022, section 256B.85, subdivision 6a, is amended to read:

22.11 Subd. 6a. **Person-centered planning process.** The person-centered planning process
22.12 must:

22.13 (1) include people chosen by the participant;

22.14 (2) provide necessary information and support to ensure that the participant directs the
22.15 process to the maximum extent possible, and is enabled to make informed choices and
22.16 decisions;

22.17 (3) be timely and occur at times and locations convenient to the participant;

22.18 (4) reflect cultural considerations of the participant;

22.19 (5) include within the process strategies for solving conflict or disagreement, including
22.20 clear conflict-of-interest guidelines as identified in Code of Federal Regulations, title 42,
22.21 section ~~441.500~~ 441.540, for all planning;

22.22 (6) provide the participant choices of the services and supports the participant receives
22.23 and the staff providing those services and supports;

22.24 (7) include a method for the participant to request updates to the plan; and

22.25 (8) record the alternative home and community-based settings that were considered by
22.26 the participant.

26.20 Sec. 22. Minnesota Statutes 2022, section 256B.85, subdivision 7a, is amended to read:

26.21 Subd. 7a. **Enhanced rate.** (a) An enhanced rate of 107.5 percent of the rate paid for

26.22 CFSS must be paid for services provided to persons who qualify for ten or more hours of

26.23 CFSS per day when provided by a support worker who meets the requirements of subdivision

26.24 16, paragraph (e).

26.25 (b) An agency provider must use all additional revenue attributable to the rate

26.26 enhancements under this subdivision for the wages and wage-related costs of the support

26.27 workers, including any corresponding increase in the employer's share of FICA taxes,

26.28 Medicare taxes, state and federal unemployment taxes, and workers' compensation premiums.

26.29 The agency provider must not use the additional revenue attributable to any enhanced rate

26.30 under this subdivision to pay for mileage reimbursement, health and dental insurance, life

27.1 insurance, disability insurance, long-term care insurance, uniform allowance, contributions

27.2 to employee retirement accounts, or any other employee benefits.

27.3 (c) Any change in the eligibility criteria for the enhanced rate for CFSS as described in

27.4 this subdivision and referenced in subdivision 16, paragraph (e), does not constitute a change

27.5 in a term or condition for individual providers as defined in section 256B.0711, and is not

27.6 subject to the state's obligation to meet and negotiate under chapter 179A.

27.7 **EFFECTIVE DATE.** This section is effective July 1, 2024.

27.8 Sec. 23. Minnesota Statutes 2022, section 256B.85, subdivision 11, is amended to read:

27.9 Subd. 11. **Agency-provider model.** (a) The agency-provider model includes services

27.10 provided by support workers and staff providing worker training and development services

27.11 who are employed by an agency-provider that meets the criteria established by the

27.12 commissioner, including required training.

27.13 (b) The agency-provider shall allow the participant to have a significant role in the

27.14 selection and dismissal of the support workers for the delivery of the services and supports

27.15 specified in the participant's CFSS service delivery plan. The agency must make a reasonable

27.16 effort to fulfill the participant's request for the participant's preferred support worker.

27.17 (c) A participant may use authorized units of CFSS services as needed within a service

27.18 agreement that is not greater than 12 months. Using authorized units in a flexible manner

27.19 in either the agency-provider model or the budget model does not increase the total amount

27.20 of services and supports authorized for a participant or included in the participant's CFSS

27.21 service delivery plan.

27.22 (d) A participant may share CFSS services. Two or three CFSS participants may share

27.23 services at the same time provided by the same support worker.

27.24 (e) The agency-provider must use a minimum of 72.5 percent of the revenue generated

27.25 by the medical assistance payment for CFSS for support worker wages and benefits, except

27.26 all of the revenue generated by a medical assistance rate increase due to a collective

27.27 bargaining agreement under section 179A.54 must be used for support worker wages and

22.27 Sec. 18. Minnesota Statutes 2022, section 256B.85, subdivision 11, is amended to read:

22.28 Subd. 11. **Agency-provider model.** (a) The agency-provider model includes services

22.29 provided by support workers and staff providing worker training and development services

23.1 who are employed by an agency-provider that meets the criteria established by the

23.2 commissioner, including required training.

23.3 (b) The agency-provider shall allow the participant to have a significant role in the

23.4 selection and dismissal of the support workers for the delivery of the services and supports

23.5 specified in the participant's CFSS service delivery plan. The agency must make a reasonable

23.6 effort to fulfill the participant's request for the participant's preferred support worker.

23.7 (c) A participant may use authorized units of CFSS services as needed within a service

23.8 agreement that is not greater than 12 months. Using authorized units in a flexible manner

23.9 in either the agency-provider model or the budget model does not increase the total amount

23.10 of services and supports authorized for a participant or included in the participant's CFSS

23.11 service delivery plan.

23.12 (d) A participant may share CFSS services. Two or three CFSS participants may share

23.13 services at the same time provided by the same support worker.

23.14 (e) The agency-provider must use a minimum of 72.5 percent of the revenue generated

23.15 by the medical assistance payment for CFSS for support worker wages and benefits, except

23.16 all of the revenue generated by a medical assistance rate increase due to a collective

23.17 bargaining agreement under section 179A.54 must be used for support worker wages and

27.28 benefits. The agency-provider must document how this requirement is being met. The
27.29 revenue generated by the worker training and development services and the reasonable costs
27.30 associated with the worker training and development services must not be used in making
27.31 this calculation.

28.1 (f) The agency-provider model must be used by participants who are restricted by the
28.2 Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to
28.3 9505.2245.

28.4 (g) Participants purchasing goods under this model, along with support worker services,
28.5 must:

28.6 (1) specify the goods in the CFSS service delivery plan and detailed budget for
28.7 expenditures that must be approved by the ~~consultation services provider~~ lead agency, case
28.8 manager, or care coordinator; and

28.9 (2) use the FMS provider for the billing and payment of such goods.

28.10 (h) The agency provider is responsible for ensuring that any worker driving a participant
28.11 under subdivision 2, paragraph (o), has a valid driver's license and the vehicle used is
28.12 registered and insured according to Minnesota law.

28.13 Sec. 24. Minnesota Statutes 2023 Supplement, section 256B.85, subdivision 13a, is
28.14 amended to read:

28.15 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider
28.16 include but are not limited to: filing and payment of federal and state payroll taxes and
28.17 premiums on behalf of the participant; initiating and complying with background study
28.18 requirements under chapter 245C and maintaining documentation of background study
28.19 requests and results; billing for approved CFSS services with authorized funds; monitoring
28.20 expenditures; accounting for and disbursing CFSS funds; providing assistance in obtaining
28.21 and filing for liability, workers' compensation, family and medical benefit insurance, and
28.22 unemployment coverage; and providing participant instruction and technical assistance to
28.23 the participant in fulfilling employer-related requirements in accordance with section 3504
28.24 of the Internal Revenue Code and related regulations and interpretations, including Code
28.25 of Federal Regulations, title 26, section 31.3504-1.

28.26 (b) Agency-provider services shall not be provided by the FMS provider.

28.27 (c) The FMS provider shall provide service functions as determined by the commissioner
28.28 for budget model participants that include but are not limited to:

28.29 (1) assistance with the development of the detailed budget for expenditures portion of
28.30 the CFSS service delivery plan as requested by the consultation services provider or
28.31 participant;

28.32 (2) data recording and reporting of participant spending;

23.18 benefits. The agency-provider must document how this requirement is being met. The
23.19 revenue generated by the worker training and development services and the reasonable costs
23.20 associated with the worker training and development services must not be used in making
23.21 this calculation.

23.22 (f) The agency-provider model must be used by participants who are restricted by the
23.23 Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to
23.24 9505.2245.

23.25 (g) Participants purchasing goods under this model, along with support worker services,
23.26 must:

23.27 (1) specify the goods in the CFSS service delivery plan and detailed budget for
23.28 expenditures that must be approved by the ~~consultation services provider~~ lead agency, case
23.29 manager, or care coordinator; and

23.30 (2) use the FMS provider for the billing and payment of such goods.

23.31 (h) The agency provider is responsible for ensuring that any worker driving a participant
23.32 under subdivision 2, paragraph (o), has a valid driver's license and the vehicle used is
23.33 registered and insured according to Minnesota law.

24.1 Sec. 19. Minnesota Statutes 2023 Supplement, section 256B.85, subdivision 13a, is
24.2 amended to read:

24.3 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider
24.4 include but are not limited to: filing and payment of federal and state payroll taxes and
24.5 premiums on behalf of the participant; initiating and complying with background study
24.6 requirements under chapter 245C and maintaining documentation of background study
24.7 requests and results; billing for approved CFSS services with authorized funds; monitoring
24.8 expenditures; accounting for and disbursing CFSS funds; providing assistance in obtaining
24.9 and filing for liability, workers' compensation, family and medical benefit insurance, and
24.10 unemployment coverage; and providing participant instruction and technical assistance to
24.11 the participant in fulfilling employer-related requirements in accordance with section 3504
24.12 of the Internal Revenue Code and related regulations and interpretations, including Code
24.13 of Federal Regulations, title 26, section 31.3504-1.

24.14 (b) Agency-provider services shall not be provided by the FMS provider.

24.15 (c) The FMS provider shall provide service functions as determined by the commissioner
24.16 for budget model participants that include but are not limited to:

24.17 (1) assistance with the development of the detailed budget for expenditures portion of
24.18 the CFSS service delivery plan as requested by the consultation services provider or
24.19 participant;

24.20 (2) data recording and reporting of participant spending;

29.1 (3) other duties established by the department, including with respect to providing
29.2 assistance to the participant, participant's representative, or legal representative in performing
29.3 employer responsibilities regarding support workers. The support worker shall not be
29.4 considered the employee of the FMS provider; and

29.5 (4) billing, payment, and accounting of approved expenditures for goods.

29.6 (d) The FMS provider shall obtain an assurance statement from the participant employer
29.7 agreeing to follow state and federal regulations and CFSS policies regarding employment
29.8 of support workers.

29.9 (e) The FMS provider shall:

29.10 (1) not limit or restrict the participant's choice of service or support providers or service
29.11 delivery models consistent with any applicable state and federal requirements;

29.12 (2) provide the participant, consultation services provider, and case manager or care
29.13 coordinator, if applicable, with a monthly written summary of the spending for services and
29.14 supports that were billed against the spending budget;

29.15 (3) be knowledgeable of state and federal employment regulations, including those under
29.16 the Fair Labor Standards Act of 1938, and comply with the requirements under chapter
29.17 268B and section 3504 of the Internal Revenue Code and related regulations and
29.18 interpretations, including Code of Federal Regulations, title 26, section 31.3504-1, regarding
29.19 agency employer tax liability for vendor fiscal/employer agent, and any requirements
29.20 necessary to process employer and employee deductions, provide appropriate and timely
29.21 submission of employer tax liabilities, and maintain documentation to support medical
29.22 assistance claims;

29.23 (4) have current and adequate liability insurance and bonding and sufficient cash flow
29.24 as determined by the commissioner and have on staff or under contract a certified public
29.25 accountant or an individual with a baccalaureate degree in accounting;

29.26 (5) assume fiscal accountability for state funds designated for the program and be held
29.27 liable for any overpayments or violations of applicable statutes or rules, including but not
29.28 limited to the Minnesota False Claims Act, chapter 15C;

29.29 (6) maintain documentation of receipts, invoices, and bills to track all services and
29.30 supports expenditures for any goods purchased and maintain time records of support workers.
29.31 The documentation and time records must be maintained for a minimum of five years from
29.32 the claim date and be available for audit or review upon request by the commissioner. Claims
29.33 submitted by the FMS provider to the commissioner for payment must correspond with
30.1 services, amounts, and time periods as authorized in the participant's service budget and
30.2 service plan and must contain specific identifying information as determined by the
30.3 commissioner; and

24.21 (3) other duties established by the department, including with respect to providing
24.22 assistance to the participant, participant's representative, or legal representative in performing
24.23 employer responsibilities regarding support workers. The support worker shall not be
24.24 considered the employee of the FMS provider; and

24.25 (4) billing, payment, and accounting of approved expenditures for goods.

24.26 (d) The FMS provider shall obtain an assurance statement from the participant employer
24.27 agreeing to follow state and federal regulations and CFSS policies regarding employment
24.28 of support workers.

24.29 (e) The FMS provider shall:

24.30 (1) not limit or restrict the participant's choice of service or support providers or service
24.31 delivery models consistent with any applicable state and federal requirements;

25.1 (2) provide the participant, consultation services provider, and case manager or care
25.2 coordinator, if applicable, with a monthly written summary of the spending for services and
25.3 supports that were billed against the spending budget;

25.4 (3) be knowledgeable of state and federal employment regulations, including those under
25.5 the Fair Labor Standards Act of 1938, and comply with the requirements under chapter
25.6 268B and section 3504 of the Internal Revenue Code and related regulations and
25.7 interpretations, including Code of Federal Regulations, title 26, section 31.3504-1, regarding
25.8 agency employer tax liability for vendor fiscal/employer agent, and any requirements
25.9 necessary to process employer and employee deductions, provide appropriate and timely
25.10 submission of employer tax liabilities, and maintain documentation to support medical
25.11 assistance claims;

25.12 (4) have current and adequate liability insurance and bonding and sufficient cash flow
25.13 as determined by the commissioner and have on staff or under contract a certified public
25.14 accountant or an individual with a baccalaureate degree in accounting;

25.15 (5) assume fiscal accountability for state funds designated for the program and be held
25.16 liable for any overpayments or violations of applicable statutes or rules, including but not
25.17 limited to the Minnesota False Claims Act, chapter 15C;

25.18 (6) maintain documentation of receipts, invoices, and bills to track all services and
25.19 supports expenditures for any goods purchased and maintain time records of support workers.
25.20 The documentation and time records must be maintained for a minimum of five years from
25.21 the claim date and be available for audit or review upon request by the commissioner. Claims
25.22 submitted by the FMS provider to the commissioner for payment must correspond with
25.23 services, amounts, and time periods as authorized in the participant's service budget and
25.24 service plan and must contain specific identifying information as determined by the
25.25 commissioner; and

30.4 (7) provide written notice to the participant or the participant's representative at least 30
30.5 calendar days before a proposed service termination becomes effective, except in cases
30.6 where:

30.7 (i) the participant engages in conduct that significantly alters the terms of the CFSS
30.8 service delivery plan with the FMS;

30.9 (ii) the participant or other persons at the setting where services are being provided
30.10 engage in conduct that creates an imminent risk of harm to the support worker or other staff;
30.11 or

30.12 (iii) an emergency or a significant change in the participant's condition occurs within a
30.13 24-hour period that results in the participant's service needs exceeding the participant's
30.14 identified needs in the current CFSS service delivery plan so that the plan cannot safely
30.15 meet the participant's needs.

30.16 (f) The commissioner shall:

30.17 (1) establish rates and payment methodology for the FMS provider;

30.18 (2) identify a process to ensure quality and performance standards for the FMS provider
30.19 and ensure statewide access to FMS providers; and

30.20 (3) establish a uniform protocol for delivering and administering CFSS services to be
30.21 used by eligible FMS providers.

30.22 Sec. 25. Minnesota Statutes 2022, section 256B.85, subdivision 17, is amended to read:

30.23 Subd. 17. **Consultation services duties.** Consultation services is a required service that
30.24 includes:

30.25 (1) entering into a written agreement with the participant, participant's representative,
30.26 or legal representative that includes but is not limited to the details of services, service
30.27 delivery methods, dates of services, and contact information;

30.28 (2) providing an initial and annual orientation to CFSS information and policies, including
30.29 selecting a service model;

30.30 (3) assisting with accessing FMS providers or agency-providers;

31.1 (4) providing assistance with the development, implementation, management,
31.2 documentation, and evaluation of the person-centered CFSS service delivery plan;

31.3 ~~(5) approving the CFSS service delivery plan for a participant without a case manager~~
31.4 ~~or care coordinator who is responsible for authorizing services;~~

31.5 ~~(6)~~ (5) maintaining documentation of the approved CFSS service delivery plan;

25.26 (7) provide written notice to the participant or the participant's representative at least 30
25.27 calendar days before a proposed service termination becomes effective, except in cases
25.28 where:

25.29 (i) the participant engages in conduct that significantly alters the terms of the CFSS
25.30 service delivery plan with the FMS;

25.31 (ii) the participant or other persons at the setting where services are being provided
25.32 engage in conduct that creates an imminent risk of harm to the support worker or other staff;
25.33 or

26.1 (iii) an emergency or a significant change in the participant's condition occurs within a
26.2 24-hour period that results in the participant's service needs exceeding the participant's
26.3 identified needs in the current CFSS service delivery plan so that the plan cannot safely
26.4 meet the participant's needs.

26.5 (f) The commissioner shall:

26.6 (1) establish rates and payment methodology for the FMS provider;

26.7 (2) identify a process to ensure quality and performance standards for the FMS provider
26.8 and ensure statewide access to FMS providers; and

26.9 (3) establish a uniform protocol for delivering and administering CFSS services to be
26.10 used by eligible FMS providers.

26.11 Sec. 20. Minnesota Statutes 2022, section 256B.85, subdivision 17, is amended to read:

26.12 Subd. 17. **Consultation services duties.** Consultation services is a required service that
26.13 includes:

26.14 (1) entering into a written agreement with the participant, participant's representative,
26.15 or legal representative that includes but is not limited to the details of services, service
26.16 delivery methods, dates of services, and contact information;

26.17 (2) providing an initial and annual orientation to CFSS information and policies, including
26.18 selecting a service model;

26.19 (3) assisting with accessing FMS providers or agency-providers;

26.20 (4) providing assistance with the development, implementation, management,
26.21 documentation, and evaluation of the person-centered CFSS service delivery plan;

26.22 ~~(5) approving the CFSS service delivery plan for a participant without a case manager~~
26.23 ~~or care coordinator who is responsible for authorizing services;~~

26.24 ~~(6)~~ (5) maintaining documentation of the approved CFSS service delivery plan;

31.6 ~~(7)~~ (6) distributing copies of the final CFSS service delivery plan to the participant and
31.7 to the agency-provider or FMS provider, case manager or care coordinator, and other
31.8 designated parties;

31.9 ~~(8)~~ (7) assisting to fulfill responsibilities and requirements of CFSS, including modifying
31.10 CFSS service delivery plans and changing service models;

31.11 ~~(9)~~ (8) if requested, providing consultation on recruiting, selecting, training, managing,
31.12 directing, supervising, and evaluating support workers;

31.13 ~~(10)~~ (9) evaluating services upon receiving information from an FMS provider indicating
31.14 spending or participant employer concerns;

31.15 ~~(11)~~ (10) reviewing the use of and access to informal and community supports, goods,
31.16 or resources;

31.17 ~~(12)~~ (11) a semiannual review of services if the participant does not have a case manager
31.18 or care coordinator and when the support worker is a paid parent of a minor participant or
31.19 the participant's spouse;

31.20 ~~(13)~~ (12) collecting and reporting of data as required by the department;

31.21 ~~(14)~~ (13) providing the participant with a copy of the participant protections under
31.22 subdivision 20 at the start of consultation services;

31.23 ~~(15)~~ (14) providing assistance to resolve issues of noncompliance with the requirements
31.24 of CFSS;

31.25 ~~(16)~~ (15) providing recommendations to the commissioner for changes to services when
31.26 support to participants to resolve issues of noncompliance have been unsuccessful; and

31.27 ~~(17)~~ (16) other duties as assigned by the commissioner.

31.28 Sec. 26. Minnesota Statutes 2022, section 256B.85, is amended by adding a subdivision
31.29 to read:

31.30 Subd. 18b. **Worker training and development services; remote visits.** (a) Except as
31.31 provided in paragraph (b), the worker training and development services specified in
32.1 subdivision 18a, paragraph (c), clauses (3) and (4), may be provided to recipients with
32.2 chronic health conditions or severely compromised immune systems via two-way interactive
32.3 audio and visual telecommunications if, at the recipient's request, the recipient's primary
32.4 health care provider:

32.5 (1) determines that remote worker training and development services are appropriate;
32.6 and

32.7 (2) documents the determination under clause (1) in a statement of need or other document
32.8 that is subsequently included in the recipient's CFSS service delivery plan.

26.25 ~~(7)~~ (6) distributing copies of the final CFSS service delivery plan to the participant and
26.26 to the agency-provider or FMS provider, case manager or care coordinator, and other
26.27 designated parties;

26.28 ~~(8)~~ (7) assisting to fulfill responsibilities and requirements of CFSS, including modifying
26.29 CFSS service delivery plans and changing service models;

26.30 ~~(9)~~ (8) if requested, providing consultation on recruiting, selecting, training, managing,
26.31 directing, supervising, and evaluating support workers;

27.1 ~~(10)~~ (9) evaluating services upon receiving information from an FMS provider indicating
27.2 spending or participant employer concerns;

27.3 ~~(11)~~ (10) reviewing the use of and access to informal and community supports, goods,
27.4 or resources;

27.5 ~~(12)~~ (11) a semiannual review of services if the participant does not have a case manager
27.6 or care coordinator and when the support worker is a paid parent of a minor participant or
27.7 the participant's spouse;

27.8 ~~(13)~~ (12) collecting and reporting of data as required by the department;

27.9 ~~(14)~~ (13) providing the participant with a copy of the participant protections under
27.10 subdivision 20 at the start of consultation services;

27.11 ~~(15)~~ (14) providing assistance to resolve issues of noncompliance with the requirements
27.12 of CFSS;

27.13 ~~(16)~~ (15) providing recommendations to the commissioner for changes to services when
27.14 support to participants to resolve issues of noncompliance have been unsuccessful; and

27.15 ~~(17)~~ (16) other duties as assigned by the commissioner.

27.16 Sec. 21. Minnesota Statutes 2022, section 256B.85, is amended by adding a subdivision
27.17 to read:

27.18 Subd. 18b. **Worker training and development services; remote visits.** (a) Except as
27.19 provided in paragraph (b), the worker training and development services specified in
27.20 subdivision 18a, paragraph (c), clauses (3) and (4), may be provided to recipients with
27.21 chronic health conditions or severely compromised immune systems via two-way interactive
27.22 audio and visual telecommunications if, at the recipient's request, the recipient's primary
27.23 health care provider:

27.24 (1) determines that remote worker training and development services are appropriate;
27.25 and

27.26 (2) documents the determination under clause (1) in a statement of need or other document
27.27 that is subsequently included in the recipient's CFSS service delivery plan.

32.9 (b) The worker training and development services specified in subdivision 18a, paragraph
32.10 (c), clause (3), provided at the start of services or the start of employment of a new support
32.11 worker must not be conducted via two-way interactive audio and visual telecommunications.

32.12 (c) A recipient may request to return to in-person worker training and development
32.13 services at any time.

32.14 **EFFECTIVE DATE.** This section is effective July 1, 2024, or upon federal approval,
32.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
32.16 when federal approval is obtained.

32.17 Sec. 27. Minnesota Statutes 2022, section 256B.85, subdivision 20, is amended to read:

32.18 Subd. 20. **Participant protections.** (a) All CFSS participants have the protections
32.19 identified in this subdivision.

32.20 (b) Participants or participant's representatives must be provided with adequate
32.21 information, counseling, training, and assistance, as needed, to ensure that the participant
32.22 is able to choose and manage services, models, and budgets. This information must be
32.23 provided by the consultation services provider at the time of the initial or annual orientation
32.24 to CFSS, at the time of reassessment, or when requested by the participant or participant's
32.25 representative. This information must explain:

32.26 (1) person-centered planning;

32.27 (2) the range and scope of participant choices, including the differences between the
32.28 agency-provider model and the budget model, available CFSS providers, and other services
32.29 available in the community to meet the participant's needs;

32.30 (3) the process for changing plans, services, and budgets;

32.31 (4) identifying and assessing appropriate services; and

33.1 (5) risks to and responsibilities of the participant under the budget model.

33.2 (c) The consultation services provider must ensure that the participant chooses freely
33.3 between the agency-provider model and the budget model and among available
33.4 agency-providers and that the participant may change agency-providers after services have
33.5 begun.

33.6 (d) A participant who appeals a reduction in previously authorized CFSS services may
33.7 continue previously authorized services pending an appeal in accordance with section
33.8 256.045.

27.28 (b) The worker training and development services specified in subdivision 18a, paragraph
27.29 (c), clause (3), provided at the start of services or the start of employment of a new support
27.30 worker must not be conducted via two-way interactive audio and visual telecommunications.

28.1 (c) Notwithstanding any other provision of law, a CFSS service delivery plan developed
28.2 or amended via remote worker training and development services may be executed by
28.3 electronic signature.

28.4 (d) A recipient may request to return to in-person worker training and development
28.5 services at any time.

28.6 **EFFECTIVE DATE.** This section is effective upon community first services and
28.7 supports implementation. The commissioner of human services shall notify the revisor of
28.8 statutes upon CFSS implementation.

28.9 Sec. 22. Minnesota Statutes 2022, section 256B.85, subdivision 20, is amended to read:

28.10 Subd. 20. **Participant protections.** (a) All CFSS participants have the protections
28.11 identified in this subdivision.

28.12 (b) Participants or participant's representatives must be provided with adequate
28.13 information, counseling, training, and assistance, as needed, to ensure that the participant
28.14 is able to choose and manage services, models, and budgets. This information must be
28.15 provided by the consultation services provider at the time of the initial or annual orientation
28.16 to CFSS, at the time of reassessment, or when requested by the participant or participant's
28.17 representative. This information must explain:

28.18 (1) person-centered planning;

28.19 (2) the range and scope of participant choices, including the differences between the
28.20 agency-provider model and the budget model, available CFSS providers, and other services
28.21 available in the community to meet the participant's needs;

28.22 (3) the process for changing plans, services, and budgets;

28.23 (4) identifying and assessing appropriate services; and

28.24 (5) risks to and responsibilities of the participant under the budget model.

28.25 (c) The consultation services provider must ensure that the participant chooses freely
28.26 between the agency-provider model and the budget model and among available
28.27 agency-providers and that the participant may change agency-providers after services have
28.28 begun.

28.29 (d) A participant who appeals a reduction in previously authorized CFSS services may
28.30 continue previously authorized services pending an appeal in accordance with section
28.31 256.045.

33.9 (e) If the units of service or budget allocation for CFSS are reduced, denied, or terminated,
33.10 the commissioner must provide notice of the reasons for the reduction in the participant's
33.11 notice of denial, termination, or reduction.

33.12 (f) If all or part of a CFSS service delivery plan is denied approval by the ~~consultation~~
33.13 ~~services provider lead agency, the consultation services provider lead agency~~ must provide
33.14 a notice that describes the basis of the denial.

33.15 Sec. 28. Laws 2021, First Special Session chapter 7, article 13, section 75, is amended to
33.16 read:
33.17 **Sec. 75. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; WAIVER**
33.18 **REIMAGINE AND INFORMED CHOICE STAKEHOLDER CONSULTATION.**

33.19 Subdivision 1. **Stakeholder consultation; generally.** (a) The commissioner of human
33.20 services must consult with and seek input and assistance from stakeholders concerning
33.21 potential adjustments to the streamlined service menu from waiver reimagine phase I and
33.22 to the existing rate exemption criteria and process.

33.23 (b) The commissioner of human services must consult with ~~and~~, seek input and assistance
33.24 from, and collaborate with stakeholders concerning the development and implementation
33.25 of waiver reimagine phase II, including criteria and a process for individualized budget
33.26 exemptions, and how waiver reimagine phase II can support and expand informed choice
33.27 and informed decision making, including integrated employment, independent living, and
33.28 self-direction, consistent with Minnesota Statutes, section 256B.4905.

33.29 (c) The commissioner of human services must consult with, seek input and assistance
33.30 from, and collaborate with stakeholders concerning the implementation and revisions of
33.31 the MnCHOICES 2.0 assessment tool.

34.1 Subd. 2. **Public stakeholder engagement.** The commissioner must offer a public method
34.2 to regularly receive input and concerns from people with disabilities and their families about
34.3 waiver reimagine phase II. The commissioner shall provide ~~regular~~ quarterly public updates
34.4 on policy development and on how recent stakeholder input was used throughout the ~~is~~
34.5 being incorporated into the current development and implementation of waiver reimagine
34.6 phase II.

34.7 Subd. 3. **Waiver Reimagine Advisory Committee.** (a) The commissioner must convene,
34.8 at regular intervals throughout the development and implementation of waiver reimagine
34.9 phase II, a Waiver Reimagine Advisory Committee that consists of a group of diverse,
34.10 representative stakeholders. The commissioner must solicit and endeavor to include racially,
34.11 ethnically, and geographically diverse membership from each of the following groups:

34.12 (1) people with disabilities who use waiver services;
34.13 (2) family members of people who use waiver services;
34.14 (3) disability and behavioral health advocates;

29.1 (e) If the units of service or budget allocation for CFSS are reduced, denied, or terminated,
29.2 the commissioner must provide notice of the reasons for the reduction in the participant's
29.3 notice of denial, termination, or reduction.

29.4 (f) If all or part of a CFSS service delivery plan is denied approval by the ~~consultation~~
29.5 ~~services provider lead agency, the consultation services provider lead agency~~ must provide
29.6 a notice that describes the basis of the denial.

34.15 (4) lead agency representatives; and

34.16 (5) waiver service providers.

34.17 (b) The assistant commissioner of aging and disability services must attend and participate
34.18 in meetings of the Waiver Reimagine Advisory Committee.

34.19 (c) The Waiver Reimagine Advisory Committee must have the opportunity to assist
34.20 collaborate in a meaningful way in developing and providing feedback on proposed plans
34.21 for waiver reimagine components, including an individual budget methodology, criteria
34.22 and a process for individualized budget exemptions, the consolidation of the four current
34.23 home and community-based waiver service programs into two-waiver programs, the role
34.24 of assessments and the MnCHOICES 2.0 assessment tool in determining service needs and
34.25 individual budgets, and other aspects of waiver reimagine phase II.

34.26 ~~(c)~~ (d) The Waiver Reimagine Advisory Committee must have an opportunity to assist
34.27 in the development of and provide feedback on proposed adjustments and modifications to
34.28 the streamlined menu of services and the existing rate exception criteria and process.

34.29 Subd. 4. **Required report.** Prior to seeking federal approval for any aspect of waiver
34.30 reimagine phase II and in consultation collaboration with the Waiver Reimagine Advisory
34.31 Committee, the commissioner must submit to the chairs and ranking minority members of
34.32 the legislative committees and divisions with jurisdiction over health and human services
34.33 a report on plans for waiver reimagine phase II. The report must also include any plans to
35.1 adjust or modify the streamlined menu of services or, the existing rate exemption criteria
35.2 or process, the proposed individual budget ranges, and the role of MnCHOICES 2.0
35.3 assessment tool in determining service needs and individual budget ranges.

35.4 Subd. 5. **Transition process.** (a) Prior to implementation of wavier reimagine phase II,
35.5 the commissioner must establish a process to assist people who use waiver services and
35.6 lead agencies transition to a two-waiver system with an individual budget methodology.

35.7 (b) The commissioner must ensure that the new waiver service menu and individual
35.8 budgets allow people to live in their own home, family home, or any home and
35.9 community-based setting of their choice. The commissioner must ensure, within available
35.10 resources and subject to state and federal regulations and law, that waiver reimagine does
35.11 not result in unintended service disruptions.

35.12 Subd. 6. **Online support planning tool.** The commissioner must develop an online
35.13 support planning and tracking tool for people using disability waiver services that allows
35.14 access to the total budget available to the person, the services for which they are eligible,
35.15 and the services they have chosen and used. The commissioner must explore operability
35.16 options that would facilitate real-time tracking of a person's remaining available budget
35.17 throughout the service year. The online support planning tool must provide information in
35.18 an accessible format to support the person's informed choice. The commissioner must seek
35.19 input from people with disabilities about the online support planning tool prior to its
35.20 implementation.

35.21 Subd. 7. **Curriculum and training.** The commissioner must develop and implement a
35.22 curriculum and training plan to ensure all lead agency assessors and case managers have
35.23 the knowledge and skills necessary to comply with informed decision making for people
35.24 who used home and community-based disability waivers. Training and competency
35.25 evaluations must be completed annually by all staff responsible for case management as
35.26 described in Minnesota Statutes, sections 256B.092, subdivision 1a, paragraph (f), and
35.27 256B.49, subdivision 13, paragraph (e).

35.28 Sec. 29. **COMMUNITY ACCESS FOR DISABILITY INCLUSION WAIVER**
35.29 **CUSTOMIZED LIVING SERVICES PROVIDERS LOCATED IN HENNEPIN**
35.30 **COUNTY.**

35.31 The community access for disability inclusion (CADI) waiver customized living and
35.32 24-hour customized living size and age limitation does not apply to two housing settings
35.33 located in the city of Minneapolis that are financed by low-income housing tax credits
36.1 created in calendar years 2005 and 2011 and in which 24-hour customized living services
36.2 are provided to residents enrolled in the CADI waiver by Clare Housing.