

1.1 A bill for an act

1.2 relating to health and human services; relieving counties of certain mandates;
1.3 allowing counties to place children for treatment in bordering states; modifying
1.4 county payment of funeral expenses; modifying certain nursing facility rules;
1.5 providing an alternative licensing method for day training and habilitation
1.6 services; accepting certain independent audits; modifying renewal notice
1.7 requirements; modifying health care program information that school district
1.8 or charter school must provide; amending Minnesota Statutes 2008, sections
1.9 62Q.37, subdivision 3; 144A.04, subdivision 11, by adding a subdivision;
1.10 144A.45, subdivision 1; 245.4882, subdivisions 1, 2; 245.4885, subdivision
1.11 1a; 245A.09, subdivision 7; 256.935; 256.962, subdivisions 6, 7; 256B.0625,
1.12 subdivision 41; 256B.0915, subdivision 3h; 256B.0945, subdivision 1; 256F.13,
1.13 subdivision 1; 260C.212, subdivisions 4a, 11; 261.035; 471.61, subdivision 1;
1.14 repealing Minnesota Rules, part 4668.0110, subpart 5.

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

1.16 **ARTICLE 1**

1.17 **HUMAN SERVICES**

1.18 Section 1. Minnesota Statutes 2008, section 245.4882, subdivision 1, is amended to
1.19 read:

1.20 Subdivision 1. **Availability of residential treatment services.** County boards must
1.21 provide or contract for enough residential treatment services to meet the needs of each
1.22 child with severe emotional disturbance residing in the county and needing this level of
1.23 care. Length of stay is based on the child's residential treatment need and shall be subject
1.24 to the six-month review process established in section 260C.212, subdivisions 7 and 9.
1.25 Services must be appropriate to the child's age and treatment needs and must be made
1.26 available as close to the county as possible, which includes residential treatment services
1.27 provided in bordering states. Residential treatment must be designed to:

S.F. No. 986, as introduced - 86th Legislative Session (2009-2010) [09-2446]

- 2.1 (1) prevent placement in settings that are more intensive, costly, or restrictive than
2.2 necessary and appropriate to meet the child's needs;
- 2.3 (2) help the child improve family living and social interaction skills;
- 2.4 (3) help the child gain the necessary skills to return to the community;
- 2.5 (4) stabilize crisis admissions; and
- 2.6 (5) work with families throughout the placement to improve the ability of the
2.7 families to care for children with severe emotional disturbance in the home.

2.8 Sec. 2. Minnesota Statutes 2008, section 245.4882, subdivision 2, is amended to read:

2.9 Subd. 2. **Specific requirements.** A provider of residential services to children must
2.10 be licensed under applicable rules adopted by the commissioner and must be clinically
2.11 supervised by a mental health professional. The child may be placed in a facility that is
2.12 located in a state that borders Minnesota if:

2.13 (1) the facility is the closest facility to the child's home, which provides the
2.14 appropriate level of care; and

2.15 (2) the county has inspected and certified that the facility meets the applicable
2.16 Minnesota licensing and provider standards.

2.17 Sec. 3. Minnesota Statutes 2008, section 245.4885, subdivision 1a, is amended to read:

2.18 Subd. 1a. **Emergency admission.** Effective July 1, 2006, if a child is admitted to
2.19 a treatment foster care setting, residential treatment facility, or acute care hospital for
2.20 emergency treatment or held for emergency care by a regional treatment center under
2.21 section 253B.05, subdivision 1, the level of care determination must occur within ~~three~~
2.22 five working days of admission.

2.23 Sec. 4. Minnesota Statutes 2008, section 256.935, is amended to read:

2.24 **256.935 CREMATION AND FUNERAL EXPENSES, PAYMENT BY**
2.25 **COUNTY AGENCY.**

2.26 Subdivision 1. **Funeral expenses.** On the death of any person receiving public
2.27 assistance through MFIP, the county agency shall pay for cremation of the person's
2.28 remains. If it is determined that cremation is not in accordance with the religious and
2.29 moral beliefs of the decedent or the decedent's spouse or the decedent's next of kin, the
2.30 county agency shall pay an amount for funeral expenses not exceeding the amount paid for
2.31 comparable services under section 261.035 plus actual cemetery charges. No cremation or
2.32 funeral expenses shall be paid if the estate of the deceased is sufficient to pay such expenses
2.33 or if the spouse, who was legally responsible for the support of the deceased while living,

S.F. No. 986, as introduced - 86th Legislative Session (2009-2010) [09-2446]

3.1 is able to pay such expenses; ~~provided, that the additional payment or donation of the cost~~
3.2 ~~of cemetery lot, interment, religious service, or for the transportation of the body into or~~
3.3 ~~out of the community in which the deceased resided, shall not limit payment by the county~~
3.4 ~~agency as herein authorized. Freedom of choice in the selection of a funeral director shall~~
3.5 ~~be granted to persons lawfully authorized to make arrangements for the burial of any such~~
3.6 ~~deceased recipient.~~ In determining the sufficiency of such estate, due regard shall be had
3.7 for the nature and marketability of the assets of the estate. The county agency may grant
3.8 cremation or funeral expenses where the sale would cause undue loss to the estate. Any
3.9 amount paid for cremation or funeral expenses shall be a prior claim against the estate,
3.10 as provided in section 524.3-805, and any amount recovered shall be reimbursed to the
3.11 agency which paid the expenses. The commissioner shall specify requirements for reports,
3.12 including fiscal reports, according to section 256.01, subdivision 2, paragraph ~~(17)~~ (q).
3.13 The state share shall pay the entire amount of county agency expenditures. Benefits shall
3.14 be issued to recipients by the state or county subject to provisions of section 256.017.

3.15 Sec. 5. Minnesota Statutes 2008, section 256B.0625, subdivision 41, is amended to
3.16 read:

3.17 Subd. 41. **Residential services for children with severe emotional disturbance.**
3.18 Medical assistance covers rehabilitative services in accordance with section 256B.0945
3.19 that are provided by a county through a residential facility, including a facility in a
3.20 bordering state if it meets the requirements under section 245.4882, subdivision 2, for
3.21 children who have been diagnosed with severe emotional disturbance and have been
3.22 determined to require the level of care provided in a residential facility.

3.23 Sec. 6. Minnesota Statutes 2008, section 256B.0945, subdivision 1, is amended to read:

3.24 Subdivision 1. **Residential services; provider qualifications.** Counties must
3.25 arrange to provide residential services for children with severe emotional disturbance
3.26 according to sections 245.4882, 245.4885, and this section. Services must be provided
3.27 by a facility that is licensed according to section 245.4882 and administrative rules
3.28 promulgated thereunder, and under contract with the county. The child may be placed in a
3.29 facility that is located in a state that borders Minnesota if:

3.30 (1) the facility is the closest facility to the child's home, providing the appropriate
3.31 level of care; and

3.32 (2) the county has inspected and certified that the facility meets the applicable
3.33 Minnesota licensing and provider standards.

S.F. No. 986, as introduced - 86th Legislative Session (2009-2010) [09-2446]

4.1 Sec. 7. Minnesota Statutes 2008, section 256F.13, subdivision 1, is amended to read:

4.2 Subdivision 1. **Federal revenue enhancement.** (a) The commissioner of human
4.3 services may enter into an agreement with one or more family services collaboratives
4.4 to enhance federal reimbursement under title IV-E of the Social Security Act and
4.5 federal administrative reimbursement under title XIX of the Social Security Act. The
4.6 commissioner may contract with the Department of Education for purposes of transferring
4.7 the federal reimbursement to the commissioner of education to be distributed to the
4.8 collaboratives according to clause (2). The commissioner shall have the following
4.9 authority and responsibilities regarding family services collaboratives:

4.10 (1) the commissioner shall submit amendments to state plans and seek waivers as
4.11 necessary to implement the provisions of this section;

4.12 (2) the commissioner shall pay the federal reimbursement earned under this
4.13 subdivision to each collaborative based on their earnings. Payments to collaboratives for
4.14 expenditures under this subdivision will only be made of federal earnings from services
4.15 provided by the collaborative;

4.16 (3) the commissioner shall review expenditures of family services collaboratives
4.17 using reports specified in the agreement with the collaborative to ensure that the base level
4.18 of expenditures is continued and new federal reimbursement is used to expand education,
4.19 social, health, or health-related services to young children and their families;

4.20 (4) the commissioner may reduce, suspend, or eliminate a family services
4.21 collaborative's obligations to continue the base level of expenditures or expansion of
4.22 services if the commissioner determines that one or more of the following conditions
4.23 apply:

4.24 (i) imposition of levy limits that significantly reduce available funds for social,
4.25 health, or health-related services to families and children;

4.26 (ii) reduction in the net tax capacity of the taxable property eligible to be taxed by
4.27 the lead county or subcontractor that significantly reduces available funds for education,
4.28 social, health, or health-related services to families and children;

4.29 (iii) reduction in the number of children under age 19 in the county, collaborative
4.30 service delivery area, subcontractor's district, or catchment area when compared to the
4.31 number in the base year using the most recent data provided by the State Demographer's
4.32 Office; or

4.33 (iv) termination of the federal revenue earned under the family services collaborative
4.34 agreement;

5.1 (5) the commissioner shall not use the federal reimbursement earned under this
5.2 subdivision in determining the allocation or distribution of other funds to counties or
5.3 collaboratives;

5.4 (6) the commissioner may suspend, reduce, or terminate the federal reimbursement
5.5 to a provider that does not meet the reporting or other requirements of this subdivision;

5.6 (7) the commissioner shall recover from the family services collaborative any federal
5.7 fiscal disallowances or sanctions for audit exceptions directly attributable to the family
5.8 services collaborative's actions in the integrated fund, or the proportional share if federal
5.9 fiscal disallowances or sanctions are based on a statewide random sample; and

5.10 (8) the commissioner shall establish criteria for the family services collaborative
5.11 for the accounting and financial management system that will support claims for federal
5.12 reimbursement.

5.13 (b) The family services collaborative shall have the following authority and
5.14 responsibilities regarding federal revenue enhancement:

5.15 (1) the family services collaborative shall be the party with which the commissioner
5.16 contracts. A lead county shall be designated as the fiscal agency for reporting, claiming,
5.17 and receiving payments;

5.18 (2) the family services collaboratives may enter into subcontracts with other
5.19 counties, school districts, special education cooperatives, municipalities, and other public
5.20 and nonprofit entities for purposes of identifying and claiming eligible expenditures to
5.21 enhance federal reimbursement, or to expand education, social, health, or health-related
5.22 services to families and children;

5.23 ~~(3) the family services collaborative must continue the base level of expenditures for~~
5.24 ~~education, social, health, or health-related services to families and children from any state,~~
5.25 ~~county, federal, or other public or private funding source which, in the absence of the new~~
5.26 ~~federal reimbursement earned under this subdivision, would have been available for those~~
5.27 ~~services, except as provided in paragraph (a), clause (4). The base year for purposes of this~~
5.28 ~~subdivision shall be the four-quarter calendar year ending at least two calendar quarters~~
5.29 ~~before the first calendar quarter in which the new federal reimbursement is earned;~~

5.30 ~~(4)~~ the family services collaborative must use all new federal reimbursement
5.31 resulting from federal revenue enhancement to expand expenditures for education, social,
5.32 health, or health-related services to families and children beyond the base level, except
5.33 as provided in paragraph (a), clause (4);

5.34 ~~(5)~~ (4) the family services collaborative must ensure that expenditures submitted
5.35 for federal reimbursement are not made from federal funds or funds used to match other
5.36 federal funds. Notwithstanding section 256B.19, subdivision 1, for the purposes of family

S.F. No. 986, as introduced - 86th Legislative Session (2009-2010) [09-2446]

6.1 services collaborative expenditures under agreement with the department, the nonfederal
6.2 share of costs shall be provided by the family services collaborative from sources other
6.3 than federal funds or funds used to match other federal funds;

6.4 ~~(6)~~ (5) the family services collaborative must develop and maintain an accounting
6.5 and financial management system adequate to support all claims for federal reimbursement,
6.6 including a clear audit trail and any provisions specified in the agreement; and

6.7 ~~(7)~~ (6) the family services collaborative shall submit an annual report to the
6.8 commissioner as specified in the agreement.

6.9 Sec. 8. Minnesota Statutes 2008, section 260C.212, subdivision 4a, is amended to read:

6.10 Subd. 4a. **Monthly caseworker visits.** (a) Every child in foster care or on a trial
6.11 home visit shall be visited by the child's caseworker or the licenser on a monthly basis,
6.12 with the majority of visits occurring in the child's residence. For the purposes of this
6.13 section, the following definitions apply:

6.14 (1) "visit" is defined as a face-to-face contact between a child and the child's
6.15 caseworker;

6.16 (2) "visited on a monthly basis" is defined as at least one visit per calendar month;

6.17 (3) "the child's caseworker" is defined as the person who has responsibility for
6.18 managing the child's foster care placement case as assigned by the responsible social
6.19 service agency; ~~and~~

6.20 (4) "the child's residence" is defined as the home where the child is residing, and
6.21 can include the foster home, child care institution, or the home from which the child was
6.22 removed if the child is on a trial home visit; and

6.23 (5) "the licenser" is defined as the representative from the agency that has the
6.24 responsibility for foster care licensing oversight.

6.25 (b) Caseworker visits shall be of sufficient substance and duration to address issues
6.26 pertinent to case planning and service delivery to ensure the safety, permanency, and
6.27 well-being of the child.

6.28 Sec. 9. Minnesota Statutes 2008, section 260C.212, subdivision 11, is amended to read:

6.29 Subd. 11. **Rules; family and group foster care.** The commissioner shall revise
6.30 Minnesota Rules, parts 9545.0010 to 9545.0260, the rules setting standards for family and
6.31 group family foster care. The commissioner shall:

6.32 (1) require that, as a condition of licensure, foster care providers attend training on
6.33 understanding and validating the cultural heritage of all children in their care, and on the

7.1 importance of the Indian Child Welfare Act, United States Code, title 25, sections 1901 to
7.2 1923, and the Minnesota Indian Family Preservation Act, sections 260.751 to 260.835; ~~and~~

7.3 (2) review and, where necessary, revise foster care rules to reflect sensitivity to
7.4 cultural diversity and differing lifestyles. Specifically, the commissioner shall examine
7.5 whether space and other requirements discriminate against single-parent, minority, or
7.6 low-income families who may be able to provide quality foster care reflecting the values
7.7 of their own respective cultures; and

7.8 (3) relieve relative foster care providers of the requirements promulgated as a result
7.9 of clauses (1) and (2) when the safety of the child is not jeopardized and as allowed
7.10 under federal law.

7.11 Sec. 10. Minnesota Statutes 2008, section 261.035, is amended to read:

7.12 **261.035 CREMATION AND FUNERALS AT EXPENSE OF COUNTY.**

7.13 When a person dies in any county without apparent means to provide for that
7.14 person's funeral or final disposition, the county board shall first investigate to determine
7.15 whether that person had contracted for any prepaid funeral arrangements. If prepaid
7.16 arrangements have been made, the county shall authorize arrangements to be implemented
7.17 in accord with the instructions of the deceased. If it is determined that the person did not
7.18 leave sufficient means to defray the necessary expenses of a funeral and final disposition,
7.19 nor any spouse of sufficient ability to procure the burial, the county board shall provide for
7.20 ~~a funeral and final disposition~~ cremation of the person's remains ~~to be made~~ at the expense
7.21 of the county. If it is determined that cremation is not in accordance with the religious
7.22 and moral beliefs of the decedent or the decedent's spouse or the decedent's next of kin,
7.23 the county board shall provide for a funeral. Any funeral and final disposition provided
7.24 at the expense of the county shall be in accordance with religious and moral beliefs of
7.25 the decedent or the decedent's spouse or the decedent's next of kin. If the wishes of the
7.26 decedent are not known and the county has no information about the existence of or
7.27 location of any next of kin, the county ~~may determine the method of final disposition~~ shall
7.28 provide for cremation of the person's remains.

7.29 **ARTICLE 2**
7.30 **HEALTH CARE**

7.31 Section 1. Minnesota Statutes 2008, section 62Q.37, subdivision 3, is amended to read:

7.32 Subd. 3. **Audits.** (a) The commissioner may conduct routine audits and
7.33 investigations as prescribed under the commissioner's respective state authorizing statutes.
7.34 If a nationally recognized independent organization has conducted an audit of the health

S.F. No. 986, as introduced - 86th Legislative Session (2009-2010) [09-2446]

8.1 plan company using audit procedures that are comparable to or more stringent than the
8.2 commissioner's audit procedures:

8.3 (1) the commissioner ~~may~~ shall accept the independent audit and require no further
8.4 audit if the results of the independent audit show that the performance standard being
8.5 audited meets or exceeds state standards;

8.6 (2) the commissioner may accept the independent audit and limit further auditing
8.7 if the results of the independent audit show that the performance standard being audited
8.8 partially meets state standards;

8.9 (3) the health plan company must demonstrate to the commissioner that the
8.10 nationally recognized independent organization that conducted the audit is qualified and
8.11 that the results of the audit demonstrate that the particular performance standard partially
8.12 or fully meets state standards; and

8.13 (4) if the commissioner has partially or fully accepted an independent audit of the
8.14 performance standard, the commissioner may use the finding of a deficiency with regard
8.15 to statutes or rules by an independent audit as the basis for a targeted audit or enforcement
8.16 action.

8.17 (b) If a health plan company has formally delegated activities that are required
8.18 under either state law or contract to another organization that has undergone an audit by
8.19 a nationally recognized independent organization, that health plan company may use
8.20 the nationally recognized accrediting body's determination on its own behalf under this
8.21 section.

8.22 Sec. 2. Minnesota Statutes 2008, section 144A.04, subdivision 11, is amended to read:

8.23 Subd. 11. **Incontinent residents.** Notwithstanding Minnesota Rules, part
8.24 4658.0520, subpart 2, item B, an incontinent resident must be checked according to a
8.25 specific time interval written in the resident's care plan. At a nursing home not certified
8.26 to participate in the Medicare program or the medical assistance program, the resident's
8.27 attending physician must authorize in writing any interval longer than two hours unless
8.28 the resident, if competent, or a family member or legally appointed conservator, guardian,
8.29 or health care agent of a resident who is not competent, agrees in writing to waive
8.30 physician involvement in determining this interval, and this waiver is documented in
8.31 the resident's care plan.

8.32 Sec. 3. Minnesota Statutes 2008, section 144A.04, is amended by adding a subdivision
8.33 to read:

9.1 Subd. 12. **Resident positioning.** Notwithstanding Minnesota Rules, part 4658.0525,
9.2 subpart 4, the position of residents unable to change their own position must be changed
9.3 according to a specific time interval written in the resident's care plan. At a nursing home
9.4 not certified to participate in the Medicare program or the medical assistance program,
9.5 the resident's attending physician must authorize in writing any interval longer than two
9.6 hours, including periods of time after the resident has been put to bed for the night,
9.7 unless the resident, if competent, or a family member or legally appointed conservator,
9.8 guardian, or health care agent of a resident who is not competent, agrees in writing to
9.9 waive physician involvement in determining this interval, and the waiver is documented in
9.10 the resident's care plan.

9.11 Sec. 4. Minnesota Statutes 2008, section 144A.45, subdivision 1, is amended to read:

9.12 Subdivision 1. **Rules.** The commissioner shall adopt rules for the regulation of
9.13 home care providers pursuant to sections 144A.43 to 144A.47. The rules shall include
9.14 the following:

9.15 (1) provisions to assure, to the extent possible, the health, safety and well-being, and
9.16 appropriate treatment of persons who receive home care services;

9.17 (2) requirements that home care providers furnish the commissioner with specified
9.18 information necessary to implement sections 144A.43 to 144A.47;

9.19 (3) standards of training of home care provider personnel, which may vary according
9.20 to the nature of the services provided or the health status of the consumer;

9.21 (4) standards for medication management which may vary according to the nature of
9.22 the services provided, the setting in which the services are provided, or the status of the
9.23 consumer. Medication management includes the central storage, handling, distribution,
9.24 and administration of medications;

9.25 (5) standards for supervision of home care services requiring supervision by a
9.26 registered nurse or other appropriate health care professional which must occur on site
9.27 at least every 62 days, or more frequently if indicated by a clinical assessment, and in
9.28 accordance with sections 148.171 to 148.285 and rules adopted thereunder, except that;
9.29 ~~notwithstanding the provisions of Minnesota Rules, part 4668.0110, subpart 5, item B,~~
9.30 ~~supervision of a person performing home care aide tasks for a class B licensee providing~~
9.31 ~~paraprofessional services must occur only every 180 days, or more frequently if indicated~~
9.32 ~~by a clinical assessment does not require nursing supervision;~~

9.33 (6) standards for client evaluation or assessment which may vary according to the
9.34 nature of the services provided or the status of the consumer;

10.1 (7) requirements for the involvement of a consumer's physician, the documentation
10.2 of physicians' orders, if required, and the consumer's treatment plan, and the maintenance
10.3 of accurate, current clinical records;

10.4 (8) the establishment of different classes of licenses for different types of providers
10.5 and different standards and requirements for different kinds of home care services; and

10.6 (9) operating procedures required to implement the home care bill of rights.

10.7 Sec. 5. Minnesota Statutes 2008, section 245A.09, subdivision 7, is amended to read:

10.8 Subd. 7. **Regulatory methods.** (a) Where appropriate and feasible the commissioner
10.9 shall identify and implement alternative methods of regulation and enforcement to the
10.10 extent authorized in this subdivision. These methods shall include:

10.11 (1) expansion of the types and categories of licenses that may be granted;

10.12 (2) when the standards of another state or federal governmental agency or an
10.13 independent accreditation body have been shown to require the same standards, methods,
10.14 or alternative methods to achieve substantially the same intended outcomes as the
10.15 licensing standards, the commissioner shall consider compliance with the governmental
10.16 or accreditation standards to be equivalent to partial compliance with the licensing
10.17 standards; ~~and~~

10.18 (3) use of an abbreviated inspection that employs key standards that have been
10.19 shown to predict full compliance with the rules; and

10.20 (4) for day training and habilitation service providers, the commissioner shall deem
10.21 three-year accreditation by the Commission on Rehabilitation Facilities as equivalent to
10.22 compliance with the licensing standards.

10.23 (b) If the commissioner accepts accreditation as documentation of compliance with a
10.24 licensing standard under paragraph (a), the commissioner shall continue to investigate
10.25 complaints related to noncompliance with all licensing standards. The commissioner
10.26 may take a licensing action for noncompliance under this chapter and shall recognize all
10.27 existing appeal rights regarding any licensing actions taken under this chapter.

10.28 (c) The commissioner shall work with the commissioners of health, public
10.29 safety, administration, and education in consolidating duplicative licensing and
10.30 certification rules and standards if the commissioner determines that consolidation is
10.31 administratively feasible, would significantly reduce the cost of licensing, and would
10.32 not reduce the protection given to persons receiving services in licensed programs.
10.33 Where administratively feasible and appropriate, the commissioner shall work with the
10.34 commissioners of health, public safety, administration, and education in conducting joint
10.35 agency inspections of programs.

S.F. No. 986, as introduced - 86th Legislative Session (2009-2010) [09-2446]

11.1 (d) The commissioner shall work with the commissioners of health, public safety,
11.2 administration, and education in establishing a single point of application for applicants
11.3 who are required to obtain concurrent licensure from more than one of the commissioners
11.4 listed in this clause.

11.5 (e) Unless otherwise specified in statute, the commissioner may conduct routine
11.6 inspections biennially.

11.7 Sec. 6. Minnesota Statutes 2008, section 256.962, subdivision 6, is amended to read:

11.8 Subd. 6. **School districts and charter schools.** (a) At the beginning of each school
11.9 year, a school district or charter school shall provide information to each student on the
11.10 availability of health care coverage through the Minnesota health care programs.

11.11 ~~(b) For each child who is determined to be eligible for the free and reduced-price
11.12 school lunch program, the district shall provide the child's family with information on how
11.13 to obtain an application for the Minnesota health care programs and application assistance.~~

11.14 ~~(c)~~ A school district or charter school shall also ensure that applications and
11.15 information on application assistance are available at early childhood education sites and
11.16 public schools located within the district's jurisdiction.

11.17 ~~(d) Each district shall designate an enrollment specialist to provide application
11.18 assistance and follow-up services with families who have indicated an interest in receiving
11.19 information or an application for the Minnesota health care program. A district is eligible
11.20 for the application assistance bonus described in subdivision 5.~~

11.21 ~~(e) Each~~ (c) If a school district or charter school maintains a district Web site, the
11.22 school district or charter school shall provide on ~~their~~ its Web site a link to information on
11.23 how to obtain an application and application assistance.

11.24 Sec. 7. Minnesota Statutes 2008, section 256.962, subdivision 7, is amended to read:

11.25 Subd. 7. **Renewal notice.** (a) ~~Beginning December 1, 2007,~~ The commissioner shall
11.26 mail a renewal notice to enrollees notifying the enrollees that the enrollees eligibility must
11.27 be renewed. A notice shall be sent at least ~~90 days prior to the renewal date and at least~~
11.28 ~~60 days prior to the renewal date.~~

11.29 ~~(b) For enrollees who are receiving services through managed care plans, the
11.30 managed care plan must provide a follow-up renewal call at least 60 days prior to the
11.31 enrollees' renewal dates.~~

11.32 ~~(c)~~ The commissioner shall include the end of coverage dates on the monthly rosters
11.33 of enrollees provided to managed care organizations.

12.1 Sec. 8. Minnesota Statutes 2008, section 256B.0915, subdivision 3h, is amended to
12.2 read:

12.3 Subd. 3h. **Service rate limits; 24-hour customized living services.** (a) The
12.4 payment rates for 24-hour customized living services is a monthly rate negotiated and
12.5 authorized by the lead agency within the parameters established by the commissioner
12.6 of human services. The payment agreement must delineate the services that have been
12.7 customized for each recipient and specify the amount of each service to be provided. The
12.8 lead agency shall ensure that there is a documented need for all services authorized.
12.9 The lead agency shall not authorize 24-hour customized living services unless there is
12.10 a documented need for 24-hour supervision. For purposes of this section, "24-hour
12.11 supervision" means that the recipient requires assistance due to needs related to one or
12.12 more of the following:

- 12.13 (1) intermittent assistance with toileting or transferring;
- 12.14 (2) cognitive or behavioral issues;
- 12.15 (3) a medical condition that requires clinical monitoring; or
- 12.16 (4) other conditions or needs as defined by the commissioner of human services.

12.17 The lead agency shall ensure that the frequency and mode of supervision of the recipient
12.18 and the qualifications of staff providing supervision are described and meet the needs
12.19 of the recipient. Customized living services must not include rent or raw food costs.
12.20 The negotiated payment rate for 24-hour customized living services must be based on
12.21 services to be provided. Negotiated rates must not exceed payment rates for comparable
12.22 elderly waiver or medical assistance services and must reflect economies of scale. The
12.23 individually negotiated 24-hour customized living payments, in combination with the
12.24 payment for other elderly waiver services, including case management, must not exceed
12.25 the recipient's community budget cap specified in subdivision 3a.

12.26 (b) If 24-hour customized living services are delivered by a provider with a capacity
12.27 to serve 12 or fewer clients and licensed by the Department of Health as a class A or class F
12.28 home care provider, and provided in a building that is registered as a housing with services
12.29 establishment under chapter 144D, the provider may provide nighttime supervision to
12.30 clients using personnel who have other duties and are located in an adjoining building, if:

- 12.31 (1) the personnel providing supervision have been trained and determined to be
12.32 competent according to the applicable home care licensed requirements;
- 12.33 (2) the provider has assessed the clients needing 24-hour supervision and determined
12.34 that their needs can be safely met;
- 12.35 (3) the provider has a communication system that permits staff providing supervision
12.36 to be summoned by the clients;

13.1 (4) staff providing supervision to clients are able to respond within a time frame that
13.2 meets the client's needs and in no event exceeds ten minutes; and

13.3 (5) the provider develops and implements a system of regular safety checks on
13.4 clients needing 24-hour supervision, consistent with the registered nurse's assessment of
13.5 those clients' needs.

13.6 Sec. 9. Minnesota Statutes 2008, section 471.61, subdivision 1, is amended to read:

13.7 Subdivision 1. **Officers, employees.** A county, municipal corporation, town, school
13.8 district, county extension committee, other political subdivision or other body corporate
13.9 and politic of this state, other than the state or any department of the state, through its
13.10 governing body, and any two or more subdivisions acting jointly through their governing
13.11 bodies, may insure or protect its or their officers and employees, and their dependents, or
13.12 any class or classes of officers, employees, or dependents, under a policy or policies or
13.13 contract or contracts of group insurance or benefits covering life, health, and accident, in
13.14 the case of employees, and medical and surgical benefits and hospitalization insurance
13.15 or benefits for both employees and dependents or dependents of an employee whose
13.16 death was due to causes arising out of and in the course of employment, or any one or
13.17 more of those forms of insurance or protection. A governmental unit, including county
13.18 extension committees and those paying their employees, may pay all or any part of
13.19 the premiums or charges on the insurance or protection. A payment is deemed to be
13.20 additional compensation paid to the officers or employees, but for purposes of determining
13.21 contributions or benefits under a public pension or retirement system it is not deemed
13.22 to be additional compensation. One or more governmental units may determine that
13.23 a person is an officer or employee if the person receives income from the governmental
13.24 subdivisions without regard to the manner of election or appointment, including but not
13.25 limited to employees of county historical societies that receive funding from the county
13.26 and employees of the Minnesota Inter-county Association. The appropriate officer of
13.27 the governmental unit, or those disbursing county extension funds, shall deduct from
13.28 the salary or wages of each officer and employee who elects to become insured or so
13.29 protected, on the officer's or employee's written order, all or part of the officer's or
13.30 employee's share of premiums or charges and remit the share or portion to the insurer or
13.31 company issuing the policy or contract.

13.32 A governmental unit, other than a school district, that pays all or part of the premiums
13.33 or charges is authorized to levy and collect a tax, if necessary, in the next annual tax levy
13.34 for the purpose of providing the necessary money for the payment of the premiums or
13.35 charges, and the sums levied and appropriated are not, in the event the sum exceeds the

S.F. No. 986, as introduced - 86th Legislative Session (2009-2010) [09-2446]

14.1 maximum sum allowed by the charter of a municipal corporation, considered part of
14.2 the cost of government of the governmental unit as defined in any levy or expenditure
14.3 limitation; provided at least 50 percent of the cost of benefits on dependents must be
14.4 contributed by the employee or be paid by levies within existing charter tax limitations.

14.5 The word "dependents" as used in this subdivision means spouse and minor
14.6 unmarried children under the age of 18 years actually dependent upon the employee.

14.7 Notwithstanding any other law to the contrary, a political subdivision described in
14.8 this subdivision may provide health benefits to its employees, dependents, and other
14.9 eligible persons through negotiated contributions to self-funded multiemployer health
14.10 and welfare funds.

14.11 **EFFECTIVE DATE.** This section is effective the day following final enactment;
14.12 applies to contributions made before, on, or after that date; and is intended as a clarification
14.13 of existing law.

14.14 Sec. 10. **REPEALER.**

14.15 Minnesota Rules, part 4668.0110, subpart 5, is repealed.

APPENDIX
Article locations in 09-2446

ARTICLE 1 HUMAN SERVICES Page.Ln 1.16
ARTICLE 2 HEALTH CARE Page.Ln 7.29