

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. **1285**

02/18/2019 Authored by Moller, Zerwas, Mann, Morrison, Moran and others  
 The bill was read for the first time and referred to the Committee on Health and Human Services Policy  
 03/25/2019 Adoption of Report: Amended and re-referred to the Committee on Ways and Means

1.1 A bill for an act  
 1.2 relating to human services; modifying consumer-directed community supports;  
 1.3 establishing a onetime grant program to promote consumer-directed community  
 1.4 supports; appropriating money; amending Laws 2017, First Special Session chapter  
 1.5 6, article 1, section 45.

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

1.7 Section 1. Laws 2017, First Special Session chapter 6, article 1, section 45, is amended  
 1.8 to read:

1.9 Sec. 45. **CONSUMER-DIRECTED COMMUNITY SUPPORTS BUDGET**  
 1.10 **METHODOLOGY EXCEPTION FOR PERSONS LEAVING INSTITUTIONS AND**  
 1.11 **CRISIS RESIDENTIAL SETTINGS.**

1.12 Subdivision 1. Exception for persons leaving institutions and crisis residential  
 1.13 settings. (a) By September 30, 2017, the commissioner shall establish an institutional and  
 1.14 crisis bed consumer-directed community supports budget exception process in the home  
 1.15 and community-based services waivers under Minnesota Statutes, sections 256B.092 and  
 1.16 256B.49. This budget exception process shall be available for any individual who:

1.17 (1) is not offered available and appropriate services within 60 days since approval for  
 1.18 discharge from the individual's current institutional setting; and

1.19 (2) requires services that are more expensive than appropriate services provided in a  
 1.20 noninstitutional setting using the consumer-directed community supports option.

1.21 (b) Institutional settings for purposes of this exception include intermediate care facilities  
 1.22 for persons with developmental disabilities; nursing facilities; acute care hospitals; Anoka

2.1 Metro Regional Treatment Center; Minnesota Security Hospital; and crisis beds. The budget  
2.2 exception shall be limited to no more than the amount of appropriate services provided in  
2.3 a noninstitutional setting as determined by the lead agency managing the individual's home  
2.4 and community-based services waiver. The lead agency shall notify the Department of  
2.5 Human Services of the budget exception.

2.6 Subd. 2. Behavioral interventions. (a) Behavioral interventions may include any services  
2.7 not identified in the community support plan but are needed to prevent imminent crisis  
2.8 placement or institutionalization, or to intervene in a crisis.

2.9 (b) Behavioral interventions must be calculated outside of the individual's  
2.10 consumer-directed community supports budget and paid for using aggregate waiver funds  
2.11 from the county of financial responsibility.

2.12 (c) No later than September 30, 2019, the commissioner of human services shall submit  
2.13 an amendment to the federal Centers for Medicare and Medicaid Services for the home and  
2.14 community-based services waivers authorized under Minnesota Statutes, sections 256B.092  
2.15 and 256B.49, to exclude the cost of behavioral interventions as described in paragraph (a)  
2.16 from an individual's consumer-directed community supports budget.

2.17 Subd. 3. Shared services. (a) Medical assistance payments for shared services under  
2.18 consumer-directed community supports are limited to this subdivision.

2.19 (b) For purposes of this subdivision, "shared services" means services provided at the  
2.20 same time by the same direct care staff for individuals who have entered into an agreement  
2.21 to share consumer-directed community supports services.

2.22 (c) Shared services may include but are not limited to any services in the categories of  
2.23 personal supports or treatment and training as outlined in the consumer-directed community  
2.24 supports plan and shared services agreement, except for the following:

2.25 (1) services for more than three individuals provided by one direct support staff at one  
2.26 time;

2.27 (2) use of more than one provider for the shared services; and

2.28 (3) a child care program licensed under Minnesota Statutes, chapter 245A, or operated  
2.29 by a local school district or private school.

2.30 (d) Individuals sharing services must use the same financial management services  
2.31 provider.

3.1 (e) The individuals or, as needed, their representatives shall develop the plan for shared  
3.2 services when developing or amending the consumer-directed community supports plan  
3.3 and must follow the consumer-directed community supports process for approval of the  
3.4 plan by the lead agency. The plan for shared services in an individual's consumer-directed  
3.5 community supports plan shall include:

3.6 (1) the grouping of shared services based on individuals' needs and preferences;

3.7 (2) training specific to each individual served; and

3.8 (3) instructions to follow all required documentation for time and services provided.

3.9 (f) Individuals whose consumer-directed community supports plans include shared  
3.10 services must also jointly develop, with the support of their representatives as needed, a  
3.11 consumer-directed community supports shared services agreement. The agreement must  
3.12 include:

3.13 (1) the names of the individuals receiving shared services;

3.14 (2) the individuals' representatives, if identified in their consumer-directed community  
3.15 supports plans, and their duties;

3.16 (3) the case managers;

3.17 (4) the financial management services provider;

3.18 (5) the shared services that must be provided;

3.19 (6) the schedule for shared services;

3.20 (7) where shared services must be provided;

3.21 (8) a contingency plan for each of the recipients that accounts for service provision and  
3.22 billing in the absence of one of the recipients in a shared services setting due to illness or  
3.23 other circumstances;

3.24 (9) signatures of all parties involved in the shared services; and

3.25 (10) agreement by each of the recipients who are sharing services on the number of  
3.26 shared hours for services provided.

3.27 (g) Any recipient or any recipient's representative may withdraw from participating in  
3.28 a shared services agreement at any time.

3.29 (h) The financial management services provider shall follow all required documentation  
3.30 for time and services provided.

4.1 (i) The case manager for each recipient shall:

4.2 (1) authorize the use of the shared services option based on the criteria that the shared  
4.3 service is appropriate to meet the needs, health, and safety of each individual for whom  
4.4 case management services are provided;

4.5 (2) visit the shared setting as services are being provided at least once every six months  
4.6 or whenever needed for response to a recipient's request;

4.7 (3) provide quarterly monitoring and evaluation of the effectiveness and appropriateness  
4.8 of the shared services plan;

4.9 (4) develop a contingency plan with each of the recipients that accounts for the absence  
4.10 of one of the recipients in a shared services setting due to illness or other circumstances;  
4.11 and

4.12 (5) document the training completed by the provider specific to the shared services  
4.13 setting and individuals sharing services.

4.14 (j) Nothing in this subdivision must be construed to reduce the total authorized  
4.15 consumer-directed community supports budget for an individual recipient.

4.16 (k) No later than September 30, 2019, the commissioner of human services shall:

4.17 (1) submit an amendment to the federal Centers for Medicare and Medicaid Services  
4.18 for the home and community-based services waivers authorized under Minnesota Statutes,  
4.19 sections 256B.092 and 256B.49, to allow for a shared services option under  
4.20 consumer-directed community supports; and

4.21 (2) with stakeholder input, develop guidance for shared services in consumer-directed  
4.22 community supports within the Community Based Services Manual. The guidance must  
4.23 include:

4.24 (i) recommendations for negotiating payment for one-to-two and one-to-three services;  
4.25 and

4.26 (ii) a template of the shared services agreement.

4.27 **EFFECTIVE DATE.** This section is effective October 1, 2019, or upon federal approval,  
4.28 whichever is later. The commissioner of human services shall notify the revisor of statutes  
4.29 when federal approval is obtained.

5.1       Sec. 2. **REGIONAL AND LOCAL CONSUMER-DIRECTED COMMUNITY**  
5.2 **SUPPORTS EDUCATION AND MARKETING GRANTS.**

5.3       (a) The commissioner of human services shall award onetime, competitive grants to  
5.4 eligible applicants for regional and local projects targeted to a designated community of the  
5.5 applicant's choosing, which may consist of a specific geographic area or population, to:  
5.6 increase awareness of consumer-directed community supports; increase the rate of utilization  
5.7 of consumer-directed community supports, specifically in counties with low enrollment in  
5.8 the program; promote the benefits of support planning services; or connect eligible persons  
5.9 with disabilities, their parents and family members, and lead agency staff to education and  
5.10 resources related to consumer-directed community supports.

5.11       (b) The project areas for the grant include local or community-based initiatives to: (1)  
5.12 promote the benefits of consumer-directed community supports; and (2) provide informational  
5.13 materials and other resources to persons with disabilities eligible for consumer-directed  
5.14 community supports, their parents and family members, and lead agency staff.

5.15       (c) Eligible applicants may include but are not limited to statewide nonprofit organizations  
5.16 with regional and local presence that provide advocacy services and supports for persons  
5.17 with disabilities and their parents and family members.

5.18       (d) Applicants must: (1) describe the proposed project, including the targeted community  
5.19 and how the project meets the requirements of this section; and (2) identify the proposed  
5.20 outcomes of the project and the evaluation process to measure these outcomes.

5.21       (e) In awarding the regional and local consumer-directed community supports education  
5.22 and marketing grants, the commissioner of human services must give priority to applicants  
5.23 who demonstrate that the proposed project:

5.24       (1) is supported by and appropriately targeted to the community the applicant serves;

5.25       (2) is designed to coordinate with other community activities related to initiatives aimed  
5.26 at promoting independence, inclusion, and self-direction in the lives of persons with  
5.27 disabilities;

5.28       (3) is conducted by an applicant able to demonstrate expertise in the project areas;

5.29       (4) utilizes and enhances existing activities and resources or involves innovative  
5.30 approaches to achieve success in the project areas; and

5.31       (5) strengthens community relationships and partnerships in order to achieve the project  
5.32 areas.

6.1 (f) The commissioner shall divide the state into specific geographic regions and allocate  
6.2 a percentage of the money available for the regional and local consumer-directed community  
6.3 supports education and marketing grants to projects aimed at each geographic region with  
6.4 an emphasis on counties with low rates of utilization of consumer-directed community  
6.5 supports.

6.6 (g) The commissioner shall award the grants by January 31, 2020.

6.7 (h) A grantee shall report to the commissioner of human services on the progress of the  
6.8 project at least once during the grant period and, within two months of the end of the grant  
6.9 period, shall submit a final report to the commissioner that includes the measurable outcomes.

6.10 (i) The commissioner of human services shall:

6.11 (1) develop the criteria and procedures to allocate the grants under this section, evaluate  
6.12 all applicants on a competitive basis, award the grants, and select qualified providers to  
6.13 offer technical assistance to grant applicants and grantees. The selected providers shall assist  
6.14 applicants and grantees with project design, evaluation methods, materials, and training;  
6.15 and

6.16 (2) submit by January 15, 2021, a progress report on the consumer-directed community  
6.17 supports education and marketing grants under this section to the chairs and ranking minority  
6.18 members of the legislative committees with jurisdiction over health finance and policy. The  
6.19 report shall include:

6.20 (i) information on the grantees;

6.21 (ii) a summary of all projects undertaken with the grants;

6.22 (iii) the measurable outcomes established by the grantees, an explanation of the evaluation  
6.23 process used to determine whether the outcomes were met, and the results of the evaluation;  
6.24 and

6.25 (iv) an accounting of how the grant funds were spent.

6.26 **Sec. 3. APPROPRIATION.**

6.27 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of  
6.28 human services for the regional and local consumer-directed community supports education  
6.29 and marketing grants described in this act. This is a onetime appropriation.

7.1 Sec. 4. **REVISOR INSTRUCTION.**

7.2 The revisor of statutes, in consultation with the House Research Department, Office of  
7.3 Senate Counsel, Research and Fiscal Analysis, and Department of Human Services, shall  
7.4 prepare legislation for the 2020 legislative session to codify laws governing  
7.5 consumer-directed community supports in Minnesota Statutes, chapter 256B.