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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 3001

03/12/2014 Authored by Halverson

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to human services; modifying home and community-based services
1.3 standards; requiring review of the use of monitoring technology; imposing
1.4 sanctions; amending Minnesota Statutes 2012, sections 245A.11, by adding a
1.5 subdivision; 245A.155, subdivisions 1, 2, 3; 245A.65, subdivision 2; Minnesota
1.6 Statutes 2013 Supplement, sections 245D.02, by adding a subdivision; 245D.05,
1.7 subdivisions 1, 1b; 245D.06, subdivision 1; 245D.07, subdivision 2; 245D.071,
1.8 subdivisions 1, 3, 4, 5; 245D.09, subdivisions 3, 4, 4a, 5; 245D.095, subdivision
1.9 3; 245D.22, subdivision 4; 245D.31, subdivisions 3, 4, 5; repealing Minnesota
1.10 Statutes 2013 Supplement, section 245D.071, subdivision 2.

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

1.12 Section 1. Minnesota Statutes 2012, section 245A.11, is amended by adding a
1.13 subdivision to read:

1.14 Subd. 7c. Review; services through monitoring technology. (a) Lead agencies
1.15 must submit individual service plans that include residential direct service care provided
1.16 remotely through monitoring technology to the Monitoring Technology Review Panel
1.17 established in section 256B.4914, subdivision 6, paragraph (d). The panel must verify that:

1.18 (1) licensing standards have been applied;

1.19 (2) the person's coordinated service and support plan includes the use of monitoring
1.20 technology; and

1.21 (3) signed informed consent has been obtained from the person or the person's
1.22 legal representative.

1.23 (b) The panel must meet quarterly to review service plans submitted by the lead
1.24 agencies.

1.25 (c) If the panel determines a service plan does not contain the information required
1.26 in paragraph (a), clauses (1) to (3), the panel shall provide a written notice of the
1.27 deficiencies to the lead agency and license holder. The lead agency and the license holder

2.1 must submit to the panel missing or corrected documentation to cure the deficiencies
 2.2 within 90 calendar days.

2.3 (d) If the lead agency and license holder contest the findings of the panel, the lead
 2.4 agency and license holder must submit a written request for reconsideration of the panel's
 2.5 findings to the commissioner within 60 calendar days. The commissioner's disposition of
 2.6 a request for reconsideration is final and not subject to appeal under chapter 14.

2.7 (e) If neither the missing or corrected documentation nor a written request for
 2.8 reconsideration has been received by the panel within the designated time frames, the panel
 2.9 may recommend to the licensing authority that direct care staff supervision be placed on
 2.10 site during the hours remote monitoring had been approved for use, and that the payment
 2.11 rate to the provider be adjusted until the service plan deficiencies have been resolved.

2.12 Sec. 2. Minnesota Statutes 2012, section 245A.155, subdivision 1, is amended to read:

2.13 Subdivision 1. **Licensed foster care and respite care.** This section applies to
 2.14 foster care agencies and licensed foster care providers who place, supervise, or care for
 2.15 individuals who rely on medical ~~monitoring~~ equipment, including but not limited to
 2.16 ventilators, feeding tubes, or endotracheal tubes, to sustain life ~~or monitor a medical~~
 2.17 ~~condition~~ in respite care or foster care.

2.18 Sec. 3. Minnesota Statutes 2012, section 245A.155, subdivision 2, is amended to read:

2.19 Subd. 2. **Foster care agency requirements.** In order for an agency to place an
 2.20 individual who relies on medical equipment to sustain life ~~or monitor a medical condition~~
 2.21 with a foster care provider, the agency must ensure that the foster care provider has
 2.22 received the training to operate such equipment as observed and confirmed by a qualified
 2.23 source, and that the provider:

2.24 (1) is currently caring for an individual who is using the same equipment in the
 2.25 foster home; or

2.26 (2) has written documentation that the foster care provider has cared for an
 2.27 individual who relied on such equipment within the past six months; or

2.28 (3) has successfully completed training with the individual being placed with the
 2.29 provider.

2.30 Sec. 4. Minnesota Statutes 2012, section 245A.155, subdivision 3, is amended to read:

2.31 Subd. 3. **Foster care provider requirements.** A foster care provider shall not care
 2.32 for an individual who relies on medical equipment to sustain life ~~or monitor a medical~~

3.1 ~~condition~~ unless the provider has received the training to operate such equipment as
3.2 observed and confirmed by a qualified source, and:

3.3 (1) is currently caring for an individual who is using the same equipment in the
3.4 foster home; or

3.5 (2) has written documentation that the foster care provider has cared for an
3.6 individual who relied on such equipment within the past six months; or

3.7 (3) has successfully completed training with the individual being placed with the
3.8 provider.

3.9 Sec. 5. Minnesota Statutes 2012, section 245A.65, subdivision 2, is amended to read:

3.10 Subd. 2. **Abuse prevention plans.** All license holders shall establish and enforce
3.11 ongoing written program abuse prevention plans and individual abuse prevention plans as
3.12 required under section 626.557, subdivision 14.

3.13 (a) The scope of the program abuse prevention plan is limited to the population,
3.14 physical plant, and environment within the control of the license holder and the location
3.15 where licensed services are provided. In addition to the requirements in section 626.557,
3.16 subdivision 14, the program abuse prevention plan shall meet the requirements in clauses
3.17 (1) to (5).

3.18 (1) The assessment of the population shall include an evaluation of the following
3.19 factors: age, gender, mental functioning, physical and emotional health or behavior of the
3.20 client; the need for specialized programs of care for clients; the need for training of staff to
3.21 meet identified individual needs; and the knowledge a license holder may have regarding
3.22 previous abuse that is relevant to minimizing risk of abuse for clients.

3.23 (2) The assessment of the physical plant where the licensed services are provided
3.24 shall include an evaluation of the following factors: the condition and design of the
3.25 building as it relates to the safety of the clients; and the existence of areas in the building
3.26 which are difficult to supervise.

3.27 (3) The assessment of the environment for each facility and for each site when living
3.28 arrangements are provided by the agency shall include an evaluation of the following
3.29 factors: the location of the program in a particular neighborhood or community; the type
3.30 of grounds and terrain surrounding the building; the type of internal programming; and
3.31 the program's staffing patterns.

3.32 (4) The license holder shall provide an orientation to the program abuse prevention
3.33 plan for clients receiving services. If applicable, the client's legal representative must be
3.34 notified of the orientation. The license holder shall provide this orientation for each new

4.1 person within 24 hours of admission, or for persons who would benefit more from a later
4.2 orientation, the orientation may take place within 72 hours.

4.3 (5) The license holder's ~~governing body~~ authorized representative shall review
4.4 the plan at least annually using the assessment factors in the plan and any substantiated
4.5 maltreatment findings that occurred since the last review. The ~~governing body~~ authorized
4.6 representative shall revise the plan, if necessary, to reflect the review results.

4.7 (6) A copy of the program abuse prevention plan shall be posted in a prominent
4.8 location in the program and be available upon request to mandated reporters, persons
4.9 receiving services, and legal representatives.

4.10 (b) In addition to the requirements in section 626.557, subdivision 14, the individual
4.11 abuse prevention plan shall meet the requirements in clauses (1) and (2).

4.12 (1) The plan shall include a statement of measures that will be taken to minimize the
4.13 risk of abuse to the vulnerable adult when the individual assessment required in section
4.14 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the
4.15 specific measures identified in the program abuse prevention plan. The measures shall
4.16 include the specific actions the program will take to minimize the risk of abuse within
4.17 the scope of the licensed services, and will identify referrals made when the vulnerable
4.18 adult is susceptible to abuse outside the scope or control of the licensed services. When
4.19 the assessment indicates that the vulnerable adult does not need specific risk reduction
4.20 measures in addition to those identified in the program abuse prevention plan, the
4.21 individual abuse prevention plan shall document this determination.

4.22 (2) An individual abuse prevention plan shall be developed for each new person as
4.23 part of the initial individual program plan or service plan required under the applicable
4.24 licensing rule. The review and evaluation of the individual abuse prevention plan shall
4.25 be done as part of the review of the program plan or service plan. The person receiving
4.26 services shall participate in the development of the individual abuse prevention plan to the
4.27 full extent of the person's abilities. If applicable, the person's legal representative shall be
4.28 given the opportunity to participate with or for the person in the development of the plan.
4.29 The interdisciplinary team shall document the review of all abuse prevention plans at least
4.30 annually, using the individual assessment and any reports of abuse relating to the person.
4.31 The plan shall be revised to reflect the results of this review.

4.32 Sec. 6. Minnesota Statutes 2013 Supplement, section 245D.02, is amended by adding a
4.33 subdivision to read:

4.34 Subd. 37. **Working day.** "Working day" means Monday, Tuesday, Wednesday,
4.35 Thursday, or Friday, excluding any legal holiday.

5.1 Sec. 7. Minnesota Statutes 2013 Supplement, section 245D.05, subdivision 1, is
5.2 amended to read:

5.3 Subdivision 1. **Health needs.** (a) The license holder is responsible for meeting
5.4 health service needs assigned in the coordinated service and support plan or the
5.5 coordinated service and support plan addendum, consistent with the person's health needs.
5.6 The license holder is responsible for promptly notifying the person's legal representative,
5.7 if any, and the case manager of changes in a person's physical and mental health needs
5.8 affecting health service needs assigned to the license holder in the coordinated service and
5.9 support plan or the coordinated service and support plan addendum, when as directed in
5.10 the coordinated service and support plan or within 24 hours of being discovered by the
5.11 license holder, unless the license holder has reason to know the change has already been
5.12 reported. The license holder must document when the notice is provided.

5.13 (b) If responsibility for meeting the person's health service needs has been assigned
5.14 to the license holder in the coordinated service and support plan or the coordinated service
5.15 and support plan addendum, the license holder must maintain documentation on how the
5.16 person's health needs will be met, including a description of the procedures the license
5.17 holder will follow in order to:

5.18 (1) provide medication assistance or medication administration according to this
5.19 chapter;

5.20 (2) monitor health conditions according to written instructions from a licensed
5.21 health professional;

5.22 (3) assist with or coordinate medical, dental, and other health service appointments; or

5.23 (4) use medical equipment, devices, or adaptive aides or technology safely and
5.24 correctly according to written instructions from a licensed health professional.

5.25 Sec. 8. Minnesota Statutes 2013 Supplement, section 245D.05, subdivision 1b, is
5.26 amended to read:

5.27 Subd. 1b. **Medication assistance.** If responsibility for medication assistance
5.28 is assigned to the license holder in the coordinated service and support plan or the
5.29 coordinated service and support plan addendum, ~~the license holder must ensure that~~
5.30 ~~the requirements of subdivision 2, paragraph (b), have been met when staff provides~~
5.31 medication assistance must be provided to enable a person to self-administer medication
5.32 or treatment when the person is capable of directing the person's own care, or when the
5.33 person's legal representative is present and able to direct care for the person. For the
5.34 purposes of this subdivision, "medication assistance" means any of the following:

6.1 (1) bringing to the person and opening a container of previously set up medications,
6.2 emptying the container into the person's hand, or opening and giving the medications in
6.3 the original container to the person;

6.4 (2) bringing to the person liquids or food to accompany the medication; or

6.5 (3) providing reminders, in person, remotely, or through programming devices
6.6 such as telephones, alarms, or medication boxes, to take regularly scheduled medication
6.7 or perform regularly scheduled treatments and exercises.

6.8 Sec. 9. Minnesota Statutes 2013 Supplement, section 245D.06, subdivision 1, is
6.9 amended to read:

6.10 Subdivision 1. **Incident response and reporting.** (a) The license holder must
6.11 respond to incidents under section 245D.02, subdivision 11, that occur while providing
6.12 services to protect the health and safety of and minimize risk of harm to the person.

6.13 (b) The license holder must maintain information about and report incidents to the
6.14 person's legal representative or designated emergency contact and case manager within
6.15 24 hours of an incident occurring while services are being provided, within 24 hours of
6.16 discovery or receipt of information that an incident occurred, unless the license holder
6.17 has reason to know that the incident has already been reported, or as otherwise directed
6.18 in a person's coordinated service and support plan or coordinated service and support
6.19 plan addendum. An incident of suspected or alleged maltreatment must be reported as
6.20 required under paragraph (d), and an incident of serious injury or death must be reported
6.21 as required under paragraph (e).

6.22 (c) When the incident involves more than one person, the license holder must not
6.23 disclose personally identifiable information about any other person when making the report
6.24 to each person and case manager unless the license holder has the consent of the person.

6.25 (d) Within 24 hours of reporting maltreatment as required under section 626.556
6.26 or 626.557, the license holder must inform the case manager of the report unless there is
6.27 reason to believe that the case manager is involved in the suspected maltreatment. The
6.28 license holder must disclose the nature of the activity or occurrence reported and the
6.29 agency that received the report.

6.30 (e) The license holder must report the death or serious injury of the person as
6.31 required in paragraph (b) and to the Department of Human Services Licensing Division,
6.32 and the Office of Ombudsman for Mental Health and Developmental Disabilities as
6.33 required under section 245.94, subdivision 2a, within 24 hours of the death or serious
6.34 injury, or receipt of information that the death or serious injury occurred, unless the license
6.35 holder has reason to know that the death or serious injury has already been reported.

7.1 (f) When a death or serious injury occurs in a facility certified as an intermediate
 7.2 care facility for persons with developmental disabilities, the death or serious injury must
 7.3 be reported to the Department of Health, Office of Health Facility Complaints, and the
 7.4 Office of Ombudsman for Mental Health and Developmental Disabilities, as required
 7.5 under sections 245.91 and 245.94, subdivision 2a, unless the license holder has reason to
 7.6 know that the death or serious injury has already been reported.

7.7 (g) The license holder must conduct an internal review of incident reports of deaths
 7.8 and serious injuries that occurred while services were being provided and that were not
 7.9 reported by the program as alleged or suspected maltreatment, for identification of incident
 7.10 patterns, and implementation of corrective action as necessary to reduce occurrences.
 7.11 The review must include an evaluation of whether related policies and procedures were
 7.12 followed, whether the policies and procedures were adequate, whether there is a need for
 7.13 additional staff training, whether the reported event is similar to past events with the
 7.14 persons or the services involved, and whether there is a need for corrective action by the
 7.15 license holder to protect the health and safety of persons receiving services. Based on
 7.16 the results of this review, the license holder must develop, document, and implement a
 7.17 corrective action plan designed to correct current lapses and prevent future lapses in
 7.18 performance by staff or the license holder, if any.

7.19 (h) The license holder must verbally report the emergency use of manual restraint of
 7.20 a person as required in paragraph (b) within 24 hours of the occurrence. The license holder
 7.21 must ensure the written report and internal review of all incident reports of the emergency
 7.22 use of manual restraints are completed according to the requirements in section 245D.061.

7.23 Sec. 10. Minnesota Statutes 2013 Supplement, section 245D.07, subdivision 2, is
 7.24 amended to read:

7.25 Subd. 2. **Service planning requirements for basic support services and certain**
 7.26 **intensive support services.** (a) License holders providing basic support services or
 7.27 intensive support services identified in section 245D.03, subdivision 1, paragraph (c),
 7.28 clauses (1) and (2), must meet the requirements of this subdivision.

7.29 (b) Within 15 calendar days of service initiation the license holder must complete
 7.30 a preliminary coordinated service and support plan addendum based on the coordinated
 7.31 service and support plan.

7.32 (c) Within 60 calendar days of service initiation the license holder must review
 7.33 and revise as needed the preliminary coordinated service and support plan addendum to
 7.34 document the services that will be provided including how, when, and by whom services

8.1 will be provided, and the person responsible for overseeing the delivery and coordination
8.2 of services.

8.3 (d) The license holder must participate in service planning and support team
8.4 meetings for the person following stated timelines established in the person's coordinated
8.5 service and support plan or as requested by the person or the person's legal representative,
8.6 the support team or the expanded support team.

8.7 Sec. 11. Minnesota Statutes 2013 Supplement, section 245D.071, subdivision 1,
8.8 is amended to read:

8.9 Subdivision 1. **Requirements for certain intensive support services.** A license
8.10 holder providing intensive support services identified in section 245D.03, subdivision 1,
8.11 paragraph (c), clauses (3) to (5), must comply with the requirements in this section and
8.12 section 245D.07, subdivisions 1 and 3.

8.13 Sec. 12. Minnesota Statutes 2013 Supplement, section 245D.071, subdivision 3,
8.14 is amended to read:

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

8.18 (b) Within 45 calendar days of service initiation the license holder must meet with
8.19 the person, the person's legal representative, the case manager, and other members of the
8.20 support team or expanded support team to assess and determine the following based on the
8.21 person's coordinated service and support plan and the requirements in subdivision 4 and
8.22 section 245D.07, subdivision 1a:

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

8.25 (2) the person's desired outcomes and the supports necessary to accomplish the
8.26 person's desired outcomes;

8.27 (3) the person's preferences for how services and supports are provided;

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

8.30 (5) how services must be coordinated across other providers licensed under this
8.31 chapter serving the same person to ensure continuity of care for the person.

8.32 (c) Within the scope of services, the license holder must, at a minimum, assess
8.33 the following areas:

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

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

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

9.13 The assessments must produce information about the person that is descriptive of the
9.14 person's overall strengths, functional skills and abilities, and behaviors or symptoms.

9.15 Sec. 13. Minnesota Statutes 2013 Supplement, section 245D.071, subdivision 4,
9.16 is amended to read:

9.17 Subd. 4. **Service outcomes and supports.** (a) Within ten working days of the
9.18 45-day meeting, the license holder must develop and document the service outcomes and
9.19 supports based on the assessments completed under subdivision 3 and the requirements
9.20 in section 245D.07, subdivision 1a. The outcomes and supports must be included in the
9.21 coordinated service and support plan addendum.

9.22 (b) The license holder must document the supports and methods to be implemented
9.23 to support the accomplishment of outcomes related to acquiring, retaining, or improving
9.24 skills. The documentation must include:

9.25 (1) the methods or actions that will be used to support the person and to accomplish
9.26 the service outcomes, including information about:

9.27 (i) any changes or modifications to the physical and social environments necessary
9.28 when the service supports are provided;

9.29 (ii) any equipment and materials required; and

9.30 (iii) techniques that are consistent with the person's communication mode and
9.31 learning style;

9.32 (2) the measurable and observable criteria for identifying when the desired outcome
9.33 has been achieved and how data will be collected;

10.1 (3) the projected starting date for implementing the supports and methods and
 10.2 the date by which progress towards accomplishing the outcomes will be reviewed and
 10.3 evaluated; and

10.4 (4) the names of the staff or position responsible for implementing the supports
 10.5 and methods.

10.6 (c) Within 20 working days of the 45-day meeting, the license holder must submit
 10.7 to and obtain dated signatures from the person or the person's legal representative and
 10.8 case manager to document completion and approval of the assessment and coordinated
 10.9 service and support plan addendum. If, within ten working days of the submission of the
 10.10 assessment or coordinated service and support plan addendum, the person or the person's
 10.11 legal representative or case manager has not signed and returned to the license holder the
 10.12 assessment and coordinated service and support plan addendum or has not proposed
 10.13 written modifications to the license holder's submission, the submission is deemed
 10.14 approved and the assessment and coordinated service and support plan addendum become
 10.15 effective and remain in effect until the legal representative or case manager submits a
 10.16 written request to revise the assessment or coordinated service and support plan addendum.

10.17 Sec. 14. Minnesota Statutes 2013 Supplement, section 245D.071, subdivision 5,
 10.18 is amended to read:

10.19 Subd. 5. **Progress reviews.** (a) The license holder must give the person or the
 10.20 person's legal representative and case manager an opportunity to participate in the ongoing
 10.21 review and development of the methods used to support the person and accomplish
 10.22 outcomes identified in subdivisions 3 and 4. The license holder, in coordination with
 10.23 the person's support team or expanded support team, must meet with the person, the
 10.24 person's legal representative, and the case manager, and participate in progress review
 10.25 meetings following stated timelines established in the person's coordinated service and
 10.26 support plan or coordinated service and support plan addendum or within 30 days of a
 10.27 written request by the person, the person's legal representative, or the case manager,
 10.28 at a minimum of once per year.

10.29 (b) The license holder must summarize the person's progress toward achieving the
 10.30 identified outcomes and make recommendations and identify the rationale for changing,
 10.31 continuing, or discontinuing implementation of supports and methods identified in
 10.32 subdivision 4 ~~in a written report sent to the person or the person's legal representative~~
 10.33 ~~and case manager five working days prior to the review meeting, unless the person, the~~
 10.34 ~~person's legal representative, or the case manager requests to receive the~~ in a report
 10.35 available at the time of the progress review meeting. The report must be sent five working

11.1 days prior to the progress review meeting if requested by the team in the coordinated
 11.2 service and support plan or coordinated service and support plan addendum.

11.3 (c) Within ten working days of the progress review meeting, the license holder
 11.4 must obtain dated signatures from the person or the person's legal representative and
 11.5 the case manager to document approval of any changes to the coordinated service and
 11.6 support plan addendum.

11.7 (d) If, within ten working days of the submission of the changes to the coordinated
 11.8 service and support plan addendum, the person or the person's legal representative or case
 11.9 manager has not signed and returned to the license holder the coordinated service and
 11.10 support plan addendum or has not proposed written modifications to the license holder's
 11.11 submission, the submission is deemed approved and the coordinated service and support
 11.12 plan addendum becomes effective and remains in effect until the legal representative or
 11.13 case manager submits a written request to revise the coordinated service and support plan.

11.14 Sec. 15. Minnesota Statutes 2013 Supplement, section 245D.09, subdivision 3, is
 11.15 amended to read:

11.16 Subd. 3. **Staff qualifications.** (a) The license holder must ensure that staff providing
 11.17 direct support, or staff who have responsibilities related to supervising or managing the
 11.18 provision of direct support service, are competent as demonstrated through skills and
 11.19 knowledge training, experience, and education to meet the person's needs and additional
 11.20 requirements as written in the coordinated service and support plan or coordinated
 11.21 service and support plan addendum, or when otherwise required by the case manager or
 11.22 the federal waiver plan. The license holder must verify and maintain evidence of staff
 11.23 competency, including documentation of:

11.24 (1) education and experience qualifications relevant to the job responsibilities
 11.25 assigned to the staff and the needs of the general population of persons served by the
 11.26 program, including a valid degree and transcript, or a current license, registration, or
 11.27 certification, when a degree or licensure, registration, or certification is required by this
 11.28 chapter or in the coordinated service and support plan or coordinated service and support
 11.29 plan addendum;

11.30 (2) demonstrated competency in the orientation and training areas required under
 11.31 this chapter, and when applicable, completion of continuing education required to
 11.32 maintain professional licensure, registration, or certification requirements. Competency in
 11.33 these areas is determined by the license holder through knowledge testing and or observed
 11.34 skill assessment conducted by the trainer or instructor, the person served if the person is
 11.35 self-directing services, or another person already deemed competent; and

12.1 (3) except for a license holder who is the sole direct support staff, periodic
 12.2 performance evaluations completed by the license holder of the direct support staff
 12.3 person's ability to perform the job functions based on direct observation.

12.4 (b) Staff under 18 years of age may not perform overnight duties or administer
 12.5 medication.

12.6 Sec. 16. Minnesota Statutes 2013 Supplement, section 245D.09, subdivision 4, is
 12.7 amended to read:

12.8 Subd. 4. **Orientation to program requirements.** Except for a license holder
 12.9 who does not supervise any direct support staff, within 60 calendar days of hire, unless
 12.10 stated otherwise, the license holder must provide and ensure completion of ten hours of
 12.11 orientation for direct support staff providing basic services and 30 hours of orientation
 12.12 for direct support staff providing intensive services that combines supervised on-the-job
 12.13 training with review of and instruction in the following areas:

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

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

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

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

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

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

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

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

13.1 (7) the safe and correct use of manual restraint on an emergency basis according to
 13.2 the requirements in section 245D.061 and what constitutes the use of restraints, time out,
 13.3 and seclusion, including chemical restraint;

13.4 (8) staff responsibilities related to prohibited procedures under section 245D.06,
 13.5 subdivision 5, why such procedures are not effective for reducing or eliminating symptoms
 13.6 or undesired behavior, and why such procedures are not safe;

13.7 (9) competence in providing basic first aid; and

13.8 (10) other topics as determined necessary in the person's coordinated service and
 13.9 support plan by the case manager or other areas identified by the license holder.

13.10 Sec. 17. Minnesota Statutes 2013 Supplement, section 245D.09, subdivision 4a,
 13.11 is amended to read:

13.12 Subd. 4a. **Orientation to individual service recipient needs.** (a) Before having
 13.13 unsupervised direct contact with a person served by the program, or for whom the staff
 13.14 person has not previously provided direct support, or any time the plans or procedures
 13.15 identified in paragraphs (b) to ~~(f)~~ (e) are revised, the staff person must review and receive
 13.16 instruction on the requirements in paragraphs (b) to ~~(f)~~ (e) as they relate to the staff
 13.17 person's job functions for that person.

13.18 (b) For community residential services, training and competency evaluations must
 13.19 include the following, if identified in the coordinated service and support plan:

13.20 (1) appropriate and safe techniques in personal hygiene and grooming, including
 13.21 hair care; bathing; care of teeth, gums, and oral prosthetic devices; and other activities of
 13.22 daily living (ADLs) as defined under section 256B.0659, subdivision 1;

13.23 (2) an understanding of what constitutes a healthy diet according to data from the
 13.24 Centers for Disease Control and Prevention and the skills necessary to prepare that diet; and

13.25 (3) skills necessary to provide appropriate support in instrumental activities of daily
 13.26 living (IADLs) as defined under section 256B.0659, subdivision 1; and.

13.27 ~~(4) demonstrated competence in providing first aid.~~

13.28 (c) The staff person must review and receive instruction on the person's coordinated
 13.29 service and support plan or coordinated service and support plan addendum as it relates
 13.30 to the responsibilities assigned to the license holder, and when applicable, the person's
 13.31 individual abuse prevention plan, to achieve and demonstrate an understanding of the
 13.32 person as a unique individual, and how to implement those plans.

13.33 (d) The staff person must review and receive instruction on medication
 13.34 administration procedures established for the person when medication administration is
 13.35 assigned to the license holder according to section 245D.05, subdivision 1, paragraph

14.1 (b). Unlicensed staff may administer medications only after successful completion of a
 14.2 medication administration training, from a training curriculum developed by a registered
 14.3 nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse
 14.4 practitioner, physician's assistant, or physician. The training curriculum must incorporate
 14.5 an observed skill assessment conducted by the trainer to ensure staff demonstrate the
 14.6 ability to safely and correctly follow medication procedures.

14.7 Medication administration must be taught by a registered nurse, clinical nurse
 14.8 specialist, certified nurse practitioner, physician's assistant, or physician if, at the time of
 14.9 service initiation or any time thereafter, the person has or develops a health care condition
 14.10 that affects the service options available to the person because the condition requires:

- 14.11 (1) specialized or intensive medical or nursing supervision; and
 14.12 (2) nonmedical service providers to adapt their services to accommodate the health
 14.13 and safety needs of the person.

14.14 (e) The staff person must review and receive instruction on the safe and correct
 14.15 operation of medical equipment used by the person to sustain life, including but not
 14.16 limited to ventilators, feeding tubes, or endotracheal tubes. The training must be provided
 14.17 by a licensed health care professional or a manufacturer's representative and incorporate
 14.18 an observed skill assessment to ensure staff demonstrate the ability to safely and correctly
 14.19 operate the equipment according to the treatment orders and the manufacturer's instructions.

14.20 ~~(f) The staff person must review and receive instruction on what constitutes use of~~
 14.21 ~~restraints, time out, and seclusion, including chemical restraint, and staff responsibilities~~
 14.22 ~~related to the prohibitions of their use according to the requirements in section 245D.06,~~
 14.23 ~~subdivision 5, why such procedures are not effective for reducing or eliminating symptoms~~
 14.24 ~~or undesired behavior and why they are not safe, and the safe and correct use of manual~~
 14.25 ~~restraint on an emergency basis according to the requirements in section 245D.061.~~

14.26 ~~(g)~~ In the event of an emergency service initiation, the license holder must ensure
 14.27 the training required in this subdivision occurs within 72 hours of the direct support staff
 14.28 person first having unsupervised contact with the person receiving services. The license
 14.29 holder must document the reason for the unplanned or emergency service initiation and
 14.30 maintain the documentation in the person's service recipient record.

14.31 ~~(h)~~ (g) License holders who provide direct support services themselves must
 14.32 complete the orientation required in subdivision 4, clauses (3) to ~~(7)~~ (10).

14.33 Sec. 18. Minnesota Statutes 2013 Supplement, section 245D.09, subdivision 5, is
 14.34 amended to read:

15.1 Subd. 5. **Annual training.** A license holder must provide annual training to direct
 15.2 support staff on the topics identified in subdivision 4, clauses (3) to ~~(7)~~, and subdivision
 15.3 ~~4a~~ (10). A license holder must provide a minimum of 24 hours of annual training to
 15.4 direct service staff ~~with providing intensive services and having~~ fewer than five years
 15.5 of documented experience and 12 hours of annual training to direct service staff ~~with~~
 15.6 providing intensive services and having five or more years of documented experience in
 15.7 topics described in subdivisions 4 and 4a, paragraphs (a) to ~~(h)~~ (g). Training on relevant
 15.8 topics received from sources other than the license holder may count toward training
 15.9 requirements. A license holder must provide a minimum of 12 hours of annual training
 15.10 to direct service staff providing basic services and having fewer than five years of
 15.11 documented experience and six hours of annual training to direct service staff providing
 15.12 basic services and having five or more years of documented experience.

15.13 Sec. 19. Minnesota Statutes 2013 Supplement, section 245D.095, subdivision 3,
 15.14 is amended to read:

15.15 Subd. 3. **Service recipient record.** (a) The license holder must maintain a record of
 15.16 current services provided to each person on the premises where the services are provided
 15.17 or coordinated. When the services are provided in a licensed facility, the records must
 15.18 be maintained at the facility, otherwise the records must be maintained at the license
 15.19 holder's program office. The license holder must protect service recipient records against
 15.20 loss, tampering, or unauthorized disclosure according to the requirements in sections
 15.21 13.01 to 13.10 and 13.46.

15.22 (b) The license holder must maintain the following information for each person:

15.23 (1) an admission form signed by the person or the person's legal representative
 15.24 that includes:

15.25 (i) identifying information, including the person's name, date of birth, address,
 15.26 and telephone number; and

15.27 (ii) the name, address, and telephone number of the person's legal representative, if
 15.28 any, and a primary emergency contact, the case manager, and family members or others as
 15.29 identified by the person or case manager;

15.30 (2) service information, including service initiation information, verification of the
 15.31 person's eligibility for services, documentation verifying that services have been provided
 15.32 as identified in the coordinated service and support plan or coordinated service and support
 15.33 plan addendum according to paragraph (a), and date of admission or readmission;

16.1 (3) health information, including medical history, special dietary needs, and
16.2 allergies, and when the license holder is assigned responsibility for meeting the person's
16.3 health service needs according to section 245D.05:

16.4 (i) current orders for medication, treatments, or medical equipment and a signed
16.5 authorization from the person or the person's legal representative to administer or assist in
16.6 administering the medication or treatments, if applicable;

16.7 (ii) a signed statement authorizing the license holder to act in a medical emergency
16.8 when the person's legal representative, if any, cannot be reached or is delayed in arriving;

16.9 (iii) medication administration procedures;

16.10 (iv) a medication administration record documenting the implementation of the
16.11 medication administration procedures, and the medication administration record reviews,
16.12 including any agreements for administration of injectable medications by the license
16.13 holder according to the requirements in section 245D.05; and

16.14 (v) a medical appointment schedule when the license holder is assigned
16.15 responsibility for assisting with medical appointments;

16.16 (4) the person's current coordinated service and support plan or that portion of the
16.17 plan assigned to the license holder;

16.18 (5) copies of the ~~individual abuse prevention plan~~ and assessments as required under
16.19 section 245D.071, ~~subdivisions 2 and~~ subdivision 3;

16.20 (6) a record of other service providers serving the person when the person's
16.21 coordinated service and support plan or coordinated service and support plan addendum
16.22 identifies the need for coordination between the service providers, that includes a contact
16.23 person and telephone numbers, services being provided, and names of staff responsible for
16.24 coordination;

16.25 (7) documentation of orientation to service recipient rights according to section
16.26 245D.04, subdivision 1, and maltreatment reporting policies and procedures according to
16.27 section 245A.65, subdivision 1, paragraph (c);

16.28 (8) copies of authorizations to handle a person's funds, according to section 245D.06,
16.29 subdivision 4, paragraph (a);

16.30 (9) documentation of complaints received and grievance resolution;

16.31 (10) incident reports involving the person, required under section 245D.06,
16.32 subdivision 1;

16.33 (11) copies of written reports regarding the person's status when requested according
16.34 to section 245D.07, subdivision 3, progress review reports as required under section
16.35 245D.071, subdivision 5, progress or daily log notes that are recorded by the program,

17.1 and reports received from other agencies involved in providing services or care to the
17.2 person; and

17.3 (12) discharge summary, including service termination notice and related
17.4 documentation, when applicable.

17.5 Sec. 20. Minnesota Statutes 2013 Supplement, section 245D.22, subdivision 4, is
17.6 amended to read:

17.7 Subd. 4. **First aid must be available on site.** (a) A staff person trained in first
17.8 aid must be available on site and, when required in a person's coordinated service and
17.9 support plan or coordinated service and support plan addendum, be able to provide
17.10 cardiopulmonary resuscitation, whenever persons are present and staff are required to be
17.11 at the site to provide direct service. The CPR training must include ~~in-person~~ instruction,
17.12 hands-on practice, and an observed skills assessment under the direct supervision of a
17.13 CPR instructor.

17.14 (b) A facility must have first aid kits readily available for use by, and that meet
17.15 the needs of, persons receiving services and staff. At a minimum, the first aid kit must
17.16 be equipped with accessible first aid supplies including bandages, sterile compresses,
17.17 scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap,
17.18 adhesive tape, and first aid manual.

17.19 Sec. 21. Minnesota Statutes 2013 Supplement, section 245D.31, subdivision 3, is
17.20 amended to read:

17.21 Subd. 3. **Staff ratio requirement for each person receiving services.** The case
17.22 manager, in consultation with the interdisciplinary team, must determine at least once each
17.23 year which of the ratios in subdivisions 4, 5, and 6 is appropriate for each person receiving
17.24 services on the basis of the characteristics described in subdivisions 4, 5, and 6. The ratio
17.25 assigned each person and the documentation of how the ratio was arrived at must be kept
17.26 in each person's individual service plan. Documentation must include an assessment of the
17.27 person with respect to the characteristics in subdivisions 4, 5, and 6 ~~recorded on a standard~~
17.28 ~~assessment form required by the commissioner.~~

17.29 Sec. 22. Minnesota Statutes 2013 Supplement, section 245D.31, subdivision 4, is
17.30 amended to read:

17.31 Subd. 4. **Person requiring staff ratio of one to four.** A person must be assigned a
17.32 staff ratio requirement of one to four if:

18.1 (1) on a daily basis the person requires total care and monitoring or constant
18.2 hand-over-hand physical guidance to successfully complete at least three of the following
18.3 activities: toileting, communicating basic needs, eating, ambulating; ~~or is not capable of~~
18.4 ~~taking appropriate action for self-preservation under emergency conditions; or~~

18.5 (2) the person engages in conduct that poses an imminent risk of physical harm to
18.6 self or others at a documented level of frequency, intensity, or duration requiring frequent
18.7 daily ongoing intervention and monitoring as established in the person's coordinated
18.8 service and support plan or coordinated service and support plan addendum.

18.9 Sec. 23. Minnesota Statutes 2013 Supplement, section 245D.31, subdivision 5, is
18.10 amended to read:

18.11 Subd. 5. **Person requiring staff ratio of one to eight.** A person must be assigned a
18.12 staff ratio requirement of one to eight if:

18.13 (1) the person does not meet the requirements in subdivision 4; and

18.14 (2) on a daily basis the person requires verbal prompts or spot checks and minimal
18.15 or no physical assistance to successfully complete at least ~~four~~ three of the following
18.16 activities: toileting, communicating basic needs, eating, or ambulating, ~~or taking~~
18.17 ~~appropriate action for self-preservation under emergency conditions.~~

18.18 Sec. 24. **REPEALER.**

18.19 Minnesota Statutes 2013 Supplement, section 245D.071, subdivision 2, is repealed.

245D.071 SERVICE PLANNING AND DELIVERY; INTENSIVE SUPPORT SERVICES.

Subd. 2. **Abuse prevention.** Prior to or upon initiating services, the license holder must develop, document, and implement an abuse prevention plan according to section 245A.65, subdivision 2.