

S.F. No. 359 and H.F. No. 696, which had been referred to the Chief Clerk for comparison, were examined and found to be not identical.

The following document shows the differences between S.F. No. 359, the second engrossment, and H.F. No. 696, the third engrossment.

May 11, 2017

Patrick D. Murphy  
Chief Clerk, House of Representatives

### **Explanation of Comparison Reports**

When a Senate File is received from the Senate, it is given its first reading and must be referred to the appropriate standing committee or division under Rule 1.11.

But if the House File companion of that Senate File has already been reported out of Committee and given its second reading and is on the General Register, the Senate File must be referred to the Chief Clerk for comparison pursuant to Rule 1.15.

The Chief Clerk reports whether the bills were found to be identical or not identical. Once the bills have been compared and the differences have been reported, the Senate File is given its second reading and is substituted for the House File. The House File is then considered withdrawn.

Pursuant to rule 3.33, if the bills are not identical and the chief author of the bill wishes to use the House language, the chief author must give notice of their intent to substitute the House language when the bill is placed on the Calendar for the Day or the Fiscal Calendar. If the chief author of the bill wishes to keep the Senate language, no action is required.

1.1 A bill for an act  
 1.2 relating to human services; **modifying certain adult foster care licensing provisions;**  
 1.3 adding individualized home supports to home and community-based services;  
 1.4 modifying home and community-based services setting requirements and licensing  
 1.5 requirements; modifying planning and case management requirements under certain  
 1.6 home and community-based services waivers; modifying child foster care  
 1.7 background studies; amending Minnesota Statutes 2016, sections 245A.11,  
 1.8 subdivision 2a; 245C.03, subdivision 1; 245C.04, subdivision 1; 245C.05,  
 1.9 subdivision 2a; 245C.10, subdivision 9; 245C.17, subdivisions 5, 6; 245C.21,  
 1.10 subdivision 1a; 245C.23, subdivision 2; 245D.03, subdivision 1; 245D.04,  
 1.11 subdivision 3; 245D.071, subdivision 3; 245D.09, subdivisions 4, 5a; 245D.11,  
 1.12 subdivision 4; 245D.24, subdivision 3; 256B.0911, subdivision 3a; 256B.092,  
 1.13 subdivision 1a; 256B.49, subdivision 13; 256B.4913, by adding a subdivision;  
 1.14 256B.4914, subdivisions 3, 5, 8, 16.

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

1.16 Section 1. Minnesota Statutes 2016, section 245A.11, subdivision 2a, is amended to read:

1.17 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)  
 1.18 The commissioner shall issue adult foster care and community residential setting licenses  
 1.19 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,  
 1.20 except that the commissioner may issue a license with a capacity of five beds, including  
 1.21 roomers and boarders, according to paragraphs (b) to (f).

1.22 (b) The license holder may have a maximum license capacity of five if all persons in  
 1.23 care are age 55 or over and do not have a serious and persistent mental illness or a  
 1.24 developmental disability.

1.25 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a  
 1.26 licensed capacity of up to five persons to admit an individual under the age of 55 if the  
 2.1 variance complies with section 245A.04, subdivision 9, and approval of the variance is  
 2.2 recommended by the county in which the licensed facility is located.

2.3 (d) The commissioner may grant variances to paragraph (b) to allow the use of an  
 2.4 additional bed, up to five, for emergency crisis services for a person with serious and  
 2.5 persistent mental illness or a developmental disability, regardless of age, if the variance  
 2.6 complies with section 245A.04, subdivision 9, and approval of the variance is recommended  
 2.7 by the county in which the licensed facility is located.

2.8 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an  
 2.9 additional bed, up to five, for respite services, as defined in section 245A.02, for persons  
 2.10 with disabilities, regardless of age, if the variance complies with sections 245A.03,  
 2.11 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended  
 2.12 by the county in which the licensed facility is located. Respite care may be provided under  
 2.13 the following conditions:

1.1 A bill for an act  
 1.2 relating to human services; adding individualized home supports to home and  
 1.3 community-based services; modifying home and community-based services setting  
 1.4 requirements and licensing requirements; modifying planning and case management  
 1.5 requirements under certain home and community-based services waivers; modifying  
 1.6 child foster care background studies; amending Minnesota Statutes 2016, sections  
 1.7 245A.11, subdivision 2a; 245C.03, subdivision 1; 245C.04, subdivision 1; 245C.05,  
 1.8 subdivision 2a; 245C.10, subdivision 9; 245C.17, subdivisions 5, 6; 245C.21,  
 1.9 subdivision 1a; 245C.23, subdivision 2; **245D.02, subdivision 36, by adding a**  
 1.10 **subdivision; 245D.03, subdivision 1; 245D.04, subdivision 3; 245D.071, subdivision**  
 1.11 **3; 245D.09, subdivisions 4, 5a; 245D.11, subdivision 4; 245D.24, subdivision 3;**  
 1.12 **256B.0911, subdivision 3a; 256B.092, subdivision 1a; 256B.49, subdivision 13;**  
 1.13 **256B.4913, by adding a subdivision; 256B.4914, subdivisions 3, 5, 8, 16.**

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

1.15 Section 1. Minnesota Statutes 2016, section 245A.11, subdivision 2a, is amended to read:

1.16 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)  
 1.17 The commissioner shall issue adult foster care and community residential setting licenses  
 1.18 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,  
 1.19 except that the commissioner may issue a license with a capacity of five beds, including  
 1.20 roomers and boarders, according to paragraphs (b) to (f).

1.21 (b) The license holder may have a maximum license capacity of five if all persons in  
 1.22 care are age 55 or over and do not have a serious and persistent mental illness or a  
 1.23 developmental disability.

1.24 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a  
 1.25 licensed capacity of up to five persons to admit an individual under the age of 55 if the  
 1.26 variance complies with section 245A.04, subdivision 9, and approval of the variance is  
 1.27 recommended by the county in which the licensed facility is located.

2.1 (d) The commissioner may grant variances to paragraph (b) to allow the use of an  
 2.2 additional bed, up to five, for emergency crisis services for a person with serious and  
 2.3 persistent mental illness or a developmental disability, regardless of age, if the variance  
 2.4 complies with section 245A.04, subdivision 9, and approval of the variance is recommended  
 2.5 by the county in which the licensed facility is located.

2.6 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an  
 2.7 additional bed, up to five, for respite services, as defined in section 245A.02, for persons  
 2.8 with disabilities, regardless of age, if the variance complies with sections 245A.03,  
 2.9 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended  
 2.10 by the county in which the licensed facility is located. Respite care may be provided under  
 2.11 the following conditions:

2.14 (1) staffing ratios cannot be reduced below the approved level for the individuals being  
2.15 served in the home on a permanent basis;

2.16 (2) no more than two different individuals can be accepted for respite services in any  
2.17 calendar month and the total respite days may not exceed 120 days per program in any  
2.18 calendar year;

2.19 (3) the person receiving respite services must have his or her own bedroom, which could  
2.20 be used for alternative purposes when not used as a respite bedroom, and cannot be the  
2.21 room of another person who lives in the facility; and

2.22 (4) individuals living in the facility must be notified when the variance is approved. The  
2.23 provider must give 60 days' notice in writing to the residents and their legal representatives  
2.24 prior to accepting the first respite placement. Notice must be given to residents at least two  
2.25 days prior to service initiation, or as soon as the license holder is able if they receive notice  
2.26 of the need for respite less than two days prior to initiation, each time a respite client will  
2.27 be served, unless the requirement for this notice is waived by the resident or legal guardian.

2.28 (f) The commissioner may issue an adult foster care or community residential setting  
2.29 license with a capacity of five adults if the fifth bed does not increase the overall statewide  
2.30 capacity of licensed adult foster care or community residential setting beds in homes that  
2.31 are not the primary residence of the license holder, as identified in a plan submitted to the  
2.32 commissioner by the county, when the capacity is recommended by the county licensing  
2.33 agency of the county in which the facility is located and if the recommendation verifies  
2.34 that:

3.1 (1) the facility meets the physical environment requirements in the adult foster care  
3.2 licensing rule;

3.3 (2) the five-bed living arrangement is specified for each resident in the resident's:  
3.4 (i) individualized plan of care;

3.5 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or  
3.6 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,  
3.7 subpart 19, if required;

3.8 (3) the license holder obtains written and signed informed consent from each resident  
3.9 or resident's legal representative documenting the resident's informed choice to remain  
3.10 living in the home and that the resident's refusal to consent would not have resulted in  
3.11 service termination; and

3.12 (4) the facility was licensed for adult foster care before March 1, 2011.

3.13 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)  
3.14 after June 30, ~~2017~~ 2019. The commissioner shall allow a facility with an adult foster care  
3.15 license issued under paragraph (f) before June 30, ~~2017~~ 2019, to continue with a capacity  
3.16 of five adults if the license holder continues to comply with the requirements in paragraph  
3.17 (f).

2.12 (1) staffing ratios cannot be reduced below the approved level for the individuals being  
2.13 served in the home on a permanent basis;

2.14 (2) no more than two different individuals can be accepted for respite services in any  
2.15 calendar month and the total respite days may not exceed 120 days per program in any  
2.16 calendar year;

2.17 (3) the person receiving respite services must have his or her own bedroom, which could  
2.18 be used for alternative purposes when not used as a respite bedroom, and cannot be the  
2.19 room of another person who lives in the facility; and

2.20 (4) individuals living in the facility must be notified when the variance is approved. The  
2.21 provider must give 60 days' notice in writing to the residents and their legal representatives  
2.22 prior to accepting the first respite placement. Notice must be given to residents at least two  
2.23 days prior to service initiation, or as soon as the license holder is able if they receive notice  
2.24 of the need for respite less than two days prior to initiation, each time a respite client will  
2.25 be served, unless the requirement for this notice is waived by the resident or legal guardian.

2.26 (f) The commissioner may issue an adult foster care or community residential setting  
2.27 license with a capacity of five adults if the fifth bed does not increase the overall statewide  
2.28 capacity of licensed adult foster care or community residential setting beds in homes that  
2.29 are not the primary residence of the license holder, as identified in a plan submitted to the  
2.30 commissioner by the county, when the capacity is recommended by the county licensing  
2.31 agency of the county in which the facility is located and if the recommendation verifies  
2.32 that:

2.33 (1) the facility meets the physical environment requirements in the adult foster care  
2.34 licensing rule;

3.1 (2) the five-bed living arrangement is specified for each resident in the resident's:  
3.2 (i) individualized plan of care;

3.3 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or  
3.4 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,  
3.5 subpart 19, if required;

3.6 (3) the license holder obtains written and signed informed consent from each resident  
3.7 or resident's legal representative documenting the resident's informed choice to remain  
3.8 living in the home and that the resident's refusal to consent would not have resulted in  
3.9 service termination; and

3.10 (4) the facility was licensed for adult foster care before March 1, 2011.

3.11 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)  
3.12 after June 30, ~~2017~~ 2019. The commissioner shall allow a facility with an adult foster care  
3.13 license issued under paragraph (f) before June 30, ~~2017~~ 2019, to continue with a capacity  
3.14 of five adults if the license holder continues to comply with the requirements in paragraph  
3.15 (f).

3.18 **EFFECTIVE DATE.** This section is effective the day following final enactment.

3.19 Sec. 2. Minnesota Statutes 2016, section 245C.03, subdivision 1, is amended to read:

3.20 Subdivision 1. **Licensed programs.** (a) The commissioner shall conduct a background  
3.21 study on:

3.22 (1) the person or persons applying for a license;

3.23 (2) an individual age 13 and over living in the household where the licensed program  
3.24 will be provided who is not receiving licensed services from the program;

3.25 (3) current or prospective employees or contractors of the applicant who will have direct  
3.26 contact with persons served by the facility, agency, or program;

3.27 (4) volunteers or student volunteers who will have direct contact with persons served  
3.28 by the program to provide program services if the contact is not under the continuous, direct  
3.29 supervision by an individual listed in clause (1) or (3);

3.30 (5) an individual age ten to 12 living in the household where the licensed services will  
3.31 be provided when the commissioner has reasonable cause;

4.1 (6) an individual who, without providing direct contact services at a licensed program,  
4.2 may have unsupervised access to children or vulnerable adults receiving services from a  
4.3 program, when the commissioner has reasonable cause; and

4.4 (7) all managerial officials as defined under section 245A.02, subdivision 5a.

4.5 (b) For ~~family~~ child foster care settings when the license holder resides in the home  
4.6 where foster care services are provided, a short-term substitute caregiver providing direct  
4.7 contact services for a child for less than 72 hours of continuous care is not required to receive  
4.8 a background study under this chapter.

4.9 **EFFECTIVE DATE.** This section is effective the day following final enactment.

4.10 Sec. 3. Minnesota Statutes 2016, section 245C.04, subdivision 1, is amended to read:

4.11 Subdivision 1. **Licensed programs.** (a) The commissioner shall conduct a background  
4.12 study of an individual required to be studied under section 245C.03, subdivision 1, at least  
4.13 upon application for initial license for all license types.

4.14 (b) The commissioner shall conduct a background study of an individual required to be  
4.15 studied under section 245C.03, subdivision 1, at reapplication for a license for family child  
4.16 care.

4.17 (c) The commissioner is not required to conduct a study of an individual at the time of  
4.18 reapplication for a license if the individual's background study was completed by the  
4.19 commissioner of human services and the following conditions are met:

4.20 (1) a study of the individual was conducted either at the time of initial licensure or when  
4.21 the individual became affiliated with the license holder;

3.16 **EFFECTIVE DATE.** This section is effective the day following final enactment.

3.17 Sec. 2. Minnesota Statutes 2016, section 245C.03, subdivision 1, is amended to read:

3.18 Subdivision 1. **Licensed programs.** (a) The commissioner shall conduct a background  
3.19 study on:

3.20 (1) the person or persons applying for a license;

3.21 (2) an individual age 13 and over living in the household where the licensed program  
3.22 will be provided who is not receiving licensed services from the program;

3.23 (3) current or prospective employees or contractors of the applicant who will have direct  
3.24 contact with persons served by the facility, agency, or program;

3.25 (4) volunteers or student volunteers who will have direct contact with persons served  
3.26 by the program to provide program services if the contact is not under the continuous, direct  
3.27 supervision by an individual listed in clause (1) or (3);

3.28 (5) an individual age ten to 12 living in the household where the licensed services will  
3.29 be provided when the commissioner has reasonable cause;

4.1 (6) an individual who, without providing direct contact services at a licensed program,  
4.2 may have unsupervised access to children or vulnerable adults receiving services from a  
4.3 program, when the commissioner has reasonable cause; and

4.4 (7) all managerial officials as defined under section 245A.02, subdivision 5a.

4.5 (b) For ~~family~~ child foster care settings when the license holder resides in the home  
4.6 where foster care services are provided, a short-term substitute caregiver providing direct  
4.7 contact services for a child for less than 72 hours of continuous care is not required to receive  
4.8 a background study under this chapter.

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4.11 Subdivision 1. **Licensed programs.** (a) The commissioner shall conduct a background  
4.12 study of an individual required to be studied under section 245C.03, subdivision 1, at least  
4.13 upon application for initial license for all license types.

4.14 (b) The commissioner shall conduct a background study of an individual required to be  
4.15 studied under section 245C.03, subdivision 1, at reapplication for a license for family child  
4.16 care.

4.17 (c) The commissioner is not required to conduct a study of an individual at the time of  
4.18 reapplication for a license if the individual's background study was completed by the  
4.19 commissioner of human services and the following conditions are met:

4.20 (1) a study of the individual was conducted either at the time of initial licensure or when  
4.21 the individual became affiliated with the license holder;

4.22 (2) the individual has been continuously affiliated with the license holder since the last  
4.23 study was conducted; and

4.24 (3) the last study of the individual was conducted on or after October 1, 1995.

4.25 (d) The commissioner of human services shall conduct a background study of an  
4.26 individual specified under section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6),  
4.27 who is newly affiliated with a child foster care license holder-;

4.28 (1) the county or private agency shall collect and forward to the commissioner the  
4.29 information required under section 245C.05, subdivisions 1 and 5-; when the child foster  
4.30 care applicant or license holder resides in the home where child foster care services are  
4.31 provided;

5.1 (2) the child foster care license holder or applicant shall collect and forward to the  
5.2 commissioner the information required under section 245C.05, subdivisions 1 and 5, when  
5.3 the applicant or license holder does not reside in the home where child foster care services  
5.4 are provided; and

5.5 (3) the background study conducted by the commissioner of human services under this  
5.6 paragraph must include a review of the information required under section 245C.08,  
5.7 subdivisions 1, 3, and 4.

5.8 (e) The commissioner shall conduct a background study of an individual specified under  
5.9 section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6), who is newly affiliated  
5.10 with an adult foster care or family adult day services license holder: (1) the county shall  
5.11 collect and forward to the commissioner the information required under section 245C.05,  
5.12 subdivision 1, paragraphs (a) and (b), and subdivision 5, paragraphs (a) and (b), for  
5.13 background studies conducted by the commissioner for all family adult day services and  
5.14 for adult foster care when the adult foster care license holder resides in the adult foster care  
5.15 residence; (2) the license holder shall collect and forward to the commissioner the information  
5.16 required under section 245C.05, subdivisions 1, paragraphs (a) and (b); and 5, paragraphs  
5.17 (a) and (b), for background studies conducted by the commissioner for adult foster care  
5.18 when the license holder does not reside in the adult foster care residence; and (3) the  
5.19 background study conducted by the commissioner under this paragraph must include a  
5.20 review of the information required under section 245C.08, subdivision 1, paragraph (a),  
5.21 and subdivisions 3 and 4.

5.22 (f) Applicants for licensure, license holders, and other entities as provided in this chapter  
5.23 must submit completed background study requests to the commissioner using the electronic  
5.24 system known as NETStudy before individuals specified in section 245C.03, subdivision  
5.25 1, begin positions allowing direct contact in any licensed program.

5.26 (g) For an individual who is not on the entity's active roster, the entity must initiate a  
5.27 new background study through NETStudy when:

5.28 (1) an individual returns to a position requiring a background study following an absence  
5.29 of 120 or more consecutive days; or

4.22 (2) the individual has been continuously affiliated with the license holder since the last  
4.23 study was conducted; and

4.24 (3) the last study of the individual was conducted on or after October 1, 1995.

4.25 (d) The commissioner of human services shall conduct a background study of an  
4.26 individual specified under section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6),  
4.27 who is newly affiliated with a child foster care license holder-;

4.28 (1) the county or private agency shall collect and forward to the commissioner the  
4.29 information required under section 245C.05, subdivisions 1 and 5-; when the child foster  
4.30 care applicant or license holder resides in the home where child foster care services are  
4.31 provided;

5.1 (2) the child foster care license holder or applicant shall collect and forward to the  
5.2 commissioner the information required under section 245C.05, subdivisions 1 and 5, when  
5.3 the applicant or license holder does not reside in the home where child foster care services  
5.4 are provided; and

5.5 (3) the background study conducted by the commissioner of human services under this  
5.6 paragraph must include a review of the information required under section 245C.08,  
5.7 subdivisions 1, 3, and 4.

5.8 (e) The commissioner shall conduct a background study of an individual specified under  
5.9 section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6), who is newly affiliated  
5.10 with an adult foster care or family adult day services license holder: (1) the county shall  
5.11 collect and forward to the commissioner the information required under section 245C.05,  
5.12 subdivision 1, paragraphs (a) and (b), and subdivision 5, paragraphs (a) and (b), for  
5.13 background studies conducted by the commissioner for all family adult day services and  
5.14 for adult foster care when the adult foster care license holder resides in the adult foster care  
5.15 residence; (2) the license holder shall collect and forward to the commissioner the information  
5.16 required under section 245C.05, subdivisions 1, paragraphs (a) and (b); and 5, paragraphs  
5.17 (a) and (b), for background studies conducted by the commissioner for adult foster care  
5.18 when the license holder does not reside in the adult foster care residence; and (3) the  
5.19 background study conducted by the commissioner under this paragraph must include a  
5.20 review of the information required under section 245C.08, subdivision 1, paragraph (a),  
5.21 and subdivisions 3 and 4.

5.22 (f) Applicants for licensure, license holders, and other entities as provided in this chapter  
5.23 must submit completed background study requests to the commissioner using the electronic  
5.24 system known as NETStudy before individuals specified in section 245C.03, subdivision  
5.25 1, begin positions allowing direct contact in any licensed program.

5.26 (g) For an individual who is not on the entity's active roster, the entity must initiate a  
5.27 new background study through NETStudy when:

5.28 (1) an individual returns to a position requiring a background study following an absence  
5.29 of 120 or more consecutive days; or

5.30 (2) a program that discontinued providing licensed direct contact services for 120 or  
5.31 more consecutive days begins to provide direct contact licensed services again.

5.32 The license holder shall maintain a copy of the notification provided to the commissioner  
5.33 under this paragraph in the program's files. If the individual's disqualification was previously  
5.34 set aside for the license holder's program and the new background study results in no new  
6.1 information that indicates the individual may pose a risk of harm to persons receiving  
6.2 services from the license holder, the previous set-aside shall remain in effect.

6.3 (h) For purposes of this section, a physician licensed under chapter 147 is considered to  
6.4 be continuously affiliated upon the license holder's receipt from the commissioner of health  
6.5 or human services of the physician's background study results.

6.6 (i) For purposes of family child care, a substitute caregiver must receive repeat  
6.7 background studies at the time of each license renewal.

6.8 EFFECTIVE DATE. This section is effective the day following final enactment.

6.9 Sec. 4. Minnesota Statutes 2016, section 245C.05, subdivision 2a, is amended to read:

6.10 Subd. 2a. **County or private agency.** For background studies related to child foster care  
6.11 when the applicant or license holder resides in the home where child foster care services  
6.12 are provided, county and private agencies must collect the information under subdivision  
6.13 I and forward it to the commissioner.

6.14 EFFECTIVE DATE. This section is effective the day following final enactment.

6.15 Sec. 5. Minnesota Statutes 2016, section 245C.10, subdivision 9, is amended to read:

6.16 Subd. 9. **Human services licensed programs.** The commissioner shall recover the cost  
6.17 of background studies required under section 245C.03, subdivision 1, for all programs that  
6.18 are licensed by the commissioner, except child foster care when the applicant or license  
6.19 holder resides in the home where child foster care services are provided, and family child  
6.20 care, through a fee of no more than \$20 per study charged to the license holder. The fees  
6.21 collected under this subdivision are appropriated to the commissioner for the purpose of  
6.22 conducting background studies.

6.23 EFFECTIVE DATE. This section is effective the day following final enactment.

6.24 Sec. 6. Minnesota Statutes 2016, section 245C.17, subdivision 5, is amended to read:

6.25 Subd. 5. **Notice to county or private agency.** For studies on individuals related to a  
6.26 license to provide child foster care when the applicant or license holder resides in the home  
6.27 where child foster care services are provided, the commissioner shall also provide a notice  
6.28 of the background study results to the county or private agency that initiated the background  
6.29 study.

6.30 EFFECTIVE DATE. This section is effective the day following final enactment.

5.30 (2) a program that discontinued providing licensed direct contact services for 120 or  
5.31 more consecutive days begins to provide direct contact licensed services again.

5.32 The license holder shall maintain a copy of the notification provided to the commissioner  
5.33 under this paragraph in the program's files. If the individual's disqualification was previously  
5.34 set aside for the license holder's program and the new background study results in no new  
6.1 information that indicates the individual may pose a risk of harm to persons receiving  
6.2 services from the license holder, the previous set-aside shall remain in effect.

6.3 (h) For purposes of this section, a physician licensed under chapter 147 is considered to  
6.4 be continuously affiliated upon the license holder's receipt from the commissioner of health  
6.5 or human services of the physician's background study results.

6.6 (i) For purposes of family child care, a substitute caregiver must receive repeat  
6.7 background studies at the time of each license renewal.

6.8 EFFECTIVE DATE. This section is effective the day following final enactment.

6.9 Sec. 4. Minnesota Statutes 2016, section 245C.05, subdivision 2a, is amended to read:

6.10 Subd. 2a. **County or private agency.** For background studies related to child foster care  
6.11 when the applicant or license holder resides in the home where child foster care services  
6.12 are provided, county and private agencies must collect the information under subdivision  
6.13 I and forward it to the commissioner.

6.14 EFFECTIVE DATE. This section is effective the day following final enactment.

6.15 Sec. 5. Minnesota Statutes 2016, section 245C.10, subdivision 9, is amended to read:

6.16 Subd. 9. **Human services licensed programs.** The commissioner shall recover the cost  
6.17 of background studies required under section 245C.03, subdivision 1, for all programs that  
6.18 are licensed by the commissioner, except child foster care when the applicant or license  
6.19 holder resides in the home where child foster care services are provided, and family child  
6.20 care, through a fee of no more than \$20 per study charged to the license holder. The fees  
6.21 collected under this subdivision are appropriated to the commissioner for the purpose of  
6.22 conducting background studies.

6.23 EFFECTIVE DATE. This section is effective the day following final enactment.

6.24 Sec. 6. Minnesota Statutes 2016, section 245C.17, subdivision 5, is amended to read:

6.25 Subd. 5. **Notice to county or private agency.** For studies on individuals related to a  
6.26 license to provide child foster care when the applicant or license holder resides in the home  
6.27 where child foster care services are provided, the commissioner shall also provide a notice  
6.28 of the background study results to the county or private agency that initiated the background  
6.29 study.

6.30 EFFECTIVE DATE. This section is effective the day following final enactment.

7.1 Sec. 7. Minnesota Statutes 2016, section 245C.17, subdivision 6, is amended to read:

7.2 Subd. 6. **Notice to county agency.** For studies on individuals related to a license to  
7.3 provide adult foster care when the applicant or license holder resides in the adult foster care  
7.4 residence and family adult day services, the commissioner shall also provide a notice of the  
7.5 background study results to the county agency that initiated the background study.

7.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

7.7 Sec. 8. Minnesota Statutes 2016, section 245C.21, subdivision 1a, is amended to read:

7.8 Subd. 1a. **Submission of reconsideration request.** (a) For disqualifications related to  
7.9 studies conducted by county agencies for family child care, and for disqualifications related  
7.10 to studies conducted by the commissioner for child foster care, adult foster care, and family  
7.11 adult day services when the applicant or license holder resides in the home where services  
7.12 are provided, the individual shall submit the request for reconsideration to the county agency  
7.13 that initiated the background study.

7.14 (b) For disqualifications related to studies conducted by the commissioner for child  
7.15 foster care providers monitored by private licensing agencies under section 245A.16, the  
7.16 individual shall submit the request for reconsideration to the private agency that initiated  
7.17 the background study.

7.18 (c) A reconsideration request shall be submitted within 30 days of the individual's receipt  
7.19 of the disqualification notice or the time frames specified in subdivision 2, whichever time  
7.20 frame is shorter.

7.21 (d) The county or private agency shall forward the individual's request for reconsideration  
7.22 and provide the commissioner with a recommendation whether to set aside the individual's  
7.23 disqualification.

7.24 **EFFECTIVE DATE.** This section is effective the day following final enactment.

7.25 Sec. 9. Minnesota Statutes 2016, section 245C.23, subdivision 2, is amended to read:

7.26 Subd. 2. **Commissioner's notice of disqualification that is not set aside.** (a) The  
7.27 commissioner shall notify the license holder of the disqualification and order the license  
7.28 holder to immediately remove the individual from any position allowing direct contact with  
7.29 persons receiving services from the license holder if:

7.30 (1) the individual studied does not submit a timely request for reconsideration under  
7.31 section 245C.21;

8.1 (2) the individual submits a timely request for reconsideration, but the commissioner  
8.2 does not set aside the disqualification for that license holder under section 245C.22, unless  
8.3 the individual has a right to request a hearing under section 245C.27, 245C.28, or 256.045;

8.4 (3) an individual who has a right to request a hearing under sections 245C.27 and 256.045,  
8.5 or 245C.28 and chapter 14 for a disqualification that has not been set aside, does not request  
8.6 a hearing within the specified time; or

7.1 Sec. 7. Minnesota Statutes 2016, section 245C.17, subdivision 6, is amended to read:

7.2 Subd. 6. **Notice to county agency.** For studies on individuals related to a license to  
7.3 provide adult foster care when the applicant or license holder resides in the adult foster care  
7.4 residence and family adult day services, the commissioner shall also provide a notice of the  
7.5 background study results to the county agency that initiated the background study.

7.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

7.7 Sec. 8. Minnesota Statutes 2016, section 245C.21, subdivision 1a, is amended to read:

7.8 Subd. 1a. **Submission of reconsideration request.** (a) For disqualifications related to  
7.9 studies conducted by county agencies for family child care, and for disqualifications related  
7.10 to studies conducted by the commissioner for child foster care, adult foster care, and family  
7.11 adult day services when the applicant or license holder resides in the home where services  
7.12 are provided, the individual shall submit the request for reconsideration to the county agency  
7.13 that initiated the background study.

7.14 (b) For disqualifications related to studies conducted by the commissioner for child  
7.15 foster care providers monitored by private licensing agencies under section 245A.16, the  
7.16 individual shall submit the request for reconsideration to the private agency that initiated  
7.17 the background study.

7.18 (c) A reconsideration request shall be submitted within 30 days of the individual's receipt  
7.19 of the disqualification notice or the time frames specified in subdivision 2, whichever time  
7.20 frame is shorter.

7.21 (d) The county or private agency shall forward the individual's request for reconsideration  
7.22 and provide the commissioner with a recommendation whether to set aside the individual's  
7.23 disqualification.

7.24 **EFFECTIVE DATE.** This section is effective the day following final enactment.

7.25 Sec. 9. Minnesota Statutes 2016, section 245C.23, subdivision 2, is amended to read:

7.26 Subd. 2. **Commissioner's notice of disqualification that is not set aside.** (a) The  
7.27 commissioner shall notify the license holder of the disqualification and order the license  
7.28 holder to immediately remove the individual from any position allowing direct contact with  
7.29 persons receiving services from the license holder if:

7.30 (1) the individual studied does not submit a timely request for reconsideration under  
7.31 section 245C.21;

8.1 (2) the individual submits a timely request for reconsideration, but the commissioner  
8.2 does not set aside the disqualification for that license holder under section 245C.22, unless  
8.3 the individual has a right to request a hearing under section 245C.27, 245C.28, or 256.045;

8.4 (3) an individual who has a right to request a hearing under sections 245C.27 and 256.045,  
8.5 or 245C.28 and chapter 14 for a disqualification that has not been set aside, does not request  
8.6 a hearing within the specified time; or

8.7 (4) an individual submitted a timely request for a hearing under sections 245C.27 and  
8.8 256.045, or 245C.28 and chapter 14, but the commissioner does not set aside the  
8.9 disqualification under section 245A.08, subdivision 5, or 256.045.

8.10 (b) If the commissioner does not set aside the disqualification under section 245C.22,  
8.11 and the license holder was previously ordered under section 245C.17 to immediately remove  
8.12 the disqualified individual from direct contact with persons receiving services or to ensure  
8.13 that the individual is under continuous, direct supervision when providing direct contact  
8.14 services, the order remains in effect pending the outcome of a hearing under sections 245C.27  
8.15 and 256.045, or 245C.28 and chapter 14.

8.16 (c) If the commissioner does not set aside the disqualification under section 245C.22,  
8.17 and the license holder was not previously ordered under section 245C.17 to immediately  
8.18 remove the disqualified individual from direct contact with persons receiving services or  
8.19 to ensure that the individual is under continuous direct supervision when providing direct  
8.20 contact services, the commissioner shall order the individual to remain under continuous  
8.21 direct supervision pending the outcome of a hearing under sections 245C.27 and 256.045,  
8.22 or 245C.28 and chapter 14.

8.23 (d) For background studies related to child foster care when the applicant or license  
8.24 holder resides in the home where services are provided, the commissioner shall also notify  
8.25 the county or private agency that initiated the study of the results of the reconsideration.

8.26 (e) For background studies related to adult foster care programs when the applicant or  
8.27 license holder resides in the home where services are provided and family adult day services,  
8.28 the commissioner shall also notify the county that initiated the study of the results of the  
8.29 reconsideration.

8.30 **EFFECTIVE DATE.** This section is effective the day following final enactment.

8.7 (4) an individual submitted a timely request for a hearing under sections 245C.27 and  
8.8 256.045, or 245C.28 and chapter 14, but the commissioner does not set aside the  
8.9 disqualification under section 245A.08, subdivision 5, or 256.045.

8.10 (b) If the commissioner does not set aside the disqualification under section 245C.22,  
8.11 and the license holder was previously ordered under section 245C.17 to immediately remove  
8.12 the disqualified individual from direct contact with persons receiving services or to ensure  
8.13 that the individual is under continuous, direct supervision when providing direct contact  
8.14 services, the order remains in effect pending the outcome of a hearing under sections 245C.27  
8.15 and 256.045, or 245C.28 and chapter 14.

8.16 (c) If the commissioner does not set aside the disqualification under section 245C.22,  
8.17 and the license holder was not previously ordered under section 245C.17 to immediately  
8.18 remove the disqualified individual from direct contact with persons receiving services or  
8.19 to ensure that the individual is under continuous direct supervision when providing direct  
8.20 contact services, the commissioner shall order the individual to remain under continuous  
8.21 direct supervision pending the outcome of a hearing under sections 245C.27 and 256.045,  
8.22 or 245C.28 and chapter 14.

8.23 (d) For background studies related to child foster care when the applicant or license  
8.24 holder resides in the home where services are provided, the commissioner shall also notify  
8.25 the county or private agency that initiated the study of the results of the reconsideration.

8.26 (e) For background studies related to adult foster care programs when the applicant or  
8.27 license holder resides in the home where services are provided and family adult day services,  
8.28 the commissioner shall also notify the county that initiated the study of the results of the  
8.29 reconsideration.

8.30 **EFFECTIVE DATE.** This section is effective the day following final enactment.

9.1 Sec. 10. Minnesota Statutes 2016, section 245D.02, is amended by adding a subdivision  
9.2 to read:

9.3 Subd. 20b. **Natural support.** "Natural support" means an individual who provides direct  
9.4 services or supports without direction from nor under the supervision of the license holder  
9.5 or the license holder's representative.

9.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

9.7 Sec. 11. Minnesota Statutes 2016, section 245D.02, subdivision 36, is amended to read:

9.8 Subd. 36. **Volunteer.** "Volunteer" means an individual who, under the direction of the  
9.9 license holder, provides direct services without pay to a person served by the license holder.  
9.10 A natural support is not a volunteer.

9.11 **EFFECTIVE DATE.** This section is effective the day following final enactment.



8.31 Sec. 10. Minnesota Statutes 2016, section 245D.03, subdivision 1, is amended to read:

8.32 Subdivision 1. **Applicability.** (a) The commissioner shall regulate the provision of home  
8.33 and community-based services to persons with disabilities and persons age 65 and older  
9.1 pursuant to this chapter. The licensing standards in this chapter govern the provision of  
9.2 basic support services and intensive support services.

9.3 (b) Basic support services provide the level of assistance, supervision, and care that is  
9.4 necessary to ensure the health and welfare of the person and do not include services that  
9.5 are specifically directed toward the training, treatment, habilitation, or rehabilitation of the  
9.6 person. Basic support services include:

9.7 (1) in-home and out-of-home respite care services as defined in section 245A.02,  
9.8 subdivision 15, and under the brain injury, community alternative care, community access  
9.9 for disability inclusion, developmental disability, and elderly waiver plans, excluding  
9.10 out-of-home respite care provided to children in a family child foster care home licensed  
9.11 under Minnesota Rules, parts 2960.3000 to 2960.3100, when the child foster care license  
9.12 holder complies with the requirements under section 245D.06, subdivisions 5, 6, 7, and 8,  
9.13 or successor provisions; and section 245D.061 or successor provisions, which must be  
9.14 stipulated in the statement of intended use required under Minnesota Rules, part 2960.3000,  
9.15 subpart 4;

9.16 (2) adult companion services as defined under the brain injury, community access for  
9.17 disability inclusion, and elderly waiver plans, excluding adult companion services provided  
9.18 under the Corporation for National and Community Services Senior Companion Program  
9.19 established under the Domestic Volunteer Service Act of 1973, Public Law 98-288;

9.20 (3) personal support as defined under the developmental disability waiver plan;

9.21 (4) 24-hour emergency assistance, personal emergency response as defined under the  
9.22 community access for disability inclusion and developmental disability waiver plans;

9.23 (5) night supervision services as defined under the brain injury waiver plan; and

9.24 (6) homemaker services as defined under the community access for disability inclusion,  
9.25 brain injury, community alternative care, developmental disability, and elderly waiver plans,  
9.26 excluding providers licensed by the Department of Health under chapter 144A and those  
9.27 providers providing cleaning services only.

9.28 (c) Intensive support services provide assistance, supervision, and care that is necessary  
9.29 to ensure the health and welfare of the person and services specifically directed toward the  
9.30 training, habilitation, or rehabilitation of the person. Intensive support services include:

9.31 (1) intervention services, including:

9.32 (i) behavioral support services as defined under the brain injury and community access  
9.33 for disability inclusion waiver plans;

10.1 (ii) in-home or out-of-home crisis respite services as defined under the developmental  
10.2 disability waiver plan; and

9.12 Sec. 12. Minnesota Statutes 2016, section 245D.03, subdivision 1, is amended to read:

9.13 Subdivision 1. **Applicability.** (a) The commissioner shall regulate the provision of home  
9.14 and community-based services to persons with disabilities and persons age 65 and older  
9.15 pursuant to this chapter. The licensing standards in this chapter govern the provision of  
9.16 basic support services and intensive support services.

9.17 (b) Basic support services provide the level of assistance, supervision, and care that is  
9.18 necessary to ensure the health and welfare of the person and do not include services that  
9.19 are specifically directed toward the training, treatment, habilitation, or rehabilitation of the  
9.20 person. Basic support services include:

9.21 (1) in-home and out-of-home respite care services as defined in section 245A.02,  
9.22 subdivision 15, and under the brain injury, community alternative care, community access  
9.23 for disability inclusion, developmental disability, and elderly waiver plans, excluding  
9.24 out-of-home respite care provided to children in a family child foster care home licensed  
9.25 under Minnesota Rules, parts 2960.3000 to 2960.3100, when the child foster care license  
9.26 holder complies with the requirements under section 245D.06, subdivisions 5, 6, 7, and 8,  
9.27 or successor provisions; and section 245D.061 or successor provisions, which must be  
9.28 stipulated in the statement of intended use required under Minnesota Rules, part 2960.3000,  
9.29 subpart 4;

9.30 (2) adult companion services as defined under the brain injury, community access for  
9.31 disability inclusion, and elderly waiver plans, excluding adult companion services provided  
10.1 under the Corporation for National and Community Services Senior Companion Program  
10.2 established under the Domestic Volunteer Service Act of 1973, Public Law 98-288;

10.3 (3) personal support as defined under the developmental disability waiver plan;

10.4 (4) 24-hour emergency assistance, personal emergency response as defined under the  
10.5 community access for disability inclusion and developmental disability waiver plans;

10.6 (5) night supervision services as defined under the brain injury waiver plan; and

10.7 (6) homemaker services as defined under the community access for disability inclusion,  
10.8 brain injury, community alternative care, developmental disability, and elderly waiver plans,  
10.9 excluding providers licensed by the Department of Health under chapter 144A and those  
10.10 providers providing cleaning services only.

10.11 (c) Intensive support services provide assistance, supervision, and care that is necessary  
10.12 to ensure the health and welfare of the person and services specifically directed toward the  
10.13 training, habilitation, or rehabilitation of the person. Intensive support services include:

10.14 (1) intervention services, including:

10.15 (i) behavioral support services as defined under the brain injury and community access  
10.16 for disability inclusion waiver plans;

10.17 (ii) in-home or out-of-home crisis respite services as defined under the developmental  
10.18 disability waiver plan; and

10.3 (iii) specialist services as defined under the current developmental disability waiver  
10.4 plan;

10.5 (2) in-home support services, including:

10.6 (i) in-home family support and supported living services as defined under the  
10.7 developmental disability waiver plan;

10.8 (ii) independent living services training as defined under the brain injury and community  
10.9 access for disability inclusion waiver plans; ~~and~~

10.10 (iii) semi-independent living services; and

10.11 (iv) individualized home supports services as defined under the brain injury, community  
10.12 alternative care, and community access for disability inclusion waiver plans;

10.13 (3) residential supports and services, including:

10.14 (i) supported living services as defined under the developmental disability waiver plan  
10.15 provided in a family or corporate child foster care residence, a family adult foster care  
10.16 residence, a community residential setting, or a supervised living facility;

10.17 (ii) foster care services as defined in the brain injury, community alternative care, and  
10.18 community access for disability inclusion waiver plans provided in a family or corporate  
10.19 child foster care residence, a family adult foster care residence, or a community residential  
10.20 setting; and

10.21 (iii) residential services provided to more than four persons with developmental  
10.22 disabilities in a supervised living facility, including ICFs/DD;

10.23 (4) day services, including:

10.24 (i) structured day services as defined under the brain injury waiver plan;

10.25 (ii) day training and habilitation services under sections 252.41 to 252.46, and as defined  
10.26 under the developmental disability waiver plan; and

10.27 (iii) prevocational services as defined under the brain injury and community access for  
10.28 disability inclusion waiver plans; and

10.29 (5) supported employment as defined under the brain injury, developmental disability,  
10.30 and community access for disability inclusion waiver plans.

10.31 EFFECTIVE DATE. This section is effective the day following final enactment.

11.1 Sec. 11. Minnesota Statutes 2016, section 245D.04, subdivision 3, is amended to read:

11.2 Subd. 3. **Protection-related rights.** (a) A person's protection-related rights include the  
11.3 right to:

11.4 (1) have personal, financial, service, health, and medical information kept private, and  
11.5 be advised of disclosure of this information by the license holder;

11.6 (2) access records and recorded information about the person in accordance with  
11.7 applicable state and federal law, regulation, or rule;

10.19 (iii) specialist services as defined under the current developmental disability waiver  
10.20 plan;

10.21 (2) in-home support services, including:

10.22 (i) in-home family support and supported living services as defined under the  
10.23 developmental disability waiver plan;

10.24 (ii) independent living services training as defined under the brain injury and community  
10.25 access for disability inclusion waiver plans; ~~and~~

10.26 (iii) semi-independent living services; and

10.27 (iv) individualized home supports services as defined under the brain injury, community  
10.28 alternative care, and community access for disability inclusion waiver plans;

10.29 (3) residential supports and services, including:

11.1 (i) supported living services as defined under the developmental disability waiver plan  
11.2 provided in a family or corporate child foster care residence, a family adult foster care  
11.3 residence, a community residential setting, or a supervised living facility;

11.4 (ii) foster care services as defined in the brain injury, community alternative care, and  
11.5 community access for disability inclusion waiver plans provided in a family or corporate  
11.6 child foster care residence, a family adult foster care residence, or a community residential  
11.7 setting; and

11.8 (iii) residential services provided to more than four persons with developmental  
11.9 disabilities in a supervised living facility, including ICFs/DD;

11.10 (4) day services, including:

11.11 (i) structured day services as defined under the brain injury waiver plan;

11.12 (ii) day training and habilitation services under sections 252.41 to 252.46, and as defined  
11.13 under the developmental disability waiver plan; and

11.14 (iii) prevocational services as defined under the brain injury and community access for  
11.15 disability inclusion waiver plans; and

11.16 (5) supported employment as defined under the brain injury, developmental disability,  
11.17 and community access for disability inclusion waiver plans.

11.18 EFFECTIVE DATE. This section is effective the day following final enactment.

11.19 Sec. 13. Minnesota Statutes 2016, section 245D.04, subdivision 3, is amended to read:

11.20 Subd. 3. **Protection-related rights.** (a) A person's protection-related rights include the  
11.21 right to:

11.22 (1) have personal, financial, service, health, and medical information kept private, and  
11.23 be advised of disclosure of this information by the license holder;

11.24 (2) access records and recorded information about the person in accordance with  
11.25 applicable state and federal law, regulation, or rule;

11.8 (3) be free from maltreatment;

11.9 (4) be free from restraint, time out, seclusion, restrictive intervention, or other prohibited

11.10 procedure identified in section 245D.06, subdivision 5, or successor provisions, except for:

11.11 (i) emergency use of manual restraint to protect the person from imminent danger to self

11.12 or others according to the requirements in section 245D.061 or successor provisions; or (ii)

11.13 the use of safety interventions as part of a positive support transition plan under section

11.14 245D.06, subdivision 8, or successor provisions;

11.15 (5) receive services in a clean and safe environment when the license holder is the owner,

11.16 lessor, or tenant of the service site;

11.17 (6) be treated with courtesy and respect and receive respectful treatment of the person's

11.18 property;

11.19 (7) reasonable observance of cultural and ethnic practice and religion;

11.20 (8) be free from bias and harassment regarding race, gender, age, disability, spirituality,

11.21 and sexual orientation;

11.22 (9) be informed of and use the license holder's grievance policy and procedures, including

11.23 knowing how to contact persons responsible for addressing problems and to appeal under

11.24 section 256.045;

11.25 (10) know the name, telephone number, and the Web site, e-mail, and street addresses

11.26 of protection and advocacy services, including the appropriate state-appointed ombudsman,

11.27 and a brief description of how to file a complaint with these offices;

11.28 (11) assert these rights personally, or have them asserted by the person's family,

11.29 authorized representative, or legal representative, without retaliation;

11.30 (12) give or withhold written informed consent to participate in any research or

11.31 experimental treatment;

12.1 (13) associate with other persons of the person's choice;

12.2 (14) personal privacy, including the right to use the lock on the person's bedroom or unit

12.3 door; and

12.4 (15) engage in chosen activities; and

12.5 (16) access to the person's personal possessions at any time, including financial resources.

12.6 (b) For a person residing in a residential site licensed according to chapter 245A, or

12.7 where the license holder is the owner, lessor, or tenant of the residential service site,

12.8 protection-related rights also include the right to:

12.9 (1) have daily, private access to and use of a non-coin-operated telephone for local calls

12.10 and long-distance calls made collect or paid for by the person;

12.11 (2) receive and send, without interference, uncensored, unopened mail or electronic

12.12 correspondence or communication;

11.26 (3) be free from maltreatment;

11.27 (4) be free from restraint, time out, seclusion, restrictive intervention, or other prohibited

11.28 procedure identified in section 245D.06, subdivision 5, or successor provisions, except for:

11.29 (i) emergency use of manual restraint to protect the person from imminent danger to self

11.30 or others according to the requirements in section 245D.061 or successor provisions; or (ii)

12.1 the use of safety interventions as part of a positive support transition plan under section

12.2 245D.06, subdivision 8, or successor provisions;

12.3 (5) receive services in a clean and safe environment when the license holder is the owner,

12.4 lessor, or tenant of the service site;

12.5 (6) be treated with courtesy and respect and receive respectful treatment of the person's

12.6 property;

12.7 (7) reasonable observance of cultural and ethnic practice and religion;

12.8 (8) be free from bias and harassment regarding race, gender, age, disability, spirituality,

12.9 and sexual orientation;

12.10 (9) be informed of and use the license holder's grievance policy and procedures, including

12.11 knowing how to contact persons responsible for addressing problems and to appeal under

12.12 section 256.045;

12.13 (10) know the name, telephone number, and the Web site, e-mail, and street addresses

12.14 of protection and advocacy services, including the appropriate state-appointed ombudsman,

12.15 and a brief description of how to file a complaint with these offices;

12.16 (11) assert these rights personally, or have them asserted by the person's family,

12.17 authorized representative, or legal representative, without retaliation;

12.18 (12) give or withhold written informed consent to participate in any research or

12.19 experimental treatment;

12.20 (13) associate with other persons of the person's choice;

12.21 (14) personal privacy, including the right to use the lock on the person's bedroom or unit

12.22 door; and

12.23 (15) engage in chosen activities; and

12.24 (16) access to the person's personal possessions at any time, including financial resources.

12.25 (b) For a person residing in a residential site licensed according to chapter 245A, or

12.26 where the license holder is the owner, lessor, or tenant of the residential service site,

12.27 protection-related rights also include the right to:

12.28 (1) have daily, private access to and use of a non-coin-operated telephone for local calls

12.29 and long-distance calls made collect or paid for by the person;

12.30 (2) receive and send, without interference, uncensored, unopened mail or electronic

12.31 correspondence or communication;

12.13 (3) have use of and free access to common areas in the residence and the freedom to  
12.14 come and go from the residence at will; and

12.15 (4) choose the person's visitors and time of visits and have privacy for visits with the  
12.16 person's spouse, next of kin, legal counsel, religious ~~adviser~~ adviser, or others, in accordance  
12.17 with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom;

12.18 (5) have freedom and support to access food and potable water at any time;

12.19 (6) have the freedom to furnish and decorate the person's bedroom or living unit;

12.20 (7) a setting that is clean and free from accumulation of dirt, grease, garbage, peeling  
12.21 paint, mold, vermin, and insects;

12.22 (8) a setting that is free from hazards that threaten the person's health or safety; and

12.23 (9) a setting that meets the definition of a dwelling unit within a residential occupancy  
12.24 as defined in the State Fire Code.

12.25 (c) Restriction of a person's rights under paragraph (a), clauses (13) to ~~(15)~~ (16), or  
12.26 paragraph (b) is allowed only if determined necessary to ensure the health, safety, and  
12.27 well-being of the person. Any restriction of those rights must be documented in the person's  
12.28 coordinated service and support plan or coordinated service and support plan addendum.  
12.29 The restriction must be implemented in the least restrictive alternative manner necessary  
12.30 to protect the person and provide support to reduce or eliminate the need for the restriction  
13.1 in the most integrated setting and inclusive manner. The documentation must include the  
13.2 following information:

13.3 (1) the justification for the restriction based on an assessment of the person's vulnerability  
13.4 related to exercising the right without restriction;

13.5 (2) the objective measures set as conditions for ending the restriction;

13.6 (3) a schedule for reviewing the need for the restriction based on the conditions for  
13.7 ending the restriction to occur semiannually from the date of initial approval, at a minimum,  
13.8 or more frequently if requested by the person, the person's legal representative, if any, and  
13.9 case manager; and

13.10 (4) signed and dated approval for the restriction from the person, or the person's legal  
13.11 representative, if any. A restriction may be implemented only when the required approval  
13.12 has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the  
13.13 right must be immediately and fully restored.

13.14 **EFFECTIVE DATE.** This section is effective the day following final enactment.

13.15 Sec. 12. Minnesota Statutes 2016, section 245D.071, subdivision 3, is amended to read:

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

13.1 (3) have use of and free access to common areas in the residence and the freedom to  
13.2 come and go from the residence at will; and

13.3 (4) choose the person's visitors and time of visits and have privacy for visits with the  
13.4 person's spouse, next of kin, legal counsel, religious ~~adviser~~ adviser, or others, in accordance  
13.5 with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom;

13.6 (5) have freedom and support to access food and potable water at any time;

13.7 (6) have the freedom to furnish and decorate the person's bedroom or living unit;

13.8 (7) a setting that is clean and free from accumulation of dirt, grease, garbage, peeling  
13.9 paint, mold, vermin, and insects;

13.10 (8) a setting that is free from hazards that threaten the person's health or safety; and

13.11 (9) a setting that meets the definition of a dwelling unit within a residential occupancy  
13.12 as defined in the State Fire Code.

13.13 (c) Restriction of a person's rights under paragraph (a), clauses (13) to ~~(15)~~ (16), or  
13.14 paragraph (b) is allowed only if determined necessary to ensure the health, safety, and  
13.15 well-being of the person. Any restriction of those rights must be documented in the person's  
13.16 coordinated service and support plan or coordinated service and support plan addendum.  
13.17 The restriction must be implemented in the least restrictive alternative manner necessary  
13.18 to protect the person and provide support to reduce or eliminate the need for the restriction  
13.19 in the most integrated setting and inclusive manner. The documentation must include the  
13.20 following information:

13.21 (1) the justification for the restriction based on an assessment of the person's vulnerability  
13.22 related to exercising the right without restriction;

13.23 (2) the objective measures set as conditions for ending the restriction;

13.24 (3) a schedule for reviewing the need for the restriction based on the conditions for  
13.25 ending the restriction to occur semiannually from the date of initial approval, at a minimum,  
13.26 or more frequently if requested by the person, the person's legal representative, if any, and  
13.27 case manager; and

13.28 (4) signed and dated approval for the restriction from the person, or the person's legal  
13.29 representative, if any. A restriction may be implemented only when the required approval  
13.30 has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the  
13.31 right must be immediately and fully restored.

13.32 **EFFECTIVE DATE.** This section is effective the day following final enactment.

14.1 Sec. 14. Minnesota Statutes 2016, section 245D.071, subdivision 3, is amended to read:

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

13.19 (b) Within the scope of services, the license holder must, at a minimum, complete  
13.20 assessments in the following areas before the 45-day planning meeting:

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

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

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

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

14.8 (c) Within 45 days of service initiation, the license holder must meet with the person,  
14.9 the person's legal representative, the case manager, and other members of the support team  
14.10 or expanded support team to determine the following based on information obtained from  
14.11 the assessments identified in paragraph (b), the person's identified needs in the coordinated  
14.12 service and support plan, and the requirements in subdivision 4 and section 245D.07,  
14.13 subdivision 1a:

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

14.16 (2) the person's desired outcomes and the supports necessary to accomplish the person's  
14.17 desired outcomes;

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

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

14.22 (5) how services must be coordinated across other providers licensed under this chapter  
14.23 serving the person and members of the support team or expanded support team to ensure  
14.24 continuity of care and coordination of services for the person.

14.25 (d) A discussion of how technology might be used to meet the person's desired outcomes  
14.26 must be included in the 45-day planning meeting. The coordinated service and support plan

14.5 (b) Within the scope of services, the license holder must, at a minimum, complete  
14.6 assessments in the following areas before the 45-day planning meeting:

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

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

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

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

14.25 (c) Within 45 days of service initiation, the license holder must meet with the person,  
14.26 the person's legal representative, the case manager, and other members of the support team  
14.27 or expanded support team to determine the following based on information obtained from  
14.28 the assessments identified in paragraph (b), the person's identified needs in the coordinated  
14.29 service and support plan, and the requirements in subdivision 4 and section 245D.07,  
14.30 subdivision 1a:

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

15.1 (2) the person's desired outcomes and the supports necessary to accomplish the person's  
15.2 desired outcomes;

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

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

15.7 (5) how services must be coordinated across other providers licensed under this chapter  
15.8 serving the person and members of the support team or expanded support team to ensure  
15.9 continuity of care and coordination of services for the person.

15.10 (d) A discussion of how technology might be used to meet the person's desired outcomes  
15.11 must be included in the 45-day planning meeting. The coordinated service and support plan

14.27 or support plan addendum must include a summary of this discussion. The summary must  
 14.28 include a statement regarding any decision that is made regarding the use of technology  
 14.29 and a description of any further research that needs to be completed before a decision  
 14.30 regarding the use of technology can be made. Nothing in this paragraph requires that the  
 14.31 coordinated service and support plan include the use of technology for the provision of  
 14.32 services.

14.33 **EFFECTIVE DATE.** This section is effective the day following final enactment.

15.1 Sec. 13. Minnesota Statutes 2016, section 245D.09, subdivision 4, is amended to read:

15.2 Subd. 4. **Orientation to program requirements.** Except for a license holder who does  
 15.3 not supervise any direct support staff, within ~~60~~ calendar days of hire, unless stated otherwise,  
 15.4 the license holder must provide and ensure completion of ~~ten hours of orientation~~ sufficient  
 15.5 to create staff competency for direct support staff ~~providing basic services and 30 hours of~~  
 15.6 ~~orientation for direct support staff providing intensive services~~ that combines supervised  
 15.7 on-the-job training with review of and instruction in the following areas:

15.8 (1) the job description and how to complete specific job functions, including:

15.9 (i) responding to and reporting incidents as required under section 245D.06, subdivision  
 15.10 1; and

15.11 (ii) following safety practices established by the license holder and as required in section  
 15.12 245D.06, subdivision 2;

15.13 (2) the license holder's current policies and procedures required under this chapter,  
 15.14 including their location and access, and staff responsibilities related to implementation of  
 15.15 those policies and procedures;

15.16 (3) data privacy requirements according to sections 13.01 to 13.10 and 13.46, the federal  
 15.17 Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff  
 15.18 responsibilities related to complying with data privacy practices;

15.19 (4) the service recipient rights and staff responsibilities related to ensuring the exercise  
 15.20 and protection of those rights according to the requirements in section 245D.04;

15.21 (5) sections 245A.65, 245A.66, 626.556, and 626.557, governing maltreatment reporting  
 15.22 and service planning for children and vulnerable adults, and staff responsibilities related to  
 15.23 protecting persons from maltreatment and reporting maltreatment. This orientation must be  
 15.24 provided within 72 hours of first providing direct contact services and annually thereafter  
 15.25 according to section 245A.65, subdivision 3;

15.26 (6) the principles of person-centered service planning and delivery as identified in section  
 15.27 245D.07, subdivision 1a, and how they apply to direct support service provided by the staff  
 15.28 person;

15.29 (7) the safe and correct use of manual restraint on an emergency basis according to the  
 15.30 requirements in section 245D.061 or successor provisions, and what constitutes the use of  
 15.31 restraints, time out, and seclusion, including chemical restraint;

15.12 or support plan addendum must include a summary of this discussion. The summary must  
 15.13 include a statement regarding any decision that is made regarding the use of technology  
 15.14 and a description of any further research that needs to be completed before a decision  
 15.15 regarding the use of technology can be made. Nothing in this paragraph requires that the  
 15.16 coordinated service and support plan include the use of technology for the provision of  
 15.17 services.

15.18 **EFFECTIVE DATE.** This section is effective the day following final enactment.

15.19 Sec. 15. Minnesota Statutes 2016, section 245D.09, subdivision 4, is amended to read:

15.20 Subd. 4. **Orientation to program requirements.** Except for a license holder who does  
 15.21 not supervise any direct support staff, within ~~60~~ 90 calendar days of hire, unless stated  
 15.22 otherwise, the license holder must provide and ensure completion of ~~ten hours of orientation~~  
 15.23 sufficient to create staff competency for direct support staff ~~providing basic services and~~  
 15.24 ~~30 hours of orientation for direct support staff providing intensive services~~ that combines  
 15.25 supervised on-the-job training with review of and instruction in the following areas:

15.26 (1) the job description and how to complete specific job functions, including:

15.27 (i) responding to and reporting incidents as required under section 245D.06, subdivision  
 15.28 1; and

15.29 (ii) following safety practices established by the license holder and as required in section  
 15.30 245D.06, subdivision 2;

16.1 (2) the license holder's current policies and procedures required under this chapter,  
 16.2 including their location and access, and staff responsibilities related to implementation of  
 16.3 those policies and procedures;

16.4 (3) data privacy requirements according to sections 13.01 to 13.10 and 13.46, the federal  
 16.5 Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff  
 16.6 responsibilities related to complying with data privacy practices;

16.7 (4) the service recipient rights and staff responsibilities related to ensuring the exercise  
 16.8 and protection of those rights according to the requirements in section 245D.04;

16.9 (5) sections 245A.65, 245A.66, 626.556, and 626.557, governing maltreatment reporting  
 16.10 and service planning for children and vulnerable adults, and staff responsibilities related to  
 16.11 protecting persons from maltreatment and reporting maltreatment. This orientation must be  
 16.12 provided within 72 hours of first providing direct contact services and annually thereafter  
 16.13 according to section 245A.65, subdivision 3;

16.14 (6) the principles of person-centered service planning and delivery as identified in section  
 16.15 245D.07, subdivision 1a, and how they apply to direct support service provided by the staff  
 16.16 person;

16.17 (7) the safe and correct use of manual restraint on an emergency basis according to the  
 16.18 requirements in section 245D.061 or successor provisions, and what constitutes the use of  
 16.19 restraints, time out, and seclusion, including chemical restraint;

16.1 (8) staff responsibilities related to prohibited procedures under section 245D.06,  
 16.2 subdivision 5, or successor provisions, why such procedures are not effective for reducing  
 16.3 or eliminating symptoms or undesired behavior, and why such procedures are not safe;  
 16.4 (9) basic first aid; and  
 16.5 (10) other topics as determined necessary in the person's coordinated service and support  
 16.6 plan by the case manager or other areas identified by the license holder.  
 16.7 **EFFECTIVE DATE.** This section is effective the day following final enactment.

16.8 Sec. 14. Minnesota Statutes 2016, section 245D.09, subdivision 5a, is amended to read:  
 16.9 Subd. 5a. **Alternative sources of training.** The commissioner may approve online  
 16.10 training and competency-based assessments in place of a specific number of hours of training  
 16.11 in the topics covered in subdivision 4. The commissioner must provide a list of preapproved  
 16.12 trainings that do not need approval for each individual license holder.  
 16.13 Orientation or training received by the staff person from sources other than the license  
 16.14 holder in the same subjects as identified in subdivision 4 may count toward the orientation  
 16.15 and annual training requirements if received in the 12-month period before the staff person's  
 16.16 date of hire. The license holder must maintain documentation of the training received from  
 16.17 other sources and of each staff person's competency in the required area according to the  
 16.18 requirements in subdivision 3.  
 16.19 **EFFECTIVE DATE.** This section is effective the day following final enactment.

16.20 Sec. 15. Minnesota Statutes 2016, section 245D.11, subdivision 4, is amended to read:  
 16.21 Subd. 4. **Admission criteria.** The license holder must establish policies and procedures  
 16.22 that promote continuity of care by ensuring that admission or service initiation criteria:  
 16.23 (1) is consistent with the service-related rights identified in section 245D.04, subdivisions  
 16.24 2, clauses (4) to (7), and 3, clause (8);  
 16.25 (2) identifies the criteria to be applied in determining whether the license holder can  
 16.26 develop services to meet the needs specified in the person's coordinated service and support  
 16.27 plan;  
 16.28 (3) requires a license holder providing services in a health care facility to comply with  
 16.29 the requirements in section 243.166, subdivision 4b, to provide notification to residents  
 16.30 when a registered predatory offender is admitted into the program or to a potential admission  
 16.31 when the facility was already serving a registered predatory offender. For purposes of this  
 17.1 clause, "health care facility" means a facility licensed by the commissioner as a residential  
 17.2 facility under chapter 245A to provide adult foster care or residential services to persons  
 17.3 with disabilities; ~~and~~  
 17.4 (4) requires that when a person or the person's legal representative requests services  
 17.5 from the license holder, a refusal to admit the person must be based on an evaluation of the  
 17.6 person's assessed needs and the license holder's lack of capacity to meet the needs of the

16.20 (8) staff responsibilities related to prohibited procedures under section 245D.06,  
 16.21 subdivision 5, or successor provisions, why such procedures are not effective for reducing  
 16.22 or eliminating symptoms or undesired behavior, and why such procedures are not safe;  
 16.23 (9) basic first aid; and  
 16.24 (10) other topics as determined necessary in the person's coordinated service and support  
 16.25 plan by the case manager or other areas identified by the license holder.  
 16.26 **EFFECTIVE DATE.** This section is effective the day following final enactment.

16.27 Sec. 16. Minnesota Statutes 2016, section 245D.09, subdivision 5a, is amended to read:  
 16.28 Subd. 5a. **Alternative sources of training.** The commissioner may approve online  
 16.29 training and competency-based assessments in place of a specific number of hours of training  
 16.30 in the topics covered in subdivision 4. The commissioner must provide a list of preapproved  
 16.31 trainings that do not need approval for each individual license holder.  
 17.1 Orientation or training received by the staff person from sources other than the license  
 17.2 holder in the same subjects as identified in subdivision 4 may count toward the orientation  
 17.3 and annual training requirements if received in the 12-month period before the staff person's  
 17.4 date of hire. The license holder must maintain documentation of the training received from  
 17.5 other sources and of each staff person's competency in the required area according to the  
 17.6 requirements in subdivision 3.  
 17.7 **EFFECTIVE DATE.** This section is effective the day following final enactment.

17.8 Sec. 17. Minnesota Statutes 2016, section 245D.11, subdivision 4, is amended to read:  
 17.9 Subd. 4. **Admission criteria.** The license holder must establish policies and procedures  
 17.10 that promote continuity of care by ensuring that admission or service initiation criteria:  
 17.11 (1) is consistent with the service-related rights identified in section 245D.04, subdivisions  
 17.12 2, clauses (4) to (7), and 3, clause (8);  
 17.13 (2) identifies the criteria to be applied in determining whether the license holder can  
 17.14 develop services to meet the needs specified in the person's coordinated service and support  
 17.15 plan;  
 17.16 (3) requires a license holder providing services in a health care facility to comply with  
 17.17 the requirements in section 243.166, subdivision 4b, to provide notification to residents  
 17.18 when a registered predatory offender is admitted into the program or to a potential admission  
 17.19 when the facility was already serving a registered predatory offender. For purposes of this  
 17.20 clause, "health care facility" means a facility licensed by the commissioner as a residential  
 17.21 facility under chapter 245A to provide adult foster care or residential services to persons  
 17.22 with disabilities; ~~and~~  
 17.23 (4) requires that when a person or the person's legal representative requests services  
 17.24 from the license holder, a refusal to admit the person must be based on an evaluation of the  
 17.25 person's assessed needs and the license holder's lack of capacity to meet the needs of the

17.7 person. The license holder must not refuse to admit a person based solely on the type of  
 17.8 residential services the person is receiving, or solely on the person's severity of disability,  
 17.9 orthopedic or neurological handicaps, sight or hearing impairments, lack of communication  
 17.10 skills, physical disabilities, toilet habits, behavioral disorders, or past failure to make progress.  
 17.11 Documentation of the basis for refusal must be provided to the person or the person's legal  
 17.12 representative and case manager upon request; and

17.13 (5) requires the person or the person's legal representative and license holder to sign and  
 17.14 date the residency agreement when the license holder provides foster care or supported  
 17.15 living services under section 245D.03, subdivision 1, paragraph (c), clause (3), item (i) or  
 17.16 (ii), to a person living in community residential settings defined in section 245D.02,  
 17.17 subdivision 4a; an adult foster home defined in Minnesota Rules, part 9555.5105, subpart  
 17.18 5; or a foster family home defined in Minnesota Rules, part 9560.0521, subpart 12. The  
 17.19 residency agreement must include service termination requirements specified in section  
 17.20 245D.10, subdivision 3a, paragraphs (b) to (f). The residency agreement must be reviewed  
 17.21 annually, dated, and signed by the person or the person's legal representative and license  
 17.22 holder.

17.23 Sec. 16. Minnesota Statutes 2016, section 245D.24, subdivision 3, is amended to read:

17.24 Subd. 3. **Bedrooms.** (a) ~~People~~ Each person receiving services must have a choice of  
 17.25 roommate and must mutually consent, in writing, to sharing a bedroom with one another.  
 17.26 No more than two people receiving services may share one bedroom.

17.27 (b) A single occupancy bedroom must have at least 80 square feet of floor space with a  
 17.28 7-1/2 foot ceiling. A double occupancy room must have at least 120 square feet of floor  
 17.29 space with a 7-1/2 foot ceiling. Bedrooms must be separated from halls, corridors, and other  
 17.30 habitable rooms by floor-to-ceiling walls containing no openings except doorways and must  
 17.31 not serve as a corridor to another room used in daily living.

17.32 (c) A person's personal possessions and items for the person's own use are the only items  
 17.33 permitted to be stored in a person's bedroom.

18.1 (d) Unless otherwise documented through assessment as a safety concern for the person,  
 18.2 each person must be provided with the following furnishings:

18.3 (1) a separate bed of proper size and height for the convenience and comfort of the  
 18.4 person, with a clean mattress in good repair;

18.5 (2) clean bedding appropriate for the season for each person;

18.6 (3) an individual cabinet, or dresser, shelves, and a closet, for storage of personal  
 18.7 possessions and clothing; and

18.8 (4) a mirror for grooming.

18.9 (e) When possible, a person must be allowed to have items of furniture that the person  
 18.10 personally owns in the bedroom, unless doing so would interfere with safety precautions,

17.26 person. The license holder must not refuse to admit a person based solely on the type of  
 17.27 residential services the person is receiving, or solely on the person's severity of disability,  
 17.28 orthopedic or neurological handicaps, sight or hearing impairments, lack of communication  
 17.29 skills, physical disabilities, toilet habits, behavioral disorders, or past failure to make progress.  
 17.30 Documentation of the basis for refusal must be provided to the person or the person's legal  
 17.31 representative and case manager upon request; and

17.32 (5) requires the person or the person's legal representative and license holder to sign and  
 17.33 date the residency agreement when the license holder provides foster care or supported  
 18.1 living services under section 245D.03, subdivision 1, paragraph (c), clause (3), item (i) or  
 18.2 (ii), to a person living in community residential settings defined in section 245D.02,  
 18.3 subdivision 4a; an adult foster home defined in Minnesota Rules, part 9555.5105, subpart  
 18.4 5; or a foster family home defined in Minnesota Rules, part 9560.0521, subpart 12. The  
 18.5 residency agreement must include service termination requirements specified in section  
 18.6 245D.10, subdivision 3a, paragraphs (b) to (f). The residency agreement must be reviewed  
 18.7 annually, dated, and signed by the person or the person's legal representative and license  
 18.8 holder.

18.9 **EFFECTIVE DATE.** This section is effective the day following final enactment.

18.10 Sec. 18. Minnesota Statutes 2016, section 245D.24, subdivision 3, is amended to read:

18.11 Subd. 3. **Bedrooms.** (a) ~~People~~ Each person receiving services must have a choice of  
 18.12 roommate and must mutually consent, in writing, to sharing a bedroom with one another.  
 18.13 No more than two people receiving services may share one bedroom.

18.14 (b) A single occupancy bedroom must have at least 80 square feet of floor space with a  
 18.15 7-1/2 foot ceiling. A double occupancy room must have at least 120 square feet of floor  
 18.16 space with a 7-1/2 foot ceiling. Bedrooms must be separated from halls, corridors, and other  
 18.17 habitable rooms by floor-to-ceiling walls containing no openings except doorways and must  
 18.18 not serve as a corridor to another room used in daily living.

18.19 (c) A person's personal possessions and items for the person's own use are the only items  
 18.20 permitted to be stored in a person's bedroom.

18.21 (d) Unless otherwise documented through assessment as a safety concern for the person,  
 18.22 each person must be provided with the following furnishings:

18.23 (1) a separate bed of proper size and height for the convenience and comfort of the  
 18.24 person, with a clean mattress in good repair;

18.25 (2) clean bedding appropriate for the season for each person;

18.26 (3) an individual cabinet, or dresser, shelves, and a closet, for storage of personal  
 18.27 possessions and clothing; and

18.28 (4) a mirror for grooming.

18.29 (e) When possible, a person must be allowed to have items of furniture that the person  
 18.30 personally owns in the bedroom, unless doing so would interfere with safety precautions,



18.11 violate a building or fire code, or interfere with another person's use of the bedroom. A  
 18.12 person may choose not to have a cabinet, dresser, shelves, or a mirror in the bedroom, as  
 18.13 otherwise required under paragraph (d), clause (3) or (4). A person may choose to use a  
 18.14 mattress other than an innerspring mattress and may choose not to have the mattress on a  
 18.15 mattress frame or support. If a person chooses not to have a piece of required furniture, the  
 18.16 license holder must document this choice and is not required to provide the item. If a person  
 18.17 chooses to use a mattress other than an innerspring mattress or chooses not to have a mattress  
 18.18 frame or support, the license holder must document this choice and allow the alternative  
 18.19 desired by the person.

18.20 (f) A person must be allowed to bring personal possessions into the bedroom and other  
 18.21 designated storage space, if such space is available, in the residence. The person must be  
 18.22 allowed to accumulate possessions to the extent the residence is able to accommodate them,  
 18.23 unless doing so is contraindicated for the person's physical or mental health, would interfere  
 18.24 with safety precautions or another person's use of the bedroom, or would violate a building  
 18.25 or fire code. The license holder must allow for locked storage of personal items. Any  
 18.26 restriction on the possession or locked storage of personal items, including requiring a  
 18.27 person to use a lock provided by the license holder, must comply with section 245D.04,  
 18.28 subdivision 3, paragraph (c), and allow the person to be present if and when the license  
 18.29 holder opens the lock.

18.30 (g) A person must be allowed to lock the person's bedroom door. The license holder  
 18.31 must document and assess the physical plant and the environment, and the population served,  
 18.32 and identify the risk factors that require using locked doors, and the specific action taken  
 18.33 to minimize the safety risk to a person receiving services at the site.

19.1 EFFECTIVE DATE. This section is effective the day following final enactment.

19.2 Sec. 17. Minnesota Statutes 2016, section 256B.0911, subdivision 3a, is amended to read:

19.3 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services  
 19.4 planning, or other assistance intended to support community-based living, including persons  
 19.5 who need assessment in order to determine waiver or alternative care program eligibility,  
 19.6 must be visited by a long-term care consultation team within 20 calendar days after the date  
 19.7 on which an assessment was requested or recommended. Upon statewide implementation  
 19.8 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person  
 19.9 requesting personal care assistance services and home care nursing. The commissioner shall  
 19.10 provide at least a 90-day notice to lead agencies prior to the effective date of this requirement.  
 19.11 Face-to-face assessments must be conducted according to paragraphs (b) to (i).

19.12 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified  
 19.13 assessors to conduct the assessment. For a person with complex health care needs, a public  
 19.14 health or registered nurse from the team must be consulted.

19.15 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must  
 19.16 be used to complete a comprehensive, person-centered assessment. The assessment must  
 19.17 include the health, psychological, functional, environmental, and social needs of the

18.31 violate a building or fire code, or interfere with another person's use of the bedroom. A  
 18.32 person may choose not to have a cabinet, dresser, shelves, or a mirror in the bedroom, as  
 19.1 otherwise required under paragraph (d), clause (3) or (4). A person may choose to use a  
 19.2 mattress other than an innerspring mattress and may choose not to have the mattress on a  
 19.3 mattress frame or support. If a person chooses not to have a piece of required furniture, the  
 19.4 license holder must document this choice and is not required to provide the item. If a person  
 19.5 chooses to use a mattress other than an innerspring mattress or chooses not to have a mattress  
 19.6 frame or support, the license holder must document this choice and allow the alternative  
 19.7 desired by the person.

19.8 (f) A person must be allowed to bring personal possessions into the bedroom and other  
 19.9 designated storage space, if such space is available, in the residence. The person must be  
 19.10 allowed to accumulate possessions to the extent the residence is able to accommodate them,  
 19.11 unless doing so is contraindicated for the person's physical or mental health, would interfere  
 19.12 with safety precautions or another person's use of the bedroom, or would violate a building  
 19.13 or fire code. The license holder must allow for locked storage of personal items. Any  
 19.14 restriction on the possession or locked storage of personal items, including requiring a  
 19.15 person to use a lock provided by the license holder, must comply with section 245D.04,  
 19.16 subdivision 3, paragraph (c), and allow the person to be present if and when the license  
 19.17 holder opens the lock.

19.18 (g) A person must be allowed to lock the person's bedroom door. The license holder  
 19.19 must document and assess the physical plant and the environment, and the population served,  
 19.20 and identify the risk factors that require using locked doors, and the specific action taken  
 19.21 to minimize the safety risk to a person receiving services at the site.

19.22 EFFECTIVE DATE. This section is effective the day following final enactment.

19.23 Sec. 19. Minnesota Statutes 2016, section 256B.0911, subdivision 3a, is amended to read:

19.24 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services  
 19.25 planning, or other assistance intended to support community-based living, including persons  
 19.26 who need assessment in order to determine waiver or alternative care program eligibility,  
 19.27 must be visited by a long-term care consultation team within 20 calendar days after the date  
 19.28 on which an assessment was requested or recommended. Upon statewide implementation  
 19.29 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person  
 19.30 requesting personal care assistance services and home care nursing. The commissioner shall  
 19.31 provide at least a 90-day notice to lead agencies prior to the effective date of this requirement.  
 19.32 Face-to-face assessments must be conducted according to paragraphs (b) to (i).

20.1 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified  
 20.2 assessors to conduct the assessment. For a person with complex health care needs, a public  
 20.3 health or registered nurse from the team must be consulted.

20.4 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must  
 20.5 be used to complete a comprehensive, person-centered assessment. The assessment must  
 20.6 include the health, psychological, functional, environmental, and social needs of the

19.18 individual necessary to develop a community support plan that meets the individual's needs  
19.19 and preferences.

19.20 (d) The assessment must be conducted in a face-to-face interview with the person being  
19.21 assessed and the person's legal representative. At the request of the person, other individuals  
19.22 may participate in the assessment to provide information on the needs, strengths, and  
19.23 preferences of the person necessary to develop a community support plan that ensures the  
19.24 person's health and safety. Except for legal representatives or family members invited by  
19.25 the person, persons participating in the assessment may not be a provider of service or have  
19.26 any financial interest in the provision of services. For persons who are to be assessed for  
19.27 elderly waiver customized living services under section 256B.0915, with the permission of  
19.28 the person being assessed or the person's designated or legal representative, the client's  
19.29 current or proposed provider of services may submit a copy of the provider's nursing  
19.30 assessment or written report outlining its recommendations regarding the client's care needs.  
19.31 The person conducting the assessment must notify the provider of the date by which this  
19.32 information is to be submitted. This information shall be provided to the person conducting  
19.33 the assessment prior to the assessment. For a person who is to be assessed for waiver services  
19.34 under section 256B.092 or 256B.49, with the permission of the person being assessed or  
20.1 the person's designated legal representative, the person's current provider of services may  
20.2 submit a written report outlining recommendations regarding the person's care needs prepared  
20.3 by a direct service employee with at least 20 hours of service to that client. The person  
20.4 conducting the assessment or reassessment must notify the provider of the date by which  
20.5 this information is to be submitted. This information shall be provided to the person  
20.6 conducting the assessment and the person or the person's legal representative, and must be  
20.7 considered prior to the finalization of the assessment or reassessment.

20.8 (e) The person or the person's legal representative must be provided with a written  
20.9 community support plan within 40 calendar days of the assessment visit, regardless of  
20.10 whether the individual is eligible for Minnesota health care programs. The written community  
20.11 support plan must include:

20.12 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

20.13 (2) the individual's options and choices to meet identified needs, including all available  
20.14 options for case management services and providers, including service provided in a  
20.15 non-disability-specific setting;

20.16 (3) identification of health and safety risks and how those risks will be addressed,  
20.17 including personal risk management strategies;

20.18 (4) referral information; and

20.19 (5) informal caregiver supports, if applicable.

20.20 For a person determined eligible for state plan home care under subdivision 1a, paragraph  
20.21 (b), clause (1), the person or person's representative must also receive a copy of the home  
20.22 care service plan developed by the certified assessor.

20.7 individual necessary to develop a community support plan that meets the individual's needs  
20.8 and preferences.

20.9 (d) The assessment must be conducted in a face-to-face interview with the person being  
20.10 assessed and the person's legal representative. At the request of the person, other individuals  
20.11 may participate in the assessment to provide information on the needs, strengths, and  
20.12 preferences of the person necessary to develop a community support plan that ensures the  
20.13 person's health and safety. Except for legal representatives or family members invited by  
20.14 the person, persons participating in the assessment may not be a provider of service or have  
20.15 any financial interest in the provision of services. For persons who are to be assessed for  
20.16 elderly waiver customized living services under section 256B.0915, with the permission of  
20.17 the person being assessed or the person's designated or legal representative, the client's  
20.18 current or proposed provider of services may submit a copy of the provider's nursing  
20.19 assessment or written report outlining its recommendations regarding the client's care needs.  
20.20 The person conducting the assessment must notify the provider of the date by which this  
20.21 information is to be submitted. This information shall be provided to the person conducting  
20.22 the assessment prior to the assessment. For a person who is to be assessed for waiver services  
20.23 under section 256B.092 or 256B.49, with the permission of the person being assessed or  
20.24 the person's designated legal representative, the person's current provider of services may  
20.25 submit a written report outlining recommendations regarding the person's care needs prepared  
20.26 by a direct service employee with at least 20 hours of service to that client. The person  
20.27 conducting the assessment or reassessment must notify the provider of the date by which  
20.28 this information is to be submitted. This information shall be provided to the person  
20.29 conducting the assessment and the person or the person's legal representative, and must be  
20.30 considered prior to the finalization of the assessment or reassessment.

20.31 (e) The person or the person's legal representative must be provided with a written  
20.32 community support plan within 40 calendar days of the assessment visit, regardless of  
20.33 whether the individual is eligible for Minnesota health care programs. The written community  
20.34 support plan must include:

20.35 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

21.1 (2) the individual's options and choices to meet identified needs, including all available  
21.2 options for case management services and providers, including service provided in a  
21.3 non-disability-specific setting;

21.4 (3) identification of health and safety risks and how those risks will be addressed,  
21.5 including personal risk management strategies;

21.6 (4) referral information; and

21.7 (5) informal caregiver supports, if applicable.

21.8 For a person determined eligible for state plan home care under subdivision 1a, paragraph  
21.9 (b), clause (1), the person or person's representative must also receive a copy of the home  
21.10 care service plan developed by the certified assessor.

20.23 (f) A person may request assistance in identifying community supports without  
 20.24 participating in a complete assessment. Upon a request for assistance identifying community  
 20.25 support, the person must be transferred or referred to long-term care options counseling  
 20.26 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for  
 20.27 telephone assistance and follow up.

20.28 (g) The person has the right to make the final decision between institutional placement  
 20.29 and community placement after the recommendations have been provided, except as provided  
 20.30 in section 256.975, subdivision 7a, paragraph (d).

20.31 (h) The lead agency must give the person receiving assessment or support planning, or  
 20.32 the person's legal representative, materials, and forms supplied by the commissioner  
 20.33 containing the following information:

21.1 (1) written recommendations for community-based services and consumer-directed  
 21.2 options;

21.3 (2) documentation that the most cost-effective alternatives available were offered to the  
 21.4 individual. For purposes of this clause, "cost-effective" means community services and  
 21.5 living arrangements that cost the same as or less than institutional care. For an individual  
 21.6 found to meet eligibility criteria for home and community-based service programs under  
 21.7 section 256B.0915 or 256B.49, "cost-effectiveness" has the meaning found in the federally  
 21.8 approved waiver plan for each program;

21.9 (3) the need for and purpose of preadmission screening conducted by long-term care  
 21.10 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects  
 21.11 nursing facility placement. If the individual selects nursing facility placement, the lead  
 21.12 agency shall forward information needed to complete the level of care determinations and  
 21.13 screening for developmental disability and mental illness collected during the assessment  
 21.14 to the long-term care options counselor using forms provided by the commissioner;

21.15 (4) the role of long-term care consultation assessment and support planning in eligibility  
 21.16 determination for waiver and alternative care programs, and state plan home care, case  
 21.17 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),  
 21.18 and (b);

21.19 (5) information about Minnesota health care programs;

21.20 (6) the person's freedom to accept or reject the recommendations of the team;

21.21 (7) the person's right to confidentiality under the Minnesota Government Data Practices  
 21.22 Act, chapter 13;

21.23 (8) the certified assessor's decision regarding the person's need for institutional level of  
 21.24 care as determined under criteria established in subdivision 4e and the certified assessor's  
 21.25 decision regarding eligibility for all services and programs as defined in subdivision 1a,  
 21.26 paragraphs (a), clause (6), and (b); and

21.27 (9) the person's right to appeal the certified assessor's decision regarding eligibility for  
 21.28 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and

21.11 (f) A person may request assistance in identifying community supports without  
 21.12 participating in a complete assessment. Upon a request for assistance identifying community  
 21.13 support, the person must be transferred or referred to long-term care options counseling  
 21.14 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for  
 21.15 telephone assistance and follow up.

21.16 (g) The person has the right to make the final decision between institutional placement  
 21.17 and community placement after the recommendations have been provided, except as provided  
 21.18 in section 256.975, subdivision 7a, paragraph (d).

21.19 (h) The lead agency must give the person receiving assessment or support planning, or  
 21.20 the person's legal representative, materials, and forms supplied by the commissioner  
 21.21 containing the following information:

21.22 (1) written recommendations for community-based services and consumer-directed  
 21.23 options;

21.24 (2) documentation that the most cost-effective alternatives available were offered to the  
 21.25 individual. For purposes of this clause, "cost-effective" means community services and  
 21.26 living arrangements that cost the same as or less than institutional care. For an individual  
 21.27 found to meet eligibility criteria for home and community-based service programs under  
 21.28 section 256B.0915 or 256B.49, "cost-effectiveness" has the meaning found in the federally  
 21.29 approved waiver plan for each program;

21.30 (3) the need for and purpose of preadmission screening conducted by long-term care  
 21.31 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects  
 21.32 nursing facility placement. If the individual selects nursing facility placement, the lead  
 21.33 agency shall forward information needed to complete the level of care determinations and  
 22.1 screening for developmental disability and mental illness collected during the assessment  
 22.2 to the long-term care options counselor using forms provided by the commissioner;

22.3 (4) the role of long-term care consultation assessment and support planning in eligibility  
 22.4 determination for waiver and alternative care programs, and state plan home care, case  
 22.5 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),  
 22.6 and (b);

22.7 (5) information about Minnesota health care programs;

22.8 (6) the person's freedom to accept or reject the recommendations of the team;

22.9 (7) the person's right to confidentiality under the Minnesota Government Data Practices  
 22.10 Act, chapter 13;

22.11 (8) the certified assessor's decision regarding the person's need for institutional level of  
 22.12 care as determined under criteria established in subdivision 4e and the certified assessor's  
 22.13 decision regarding eligibility for all services and programs as defined in subdivision 1a,  
 22.14 paragraphs (a), clause (6), and (b); and

22.15 (9) the person's right to appeal the certified assessor's decision regarding eligibility for  
 22.16 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and

21.29 (8), and (b), and incorporating the decision regarding the need for institutional level of care  
21.30 or the lead agency's final decisions regarding public programs eligibility according to section  
21.31 256.045, subdivision 3.

21.32 (i) Face-to-face assessment completed as part of eligibility determination for the  
21.33 alternative care, elderly waiver, community access for disability inclusion, community  
22.1 alternative care, and brain injury waiver programs under sections 256B.0913, 256B.0915,  
22.2 and 256B.49 is valid to establish service eligibility for no more than 60 calendar days after  
22.3 the date of assessment.

22.4 (j) The effective eligibility start date for programs in paragraph (i) can never be prior to  
22.5 the date of assessment. If an assessment was completed more than 60 days before the  
22.6 effective waiver or alternative care program eligibility start date, assessment and support  
22.7 plan information must be updated and documented in the department's Medicaid Management  
22.8 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of  
22.9 state plan services, the effective date of eligibility for programs included in paragraph (i)  
22.10 cannot be prior to the date the most recent updated assessment is completed.

22.11 **EFFECTIVE DATE.** This section is effective the day following final enactment.

22.12 Sec. 18. Minnesota Statutes 2016, section 256B.092, subdivision 1a, is amended to read:

22.13 Subd. 1a. **Case management services.** (a) Each recipient of a home and community-based  
22.14 waiver shall be provided case management services by qualified vendors as described in  
22.15 the federally approved waiver application.

22.16 (b) Case management service activities provided to or arranged for a person include:

22.17 (1) development of the coordinated service and support plan under subdivision 1b;

22.18 (2) informing the individual or the individual's legal guardian or conservator, or parent  
22.19 if the person is a minor, of service options;

22.20 (3) consulting with relevant medical experts or service providers;

22.21 (4) assisting the person in the identification of potential providers, including services  
22.22 provided in a non-disability-specific setting;

22.23 (5) assisting the person to access services and assisting in appeals under section 256.045;

22.24 (6) coordination of services, if coordination is not provided by another service provider;

22.25 (7) evaluation and monitoring of the services identified in the coordinated service and  
22.26 support plan, which must incorporate at least one annual face-to-face visit by the case  
22.27 manager with each person; and

22.28 (8) reviewing coordinated service and support plans and providing the lead agency with  
22.29 recommendations for service authorization based upon the individual's needs identified in  
22.30 the coordinated service and support plan.

23.1 (c) Case management service activities that are provided to the person with a  
23.2 developmental disability shall be provided directly by county agencies or under contract.

22.17 (8), and (b), and incorporating the decision regarding the need for institutional level of care  
22.18 or the lead agency's final decisions regarding public programs eligibility according to section  
22.19 256.045, subdivision 3.

22.20 (i) Face-to-face assessment completed as part of eligibility determination for the  
22.21 alternative care, elderly waiver, community access for disability inclusion, community  
22.22 alternative care, and brain injury waiver programs under sections 256B.0913, 256B.0915,  
22.23 and 256B.49 is valid to establish service eligibility for no more than 60 calendar days after  
22.24 the date of assessment.

22.25 (j) The effective eligibility start date for programs in paragraph (i) can never be prior to  
22.26 the date of assessment. If an assessment was completed more than 60 days before the  
22.27 effective waiver or alternative care program eligibility start date, assessment and support  
22.28 plan information must be updated and documented in the department's Medicaid Management  
22.29 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of  
22.30 state plan services, the effective date of eligibility for programs included in paragraph (i)  
22.31 cannot be prior to the date the most recent updated assessment is completed.

22.32 **EFFECTIVE DATE.** This section is effective the day following final enactment.

23.1 Sec. 20. Minnesota Statutes 2016, section 256B.092, subdivision 1a, is amended to read:

23.2 Subd. 1a. **Case management services.** (a) Each recipient of a home and community-based  
23.3 waiver shall be provided case management services by qualified vendors as described in  
23.4 the federally approved waiver application.

23.5 (b) Case management service activities provided to or arranged for a person include:

23.6 (1) development of the coordinated service and support plan under subdivision 1b;

23.7 (2) informing the individual or the individual's legal guardian or conservator, or parent  
23.8 if the person is a minor, of service options;

23.9 (3) consulting with relevant medical experts or service providers;

23.10 (4) assisting the person in the identification of potential providers, including services  
23.11 provided in a non-disability-specific setting;

23.12 (5) assisting the person to access services and assisting in appeals under section 256.045;

23.13 (6) coordination of services, if coordination is not provided by another service provider;

23.14 (7) evaluation and monitoring of the services identified in the coordinated service and  
23.15 support plan, which must incorporate at least one annual face-to-face visit by the case  
23.16 manager with each person; and

23.17 (8) reviewing coordinated service and support plans and providing the lead agency with  
23.18 recommendations for service authorization based upon the individual's needs identified in  
23.19 the coordinated service and support plan.

23.20 (c) Case management service activities that are provided to the person with a  
23.21 developmental disability shall be provided directly by county agencies or under contract.

23.3 Case management services must be provided by a public or private agency that is enrolled  
 23.4 as a medical assistance provider determined by the commissioner to meet all of the  
 23.5 requirements in the approved federal waiver plans. Case management services must not be  
 23.6 provided to a recipient by a private agency that has a financial interest in the provision of  
 23.7 any other services included in the recipient's coordinated service and support plan. For  
 23.8 purposes of this section, "private agency" means any agency that is not identified as a lead  
 23.9 agency under section 256B.0911, subdivision 1a, paragraph (e).

23.10 (d) Case managers are responsible for service provisions listed in paragraphs (a) and  
 23.11 (b). Case managers shall collaborate with consumers, families, legal representatives, and  
 23.12 relevant medical experts and service providers in the development and annual review of the  
 23.13 coordinated service and support plan and habilitation plan.

23.14 (e) For persons who need a positive support transition plan as required in chapter 245D,  
 23.15 the case manager shall participate in the development and ongoing evaluation of the plan  
 23.16 with the expanded support team. At least quarterly, the case manager, in consultation with  
 23.17 the expanded support team, shall evaluate the effectiveness of the plan based on progress  
 23.18 evaluation data submitted by the licensed provider to the case manager. The evaluation must  
 23.19 identify whether the plan has been developed and implemented in a manner to achieve the  
 23.20 following within the required timelines:

- 23.21 (1) phasing out the use of prohibited procedures;
- 23.22 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's  
 23.23 timeline; and
- 23.24 (3) accomplishment of identified outcomes.

23.25 If adequate progress is not being made, the case manager shall consult with the person's  
 23.26 expanded support team to identify needed modifications and whether additional professional  
 23.27 support is required to provide consultation.

23.28 (f) The Department of Human Services shall offer ongoing education in case management  
 23.29 to case managers. Case managers shall receive no less than ten hours of case management  
 23.30 education and disability-related training each year.

23.31 **EFFECTIVE DATE.** This section is effective the day following final enactment.

24.1 Sec. 19. Minnesota Statutes 2016, section 256B.49, subdivision 13, is amended to read:

24.2 Subd. 13. **Case management.** (a) Each recipient of a home and community-based waiver  
 24.3 shall be provided case management services by qualified vendors as described in the federally  
 24.4 approved waiver application. The case management service activities provided must include:

- 24.5 (1) finalizing the written coordinated service and support plan within ten working days  
 24.6 after the case manager receives the plan from the certified assessor;
- 24.7 (2) informing the recipient or the recipient's legal guardian or conservator of service  
 24.8 options;

23.22 Case management services must be provided by a public or private agency that is enrolled  
 23.23 as a medical assistance provider determined by the commissioner to meet all of the  
 23.24 requirements in the approved federal waiver plans. Case management services must not be  
 23.25 provided to a recipient by a private agency that has a financial interest in the provision of  
 23.26 any other services included in the recipient's coordinated service and support plan. For  
 23.27 purposes of this section, "private agency" means any agency that is not identified as a lead  
 23.28 agency under section 256B.0911, subdivision 1a, paragraph (e).

23.29 (d) Case managers are responsible for service provisions listed in paragraphs (a) and  
 23.30 (b). Case managers shall collaborate with consumers, families, legal representatives, and  
 23.31 relevant medical experts and service providers in the development and annual review of the  
 23.32 coordinated service and support plan and habilitation plan.

24.1 (e) For persons who need a positive support transition plan as required in chapter 245D,  
 24.2 the case manager shall participate in the development and ongoing evaluation of the plan  
 24.3 with the expanded support team. At least quarterly, the case manager, in consultation with  
 24.4 the expanded support team, shall evaluate the effectiveness of the plan based on progress  
 24.5 evaluation data submitted by the licensed provider to the case manager. The evaluation must  
 24.6 identify whether the plan has been developed and implemented in a manner to achieve the  
 24.7 following within the required timelines:

- 24.8 (1) phasing out the use of prohibited procedures;
- 24.9 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's  
 24.10 timeline; and
- 24.11 (3) accomplishment of identified outcomes.

24.12 If adequate progress is not being made, the case manager shall consult with the person's  
 24.13 expanded support team to identify needed modifications and whether additional professional  
 24.14 support is required to provide consultation.

24.15 (f) The Department of Human Services shall offer ongoing education in case management  
 24.16 to case managers. Case managers shall receive no less than ten hours of case management  
 24.17 education and disability-related training each year.

24.18 **EFFECTIVE DATE.** This section is effective the day following final enactment.

24.19 Sec. 21. Minnesota Statutes 2016, section 256B.49, subdivision 13, is amended to read:

24.20 Subd. 13. **Case management.** (a) Each recipient of a home and community-based waiver  
 24.21 shall be provided case management services by qualified vendors as described in the federally  
 24.22 approved waiver application. The case management service activities provided must include:

- 24.23 (1) finalizing the written coordinated service and support plan within ten working days  
 24.24 after the case manager receives the plan from the certified assessor;
- 24.25 (2) informing the recipient or the recipient's legal guardian or conservator of service  
 24.26 options;

24.9 (3) assisting the recipient in the identification of potential service providers and available  
24.10 options for case management service and providers, including services provided in a  
24.11 non-disability-specific setting;

24.12 (4) assisting the recipient to access services and assisting with appeals under section  
24.13 256.045; and

24.14 (5) coordinating, evaluating, and monitoring of the services identified in the service  
24.15 plan.

24.16 (b) The case manager may delegate certain aspects of the case management service  
24.17 activities to another individual provided there is oversight by the case manager. The case  
24.18 manager may not delegate those aspects which require professional judgment including:

24.19 (1) finalizing the coordinated service and support plan;

24.20 (2) ongoing assessment and monitoring of the person's needs and adequacy of the  
24.21 approved coordinated service and support plan; and

24.22 (3) adjustments to the coordinated service and support plan.

24.23 (c) Case management services must be provided by a public or private agency that is  
24.24 enrolled as a medical assistance provider determined by the commissioner to meet all of  
24.25 the requirements in the approved federal waiver plans. Case management services must not  
24.26 be provided to a recipient by a private agency that has any financial interest in the provision  
24.27 of any other services included in the recipient's coordinated service and support plan. For  
24.28 purposes of this section, "private agency" means any agency that is not identified as a lead  
24.29 agency under section 256B.0911, subdivision 1a, paragraph (e).

24.30 (d) For persons who need a positive support transition plan as required in chapter 245D,  
24.31 the case manager shall participate in the development and ongoing evaluation of the plan  
24.32 with the expanded support team. At least quarterly, the case manager, in consultation with  
25.1 the expanded support team, shall evaluate the effectiveness of the plan based on progress  
25.2 evaluation data submitted by the licensed provider to the case manager. The evaluation must  
25.3 identify whether the plan has been developed and implemented in a manner to achieve the  
25.4 following within the required timelines:

25.5 (1) phasing out the use of prohibited procedures;

25.6 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's  
25.7 timeline; and

25.8 (3) accomplishment of identified outcomes.

25.9 If adequate progress is not being made, the case manager shall consult with the person's  
25.10 expanded support team to identify needed modifications and whether additional professional  
25.11 support is required to provide consultation.

25.12 **EFFECTIVE DATE.** This section is effective the day following final enactment.

24.27 (3) assisting the recipient in the identification of potential service providers and available  
24.28 options for case management service and providers, including services provided in a  
24.29 non-disability-specific setting;

24.30 (4) assisting the recipient to access services and assisting with appeals under section  
24.31 256.045; and

25.1 (5) coordinating, evaluating, and monitoring of the services identified in the service  
25.2 plan.

25.3 (b) The case manager may delegate certain aspects of the case management service  
25.4 activities to another individual provided there is oversight by the case manager. The case  
25.5 manager may not delegate those aspects which require professional judgment including:

25.6 (1) finalizing the coordinated service and support plan;

25.7 (2) ongoing assessment and monitoring of the person's needs and adequacy of the  
25.8 approved coordinated service and support plan; and

25.9 (3) adjustments to the coordinated service and support plan.

25.10 (c) Case management services must be provided by a public or private agency that is  
25.11 enrolled as a medical assistance provider determined by the commissioner to meet all of  
25.12 the requirements in the approved federal waiver plans. Case management services must not  
25.13 be provided to a recipient by a private agency that has any financial interest in the provision  
25.14 of any other services included in the recipient's coordinated service and support plan. For  
25.15 purposes of this section, "private agency" means any agency that is not identified as a lead  
25.16 agency under section 256B.0911, subdivision 1a, paragraph (e).

25.17 (d) For persons who need a positive support transition plan as required in chapter 245D,  
25.18 the case manager shall participate in the development and ongoing evaluation of the plan  
25.19 with the expanded support team. At least quarterly, the case manager, in consultation with  
25.20 the expanded support team, shall evaluate the effectiveness of the plan based on progress  
25.21 evaluation data submitted by the licensed provider to the case manager. The evaluation must  
25.22 identify whether the plan has been developed and implemented in a manner to achieve the  
25.23 following within the required timelines:

25.24 (1) phasing out the use of prohibited procedures;

25.25 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's  
25.26 timeline; and

25.27 (3) accomplishment of identified outcomes.

25.28 If adequate progress is not being made, the case manager shall consult with the person's  
25.29 expanded support team to identify needed modifications and whether additional professional  
25.30 support is required to provide consultation.

25.31 **EFFECTIVE DATE.** This section is effective the day following final enactment.

25.13 Sec. 20. Minnesota Statutes 2016, section 256B.4913, is amended by adding a subdivision  
25.14 to read:

25.15 Subd. 7. **New services.** A service added to section 256B.4914 after January 1, 2014, is  
25.16 not subject to rate stabilization adjustment in this section.

25.17 **EFFECTIVE DATE.** This section is effective the day following final enactment.

25.18 Sec. 21. Minnesota Statutes 2016, section 256B.4914, subdivision 3, is amended to read:

25.19 Subd. 3. **Applicable services.** Applicable services are those authorized under the state's  
25.20 home and community-based services waivers under sections 256B.092 and 256B.49,  
25.21 including the following, as defined in the federally approved home and community-based  
25.22 services plan:

25.23 (1) 24-hour customized living;

25.24 (2) adult day care;

25.25 (3) adult day care bath;

25.26 (4) behavioral programming;

25.27 (5) companion services;

25.28 (6) customized living;

25.29 (7) day training and habilitation;

26.1 (8) housing access coordination;

26.2 (9) independent living skills;

26.3 (10) in-home family support;

26.4 (11) night supervision;

26.5 (12) personal support;

26.6 (13) prevocational services;

26.7 (14) residential care services;

26.8 (15) residential support services;

26.9 (16) respite services;

26.10 (17) structured day services;

26.11 (18) supported employment services;

26.12 (19) supported living services;

26.13 (20) transportation services; ~~and~~

26.14 (21) individualized home supports; and

26.15 (22) other services as approved by the federal government in the state home and

26.16 community-based services plan.

26.1 Sec. 22. Minnesota Statutes 2016, section 256B.4913, is amended by adding a subdivision  
26.2 to read:

26.3 Subd. 7. **New services.** A service added to section 256B.4914 after January 1, 2014, is  
26.4 not subject to rate stabilization adjustment in this section.

26.5 **EFFECTIVE DATE.** This section is effective the day following final enactment.

26.6 Sec. 23. Minnesota Statutes 2016, section 256B.4914, subdivision 3, is amended to read:

26.7 Subd. 3. **Applicable services.** Applicable services are those authorized under the state's  
26.8 home and community-based services waivers under sections 256B.092 and 256B.49,  
26.9 including the following, as defined in the federally approved home and community-based  
26.10 services plan:

26.11 (1) 24-hour customized living;

26.12 (2) adult day care;

26.13 (3) adult day care bath;

26.14 (4) behavioral programming;

26.15 (5) companion services;

26.16 (6) customized living;

26.17 (7) day training and habilitation;

26.18 (8) housing access coordination;

26.19 (9) independent living skills;

26.20 (10) in-home family support;

26.21 (11) night supervision;

26.22 (12) personal support;

26.23 (13) prevocational services;

26.24 (14) residential care services;

26.25 (15) residential support services;

26.26 (16) respite services;

26.27 (17) structured day services;

26.28 (18) supported employment services;

27.1 (19) supported living services;

27.2 (20) transportation services; ~~and~~

27.3 (21) individualized home supports; and

27.4 (22) other services as approved by the federal government in the state home and

27.5 community-based services plan.

26.17 **EFFECTIVE DATE.** This section is effective the day following final enactment.

26.18 Sec. 22. Minnesota Statutes 2016, section 256B.4914, subdivision 5, is amended to read:

26.19 Subd. 5. **Base wage index and standard component values.** (a) The base wage index  
26.20 is established to determine staffing costs associated with providing services to individuals  
26.21 receiving home and community-based services. For purposes of developing and calculating  
26.22 the proposed base wage, Minnesota-specific wages taken from job descriptions and standard  
26.23 occupational classification (SOC) codes from the Bureau of Labor Statistics as defined in  
26.24 the most recent edition of the Occupational Handbook must be used. The base wage index  
26.25 must be calculated as follows:

26.26 (1) for residential direct care staff, the sum of:

26.27 (i) 15 percent of the subtotal of 50 percent of the median wage for personal and home  
26.28 health aide (SOC code 39-9021); 30 percent of the median wage for nursing aide (SOC  
27.1 code 31-1012); and 20 percent of the median wage for social and human services aide (SOC  
27.2 code 21-1093); and

27.3 (ii) 85 percent of the subtotal of 20 percent of the median wage for home health aide  
27.4 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide  
27.5 (SOC code 39-9021); 20 percent of the median wage for nursing aide (SOC code 31-1012);  
27.6 20 percent of the median wage for psychiatric technician (SOC code 29-2053); and 20  
27.7 percent of the median wage for social and human services aide (SOC code 21-1093);

27.8 (2) for day services, 20 percent of the median wage for nursing aide (SOC code 31-1012);  
27.9 20 percent of the median wage for psychiatric technician (SOC code 29-2053); and 60  
27.10 percent of the median wage for social and human services aide (SOC code 21-1093);

27.11 (3) for residential asleep-overnight staff, the wage will be \$7.66 per hour, except in a  
27.12 family foster care setting, the wage is \$2.80 per hour;

27.13 (4) for behavior program analyst staff, 100 percent of the median wage for mental health  
27.14 counselors (SOC code 21-1014);

27.15 (5) for behavior program professional staff, 100 percent of the median wage for clinical  
27.16 counseling and school psychologist (SOC code 19-3031);

27.17 (6) for behavior program specialist staff, 100 percent of the median wage for psychiatric  
27.18 technicians (SOC code 29-2053);

27.19 (7) for supportive living services staff, 20 percent of the median wage for nursing aide  
27.20 (SOC code 31-1012); 20 percent of the median wage for psychiatric technician (SOC code  
27.21 29-2053); and 60 percent of the median wage for social and human services aide (SOC code  
27.22 21-1093);

27.23 (8) for housing access coordination staff, 50 percent of the median wage for community  
27.24 and social services specialist (SOC code 21-1099); and 50 percent of the median wage for  
27.25 social and human services aide (SOC code 21-1093);

27.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

27.7 Sec. 24. Minnesota Statutes 2016, section 256B.4914, subdivision 5, is amended to read:

27.8 Subd. 5. **Base wage index and standard component values.** (a) The base wage index  
27.9 is established to determine staffing costs associated with providing services to individuals  
27.10 receiving home and community-based services. For purposes of developing and calculating  
27.11 the proposed base wage, Minnesota-specific wages taken from job descriptions and standard  
27.12 occupational classification (SOC) codes from the Bureau of Labor Statistics as defined in  
27.13 the most recent edition of the Occupational Handbook must be used. The base wage index  
27.14 must be calculated as follows:

27.15 (1) for residential direct care staff, the sum of:

27.16 (i) 15 percent of the subtotal of 50 percent of the median wage for personal and home  
27.17 health aide (SOC code 39-9021); 30 percent of the median wage for nursing aide (SOC  
27.18 code 31-1012); and 20 percent of the median wage for social and human services aide (SOC  
27.19 code 21-1093); and

27.20 (ii) 85 percent of the subtotal of 20 percent of the median wage for home health aide  
27.21 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide  
27.22 (SOC code 39-9021); 20 percent of the median wage for nursing aide (SOC code 31-1012);  
27.23 20 percent of the median wage for psychiatric technician (SOC code 29-2053); and 20  
27.24 percent of the median wage for social and human services aide (SOC code 21-1093);

27.25 (2) for day services, 20 percent of the median wage for nursing aide (SOC code 31-1012);  
27.26 20 percent of the median wage for psychiatric technician (SOC code 29-2053); and 60  
27.27 percent of the median wage for social and human services aide (SOC code 21-1093);

27.28 (3) for residential asleep-overnight staff, the wage will be \$7.66 per hour, except in a  
27.29 family foster care setting, the wage is \$2.80 per hour;

27.30 (4) for behavior program analyst staff, 100 percent of the median wage for mental health  
27.31 counselors (SOC code 21-1014);

28.1 (5) for behavior program professional staff, 100 percent of the median wage for clinical  
28.2 counseling and school psychologist (SOC code 19-3031);

28.3 (6) for behavior program specialist staff, 100 percent of the median wage for psychiatric  
28.4 technicians (SOC code 29-2053);

28.5 (7) for supportive living services staff, 20 percent of the median wage for nursing aide  
28.6 (SOC code 31-1012); 20 percent of the median wage for psychiatric technician (SOC code  
28.7 29-2053); and 60 percent of the median wage for social and human services aide (SOC code  
28.8 21-1093);

28.9 (8) for housing access coordination staff, 50 percent of the median wage for community  
28.10 and social services specialist (SOC code 21-1099); and 50 percent of the median wage for  
28.11 social and human services aide (SOC code 21-1093);



27.26 (9) for in-home family support staff, 20 percent of the median wage for nursing aide  
 27.27 (SOC code 31-1012); 30 percent of the median wage for community social service specialist  
 27.28 (SOC code 21-1099); 40 percent of the median wage for social and human services aide  
 27.29 (SOC code 21-1093); and ten percent of the median wage for psychiatric technician (SOC  
 27.30 code 29-2053);

27.31 (10) for independent living skills staff, 40 percent of the median wage for community  
 27.32 social service specialist (SOC code 21-1099); 50 percent of the median wage for social and  
 28.1 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric  
 28.2 technician (SOC code 29-2053);

28.3 (11) for individualized home supports services staff, 40 percent of the median wage for  
 28.4 community social service specialist (SOC code 21-1099); 50 percent of the median wage  
 28.5 for social and human services aide (SOC code 21-1093); and ten percent of the median  
 28.6 wage for psychiatric technician (SOC code 29-2053);

28.7 (12) for supported employment staff, 20 percent of the median wage for nursing aide  
 28.8 (SOC code 31-1012); 20 percent of the median wage for psychiatric technician (SOC code  
 28.9 29-2053); and 60 percent of the median wage for social and human services aide (SOC code  
 28.10 21-1093);

28.11 ~~(12)~~ (13) for adult companion staff, 50 percent of the median wage for personal and  
 28.12 home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides,  
 28.13 orderlies, and attendants (SOC code 31-1012);

28.14 ~~(13)~~ (14) for night supervision staff, 20 percent of the median wage for home health  
 28.15 aide (SOC code 31-1011); 20 percent of the median wage for personal and home health  
 28.16 aide (SOC code 39-9021); 20 percent of the median wage for nursing aide (SOC code  
 28.17 31-1012); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);  
 28.18 and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

28.19 ~~(14)~~ (15) for respite staff, 50 percent of the median wage for personal and home care  
 28.20 aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides, orderlies,  
 28.21 and attendants (SOC code 31-1012);

28.22 ~~(15)~~ (16) for personal support staff, 50 percent of the median wage for personal and  
 28.23 home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides,  
 28.24 orderlies, and attendants (SOC code 31-1012);

28.25 ~~(16)~~ (17) for supervisory staff, the basic wage is \$17.43 per hour with exception of the  
 28.26 supervisor of behavior analyst and behavior specialists, which must be \$30.75 per hour;

28.27 ~~(17)~~ (18) for registered nurse, the basic wage is \$30.82 per hour; and  
 28.28 ~~(18)~~ (19) for licensed practical nurse, the basic wage is \$18.64 per hour.

28.29 (b) Component values for residential support services are:  
 28.30 (1) supervisory span of control ratio: 11 percent;  
 28.31 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

28.12 (9) for in-home family support staff, 20 percent of the median wage for nursing aide  
 28.13 (SOC code 31-1012); 30 percent of the median wage for community social service specialist  
 28.14 (SOC code 21-1099); 40 percent of the median wage for social and human services aide  
 28.15 (SOC code 21-1093); and ten percent of the median wage for psychiatric technician (SOC  
 28.16 code 29-2053);

28.17 (10) for independent living skills staff, 40 percent of the median wage for community  
 28.18 social service specialist (SOC code 21-1099); 50 percent of the median wage for social and  
 28.19 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric  
 28.20 technician (SOC code 29-2053);

28.21 (11) for individualized home supports services staff, 40 percent of the median wage for  
 28.22 community social service specialist (SOC code 21-1099); 50 percent of the median wage  
 28.23 for social and human services aide (SOC code 21-1093); and ten percent of the median  
 28.24 wage for psychiatric technician (SOC code 29-2053);

28.25 (12) for supported employment staff, 20 percent of the median wage for nursing aide  
 28.26 (SOC code 31-1012); 20 percent of the median wage for psychiatric technician (SOC code  
 28.27 29-2053); and 60 percent of the median wage for social and human services aide (SOC code  
 28.28 21-1093);

28.29 ~~(12)~~ (13) for adult companion staff, 50 percent of the median wage for personal and  
 28.30 home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides,  
 28.31 orderlies, and attendants (SOC code 31-1012);

28.32 ~~(13)~~ (14) for night supervision staff, 20 percent of the median wage for home health  
 28.33 aide (SOC code 31-1011); 20 percent of the median wage for personal and home health  
 29.1 aide (SOC code 39-9021); 20 percent of the median wage for nursing aide (SOC code  
 29.2 31-1012); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);  
 29.3 and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

29.4 ~~(14)~~ (15) for respite staff, 50 percent of the median wage for personal and home care  
 29.5 aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides, orderlies,  
 29.6 and attendants (SOC code 31-1012);

29.7 ~~(15)~~ (16) for personal support staff, 50 percent of the median wage for personal and  
 29.8 home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides,  
 29.9 orderlies, and attendants (SOC code 31-1012);

29.10 ~~(16)~~ (17) for supervisory staff, the basic wage is \$17.43 per hour with exception of the  
 29.11 supervisor of behavior analyst and behavior specialists, which must be \$30.75 per hour;

29.12 ~~(17)~~ (18) for registered nurse, the basic wage is \$30.82 per hour; and  
 29.13 ~~(18)~~ (19) for licensed practical nurse, the basic wage is \$18.64 per hour.

29.14 (b) Component values for residential support services are:  
 29.15 (1) supervisory span of control ratio: 11 percent;  
 29.16 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

- 28.32 (3) employee-related cost ratio: 23.6 percent;
- 29.1 (4) general administrative support ratio: 13.25 percent;
- 29.2 (5) program-related expense ratio: 1.3 percent; and
- 29.3 (6) absence and utilization factor ratio: 3.9 percent.
- 29.4 (c) Component values for family foster care are:
- 29.5 (1) supervisory span of control ratio: 11 percent;
- 29.6 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 29.7 (3) employee-related cost ratio: 23.6 percent;
- 29.8 (4) general administrative support ratio: 3.3 percent;
- 29.9 (5) program-related expense ratio: 1.3 percent; and
- 29.10 (6) absence factor: 1.7 percent.
- 29.11 (d) Component values for day services for all services are:
- 29.12 (1) supervisory span of control ratio: 11 percent;
- 29.13 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 29.14 (3) employee-related cost ratio: 23.6 percent;
- 29.15 (4) program plan support ratio: 5.6 percent;
- 29.16 (5) client programming and support ratio: ten percent;
- 29.17 (6) general administrative support ratio: 13.25 percent;
- 29.18 (7) program-related expense ratio: 1.8 percent; and
- 29.19 (8) absence and utilization factor ratio: 3.9 percent.
- 29.20 (e) Component values for unit-based services with programming are:
- 29.21 (1) supervisory span of control ratio: 11 percent;
- 29.22 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 29.23 (3) employee-related cost ratio: 23.6 percent;
- 29.24 (4) program plan supports ratio: 3.1 percent;
- 29.25 (5) client programming and supports ratio: 8.6 percent;
- 29.26 (6) general administrative support ratio: 13.25 percent;
- 29.27 (7) program-related expense ratio: 6.1 percent; and
- 30.1 (8) absence and utilization factor ratio: 3.9 percent.
- 30.2 (f) Component values for unit-based services without programming except respite are:
- 30.3 (1) supervisory span of control ratio: 11 percent;
- 30.4 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

- 29.17 (3) employee-related cost ratio: 23.6 percent;
- 29.18 (4) general administrative support ratio: 13.25 percent;
- 29.19 (5) program-related expense ratio: 1.3 percent; and
- 29.20 (6) absence and utilization factor ratio: 3.9 percent.
- 29.21 (c) Component values for family foster care are:
- 29.22 (1) supervisory span of control ratio: 11 percent;
- 29.23 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 29.24 (3) employee-related cost ratio: 23.6 percent;
- 29.25 (4) general administrative support ratio: 3.3 percent;
- 29.26 (5) program-related expense ratio: 1.3 percent; and
- 29.27 (6) absence factor: 1.7 percent.
- 29.28 (d) Component values for day services for all services are:
- 29.29 (1) supervisory span of control ratio: 11 percent;
- 30.1 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 30.2 (3) employee-related cost ratio: 23.6 percent;
- 30.3 (4) program plan support ratio: 5.6 percent;
- 30.4 (5) client programming and support ratio: ten percent;
- 30.5 (6) general administrative support ratio: 13.25 percent;
- 30.6 (7) program-related expense ratio: 1.8 percent; and
- 30.7 (8) absence and utilization factor ratio: 3.9 percent.
- 30.8 (e) Component values for unit-based services with programming are:
- 30.9 (1) supervisory span of control ratio: 11 percent;
- 30.10 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 30.11 (3) employee-related cost ratio: 23.6 percent;
- 30.12 (4) program plan supports ratio: 3.1 percent;
- 30.13 (5) client programming and supports ratio: 8.6 percent;
- 30.14 (6) general administrative support ratio: 13.25 percent;
- 30.15 (7) program-related expense ratio: 6.1 percent; and
- 30.16 (8) absence and utilization factor ratio: 3.9 percent.
- 30.17 (f) Component values for unit-based services without programming except respite are:
- 30.18 (1) supervisory span of control ratio: 11 percent;
- 30.19 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

30.5 (3) employee-related cost ratio: 23.6 percent;

30.6 (4) program plan support ratio: 3.1 percent;

30.7 (5) client programming and support ratio: 8.6 percent;

30.8 (6) general administrative support ratio: 13.25 percent;

30.9 (7) program-related expense ratio: 6.1 percent; and

30.10 (8) absence and utilization factor ratio: 3.9 percent.

30.11 (g) Component values for unit-based services without programming for respite are:

30.12 (1) supervisory span of control ratio: 11 percent;

30.13 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

30.14 (3) employee-related cost ratio: 23.6 percent;

30.15 (4) general administrative support ratio: 13.25 percent;

30.16 (5) program-related expense ratio: 6.1 percent; and

30.17 (6) absence and utilization factor ratio: 3.9 percent.

30.18 (h) On July 1, 2017, the commissioner shall update the base wage index in paragraph

30.19 (a) based on the wage data by standard occupational code (SOC) from the Bureau of Labor

30.20 Statistics available on December 31, 2016. The commissioner shall publish these updated

30.21 values and load them into the rate management system. This adjustment occurs every five

30.22 years. For adjustments in 2021 and beyond, the commissioner shall use the data available

30.23 on December 31 of the calendar year five years prior.

30.24 (i) On July 1, 2017, the commissioner shall update the framework components in

30.25 paragraphs (b) to (g); subdivision 6, clauses (8) and (9); and subdivision 7, clauses (16) and

30.26 (17), for changes in the Consumer Price Index. The commissioner will adjust these values

30.27 higher or lower by the percentage change in the Consumer Price Index-All Items, United

30.28 States city average (CPI-U) from January 1, 2014, to January 1, 2017. The commissioner

30.29 shall publish these updated values and load them into the rate management system. This

30.30 adjustment occurs every five years. For adjustments in 2021 and beyond, the commissioner

31.1 shall use the data available on January 1 of the calendar year four years prior and January

31.2 1 of the current calendar year.

31.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.

31.4 Sec. 23. Minnesota Statutes 2016, section 256B.4914, subdivision 8, is amended to read:

31.5 Subd. 8. **Payments for unit-based services with programming.** Payments for unit-based

31.6 services with programming, including behavior programming, housing access coordination,

31.7 in-home family support, independent living skills training, individualized home supports,

31.8 hourly supported living services, and supported employment provided to an individual

31.9 outside of any day or residential service plan must be calculated as follows, unless the

31.10 services are authorized separately under subdivision 6 or 7:

30.20 (3) employee-related cost ratio: 23.6 percent;

30.21 (4) program plan support ratio: 3.1 percent;

30.22 (5) client programming and support ratio: 8.6 percent;

30.23 (6) general administrative support ratio: 13.25 percent;

30.24 (7) program-related expense ratio: 6.1 percent; and

30.25 (8) absence and utilization factor ratio: 3.9 percent.

30.26 (g) Component values for unit-based services without programming for respite are:

30.27 (1) supervisory span of control ratio: 11 percent;

31.1 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;

31.2 (3) employee-related cost ratio: 23.6 percent;

31.3 (4) general administrative support ratio: 13.25 percent;

31.4 (5) program-related expense ratio: 6.1 percent; and

31.5 (6) absence and utilization factor ratio: 3.9 percent.

31.6 (h) On July 1, 2017, the commissioner shall update the base wage index in paragraph

31.7 (a) based on the wage data by standard occupational code (SOC) from the Bureau of Labor

31.8 Statistics available on December 31, 2016. The commissioner shall publish these updated

31.9 values and load them into the rate management system. This adjustment occurs every five

31.10 years. For adjustments in 2021 and beyond, the commissioner shall use the data available

31.11 on December 31 of the calendar year five years prior.

31.12 (i) On July 1, 2017, the commissioner shall update the framework components in

31.13 paragraphs (b) to (g); subdivision 6, clauses (8) and (9); and subdivision 7, clauses (16) and

31.14 (17), for changes in the Consumer Price Index. The commissioner will adjust these values

31.15 higher or lower by the percentage change in the Consumer Price Index-All Items, United

31.16 States city average (CPI-U) from January 1, 2014, to January 1, 2017. The commissioner

31.17 shall publish these updated values and load them into the rate management system. This

31.18 adjustment occurs every five years. For adjustments in 2021 and beyond, the commissioner

31.19 shall use the data available on January 1 of the calendar year four years prior and January

31.20 1 of the current calendar year.

31.21 **EFFECTIVE DATE.** This section is effective the day following final enactment.

31.22 Sec. 25. Minnesota Statutes 2016, section 256B.4914, subdivision 8, is amended to read:

31.23 Subd. 8. **Payments for unit-based services with programming.** Payments for unit-based

31.24 services with programming, including behavior programming, housing access coordination,

31.25 in-home family support, independent living skills training, individualized home supports,

31.26 hourly supported living services, and supported employment provided to an individual

31.27 outside of any day or residential service plan must be calculated as follows, unless the

31.28 services are authorized separately under subdivision 6 or 7:

- 31.11 (1) determine the number of units of service to meet a recipient's needs;
- 31.12 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
- 31.13 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
- 31.14 5;
- 31.15 (3) for a recipient requiring customization for deaf and hard-of-hearing language
- 31.16 accessibility under subdivision 12, add the customization rate provided in subdivision 12
- 31.17 to the result of clause (2). This is defined as the customized direct-care rate;
- 31.18 (4) multiply the number of direct staff hours by the appropriate staff wage in subdivision
- 31.19 5, paragraph (a), or the customized direct-care rate;
- 31.20 (5) multiply the number of direct staff hours by the product of the supervision span of
- 31.21 control ratio in subdivision 5, paragraph (e), clause (1), and the appropriate supervision
- 31.22 wage in subdivision 5, paragraph (a), clause (16);
- 31.23 (6) combine the results of clauses (4) and (5), and multiply the result by one plus the
- 31.24 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (e), clause
- 31.25 (2). This is defined as the direct staffing rate;
- 31.26 (7) for program plan support, multiply the result of clause (6) by one plus the program
- 31.27 plan supports ratio in subdivision 5, paragraph (e), clause (4);
- 31.28 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
- 31.29 employee-related cost ratio in subdivision 5, paragraph (e), clause (3);
- 31.30 (9) for client programming and supports, multiply the result of clause (8) by one plus
- 31.31 the client programming and supports ratio in subdivision 5, paragraph (e), clause (5);
- 32.1 (10) this is the subtotal rate;
- 32.2 (11) sum the standard general and administrative rate, the program-related expense ratio,
- 32.3 and the absence and utilization factor ratio;
- 32.4 (12) divide the result of clause (10) by one minus the result of clause (11). This is the
- 32.5 total payment amount;
- 32.6 (13) for supported employment provided in a shared manner, divide the total payment
- 32.7 amount in clause (12) by the number of service recipients, not to exceed three. For
- 32.8 independent living skills training and individualized home supports provided in a shared
- 32.9 manner, divide the total payment amount in clause (12) by the number of service recipients,
- 32.10 not to exceed two; and
- 32.11 (14) adjust the result of clause (13) by a factor to be determined by the commissioner
- 32.12 to adjust for regional differences in the cost of providing services.
- 32.13 EFFECTIVE DATE. This section is effective the day following final enactment.
- 32.14 Sec. 24. Minnesota Statutes 2016, section 256B.4914, subdivision 16, is amended to read:
- 32.15 Subd. 16. **Budget neutrality adjustments.** (a) The commissioner shall use the following
- 32.16 adjustments to the rate generated by the framework to assure budget neutrality until the rate

- 31.29 (1) determine the number of units of service to meet a recipient's needs;
- 31.30 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
- 31.31 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
- 31.32 5;
- 32.1 (3) for a recipient requiring customization for deaf and hard-of-hearing language
- 32.2 accessibility under subdivision 12, add the customization rate provided in subdivision 12
- 32.3 to the result of clause (2). This is defined as the customized direct-care rate;
- 32.4 (4) multiply the number of direct staff hours by the appropriate staff wage in subdivision
- 32.5 5, paragraph (a), or the customized direct-care rate;
- 32.6 (5) multiply the number of direct staff hours by the product of the supervision span of
- 32.7 control ratio in subdivision 5, paragraph (e), clause (1), and the appropriate supervision
- 32.8 wage in subdivision 5, paragraph (a), clause (16);
- 32.9 (6) combine the results of clauses (4) and (5), and multiply the result by one plus the
- 32.10 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (e), clause
- 32.11 (2). This is defined as the direct staffing rate;
- 32.12 (7) for program plan support, multiply the result of clause (6) by one plus the program
- 32.13 plan supports ratio in subdivision 5, paragraph (e), clause (4);
- 32.14 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
- 32.15 employee-related cost ratio in subdivision 5, paragraph (e), clause (3);
- 32.16 (9) for client programming and supports, multiply the result of clause (8) by one plus
- 32.17 the client programming and supports ratio in subdivision 5, paragraph (e), clause (5);
- 32.18 (10) this is the subtotal rate;
- 32.19 (11) sum the standard general and administrative rate, the program-related expense ratio,
- 32.20 and the absence and utilization factor ratio;
- 32.21 (12) divide the result of clause (10) by one minus the result of clause (11). This is the
- 32.22 total payment amount;
- 32.23 (13) for supported employment provided in a shared manner, divide the total payment
- 32.24 amount in clause (12) by the number of service recipients, not to exceed three. For
- 32.25 independent living skills training and individualized home supports provided in a shared
- 32.26 manner, divide the total payment amount in clause (12) by the number of service recipients,
- 32.27 not to exceed two; and
- 32.28 (14) adjust the result of clause (13) by a factor to be determined by the commissioner
- 32.29 to adjust for regional differences in the cost of providing services.
- 32.30 EFFECTIVE DATE. This section is effective the day following final enactment.
- 33.1 Sec. 26. Minnesota Statutes 2016, section 256B.4914, subdivision 16, is amended to read:
- 33.2 Subd. 16. **Budget neutrality adjustments.** (a) The commissioner shall use the following
- 33.3 adjustments to the rate generated by the framework to assure budget neutrality until the rate

32.17 information is available to implement paragraph (b). The rate generated by the framework  
32.18 shall be multiplied by the appropriate factor, as designated below:

32.19 (1) for residential services: 1.003;

32.20 (2) for day services: 1.000;

32.21 (3) for unit-based services with programming: 0.941; and

32.22 (4) for unit-based services without programming: 0.796.

32.23 (b) Within 12 months of January 1, 2014, the commissioner shall compare estimated  
32.24 spending for all home and community-based waiver services under the new payment rates  
32.25 defined in subdivisions 6 to 9 with estimated spending for the same recipients and services  
32.26 under the rates in effect on July 1, 2013. This comparison must distinguish spending under  
32.27 each of subdivisions 6, 7, 8, and 9. The comparison must be based on actual recipients and  
32.28 services for one or more service months after the new rates have gone into effect. The  
32.29 commissioner shall consult with the commissioner of management and budget on this  
32.30 analysis to ensure budget neutrality. If estimated spending under the new rates for services  
32.31 under one or more subdivisions differs in this comparison by 0.3 percent or more, the  
32.32 commissioner shall assure aggregate budget neutrality across all service areas by adjusting  
33.1 the budget neutrality factor in paragraph (a) in each subdivision so that total estimated  
33.2 spending for each subdivision under the new rates matches estimated spending under the  
33.3 rates in effect on July 1, 2013.

33.4 (c) A service rate developed using values in subdivision 5, paragraph (a), clause (11),  
33.5 is not subject to budget neutrality adjustments.

33.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

33.4 information is available to implement paragraph (b). The rate generated by the framework  
33.5 shall be multiplied by the appropriate factor, as designated below:

33.6 (1) for residential services: 1.003;

33.7 (2) for day services: 1.000;

33.8 (3) for unit-based services with programming: 0.941; and

33.9 (4) for unit-based services without programming: 0.796.

33.10 (b) Within 12 months of January 1, 2014, the commissioner shall compare estimated  
33.11 spending for all home and community-based waiver services under the new payment rates  
33.12 defined in subdivisions 6 to 9 with estimated spending for the same recipients and services  
33.13 under the rates in effect on July 1, 2013. This comparison must distinguish spending under  
33.14 each of subdivisions 6, 7, 8, and 9. The comparison must be based on actual recipients and  
33.15 services for one or more service months after the new rates have gone into effect. The  
33.16 commissioner shall consult with the commissioner of management and budget on this  
33.17 analysis to ensure budget neutrality. If estimated spending under the new rates for services  
33.18 under one or more subdivisions differs in this comparison by 0.3 percent or more, the  
33.19 commissioner shall assure aggregate budget neutrality across all service areas by adjusting  
33.20 the budget neutrality factor in paragraph (a) in each subdivision so that total estimated  
33.21 spending for each subdivision under the new rates matches estimated spending under the  
33.22 rates in effect on July 1, 2013.

33.23 (c) A service rate developed using values in subdivision 5, paragraph (a), clause (11),  
33.24 is not subject to budget neutrality adjustments.

33.25 **EFFECTIVE DATE.** This section is effective the day following final enactment.