

**SENATE**  
**STATE OF MINNESOTA**  
**EIGHTY-NINTH SESSION**

**S.F. No. 1920**

(SENATE AUTHORS: PEDERSON, J. and Anderson)

DATE	D-PG	OFFICIAL STATUS
03/19/2015	1052	Introduction and first reading Referred to Health, Human Services and Housing
03/25/2015	1358	Author added Anderson

1.1 A bill for an act  
1.2 relating to human services; modifying requirements for recipient access to  
1.3 documentation of personal care assistance services or support services provided;  
1.4 amending Minnesota Statutes 2014, sections 256B.0659, subdivisions 12, 19;  
1.5 256B.85, subdivision 15.

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

1.7 Section 1. Minnesota Statutes 2014, section 256B.0659, subdivision 12, is amended to  
1.8 read:

1.9 Subd. 12. **Documentation of personal care assistance services provided.** (a)  
1.10 Personal care assistance services for a recipient must be documented daily by each  
1.11 personal care assistant, on a time sheet form approved by the commissioner. All  
1.12 documentation may be Web-based, electronic, or paper documentation. The completed  
1.13 form must be submitted on a monthly basis to the provider and kept in the recipient's  
1.14 health record. On a monthly basis, the provider must provide a recipient or responsible  
1.15 party with a copy of each completed time sheet form submitted to the provider for personal  
1.16 care assistance services provided to the recipient during the previous month. The recipient  
1.17 or responsible party shall determine whether the recipient or responsible party receives the  
1.18 completed time sheet form in Web-based, paper, or electronic form.

1.19 (b) The activity documentation must correspond to the personal care assistance care  
1.20 plan and be reviewed by the qualified professional.

1.21 (c) The personal care assistant time sheet must be on a form approved by the  
1.22 commissioner documenting time the personal care assistant provides services in the home.  
1.23 The following criteria must be included in the time sheet:

1.24 (1) full name of personal care assistant and individual provider number;

1.25 (2) provider name and telephone numbers;

- 2.1 (3) full name of recipient;
- 2.2 (4) consecutive dates, including month, day, and year, and arrival and departure
- 2.3 times with a.m. or p.m. notations;
- 2.4 (5) signatures of recipient or the responsible party;
- 2.5 (6) personal signature of the personal care assistant;
- 2.6 (7) any shared care provided, if applicable;
- 2.7 (8) a statement that it is a federal crime to provide false information on personal
- 2.8 care service billings for medical assistance payments; and
- 2.9 (9) dates and location of recipient stays in a hospital, care facility, or incarceration.

2.10 Sec. 2. Minnesota Statutes 2014, section 256B.0659, subdivision 19, is amended to read:

2.11 Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a)

2.12 Under personal care assistance choice, the recipient or responsible party shall:

2.13 (1) recruit, hire, schedule, and terminate personal care assistants according to the

2.14 terms of the written agreement required under subdivision 20, paragraph (a);

2.15 (2) develop a personal care assistance care plan based on the assessed needs

2.16 and addressing the health and safety of the recipient with the assistance of a qualified

2.17 professional as needed;

2.18 (3) orient and train the personal care assistant with assistance as needed from the

2.19 qualified professional;

2.20 (4) effective January 1, 2010, supervise and evaluate the personal care assistant with

2.21 the qualified professional, who is required to visit the recipient at least every 180 days;

2.22 (5) monitor and verify in writing and report to the personal care assistance choice

2.23 agency the number of hours worked by the personal care assistant and the qualified

2.24 professional;

2.25 (6) engage in an annual face-to-face reassessment to determine continuing eligibility

2.26 and service authorization; and

2.27 (7) use the same personal care assistance choice provider agency if shared personal

2.28 assistance care is being used.

2.29 (b) The personal care assistance choice provider agency shall:

2.30 (1) meet all personal care assistance provider agency standards;

2.31 (2) enter into a written agreement with the recipient, responsible party, and personal

2.32 care assistants;

2.33 (3) not be related as a parent, child, sibling, or spouse to the recipient or the personal

2.34 care assistant; and

3.1 (4) ensure arm's-length transactions without undue influence or coercion with the  
3.2 recipient and personal care assistant.

3.3 (c) The duties of the personal care assistance choice provider agency are to:

3.4 (1) be the employer of the personal care assistant and the qualified professional for  
3.5 employment law and related regulations including, but not limited to, purchasing and  
3.6 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,  
3.7 and liability insurance, and submit any or all necessary documentation including, but not  
3.8 limited to, workers' compensation and unemployment insurance;

3.9 (2) bill the medical assistance program for personal care assistance services and  
3.10 qualified professional services;

3.11 (3) request and complete background studies that comply with the requirements for  
3.12 personal care assistants and qualified professionals;

3.13 (4) pay the personal care assistant and qualified professional based on actual hours  
3.14 of services provided;

3.15 (5) withhold and pay all applicable federal and state taxes;

3.16 (6) verify and keep records of hours worked by the personal care assistant and  
3.17 qualified professional;

3.18 (7) on a monthly basis, provide the recipient or responsible party with a copy of each  
3.19 completed time sheet form submitted to the provider agency for personal care assistance  
3.20 services provided to the recipient during the previous month. The recipient or responsible  
3.21 party shall determine whether the recipient or responsible party receives the completed  
3.22 time sheet form in Web-based, paper, or electronic form;

3.23 ~~(7)~~ (8) make the arrangements and pay taxes and other benefits, if any, and comply  
3.24 with any legal requirements for a Minnesota employer;

3.25 ~~(8)~~ (9) enroll in the medical assistance program as a personal care assistance choice  
3.26 agency; and

3.27 ~~(9)~~ (10) enter into a written agreement as specified in subdivision 20 before services  
3.28 are provided.

3.29 Sec. 3. Minnesota Statutes 2014, section 256B.85, subdivision 15, is amended to read:

3.30 Subd. 15. **Documentation of support services provided.** (a) Support services  
3.31 provided to a participant by a support worker employed by either an agency-provider  
3.32 or the participant acting as the employer must be documented daily by each support  
3.33 worker, on a time sheet form approved by the commissioner. All documentation may be  
3.34 Web-based, electronic, or paper documentation. The completed form must be submitted  
3.35 on a regular basis to the provider or the participant and the FMS contractor selected by

4.1 the participant to provide assistance with meeting the participant's employer obligations  
4.2 and kept in the participant's record. For completed forms submitted to the provider, the  
4.3 provider must, on a monthly basis, provide the participant or participant's representative  
4.4 with a copy of each completed form for support services provided to the participant during  
4.5 the previous month. The participant or participant's representative shall determine whether  
4.6 the participant or participant's representative receives the completed form in Web-based,  
4.7 paper, or electronic form.

4.8 (b) The activity documentation must correspond to the written service delivery plan  
4.9 and be reviewed by the agency-provider or the participant and the FMS contractor when  
4.10 the participant is the employer of the support worker.

4.11 (c) The time sheet must be on a form approved by the commissioner documenting  
4.12 time the support worker provides services to the participant. The following criteria must  
4.13 be included in the time sheet:

4.14 (1) full name of the support worker and individual provider number;

4.15 (2) agency-provider name and telephone numbers, if responsible for delivery  
4.16 services under the written service plan;

4.17 (3) full name of the participant;

4.18 (4) consecutive dates, including month, day, and year, and arrival and departure  
4.19 times with a.m. or p.m. notations;

4.20 (5) signatures of the participant or the participant's representative;

4.21 (6) personal signature of the support worker;

4.22 (7) any shared care provided, if applicable;

4.23 (8) a statement that it is a federal crime to provide false information on CFSS  
4.24 billings for medical assistance payments; and

4.25 (9) dates and location of participant stays in a hospital, care facility, or incarceration.

4.26 **EFFECTIVE DATE.** This section is effective upon federal approval. The service  
4.27 will begin 90 days after federal approval. The commissioner of human services shall  
4.28 notify the revisor of statutes when this occurs.