

A bill for an act

relating to human services; making changes to continuing care provisions;
amending local certification requirements; amending Minnesota Statutes 2007
Supplement, section 256B.49, subdivision 16a.

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

Section 1. Minnesota Statutes 2007 Supplement, section 256B.49, subdivision 16a,
is amended to read:

Subd. 16a. **Medical assistance reimbursement.** (a) The commissioner shall
seek federal approval for medical assistance reimbursement of independent living skills
services, foster care waiver service, supported employment, prevocational service,
and structured day service, ~~and adult day care~~ under the home and community-based
waiver for persons with a traumatic brain injury, the community alternatives for disabled
individuals waivers, and the community alternative care waivers.

(b) Medical reimbursement shall be made only when the provider demonstrates
evidence of its capacity to meet basic health, safety, and protection standards through
the following methods:

(1) for independent living skills services, supported employment, prevocational
service, and structured day service through one of the methods in paragraphs (c) to (e)
and (d); and

(2) for foster care waiver services through the method in paragraph (e).

(c) The provider is licensed to provide services under chapter 245B and agrees to
apply these standards to services funded through the traumatic brain injury, community
alternatives for disabled, or community alternative care home and community-based
waivers.

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(d) ~~The local agency contracting for the services certifies on a form provided by the commissioner shall certify that the provider has the capacity to meet the individual needs as identified in each person's individual service plan. When certifying that the service provider meets the necessary provider qualifications, the local agency shall verify that the provider has policies and procedures governing the following:~~

- (1) protection of the consumer's rights and privacy;
 - (2) risk assessment and planning;
 - (3) record keeping and reporting of incidents and emergencies with documentation of corrective action if needed;
 - (4) service outcomes, regular reviews of progress, and periodic reports;
 - (5) complaint and grievance procedures;
 - (6) service termination or suspension;
 - (7) necessary training and supervision of direct care staff that includes:
 - (i) documentation in personnel files of 20 hours of orientation training in providing training related to service provision;
 - (ii) training in recognizing the symptoms and effects of certain disabilities, health conditions, and positive behavioral supports and interventions;
 - (iii) a minimum of five hours of related training annually; and
 - (iv) when applicable:
 - (A) safe medication administration;
 - (B) proper handling of consumer funds; and
 - (C) compliance with prohibitions and standards developed by the commissioner to satisfy federal requirements regarding the use of restraints and restrictive interventions.
- ~~The local agency commissioner shall review at least annually~~ biennially that each service provider's continued compliance with the standards policies and procedures governing basic health, safety, and protection of rights continue to meet minimum standards.

(e) The commissioner shall seek federal approval for Medicaid reimbursement of foster care services under the home and community-based waiver for persons with a traumatic brain injury, the community alternatives for disabled individuals waiver, and community alternative care waiver when the provider demonstrates evidence of its capacity to meet basic health, safety, and protection standards. ~~The local agency commissioner shall verify that the adult foster care provider is licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, the child foster care provider is licensed as family foster care or a foster care residence under Minnesota Rules, parts 2960.3000 to 2960.3340 and certify that the provider has policies and procedures that govern:~~

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- 3.1 (1) compliance with prohibitions and standards developed by the commissioner to
3.2 meet federal requirements regarding the use of restraints and restrictive interventions; ~~and~~
3.3 (2) documentation of service needs and outcomes, regular reviews of progress,
3.4 and periodic reports; and
3.5 (3) safe medication management and administration.
- 3.6 The ~~local agency~~ commissioner shall review at least ~~annually~~ biennially that each service
3.7 provider's ~~continued compliance with the standards~~ policies and procedures governing
3.8 basic health, safety, and protection of rights standards continue to meet minimum
3.9 standards.