

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 400

(SENATE AUTHORS: UTKE, Hoffman and Abeler)

DATE	D-PG	OFFICIAL STATUS
01/21/2025	128	Introduction and first reading Referred to Human Services

1.1

A bill for an act

1.2

relating to human services; directing the commissioner of human services to

1.3

authorize indirect billing for individualized home supports.

1.4

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5

Section 1. DIRECTION TO COMMISSIONER; BILLABLE INDIRECT TIME

1.6

AUTHORIZATION FOR INDIVIDUALIZED HOME SUPPORTS.

1.7

(a) No later than December 1, 2025, the commissioner of human services must submit

1.8

to the federal Centers for Medicare and Medicaid Services all necessary amendments to

1.9

home and community-based services waiver plans to allow providers of individualized

1.10

home supports with training, individualized home supports without training, and

1.11

individualized home supports with family training to bill for the indirect provision of services

1.12

described in paragraph (c), provided:

1.13

(1) the services are necessary to ensure continuity of other necessary services and supports

1.14

for the service recipient;

1.15

(2) reasonable attempts have been made to directly involve the service recipient in the

1.16

service, or the recipient is not able to be directly involved due to illness, injury, or other

1.17

factors; or

1.18

(3) the service recipient has made an informed choice to allow for services to be provided

1.19

without the service recipient's direct contact.

1.20

(b) For the purposes of this section, "indirect provision of services" means services

1.21

provided without direct contact as defined in Minnesota Statutes, section 245C.02,

1.22

subdivision 11, and not through remote support as defined in the relevant waiver plan.

(c) In the waiver plan amendments submitted under paragraph (a), the commissioner must seek federal approval of billing for the indirect provision of at least the following allowable individualized home supports:

(1) researching, coordinating, and arranging for transportation, necessary equipment, and all support and training needed to allow a service recipient to safely access the community;

(2) arranging and coordinating access to all necessary health care, including scheduling medical appointments, communicating with health professionals, benefits fact-gathering, review and analysis, and all support and training needed to support the service recipient's health and well-being;

(3) coordinating and advocating to ensure needed legal support, crisis prevention, positive support strategies, and all support and training needed to maintain the service recipient's preferences;

(4) collaborating with employers to ensure maintenance of the service recipient's desired employment;

(5) arranging and coordinating access to resources to meet basic needs, including necessary shelter, food shelf, and telephone and Internet services;

(6) coordinating to ensure the service recipient is able to continue to live independently in the service recipient's own home, including collaborating with property management, coordinating with other home and community-based service providers, meeting with the recipient's interdisciplinary team members, and ensuring access to proper equipment and technology and all support and training needed to maintain the service recipient's preferences; and

(7) coordinating with other service providers and natural supports as needed for status changes and crisis management.

EFFECTIVE DATE. This section is effective July 1, 2025.