

SENATE  
STATE OF MINNESOTA  
EIGHTY-NINTH SESSION

S.F. No. 1708

(SENATE AUTHORS: SHERAN)

DATE	D-PG	OFFICIAL STATUS
03/12/2015	782	Introduction and first reading Referred to Health, Human Services and Housing
03/18/2015		Comm report: To pass as amended Second reading

1.1 A bill for an act  
1.2 relating to human services; providing for human services policy modifications  
1.3 relating to the community first services and supports program; amending  
1.4 Minnesota Statutes 2014, section 256B.85.

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

1.6 Section 1. Minnesota Statutes 2014, section 256B.85, is amended to read:

1.7 **256B.85 COMMUNITY FIRST SERVICES AND SUPPORTS.**

1.8 Subdivision 1. **Basis and scope.** (a) Upon federal approval, the commissioner  
1.9 shall establish a ~~medical assistance~~ state plan option for the provision of home and  
1.10 community-based personal assistance service and supports called "community first  
1.11 services and supports (CFSS)."

1.12 (b) CFSS is a participant-controlled method of selecting and providing services  
1.13 and supports that allows the participant maximum control of the services and supports.  
1.14 Participants may choose the degree to which they direct and manage their supports by  
1.15 choosing to have a significant and meaningful role in the management of services and  
1.16 supports including by directly employing support workers with the necessary supports  
1.17 to perform that function.

1.18 (c) CFSS is available statewide to eligible ~~individuals~~ people to assist with  
1.19 accomplishing activities of daily living (ADLs), instrumental activities of daily living  
1.20 (IADLs), and health-related procedures and tasks through hands-on assistance to  
1.21 accomplish the task or constant supervision and cueing to accomplish the task; and to  
1.22 assist with acquiring, maintaining, and enhancing the skills necessary to accomplish  
1.23 ADLs, IADLs, and health-related procedures and tasks. CFSS allows payment for certain

supports and goods such as environmental modifications and technology that are intended to replace or decrease the need for human assistance.

(d) Upon federal approval, CFSS will replace the personal care assistance program under sections 256.476, 256B.0625, subdivisions 19a and 19c, and 256B.0659.

Subd. 2. **Definitions.** (a) For the purposes of this section, the terms defined in this subdivision have the meanings given.

(b) "Activities of daily living" or "ADLs" means eating, toileting, grooming, dressing, bathing, mobility, positioning, and transferring.

(c) "Agency-provider model" means a method of CFSS under which a qualified agency provides services and supports through the agency's own employees and policies. The agency must allow the participant to have a significant role in the selection and dismissal of support workers of their choice for the delivery of their specific services and supports.

(d) "Behavior" means a description of a need for services and supports used to determine the home care rating and additional service units. The presence of Level I behavior is used to determine the home care rating. ~~"Level I behavior" means physical aggression towards self or others or destruction of property that requires the immediate response of another person. If qualified for a home care rating as described in subdivision 8, additional service units can be added as described in subdivision 8, paragraph (f), for the following behaviors:~~

~~(1) Level I behavior;~~

~~(2) increased vulnerability due to cognitive deficits or socially inappropriate behavior; or~~

~~(3) increased need for assistance for participants who are verbally aggressive or resistive to care so that time needed to perform activities of daily living is increased.~~

(e) "Budget model" means a service delivery method of CFSS that allows the use of a service budget and assistance from a financial management services (FMS) ~~contractor~~ provider for a participant to directly employ support workers and purchase supports and goods.

(f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that has been ordered by a physician, and is specified in a community services and support plan, including:

(1) tube feedings requiring:

(i) a gastrojejunostomy tube; or

(ii) continuous tube feeding lasting longer than 12 hours per day;

(2) wounds described as:

- 3.1 (i) stage III or stage IV;
- 3.2 (ii) multiple wounds;
- 3.3 (iii) requiring sterile or clean dressing changes or a wound vac; or
- 3.4 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require
- 3.5 specialized care;
- 3.6 (3) parenteral therapy described as:
  - 3.7 (i) IV therapy more than two times per week lasting longer than four hours for
  - 3.8 each treatment; or
  - 3.9 (ii) total parenteral nutrition (TPN) daily;
- 3.10 (4) respiratory interventions, including:
  - 3.11 (i) oxygen required more than eight hours per day;
  - 3.12 (ii) respiratory vest more than one time per day;
  - 3.13 (iii) bronchial drainage treatments more than two times per day;
  - 3.14 (iv) sterile or clean suctioning more than six times per day;
  - 3.15 (v) dependence on another to apply respiratory ventilation augmentation devices
  - 3.16 such as BiPAP and CPAP; and
  - 3.17 (vi) ventilator dependence under section ~~256B.0652~~ 256B.0651;
- 3.18 (5) insertion and maintenance of catheter, including:
  - 3.19 (i) sterile catheter changes more than one time per month;
  - 3.20 (ii) clean intermittent catheterization, and including self-catheterization more than
  - 3.21 six times per day; or
  - 3.22 (iii) bladder irrigations;
- 3.23 (6) bowel program more than two times per week requiring more than 30 minutes to
- 3.24 perform each time;
- 3.25 (7) neurological intervention, including:
  - 3.26 (i) seizures more than two times per week and requiring significant physical
  - 3.27 assistance to maintain safety; or
  - 3.28 (ii) swallowing disorders diagnosed by a physician and requiring specialized
  - 3.29 assistance from another on a daily basis; and
- 3.30 (8) other congenital or acquired diseases creating a need for significantly increased
- 3.31 direct hands-on assistance and interventions in six to eight activities of daily living.
- 3.32 (g) "Community first services and supports" or "CFSS" means the assistance and
- 3.33 supports program under this section needed for accomplishing activities of daily living,
- 3.34 instrumental activities of daily living, and health-related tasks through hands-on assistance
- 3.35 to accomplish the task or constant supervision and cueing to accomplish the task, or

the purchase of goods as defined in subdivision 7, clause (3), that replace the need for human assistance.

(h) "Community first services and supports service delivery plan" or "CFSS service delivery plan" means a written document detailing the services and supports chosen by the participant to meet assessed needs that are within the approved CFSS service authorization amount, as determined in subdivision 8. Services and supports are based on the ~~community support plan identified in section 256B.0911 and~~ coordinated services and support plan and budget identified in section 256B.0915, subdivision 6, ~~if applicable, that is determined by the participant to meet the assessed needs, using a person-centered planning process.~~

(i) "Consultation services" means a Minnesota health care program enrolled provider organization that ~~is under contract with the department and has the knowledge, skills, and ability to assist CFSS participants in using either the agency-provider model under subdivision 11 or the budget model under subdivision 13.~~ provides assistance to the participant in making informed choices about CFSS services in general and self-directed tasks in particular, and in developing a person-centered CFSS service delivery plan to achieve quality service outcomes.

(j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

(k) "Dependency" in activities of daily living means a person requires hands-on assistance or constant supervision and cueing to accomplish one or more of the activities of daily living every day or on the days during the week that the activity is performed; however, a child may not be found to be dependent in an activity of daily living if, because of the child's age, an adult would either perform the activity for the child or assist the child with the activity and the assistance needed is the assistance appropriate for a typical child of the same age.

(l) "Extended CFSS" means CFSS services and supports provided under CFSS that are included in a the CFSS service delivery plan through one of the home and community-based services waivers and as approved and authorized under sections 256B.0915; 256B.092, subdivision 5; and 256B.49, which exceed the amount, duration, and frequency of the state plan CFSS services for participants.

(m) "Financial management services ~~contractor or vendor~~ provider" or "FMS ~~contractor provider~~" means a qualified organization required for participants using the budget model under subdivision 13 that ~~has a written contract~~ is an enrolled provider with the department to provide vendor fiscal/employer agent financial management services (FMS). ~~Services include but are not limited to: filing and payment of federal and state payroll taxes on behalf of the participant; initiating criminal background checks; billing~~

~~for approved CFSS services with authorized funds; monitoring expenditures; accounting for and disbursing CFSS funds; providing assistance in obtaining and filing for liability, workers' compensation, and unemployment coverage; and providing participant instruction and technical assistance to the participant in fulfilling employer-related requirements in accordance with Section 3504 of the Internal Revenue Code and related regulations and interpretations, including Code of Federal Regulations, title 26, section 31.3504-1.~~

(n) "Health-related procedures and tasks" means procedures and tasks related to the specific assessed health needs of an individual a participant that can be taught or assigned by a state-licensed health care or mental health professional and performed by a support worker.

(o) "Instrumental activities of daily living" means activities related to living independently in the community, including but not limited to: meal planning, preparation, and cooking; shopping for food, clothing, or other essential items; laundry; housecleaning; assistance with medications; managing finances; communicating needs and preferences during activities; arranging supports; and assistance with traveling around and participating in the community.

(p) "Lead agency" has the meaning given in section 256B.0911, subdivision 1a, paragraph (e).

~~(p)~~ (q) "Legal representative" means parent of a minor, a court-appointed guardian, or another representative with legal authority to make decisions about services and supports for the participant. Other representatives with legal authority to make decisions include but are not limited to a health care agent or an attorney-in-fact authorized through a health care directive or power of attorney.

(r) "Level I behavior" means physical aggression towards self or others or destruction of property that requires the immediate response of another person.

~~(q)~~ (s) "Medication assistance" means providing verbal or visual reminders to take regularly scheduled medication, and includes any of the following supports listed in clauses (1) to (3) and other types of assistance, except that a support worker may not determine medication dose or time for medication or inject medications into veins, muscles, or skin:

(1) under the direction of the participant or the participant's representative, bringing medications to the participant including medications given through a nebulizer, opening a container of previously set-up medications, emptying the container into the participant's hand, opening and giving the medication in the original container to the participant, or bringing to the participant liquids or food to accompany the medication;

(2) organizing medications as directed by the participant or the participant's representative; and

(3) providing verbal or visual reminders to perform regularly scheduled medications.

(t) "Participant" means a person who is eligible for CFSS.

~~(t)~~ (u) "Participant's representative" means a parent, family member, advocate, or other adult authorized by the participant or participant's legal representative, if any, to serve as a representative in connection with the provision of CFSS as described in subdivision 20b. This authorization must be in writing or by another method that clearly indicates the participant's free choice and may be withdrawn at any time. The participant's representative must have no financial interest in the provision of any services included in the participant's CFSS service delivery plan and must be capable of providing the support necessary to assist the participant in the use of CFSS. If through the assessment process described in subdivision 5 a participant is determined to be in need of a participant's representative, one must be selected. If the participant is unable to assist in the selection of a participant's representative, the legal representative shall appoint one. Two persons may be designated as a participant's representative for reasons such as divided households and court-ordered custodies. Duties of a participant's representatives may include:

(1) being available while services are provided in a method agreed upon by the participant or the participant's legal representative and documented in the participant's CFSS service delivery plan;

(2) monitoring CFSS services to ensure the participant's CFSS service delivery plan is being followed; and

(3) reviewing and signing CFSS time sheets after services are provided to provide verification of the CFSS services.

~~(s)~~ (v) "Person-centered planning process" means a process that is directed by the participant to plan for CFSS services and supports. The person-centered planning process must:

~~(1) include people chosen by the participant;~~

~~(2) provide necessary information and support to ensure that the participant directs the process to the maximum extent possible, and is enabled to make informed choices and decisions;~~

~~(3) be timely and occur at time and locations of convenience to the participant;~~

~~(4) reflect cultural considerations of the participant;~~

~~(5) include strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning;~~

~~(6) provide the participant choices of the services and supports they receive and the staff providing those services and supports;~~

~~(7) include a method for the participant to request updates to the plan; and~~

~~(8) record the alternative home and community-based settings that were considered by the participant.~~

(w) "Service budget" means the authorized dollar amount used for the budget model or for the purchase of goods.

~~(t)~~ (x) "Shared services" means the provision of CFSS services by the same CFSS support worker to two or three participants who voluntarily enter into an agreement to receive services at the same time and in the same setting by the same employer.

~~(u)~~ (y) "Support worker" means a qualified and trained employee of the agency-provider as required by subdivision 11b or of the participant employer under the budget model as required by subdivision 14 who has direct contact with the participant and provides services as specified within the participant's CFSS service delivery plan.

(z) "Unit" means the increment of service based on hours or minutes identified in the service agreement.

(aa) "Vendor fiscal employer agent" means an agency that provides financial management services.

~~(v)~~ (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation, mileage reimbursement, health and dental insurance, life insurance, disability insurance, long-term care insurance, uniform allowance, contributions to employee retirement accounts, or other forms of employee compensation and benefits.

~~(w)~~ (cc) "Worker training and development" means services provided according to subdivision 18a for developing workers' skills as required by the participant's individual CFSS service delivery plan that are arranged for or provided by the agency-provider or purchased by the participant employer. These services include training, education, direct observation and supervision, and evaluation and coaching of job skills and tasks, including supervision of health-related tasks or behavioral supports.

Subd. 3. **Eligibility.** (a) CFSS is available to a person who meets one of the following:

(1) is an enrollee of medical assistance as determined under section 256B.055, 256B.056, or 256B.057, subdivisions 5 and 9;

(2) is a participant in the alternative care program under section 256B.0913;

(3) is a waiver participant as defined under section 256B.0915, 256B.092, 256B.093, or 256B.49; or

(4) has medical services identified in a ~~participant's~~ person's individualized education program and is eligible for services as determined in section 256B.0625, subdivision 26.

(b) In addition to meeting the eligibility criteria in paragraph (a), a person must also meet all of the following:

(1) require assistance and be determined dependent in one activity of daily living or Level I behavior based on assessment under section 256B.0911; and

(2) is not a participant under a family support grant under section 252.32.

Subd. 4. **Eligibility for other services.** Selection of CFSS by a participant must not restrict access to other medically necessary care and services furnished under the state plan ~~medical assistance~~ benefit or other services available through alternative care.

Subd. 5. **Assessment requirements.** (a) The assessment of functional need must:

(1) be conducted by a certified assessor according to the criteria established in section 256B.0911, subdivision 3a;

(2) be conducted face-to-face, initially and at least annually thereafter, or when there is a significant change in the participant's condition or a change in the need for services and supports, or at the request of the participant when the participant experiences a change in condition or needs a change in the services or supports; and

(3) be completed using the format established by the commissioner.

(b) The results of the assessment and any recommendations and authorizations for CFSS must be determined and communicated in writing by the lead agency's certified assessor as defined in section 256B.0911 to the participant and the agency-provider or FMS ~~contractor~~ provider chosen by the participant within 40 calendar days and must include the participant's right to appeal under section 256.045, subdivision 3.

(c) The lead agency assessor may authorize a temporary authorization for CFSS services to be provided under the agency-provider model. Authorization for a temporary level of CFSS services under the agency-provider model is limited to the time specified by the commissioner, but shall not exceed 45 days. The level of services authorized under this paragraph shall have no bearing on a future authorization. Participants approved for a temporary authorization shall access the consultation service to complete their orientation and selection of a service model.

Subd. 6. **Community first services and ~~support~~ supports service delivery plan.** (a) The CFSS service delivery plan must be developed and evaluated through a person-centered planning process by the participant, or the participant's representative or legal representative who may be assisted by a consultation services provider. The CFSS service delivery plan must reflect the services and supports that are important to the participant and for the participant to meet the needs assessed by the certified assessor and identified in the ~~community support plan under section 256B.0911, subdivision 3, or~~ the coordinated services and support plan identified in section 256B.0915, subdivision 6;



9.1 ~~if applicable.~~ The CFSS service delivery plan must be reviewed by the participant, the  
9.2 consultation services provider, and the agency-provider or FMS ~~contractor~~ provider prior  
9.3 to starting services and at least annually upon reassessment, or when there is a significant  
9.4 change in the participant's condition, or a change in the need for services and supports.

9.5 (b) The commissioner shall establish the format and criteria for the CFSS service  
9.6 delivery plan.

9.7 (c) The CFSS service delivery plan must be person-centered and:

9.8 (1) specify the consultation services provider, agency-provider, or FMS ~~contractor~~  
9.9 provider selected by the participant;

9.10 (2) reflect the setting in which the participant resides that is chosen by the participant;

9.11 (3) reflect the participant's strengths and preferences;

9.12 (4) include the ~~means~~ methods and supports used to address the ~~clinical and support~~  
9.13 needs as identified through an assessment of functional needs;

9.14 (5) include ~~individually~~ the participant's identified goals and desired outcomes;

9.15 (6) reflect the services and supports, paid and unpaid, that will assist the participant  
9.16 to achieve identified goals, including the costs of the services and supports, and the  
9.17 providers of those services and supports, including natural supports;

9.18 (7) identify the amount and frequency of face-to-face supports and amount and  
9.19 frequency of remote supports and technology that will be used;

9.20 (8) identify risk factors and measures in place to minimize them, including  
9.21 individualized backup plans;

9.22 (9) be understandable to the participant and the individuals providing support;

9.23 (10) identify the individual or entity responsible for monitoring the plan;

9.24 (11) be finalized and agreed to in writing by the participant and signed by all  
9.25 individuals and providers responsible for its implementation;

9.26 (12) be distributed to the participant and other people involved in the plan;

9.27 (13) prevent the provision of unnecessary or inappropriate care;

9.28 (14) include a detailed budget for expenditures for budget model participants or  
9.29 participants under the agency-provider model if purchasing goods; and

9.30 (15) include a plan for worker training and development provided according to  
9.31 subdivision 18a detailing what service components will be used, when the service  
9.32 components will be used, how they will be provided, and how these service components  
9.33 relate to the participant's individual needs and CFSS support worker services.

9.34 (d) The total units of agency-provider services or the service budget amount for  
9.35 the budget model include both annual totals and a monthly average amount that cover  
9.36 the number of months of the service ~~authorization~~ agreement. The amount used each

10.1 month may vary, but additional funds must not be provided above the annual service  
 10.2 authorization amount, determined according to subdivision 8, unless a change in condition  
 10.3 is assessed and authorized by the certified assessor and documented in the ~~community~~  
 10.4 ~~support plan~~, coordinated services and supports plan; and CFSS service delivery plan.

10.5 (e) In assisting with the development or modification of the CFSS service delivery  
 10.6 plan during the authorization time period, the consultation services provider shall:

10.7 (1) consult with the FMS ~~contractor~~ provider on the spending budget when  
 10.8 applicable; and

10.9 (2) consult with the participant or participant's representative, agency-provider, and  
 10.10 case manager/care coordinator.

10.11 (f) The CFSS service delivery plan must be approved by the consultation services  
 10.12 provider for participants without a case ~~manager/care~~ manager or care coordinator who is  
 10.13 responsible for authorizing services. A case ~~manager/care~~ manager or care coordinator  
 10.14 must approve the plan for a waiver or alternative care program participant.

10.15 Subd. 6a. Person-centered planning process. The person-centered planning  
 10.16 process must:

10.17 (1) include people chosen by the participant;

10.18 (2) provide necessary information and support to ensure that the participant directs  
 10.19 the process to the maximum extent possible, and is enabled to make informed choices  
 10.20 and decisions;

10.21 (3) be timely and occur at times and locations convenient to the participant;

10.22 (4) reflect cultural considerations of the participant;

10.23 (5) include within the process strategies for solving conflict or disagreement,  
 10.24 including clear conflict-of-interest guidelines as identified in Code of Federal Regulations,  
 10.25 title 42, section 441.500, for all planning;

10.26 (6) provide the participant choices of the services and supports the participant  
 10.27 receives and the staff providing those services and supports;

10.28 (7) include a method for the participant to request updates to the plan; and

10.29 (8) record the alternative home and community-based settings that were considered  
 10.30 by the participant.

10.31 Subd. 7. Community first services and supports; covered services. ~~Within the~~  
 10.32 ~~service unit authorization or service budget amount,~~ Services and supports covered under  
 10.33 CFSS include:

10.34 (1) assistance to accomplish activities of daily living (ADLs), instrumental activities  
 10.35 of daily living (IADLs), and health-related procedures and tasks through hands-on  
 10.36 assistance to accomplish the task or constant supervision and cueing to accomplish the task;

(2) assistance to acquire, maintain, or enhance the skills necessary for the participant to accomplish activities of daily living, instrumental activities of daily living, or health-related tasks;

(3) expenditures for items, services, supports, environmental modifications, or goods, including assistive technology. These expenditures must:

(i) relate to a need identified in a participant's CFSS service delivery plan; and  
(ii) increase independence or substitute for human assistance to the extent that expenditures would otherwise be made for human assistance for the participant's assessed needs;

(4) observation and redirection for behavior or symptoms where there is a need for assistance. ~~An assessment of behaviors must meet the criteria in this clause. A participant qualifies as having a need for assistance due to behaviors if the participant's behavior requires assistance at least four times per week and shows one or more of the following behaviors:~~

~~(i) physical aggression towards self or others, or destruction of property that requires the immediate response of another person;~~

~~(ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior; or~~

~~(iii) increased need for assistance for participants who are verbally aggressive or resistive to care so that time needed to perform activities of daily living is increased;~~

(5) back-up systems or mechanisms, such as the use of pagers or other electronic devices, to ensure continuity of the participant's services and supports;

(6) services provided by a consultation services provider as defined under subdivision 17, that is under contract with the department and enrolled as a Minnesota health care program provider ~~as defined under subdivision 17;~~

(7) services provided by an FMS ~~contractor under contract~~ provider as defined under subdivision 13a, that is an enrolled provider with the department ~~as defined under subdivision 13;~~

(8) CFSS services provided by a ~~qualified~~ support worker who is a parent, stepparent, or legal guardian of a participant under age 18, or who is the participant's spouse. These support workers shall not provide any medical assistance home and community-based services in excess of 40 hours per seven-day period regardless of the number of parents providing services, combination of parents and spouses providing services, or number of children who receive medical assistance services; and

(9) worker training and development services ~~as defined in subdivision 2, paragraph (w), and~~ described in subdivision 18a.

- 12.1 Subd. 8. **Determination of CFSS service methodology authorization amount.** (a)
- 12.2 All community first services and supports must be authorized by the commissioner or the
- 12.3 commissioner's designee before services begin, ~~except for the assessments established in~~
- 12.4 ~~section 256B.0911.~~ The authorization for CFSS must be completed as soon as possible
- 12.5 following an assessment but no later than 40 calendar days from the date of the assessment.
- 12.6 (b) The amount of CFSS authorized must be based on the participant's home care
- 12.7 rating described in paragraphs (d) and (e) and any additional service units for which the
- 12.8 participant qualifies as described in paragraph (f).
- 12.9 (c) The home care rating shall be determined by the commissioner or the
- 12.10 commissioner's designee based on information submitted to the commissioner identifying
- 12.11 the following for a participant:
- 12.12 (1) the total number of dependencies of activities of daily living ~~as defined in~~
- 12.13 ~~subdivision 2, paragraph (b);~~
- 12.14 (2) the presence of complex health-related needs ~~as defined in subdivision 2,~~
- 12.15 ~~paragraph (f); and~~
- 12.16 (3) the presence of Level I behavior ~~as defined in subdivision 2, paragraph (d).~~
- 12.17 (d) The methodology to determine the total service units for CFSS for each home
- 12.18 care rating is based on the median paid units per day for each home care rating from
- 12.19 fiscal year 2007 data for the PCA program.
- 12.20 (e) Each home care rating is designated by the letters P through Z and EN and has
- 12.21 the following base number of service units assigned:
- 12.22 (1) P home care rating requires Level I behavior or one to three dependencies in
- 12.23 ADLs and qualifies ~~one~~ the person for five service units;
- 12.24 (2) Q home care rating requires Level I behavior and one to three dependencies in
- 12.25 ADLs and qualifies ~~one~~ the person for six service units;
- 12.26 (3) R home care rating requires a complex health-related need and one to three
- 12.27 dependencies in ADLs and qualifies ~~one~~ the person for seven service units;
- 12.28 (4) S home care rating requires four to six dependencies in ADLs and qualifies ~~one~~
- 12.29 the person for ten service units;
- 12.30 (5) T home care rating requires four to six dependencies in ADLs and Level I
- 12.31 behavior and qualifies ~~one~~ the person for 11 service units;
- 12.32 (6) U home care rating requires four to six dependencies in ADLs and a complex
- 12.33 health-related need and qualifies ~~one~~ the person for 14 service units;
- 12.34 (7) V home care rating requires seven to eight dependencies in ADLs and qualifies
- 12.35 ~~one~~ the person for 17 service units;

13.1 (8) W home care rating requires seven to eight dependencies in ADLs and Level I  
 13.2 behavior and qualifies ~~one the person~~ the person for 20 service units;

13.3 (9) Z home care rating requires seven to eight dependencies in ADLs and a complex  
 13.4 health-related need and qualifies ~~one the person~~ the person for 30 service units; and

13.5 (10) EN home care rating includes ventilator dependency as defined in section  
 13.6 256B.0651, subdivision 1, paragraph (g). ~~Participants~~ A person who ~~meet~~ meets the  
 13.7 definition of ventilator-dependent and the EN home care rating and utilize a combination  
 13.8 of CFSS and ~~other~~ home care nursing services ~~are~~ is limited to a total of 96 service units  
 13.9 per day for those services in combination. Additional units may be authorized when  
 13.10 a ~~participant's~~ person's assessment indicates a need for two staff to perform activities.  
 13.11 Additional time is limited to 16 service units per day.

13.12 (f) Additional service units are provided through the assessment and identification of  
 13.13 the following:

13.14 (1) 30 additional minutes per day for a dependency in each critical activity of daily  
 13.15 living ~~as defined in subdivision 2, paragraph (j);~~

13.16 (2) 30 additional minutes per day for each complex health-related ~~function as defined~~  
 13.17 ~~in subdivision 2, paragraph (f) need;~~ and

13.18 (3) 30 additional minutes per day ~~for each behavior issue as defined in subdivision~~  
 13.19 ~~2, paragraph (d).~~ when the behavior requires assistance at least four times per week for  
 13.20 one or more of the following behaviors:

13.21 (i) level I behavior;

13.22 (ii) increased vulnerability due to cognitive deficits or socially inappropriate  
 13.23 behavior; or

13.24 (iii) increased need for assistance for participants who are verbally aggressive or  
 13.25 resistive to care so that the time needed to perform activities of daily living is increased.

13.26 (g) The service budget for budget model participants shall be based on:

13.27 (1) assessed units as determined by the home care rating; and

13.28 (2) an adjustment needed for administrative expenses.

13.29 Subd. 9. **Noncovered services.** (a) Services or supports that are not eligible for  
 13.30 payment under this section include those that:

13.31 (1) are not authorized by the certified assessor or included in the ~~written~~ CFSS  
 13.32 service delivery plan;

13.33 (2) are provided prior to the authorization of services and the approval of the ~~written~~  
 13.34 CFSS service delivery plan;

13.35 (3) are duplicative of other paid services in the ~~written~~ CFSS service delivery plan;

(4) supplant natural unpaid supports that appropriately meet a need in the CFSS service delivery plan, are provided voluntarily to the participant, and are selected by the participant in lieu of other services and supports;

(5) are not effective means to meet the participant's needs; and

(6) are available through other funding sources, including, but not limited to, funding through title IV-E of the Social Security Act.

(b) Additional services, goods, or supports that are not covered include:

(1) those that are not for the direct benefit of the participant, except that services for caregivers such as training to improve the ability to provide CFSS are considered to directly benefit the participant if chosen by the participant and approved in the support plan;

(2) any fees incurred by the participant, such as Minnesota health care programs fees and co-pays, legal fees, or costs related to advocate agencies;

(3) insurance, except for insurance costs related to employee coverage;

(4) room and board costs for the participant;

(5) services, supports, or goods that are not related to the assessed needs;

(6) special education and related services provided under the Individuals with Disabilities Education Act and vocational rehabilitation services provided under the Rehabilitation Act of 1973;

(7) assistive technology devices and assistive technology services other than those for back-up systems or mechanisms to ensure continuity of service and supports listed in subdivision 7;

(8) medical supplies and equipment covered under medical assistance;

(9) environmental modifications, except as specified in subdivision 7;

(10) expenses for travel, lodging, or meals related to training the participant or the participant's representative or legal representative;

(11) experimental treatments;

(12) any service or good covered by other ~~medical assistance~~ state plan services, including prescription and over-the-counter medications, compounds, and solutions and related fees, including premiums and co-payments;

(13) membership dues or costs, except when the service is necessary and appropriate to treat a health condition or to improve or maintain the participant's health condition. The condition must be identified in the participant's CFSS service delivery plan and monitored by a Minnesota health care program enrolled physician;

(14) vacation expenses other than the cost of direct services;

(15) vehicle maintenance or modifications not related to the disability, health condition, or physical need;

- 15.1 (16) tickets and related costs to attend sporting or other recreational or entertainment
- 15.2 events;
- 15.3 (17) services provided and billed by a provider who is not an enrolled CFSS provider;
- 15.4 (18) CFSS provided by a participant's representative or paid legal guardian;
- 15.5 (19) services that are used solely as a child care or babysitting service;
- 15.6 (20) services that are the responsibility or in the daily rate of a residential or program
- 15.7 license holder under the terms of a service agreement and administrative rules;
- 15.8 (21) sterile procedures;
- 15.9 (22) giving of injections into veins, muscles, or skin;
- 15.10 (23) homemaker services that are not an integral part of the assessed CFSS service;
- 15.11 (24) home maintenance or chore services;
- 15.12 (25) home care services, including hospice services if elected by the participant,
- 15.13 covered by Medicare or any other insurance held by the participant;
- 15.14 (26) services to other members of the participant's household;
- 15.15 (27) services not specified as covered under medical assistance as CFSS;
- 15.16 (28) application of restraints or implementation of deprivation procedures;
- 15.17 (29) assessments by CFSS provider organizations or by independently enrolled
- 15.18 registered nurses;
- 15.19 (30) services provided in lieu of legally required staffing in a residential or child
- 15.20 care setting; and
- 15.21 (31) services provided by the residential or program license holder in a residence
- 15.22 for more than four ~~persons~~ participants.

15.23 Subd. 10. **Agency-provider and FMS ~~contractor~~ provider qualifications;**

15.24 **~~general requirements, and duties.~~** (a) Agency-providers ~~delivering services under the~~

15.25 ~~agency-provider model under identified in~~ subdivision 11 ~~or and~~ FMS contractors ~~under~~

15.26 ~~providers identified in~~ subdivision ~~13~~ 13a shall:

- 15.27 (1) enroll as a medical assistance Minnesota health care programs provider and meet
- 15.28 all applicable provider standards and requirements;
- 15.29 (2) demonstrate compliance with federal and state laws and policies for CFSS as
- 15.30 determined by the commissioner;
- 15.31 (3) comply with background study requirements under chapter 245C and maintain
- 15.32 documentation of background study requests and results;
- 15.33 (4) verify and maintain records of all services and expenditures by the participant,
- 15.34 including hours worked by support workers;

(5) not engage in any agency-initiated direct contact or marketing in person, by telephone, or other electronic means to potential participants, guardians, family members, or participants' representatives;

(6) directly provide services and not use a subcontractor or reporting agent;

(7) meet the financial requirements established by the commissioner for financial solvency;

(8) have never had a lead agency contract or provider agreement discontinued due to fraud, or have never had an owner, board member, or manager fail a state or FBI-based criminal background check while enrolled or seeking enrollment as a Minnesota health care programs provider; and

~~(9) have established business practices that include written policies and procedures, internal controls, and a system that demonstrates the organization's ability to deliver quality CFSS; and~~

~~(10)~~ (9) have an office located in Minnesota.

(b) In conducting general duties, agency-providers and FMS ~~contractors~~ providers shall:

(1) pay support workers based upon actual hours of services provided;

(2) pay for worker training and development services based upon actual hours of services provided or the unit cost of the training session purchased;

(3) withhold and pay all applicable federal and state payroll taxes;

(4) make arrangements and pay unemployment insurance, taxes, workers' compensation, liability insurance, and other benefits, if any;

(5) enter into a written agreement with the participant, participant's representative, or legal representative that assigns roles and responsibilities to be performed before services, supports, or goods are provided ~~using a format established by the commissioner;~~

(6) report maltreatment as required under sections 626.556 and 626.557; and

~~(7) provide the participant with a copy of the service-related rights under subdivision 20 at the start of services and supports; and~~

~~(8)~~ (7) comply with any data requests from the department consistent with the Minnesota Government Data Practices Act under chapter 13.

Subd. 11. **Agency-provider model.** (a) The agency-provider model includes services provided by support workers and staff providing worker training and development services who are employed by an agency-provider that ~~is licensed according to chapter 245A or meets other~~ the criteria established by the commissioner, including required training.



(b) The agency-provider shall allow the participant to have a significant role in the selection and dismissal of the support workers for the delivery of the services and supports specified in the participant's CFSS service delivery plan.

(c) A participant may use authorized units of CFSS services as needed within a service ~~authorization~~ agreement that is not greater than 12 months. Using authorized units in a flexible manner in either the agency-provider model or the budget model does not increase the total amount of services and supports authorized for a participant or included in the participant's CFSS service delivery plan.

(d) A participant may share CFSS services. Two or three CFSS participants may share services at the same time provided by the same support worker.

(e) The agency-provider must use a minimum of 72.5 percent of the revenue generated by the medical assistance payment for CFSS for support worker wages and benefits. The agency-provider must document how this requirement is being met. The revenue generated by the worker training and development services and the reasonable costs associated with the worker training and development services must not be used in making this calculation.

(f) The agency-provider model must be used by individuals who ~~have been~~ are restricted by the Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to 9505.2245.

(g) Participants purchasing goods under this model, along with support worker services, must:

(1) specify the goods in the CFSS service delivery plan and detailed budget for expenditures that must be approved by the consultation services provider ~~or the~~ case manager/care manager, or care coordinator; and

(2) use the FMS ~~contractor~~ provider for the billing and payment of such goods.

**Subd. 11a. Agency-provider model; evaluation of CFSS services.** (a) The agency-provider is responsible to work with the participant and the participant's representative, if any, in the evaluation of the CFSS goals and CFSS service delivery plan. The agency-provider must complete an evaluation of CFSS services within 90 days of service initiation and at least quarterly thereafter. Quarterly evaluations during the first year must be completed in person. Following the first year of service, at least one quarterly evaluation each year must be completed in person. An in-person evaluation must also be completed within 30 calendar days of the discovery or receipt of information of any changes in the participant's condition for which CFSS is provided.

(b) Each CFSS evaluation required in paragraph (a) must evaluate and document the required elements in clauses (1) to (5):

18.1 (1) whether the CFSS service delivery plan accurately identifies the participant's  
18.2 current service needs;

18.3 (2) whether services are supporting accomplishment of the goals identified in the  
18.4 CFSS service delivery plan;

18.5 (3) whether workers are competent in providing services identified in the CFSS  
18.6 service delivery plan;

18.7 (4) whether the agency-provider, the participant, or the participant's representative,  
18.8 if any, has any additional concerns with the CFSS service delivery plan, goals, service  
18.9 delivery, or worker competency not identified in clauses (1) to (3); and

18.10 (5) based on the evaluation required in clauses (1) to (4), whether revisions are  
18.11 needed to the CFSS service delivery plan or goals or how CFSS is used or delivered,  
18.12 whether there is a need for additional worker training, or whether any other actions are  
18.13 needed to support the participant's use of CFSS and who will take the action.

18.14 If changes are needed based on the results of the evaluation, a revised CFSS service  
18.15 delivery plan must be completed and provided to the participant or participant's  
18.16 representative, if any, within 30 calendar days of the evaluation.

18.17 Subd. 11b. **Agency-provider model; support worker competency.** (a) The  
18.18 agency-provider must ensure that support workers are competent to meet the participant's  
18.19 assessed needs, goals, and additional requirements as written in the CFSS service  
18.20 delivery plan. Within 30 days of any support worker beginning to provide services for  
18.21 a participant, the agency-provider must evaluate the competency of the worker through  
18.22 direct observation of the support worker's performance of the job functions in a setting  
18.23 where the participant is using CFSS.

18.24 (b) The agency-provider must verify and maintain evidence of support worker  
18.25 competency, including documentation of the support worker's:

18.26 (1) education and experience relevant to the job responsibilities assigned to the  
18.27 support worker and the needs of the participant;

18.28 (2) relevant training received from sources other than the agency-provider;

18.29 (3) orientation and instruction to implement services and supports to participant  
18.30 needs and preferences as identified in the CFSS service delivery plan; and

18.31 (4) periodic performance reviews completed by the agency-provider at least  
18.32 annually, including any evaluations required under subdivision 11a, paragraph (a).

18.33 If a support worker is a minor, all evaluations of worker competency must be completed in  
18.34 person and in a setting where the participant is using CFSS.

19.1 (c) The agency-provider must develop a worker training and development plan  
 19.2 with the participant to ensure support worker competency. The worker training and  
 19.3 development plan must be updated when:

19.4 (1) the support worker begins providing services;

19.5 (2) there is any change in condition or a modification to the CFSS service delivery  
 19.6 plan; or

19.7 (3) a performance review indicates that additional training is needed.

19.8 Subd. 12. **Requirements for enrollment of CFSS agency-providers.** (a) All CFSS  
 19.9 agency-providers must provide, at the time of enrollment, reenrollment, and revalidation  
 19.10 as a CFSS agency-provider in a format determined by the commissioner, information and  
 19.11 documentation that includes, but is not limited to, the following:

19.12 (1) the CFSS agency-provider's current contact information including address,  
 19.13 telephone number, and e-mail address;

19.14 (2) proof of surety bond coverage. Upon new enrollment, or if the agency-provider's  
 19.15 Medicaid revenue in the previous calendar year is less than or equal to \$300,000, the  
 19.16 agency-provider must purchase a surety bond of \$50,000. If the agency-provider's  
 19.17 Medicaid revenue in the previous calendar year is greater than \$300,000, the  
 19.18 agency-provider must purchase a surety bond of \$100,000. The surety bond must be in  
 19.19 a form approved by the commissioner, must be renewed annually, and must allow for  
 19.20 recovery of costs and fees in pursuing a claim on the bond;

19.21 (3) proof of fidelity bond coverage in the amount of \$20,000;

19.22 (4) proof of workers' compensation insurance coverage;

19.23 (5) proof of liability insurance;

19.24 (6) a description of the CFSS agency-provider's organization identifying the names  
 19.25 of all owners, managing employees, staff, board of directors, and the affiliations of the  
 19.26 directors and owners to other service providers;

19.27 (7) a copy of the CFSS agency-provider's written policies and procedures including:  
 19.28 hiring of employees; training requirements; service delivery; and employee and consumer  
 19.29 safety, including the process for notification and resolution of consumer participant  
 19.30 grievances, incident response, identification and prevention of communicable diseases,  
 19.31 and employee misconduct;

19.32 (8) copies of all other forms the CFSS agency-provider uses in the course of daily  
 19.33 business including, but not limited to:

19.34 (i) a copy of the CFSS agency-provider's time sheet ~~if the time sheet varies from~~  
 19.35 ~~the standard time sheet for CFSS services approved by the commissioner, and a letter~~  
 19.36 ~~requesting approval of the CFSS agency-provider's nonstandard time sheet; and~~

- 20.1 (ii) a copy of the participant's individual CFSS service delivery plan;
- 20.2 (9) a list of all training and classes that the CFSS agency-provider requires of its
- 20.3 staff providing CFSS services;
- 20.4 (10) documentation that the CFSS agency-provider and staff have successfully
- 20.5 completed all the training required by this section;
- 20.6 (11) documentation of the agency-provider's marketing practices;
- 20.7 (12) disclosure of ownership, leasing, or management of all residential properties
- 20.8 that are used or could be used for providing home care services;
- 20.9 (13) documentation that the agency-provider will use at least the following
- 20.10 percentages of revenue generated from the medical assistance rate paid for CFSS services
- 20.11 for CFSS support worker wages and benefits: 72.5 percent of revenue from CFSS
- 20.12 providers. The revenue generated by the worker training and development services and
- 20.13 the reasonable costs associated with the worker training and development services shall
- 20.14 not be used in making this calculation; and
- 20.15 (14) documentation that the agency-provider does not burden participants' free
- 20.16 exercise of their right to choose service providers by requiring CFSS support workers to
- 20.17 sign an agreement not to work with any particular CFSS participant or for another CFSS
- 20.18 agency-provider after leaving the agency and that the agency is not taking action on any
- 20.19 such agreements or requirements regardless of the date signed.
- 20.20 (b) CFSS agency-providers shall provide to the commissioner the information
- 20.21 specified in paragraph (a).
- 20.22 (c) All CFSS agency-providers shall require all employees in management and
- 20.23 supervisory positions and owners of the agency who are active in the day-to-day
- 20.24 management and operations of the agency to complete mandatory training as determined
- 20.25 by the commissioner. Employees in management and supervisory positions and owners
- 20.26 who are active in the day-to-day operations of an agency who have completed the required
- 20.27 training as an employee with a CFSS agency-provider do not need to repeat the required
- 20.28 training if they are hired by another agency, if they have completed the training within
- 20.29 the past three years. CFSS agency-provider billing staff shall complete training about
- 20.30 CFSS program financial management. Any new owners or employees in management
- 20.31 and supervisory positions involved in the day-to-day operations are required to complete
- 20.32 mandatory training as a requisite of working for the agency.
- 20.33 (d) The commissioner shall send annual review notifications to agency-providers 30
- 20.34 days prior to renewal. The notification must:
- 20.35 (1) list the materials and information the agency-provider is required to submit;
- 20.36 (2) provide instructions on submitting information to the commissioner; and

21.1 (3) provide a due date by which the commissioner must receive the requested  
21.2 information.

21.3 Agency-providers shall submit the all required documentation for annual review within  
21.4 30 days of notification from the commissioner. ~~If no documentation is submitted,~~  
21.5 ~~the agency-provider enrollment number must be terminated or suspended~~ If an  
21.6 agency-provider fails to submit all the required documentation, the commissioner may  
21.7 take action under subdivision 23a.

21.8 Subd. 12a. CFSS agency-provider requirements; policies for complaint process  
21.9 and incident response. (a) The CFSS agency-provider must establish policies and  
21.10 procedures that promote service recipient rights by providing a simple complaint process  
21.11 for participants served by the program and their authorized representatives to bring a  
21.12 grievance. The complaint process must:

21.13 (1) provide staff assistance with the complaint process when requested;

21.14 (2) allow the participant to bring the complaint to the highest level of authority in  
21.15 the program if the grievance cannot be resolved by other staff members, and provide the  
21.16 name, address, and telephone number of that person;

21.17 (3) provide the addresses and telephone numbers of outside agencies to assist the  
21.18 participant;

21.19 (4) require a prompt response to all complaints affecting a participant's health and  
21.20 safety and a timely response to all other complaints;

21.21 (5) require an evaluation of whether:

21.22 (i) related policies and procedures were followed and adequate;

21.23 (ii) there is a need for additional staff training;

21.24 (iii) the complaint is similar to past complaints with the persons, staff, or services  
21.25 involved; and

21.26 (iv) there is a need for corrective action by the agency-provider to protect the health  
21.27 and safety of participants receiving services;

21.28 (6) provide a written summary of the complaint and a notice of the complaint  
21.29 resolution to the participant and, if applicable, case manager or care coordinator; and

21.30 (7) require that the complaint summary and resolution notice be maintained in  
21.31 the participant's service record.

21.32 (b) The CFSS agency-provider must establish policies and procedures for responding  
21.33 to incidents that occur while services are being provided. When a participant has a  
21.34 legal representative or a participant's representative, incidents must be reported to these  
21.35 representatives. For the purposes of this paragraph, "incident" means an occurrence that

22.1 involves a participant and requires a response that is not a part of the ordinary provision of  
22.2 the services to that participant, and includes:

22.3 (1) serious injury of a participant as determined by section 245.91, subdivision 6;

22.4 (2) a participant's death;

22.5 (3) any medical emergency, unexpected serious illness, or significant unexpected  
22.6 change in a participant's illness or medical condition that requires a call to 911, physician  
22.7 treatment, or hospitalization;

22.8 (4) any mental health crisis that requires a call to 911 or a mental health crisis  
22.9 intervention team;

22.10 (5) an act or situation involving a participant that requires a call to 911, law  
22.11 enforcement, or the fire department;

22.12 (6) a participant's unexplained absence;

22.13 (7) behavior that creates an imminent risk of harm to the participant or another; and

22.14 (8) a report of alleged or suspected child or vulnerable adult maltreatment under  
22.15 section 626.556 or 626.557.

22.16 Subd. 12b. **CFSS agency-provider requirements; notice regarding termination**

22.17 **of services.** (a) An agency-provider must provide written notice when it intends to  
22.18 terminate services with a participant at least ten calendar days before the proposed service  
22.19 termination is to become effective, except in cases where:

22.20 (1) the participant engages in conduct that significantly alters the terms of the CFSS  
22.21 service delivery plan with the agency-provider;

22.22 (2) the participant or other persons at the setting where services are being provided  
22.23 engage in conduct that creates an imminent risk of harm to the support worker or other  
22.24 agency-provider staff; or

22.25 (3) an emergency or a significant change in the participant's condition occurs within  
22.26 a 24-hour period that results in the participant's service needs exceeding the participant's  
22.27 identified needs in the current CFSS service delivery plan so that the agency-provider  
22.28 cannot safely meet the participant's needs.

22.29 (b) When a participant initiates a request to terminate CFSS services with the  
22.30 agency-provider, the agency-provider must give the participant a written acknowledgement  
22.31 of the participant's service termination request that includes the date the request was  
22.32 received by the agency-provider and the requested date of termination.

22.33 (c) The agency-provider must participate in a coordinated transfer of the participant  
22.34 to a new agency-provider to ensure continuity of care.

22.35 Subd. 13. **Budget model.** (a) Under the budget model participants may exercise  
22.36 responsibility and control over the services and supports described and budgeted within

23.1 the CFSS service delivery plan. Participants must use services specified in subdivision  
23.2 13a provided by an FMS contractor as defined in subdivision 2, paragraph (m) provider.

23.3 Under this model, participants may use their approved service budget allocation to:

23.4 (1) directly employ support workers, and pay wages, federal and state payroll taxes,  
23.5 and premiums for workers' compensation, liability, and health insurance coverage; and

23.6 (2) obtain supports and goods as defined in subdivision 7.

23.7 (b) Participants who are unable to fulfill any of the functions listed in paragraph (a)  
23.8 may authorize a legal representative or participant's representative to do so on their behalf.

23.9 (c) The commissioner shall disenroll or exclude participants from the budget model  
23.10 and transfer them to the agency-provider model under, but not limited to, the following  
23.11 circumstances:

23.12 (1) when a participant has been restricted by the Minnesota restricted recipient  
23.13 program, in which case the participant may be excluded for a specified time period under  
23.14 Minnesota Rules, parts 9505.2160 to 9505.2245;

23.15 (2) when a participant exits the budget model during the participant's service plan  
23.16 year. Upon transfer, the participant shall not access the budget model for the remainder of  
23.17 that service plan year; or

23.18 (3) when the department determines that the participant or participant's representative  
23.19 or legal representative ~~cannot manage participant~~ is unable to fulfill the responsibilities  
23.20 under the budget model, as specified in subdivision 14. The commissioner must develop  
23.21 policies for determining if a participant is unable to manage responsibilities under the  
23.22 budget model.

23.23 (d) A participant may appeal in writing to the department under section 256.045,  
23.24 subdivision 3, to contest the department's decision under paragraph (c), clause (3), to  
23.25 disenroll or exclude the participant from the budget model.

23.26 Subd. 13a. Financial management services. (a) Services provided by an FMS  
23.27 provider include but are not limited to: filing and payment of federal and state payroll taxes  
23.28 on behalf of the participant; initiating criminal background checks; billing for approved  
23.29 CFSS services with authorized funds; monitoring expenditures; accounting for and  
23.30 disbursing CFSS funds; providing assistance in obtaining and filing for liability, workers'  
23.31 compensation, and unemployment coverage; and providing participant instruction and  
23.32 technical assistance to the participant in fulfilling employer-related requirements in  
23.33 accordance with section 3504 of the Internal Revenue Code and related regulations and  
23.34 interpretations, including Code of Federal Regulations, title 26, section 31.3504-1.

23.35 ~~(e)~~ (b) The FMS ~~contractor~~ provider shall not provide CFSS services and supports  
23.36 under the agency-provider service model.

24.1 ~~(f)~~ (c) The FMS ~~contractor~~ provider shall provide service functions as determined by  
24.2 the commissioner for budget model participants that include but are not limited to:

24.3 (1) assistance with the development of the detailed budget for expenditures portion  
24.4 of the CFSS service delivery plan as requested by the consultation services provider  
24.5 or participant;

24.6 ~~(2) billing and making payments for budget model expenditures;~~

24.7 ~~(3) assisting participants in fulfilling employer-related requirements according to~~  
24.8 ~~section 3504 of the Internal Revenue Code and related regulations and interpretations,~~  
24.9 ~~including Code of Federal Regulations, title 26, section 31.3504-1, which includes~~  
24.10 ~~assistance with filing and paying payroll taxes, and obtaining worker compensation~~  
24.11 ~~coverage;~~

24.12 ~~(4)~~ (2) data recording and reporting of participant spending;

24.13 ~~(5)~~ (3) other duties established ~~in the contract with~~ by the department, including  
24.14 with respect to providing assistance to the participant, participant's representative, or  
24.15 legal representative in performing ~~their~~ employer responsibilities regarding support  
24.16 workers. The support worker shall not be considered the employee of the FMS ~~contractor~~  
24.17 provider; and

24.18 ~~(6)~~ (4) billing, payment, and accounting of approved expenditures for goods for  
24.19 ~~agency-provider participants.~~

24.20 (d) The FMS provider shall obtain an assurance statement from the participant  
24.21 employer agreeing to follow state and federal regulations and CFSS policies regarding  
24.22 employment of support workers.

24.23 ~~(g)~~ (e) The FMS ~~contractor~~ provider shall:

24.24 (1) not limit or restrict the participant's choice of service or support providers or  
24.25 service delivery models consistent with any applicable state and federal requirements;

24.26 (2) provide the participant, consultation services provider, and the case manager  
24.27 or care coordinator, if applicable, with a monthly written summary of the spending for  
24.28 services and supports that were billed against the spending budget;

24.29 (3) be knowledgeable of state and federal employment regulations, including those  
24.30 under the Fair Labor Standards Act of 1938, and comply with the requirements under  
24.31 section 3504 of the Internal Revenue Code and related regulations and interpretations,  
24.32 including Code of Federal Regulations, title 26, section 31.3504-1, regarding agency  
24.33 employer tax liability for vendor ~~or fiscal employer~~ fiscal/employer agent, and any  
24.34 requirements necessary to process employer and employee deductions, provide appropriate  
24.35 and timely submission of employer tax liabilities, and maintain documentation to support  
24.36 medical assistance claims;



(4) have current and adequate liability insurance and bonding and sufficient cash flow as determined by the commissioner and have on staff or under contract a certified public accountant or an individual with a baccalaureate degree in accounting;

(5) assume fiscal accountability for state funds designated for the program and be held liable for any overpayments or violations of applicable statutes or rules, including but not limited to the Minnesota False Claims Act, chapter 15C; and

(6) maintain documentation of receipts, invoices, and bills to track all services and supports expenditures for any goods purchased and maintain time records of support workers. The documentation and time records must be maintained for a minimum of five years from the claim date and be available for audit or review upon request by the commissioner. Claims submitted by the FMS ~~contractor~~ provider to the commissioner for payment must correspond with services, amounts, and time periods as authorized in the participant's service budget and service plan and must contain specific identifying information as determined by the commissioner.

~~(h)~~ (f) The commissioner of human services shall:

(1) establish rates and payment methodology for the FMS ~~contractor~~ provider;

(2) identify a process to ensure quality and performance standards for the FMS ~~contractor~~ provider and ensure statewide access to FMS ~~contractors~~ providers; and

(3) establish a uniform protocol for delivering and administering CFSS services to be used by eligible FMS ~~contractors~~ providers.

Subd. 14. **Participant's responsibilities under budget model.** ~~(a) A participant using the budget model must use an FMS contractor or vendor that is under contract with the department. Upon a determination of eligibility and completion of the assessment and community support plan, the participant shall choose a FMS contractor from a list of eligible vendors maintained by the department. The participant or participant's representative is responsible for:~~

(1) orienting support workers to individual needs and preferences and providing direction during the delivery of services;

(2) tracking the services provided and all expenditures for goods or other supports;

(3) preparing, verifying, and submitting time sheets according to the requirements in subdivision 15;

(4) reporting any problems resulting from the failure of the CFSS service delivery plan to be implemented or the quality of services rendered by the support worker to the agency-provider, consultation services provider, FMS provider, and case manager or care coordinator if applicable;

(5) notifying the agency-provider or the FMS provider within ten days of any changes in circumstances affecting the CFSS service delivery plan, including but not limited to changes in the participant's place of residence or hospitalization; and

(6) under the agency-provider model, participating in the evaluation of CFSS services and support workers according to subdivision 11a.

~~(b) When the participant, participant's representative, or legal representative chooses to be the employer of the support worker, they are responsible for the hiring and supervision of the support worker, including but not limited to recruiting, interviewing, training, scheduling, and discharging the support worker consistent with federal and state laws and regulations. For a participant using the budget model, the participant or participant's representative is responsible for:~~

(1) using an FMS provider that is enrolled with the department. Upon a determination of eligibility and completion of the assessment and community and services support plan, the participant shall choose an FMS provider from a list of eligible providers maintained by the department;

(2) complying with policies and procedures of the FMS provider as required to meet state and federal regulations for CFSS and the employment of support workers;

(3) the hiring and supervision of the support worker, including but not limited to recruiting, interviewing, training, scheduling, and discharging the support worker consistent with federal and state laws and regulations;

(4) notifying the FMS provider of any changes in the employment status of each support worker;

(5) ensuring that support workers are competent to meet the participant's assessed needs and additional requirements as written in the CFSS service delivery plan;

(6) determining the competency of the support worker through evaluation within 30 days of any support worker beginning to provide services and with any change in the participant's condition or modification to the CFSS service delivery plan;

(7) verifying and maintaining evidence of support worker competency, including documentation of the support worker's:

(i) education and experience relevant to the job responsibilities assigned to the support worker and the needs of the participant;

(ii) training received from sources other than the participant;

(iii) orientation and instruction to implement defined services and supports to meet participant needs and preferences as detailed in the CFSS service delivery plan; and

27.1 (iv) periodic written performance reviews completed by the participant at least  
27.2 annually based on the direct observation of the support worker's ability to perform the  
27.3 job functions;

27.4 (8) developing and communicating to each support worker a worker training and  
27.5 development plan to ensure the support worker is competent when:

27.6 (i) the support worker begins providing services;

27.7 (ii) there is any change in the participant's condition or modification to the CFSS  
27.8 service delivery plan; or

27.9 (iii) a performance review indicates that additional training is needed; and

27.10 (9) participating in the evaluation of CFSS services.

27.11 ~~(e) In addition to the employer responsibilities in paragraph (b), the participant,~~  
27.12 ~~participant's representative, or legal representative is responsible for:~~

27.13 ~~(1) tracking the services provided and all expenditures for goods or other supports;~~

27.14 ~~(2) preparing and submitting time sheets, signed by both the participant and support~~  
27.15 ~~worker, to the FMS contractor on a regular basis and in a timely manner according to~~  
27.16 ~~the FMS contractor's procedures;~~

27.17 ~~(3) notifying the FMS contractor within ten days of any changes in circumstances~~  
27.18 ~~affecting the CFSS service plan or in the participant's place of residence including, but~~  
27.19 ~~not limited to, any hospitalization of the participant or change in the participant's address,~~  
27.20 ~~telephone number, or employment;~~

27.21 ~~(4) notifying the FMS contractor of any changes in the employment status of each~~  
27.22 ~~participant support worker; and~~

27.23 ~~(5) reporting any problems resulting from the quality of services rendered by the~~  
27.24 ~~support worker to the FMS contractor. If the participant is unable to resolve any problems~~  
27.25 ~~resulting from the quality of service rendered by the support worker with the assistance of~~  
27.26 ~~the FMS contractor, the participant shall report the situation to the department.~~

27.27 **Subd. 15. Documentation of support services provided; time sheets.** (a) Support  
27.28 CFSS services provided to a participant by a support worker employed by either an  
27.29 agency-provider or the participant acting as the employer must be documented daily by each  
27.30 support worker, on a time sheet form approved by the commissioner. All documentation  
27.31 may be Web-based, electronic, or paper documentation. The completed form must be  
27.32 submitted on a regular basis to the provider or the participant and the FMS contractor  
27.33 selected by the participant to provide assistance with meeting the participant's employer  
27.34 obligations and kept in the participant's record. Time sheets may be created, submitted,  
27.35 and maintained electronically. Time sheets must be submitted by the support worker to the:

28.1 (1) agency-provider when the participant is using the agency-provider model. The  
 28.2 agency-provider must maintain a record of the time sheet and provide a copy of the time  
 28.3 sheet to the participant; or

28.4 (2) participant and the participant's FMS provider when the participant is using  
 28.5 the budget model. The participant and the FMS provider must maintain a record of the  
 28.6 time sheet.

28.7 (b) The activity documentation on the time sheet must correspond to the written  
 28.8 service delivery plan and be reviewed by the agency-provider or the participant and the  
 28.9 FMS contractor when the participant is the employer of the support worker. participant's  
 28.10 assessed needs within the scope of CFSS covered services. The accuracy of the time  
 28.11 sheets must be verified by the:

28.12 (1) agency-provider when the participant is using the agency-provider model; or

28.13 (2) participant employer and the participant's FMS provider when the participant is  
 28.14 using the budget model.

28.15 (c) The time sheet must be on a form approved by the commissioner documenting  
 28.16 document the time the support worker provides services to the participant. The following  
 28.17 criteria elements must be included in the time sheet:

28.18 (1) the support worker's full name of the support worker and individual provider  
 28.19 number;

28.20 (2) agency-provider the agency-provider's name and telephone numbers, if when  
 28.21 responsible for CFSS service delivery services under the written service plan;

28.22 (3) the participant's full name of the participant;

28.23 (4) consecutive the dates within the pay period established by the agency-provider or  
 28.24 FMS provider, including month, day, and year, and arrival and departure times with a.m.  
 28.25 or p.m. notations for days worked within the established pay period;

28.26 (5) the covered services provided to the participant on each date of service;

28.27 (5) signatures of (6) a signature line for the participant or the participant's  
 28.28 representative and a statement that the participant's or participant's representative's  
 28.29 signature is verification of the time sheet's accuracy;

28.30 (6) (7) the personal signature of the support worker;

28.31 (7) (8) any shared care provided, if applicable;

28.32 (8) (9) a statement that it is a federal crime to provide false information on CFSS  
 28.33 billings for medical assistance payments; and

28.34 (9) (10) dates and location of participant stays in a hospital, care facility, or  
 28.35 incarceration occurring within the established pay period.

28.36 **Subd. 16. Support workers requirements. (a) Support workers shall:**

(1) enroll with the department as a support worker after a background study under chapter 245C has been completed and the support worker has received a notice from the commissioner that the support worker:

(i) ~~the support worker~~ is not disqualified under section 245C.14; or

(ii) is disqualified, but ~~the support worker~~ has received a set-aside of the disqualification under section 245C.22;

(2) have the ability to effectively communicate with the participant or the participant's representative;

(3) have the skills and ability to provide the services and supports according to the participant's CFSS service delivery plan and respond appropriately to the participant's needs;

~~(4) not be a participant of CFSS, unless the support services provided by the support worker differ from those provided to the support worker;~~

~~(5)~~ (4) complete the basic standardized CFSS training as determined by the commissioner before completing enrollment. The training must be available in languages other than English and to those who need accommodations due to disabilities. CFSS support worker training must include successful completion of the following training components: basic first aid, vulnerable adult, child maltreatment, OSHA universal precautions, basic roles and responsibilities of support workers including information about basic body mechanics, emergency preparedness, orientation to positive behavioral practices, orientation to responding to a mental health crisis, fraud issues, time cards and documentation, and an overview of person-centered planning and self-direction. Upon completion of the training components, the support worker must pass the certification test to provide assistance to participants;

~~(6)~~ (5) complete employer-directed training and orientation on the participant's individual needs; ~~and~~

~~(7)~~ (6) maintain the privacy and confidentiality of the participant; ~~2~~ and

(7) not independently determine the medication dose or time for medications for the participant.

(b) The commissioner may deny or terminate a support worker's provider enrollment and provider number if the support worker:

(1) ~~lacks the skills, knowledge, or ability to adequately or safely perform the required work~~ does not meet the requirements in paragraph (a);

(2) fails to provide the authorized services required by the ~~participant~~ employer;

(3) has been intoxicated by alcohol or drugs while providing authorized services to the participant or while in the participant's home;

(4) has manufactured or distributed drugs while providing authorized services to the participant or while in the participant's home; or

(5) has been excluded as a provider by the commissioner of human services, or by the United States Department of Health and Human Services, Office of Inspector General, from participation in Medicaid, Medicare, or any other federal health care program.

(c) A support worker may appeal in writing to the commissioner to contest the decision to terminate the support worker's provider enrollment and provider number.

(d) A support worker must not provide or be paid for more than 275 hours of CFSS per month, regardless of the number of participants the support worker serves or the number of agency-providers or participant employers by which the support worker is employed. The department shall not disallow the number of hours per day a support worker works unless it violates other law.

**Subd. 16a. Exception to support worker requirements for continuity of services.**

The support worker for a participant may be allowed to enroll with a different CFSS agency-provider or FMS ~~contractor~~ provider upon initiation, rather than completion, of a new background study according to chapter 245C, if the following conditions are met:

(1) the commissioner determines that the support worker's change in enrollment or affiliation is needed to ensure continuity of services and protect the health and safety of the participant;

(2) the chosen agency-provider or FMS ~~contractor~~ provider has been continuously enrolled as a CFSS agency-provider or FMS ~~contractor~~ provider for at least two years or since the inception of the CFSS program, whichever is shorter;

(3) the participant served by the support worker chooses to transfer to the CFSS agency-provider or the FMS ~~contractor~~ provider to which the support worker is transferring;

(4) the support worker has been continuously enrolled with the former CFSS agency-provider or FMS ~~contractor~~ provider since the support worker's last background study was completed; and

(5) the support worker continues to meet requirements of subdivision 16, excluding paragraph (a), clause (1).

**Subd. 17. Consultation services ~~description and duties.~~** ~~(a) Consultation services means providing assistance to the participant in making informed choices regarding CFSS services in general, and self-directed tasks in particular, and in developing a person-centered service delivery plan to achieve quality service outcomes.~~

~~(b) Consultation services is a required service that may include but is not limited to that includes:~~

31.1 (1) entering into a written agreement with the participant, participant's representative,  
 31.2 or legal representative that includes but is not limited to the details of services, service  
 31.3 delivery methods, dates of services, and contact information;

31.4 ~~(1)~~ (2) providing an initial and annual orientation to CFSS information and policies,  
 31.5 including selecting a service model;

31.6 (3) assisting with accessing FMS providers or agency-providers;

31.7 ~~(2)~~ (4) providing assistance with the development, implementation, management,  
 31.8 documentation, and evaluation of the person-centered CFSS service delivery plan;

31.9 ~~(3) consultation on recruiting, selecting, training, managing, directing, evaluating,~~  
 31.10 ~~and supervising support workers;~~

31.11 ~~(4) reviewing the use of and access to informal and community supports, goods, or~~  
 31.12 ~~resources;~~

31.13 (5) approving the CFSS service delivery plan for a participant without a case  
 31.14 manager or care coordinator who is responsible for authorizing services;

31.15 (6) maintaining documentation of the approved CFSS service delivery plan;

31.16 (7) distributing copies of the final CFSS service delivery plan to the participant and  
 31.17 to the agency-provider or FMS provider, case manager or care coordinator, and other  
 31.18 designated parties;

31.19 ~~(5) assistance with fulfilling~~ (8) assisting to fulfill responsibilities and requirements of  
 31.20 CFSS, including modifying CFSS service delivery plans and changing service models; and

31.21 ~~(6) assistance with accessing FMS contractors or agency-providers.~~

31.22 ~~(e) Duties of a consultation services provider shall include but are not limited to:~~

31.23 ~~(1) review and finalization of the CFSS service delivery plan by the consultation~~  
 31.24 ~~services provider organization;~~

31.25 ~~(2) distribution of copies of the final service delivery plan to the participant and~~  
 31.26 ~~to the agency-provider or FMS contractor, case manager/care coordinator, and other~~  
 31.27 ~~designated parties;~~

31.28 (9) if requested, providing consultation or recruiting, selecting, training, managing,  
 31.29 directing, supervising, and evaluating support workers;

31.30 ~~(3) an evaluation of~~ (10) evaluating services upon receiving information from an  
 31.31 FMS contractor provider indicating spending or participant employer concerns;

31.32 (11) reviewing the use of and access to informal and community supports, goods, or  
 31.33 resources;

31.34 ~~(4)~~ (12) a semiannual review of services if the participant does not have a case  
 31.35 manager/care manager or care coordinator and when the support worker is a paid parent of  
 31.36 a minor participant or the participant's spouse;

32.1 ~~(5) collection~~ (13) collecting and reporting of data as required by the department; and  
 32.2 ~~(6) (14) providing the participant with a copy of the service-related rights participant~~  
 32.3 ~~protections under subdivision 20 at the start of consultation services;~~  
 32.4 (15) providing assistance to resolve issues of noncompliance with the requirements  
 32.5 of CFSS;  
 32.6 (16) providing recommendations to the commissioner for changes to services when  
 32.7 support to participants to resolve issues of noncompliance have been unsuccessful; and  
 32.8 (17) other duties as assigned by the commissioner.

32.9 Subd. 17a. **Consultation services provider qualifications and requirements.**  
 32.10 ~~The commissioner shall develop the qualifications and requirements for providers of~~  
 32.11 ~~consultation services under subdivision 17. These~~ Consultation services providers must  
 32.12 ~~satisfy at least~~ meet the following qualifications and requirements:

32.13 (1) meet the requirements under subdivision 10, paragraph (a), excluding clauses  
 32.14 (4) and (5);  
 32.15 ~~(1) (2)~~ (2) are under contract with the department;  
 32.16 ~~(2) (3)~~ (3) are not the FMS contractor as defined in subdivision 2, paragraph (m)  
 32.17 provider, the lead agency, or the CFSS or home and community-based services waiver  
 32.18 vendor or agency-provider or vendor to the participant, or a lead agency;  
 32.19 ~~(3) (4)~~ (4) meet the service standards as established by the commissioner;  
 32.20 ~~(4) (5)~~ (5) employ lead professional staff with a minimum of three years of experience  
 32.21 in providing services such as support planning, support broker, case management or care  
 32.22 coordination, or consultation services and consumer education to participants using a  
 32.23 self-directed program using FMS under medical assistance;  
 32.24 ~~(5) are knowledgeable about CFSS roles and responsibilities including those of the~~  
 32.25 ~~certified assessor, FMS contractor, agency-provider, and case manager/care coordinator;~~  
 32.26 (6) comply with medical assistance provider requirements;  
 32.27 (7) understand the CFSS program and its policies;  
 32.28 (8) are knowledgeable about self-directed principles and the application of the  
 32.29 person-centered planning process;  
 32.30 (9) have general knowledge of the FMS contractor provider duties and participant  
 32.31 employment the vendor fiscal/employer agent model, including all applicable federal,  
 32.32 state, and local laws and regulations regarding tax, labor, employment, and liability and  
 32.33 workers' compensation coverage for household workers; and  
 32.34 (10) have all employees, including lead professional staff, staff in management  
 32.35 and supervisory positions, and owners of the agency who are active in the day-to-day



33.1 management and operations of the agency, complete training as specified in the contract  
33.2 with the department.

33.3 Subd. 18. **Service unit and budget allocation requirements and limits.** (a) For the  
33.4 agency-provider model, services ~~will be~~ are authorized in units of service. The total service  
33.5 unit amount must be established based upon the assessed need for CFSS services, and must  
33.6 not exceed the maximum number of units available as determined under subdivision 8.

33.7 (b) For the budget model, the service budget allocation allowed for services and  
33.8 supports is defined in subdivision 8, paragraph (g).

33.9 Subd. 18a. **Worker training and development services.** (a) The commissioner  
33.10 shall develop the scope of tasks and functions, service standards, and service limits for  
33.11 worker training and development services.

33.12 (b) Worker training and development ~~services~~ costs are in addition to the participant's  
33.13 assessed service units or service budget. Services provided according to this subdivision  
33.14 must:

33.15 (1) help support workers obtain and expand the skills and knowledge necessary to  
33.16 ensure competency in providing quality services as needed and defined in the participant's  
33.17 CFSS service delivery plan and as required under subdivisions 11b and 14;

33.18 (2) be provided or arranged for by the agency-provider under subdivision 11, or  
33.19 purchased by the participant employer under the budget model ~~under~~ as identified in  
33.20 subdivision 13; and

33.21 (3) be described in the participant's CFSS service delivery plan and documented in  
33.22 the participant's file.

33.23 (c) Services covered under worker training and development shall include:

33.24 (1) support worker training on the participant's individual assessed needs;  
33.25 and condition, ~~or both~~, provided individually or in a group setting by a skilled and  
33.26 knowledgeable trainer beyond any training the participant or participant's representative  
33.27 provides;

33.28 (2) tuition for professional classes and workshops for the participant's support  
33.29 workers that relate to the participant's assessed needs; and condition, ~~or both~~; and

33.30 (3) direct observation, monitoring, coaching, and documentation of support worker  
33.31 job skills and tasks, beyond any training the participant or participant's representative  
33.32 provides, including supervision of health-related tasks or behavioral supports that is  
33.33 conducted by an appropriate professional based on the participant's assessed needs.

33.34 These services must be provided ~~within 14 days of~~ at the start of services or the start of  
33.35 a new support worker except as provided in paragraph (d) and must be specified in the  
33.36 participant's CFSS service delivery plan; and

(4) ~~reporting service and support concerns to the appropriate provider~~ the activities to evaluate CFSS services and ensure support worker competency described in subdivisions 11a and 11b.

(d) The services in paragraph (c), clause (3), are not required to be provided for a new support worker providing services for a participant due to staffing failures, unless the support worker is expected to provide ongoing backup staffing coverage.

(e) Worker training and development services shall not include:

(1) general agency training, worker orientation, or training on CFSS self-directed models;

(2) payment for preparation or development time for the trainer or presenter;

(3) payment of the support worker's salary or compensation during the training;

(4) training or supervision provided by the participant, the participant's support worker, or the participant's informal supports, including the participant's representative; or

(5) services in excess of 96 units per annual service ~~authorization~~ agreement, unless approved by the department.

~~Subd. 19. **Support system.** (a) The commissioner shall provide information, consultation, training, and assistance to ensure the participant is able to manage the services and supports and budgets, if applicable. This support shall include individual consultation on how to select and employ workers, manage responsibilities under CFSS, and evaluate personal outcomes.~~

~~(b) The commissioner shall provide assistance with the development of risk management agreements.~~

Subd. 20. ~~**Service-related rights**~~ **Participant protections.** (a) All CFSS participants have the protections identified in this subdivision.

~~(a) (b)~~ Participants or participant's representatives must be provided with adequate information, counseling, training, and assistance, as needed, to ensure that the participant is able to choose and manage services, models, and budgets. This information must be provided by the consultation services provider at the time of the initial or annual orientation to CFSS, at the time of reassessment, or when requested by the participant or participant's representative. This support shall include information regarding must explain:

(1) person-centered planning;

(2) the range and scope of ~~individual~~ participant choices, including the differences between the agency-provider model and the budget model, available CFSS providers, and other services available in the community to meet the participant's needs;

(3) the process for changing plans, services, and budgets;

~~(4) the grievance process;~~

35.1 ~~(5) individual rights;~~  
 35.2 ~~(6) (4) identifying and assessing appropriate services; and~~  
 35.3 ~~(7) (5) risks to and responsibilities; and of the participant under the budget model.~~  
 35.4 ~~(8) risk management.~~

35.5 ~~(b) (c) The commissioner~~ consultation services provider must ensure that the  
 35.6 participant ~~has a copy of the most recent community support plan and service delivery~~  
 35.7 ~~plan~~ chooses freely between the agency-provider model and the budget model and among  
 35.8 available agency-providers and that the participant may change agency-providers after  
 35.9 services have begun.

35.10 ~~(e) (d)~~ A participant who appeals a reduction in previously authorized CFSS services  
 35.11 may continue previously authorized services pending an appeal in accordance with section  
 35.12 256.045.

35.13 ~~(d) (e)~~ If the units of service or budget allocation for CFSS are reduced, denied, or  
 35.14 terminated, the commissioner must provide notice of the reasons for the reduction in the  
 35.15 participant's notice of denial, termination, or reduction.

35.16 ~~(e) (f)~~ If all or part of a CFSS service delivery plan is denied approval by the  
 35.17 consultation services provider, the ~~commissioner~~ consultation services provider must  
 35.18 provide a notice that describes the basis of the denial.

35.19 Subd. 20a. **Notice of participant rights from an agency-provider.** A participant  
 35.20 receiving CFSS from an agency-provider has the rights identified in this subdivision and  
 35.21 in subdivisions 20b and 20c. The agency-provider must:

35.22 (1) within five working days of service initiation and annually thereafter, provide  
 35.23 each participant or participant's representative with a written notice that identifies the  
 35.24 service recipient rights in subdivisions 20b and 20c, and an explanation of those rights;

35.25 (2) make reasonable accommodations to provide this information in other formats or  
 35.26 languages as needed to facilitate understanding of the rights by the participant and the  
 35.27 participant's legal representative, if any;

35.28 (3) maintain documentation of the receipt of a copy and an explanation of the rights  
 35.29 by the participant or participant's representative; and

35.30 (4) ensure the exercise and protection of the participant's rights in the services  
 35.31 provided by the agency-provider and as authorized in the CFSS service delivery plan.

35.32 Subd. 20b. **Service-related rights under an agency-provider.** A participant  
 35.33 receiving CFSS from an agency-provider has service-related rights to:

35.34 (1) participate in and approve the initial development and ongoing modification and  
 35.35 evaluation of CFSS services provided to the participant;

(2) refuse or terminate services and be informed of the consequences of refusing or terminating services;

(3) before services are initiated, be told the limits to the services available from the agency-provider, including the agency-provider's knowledge, skill, and ability to meet the participant's needs identified in the CFSS service delivery plan;

(4) a coordinated transfer of services when there will be a change in the agency-provider;

(5) before services are initiated, be told what the agency-provider charges for the services;

(6) before services are initiated, be told to what extent payment may be expected from health insurance, public programs, or other sources, if known; and what charges the participant may be responsible for paying;

(7) receive services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the participant's CFSS service delivery plan;

(8) have the participant's preferences for support workers identified and documented, and have those preferences met when possible; and

(9) before services are initiated, be told the choices that are available from the agency-provider for meeting the participant's assessed needs identified in the CFSS service delivery plan, including but not limited to which support worker staff will be providing services and the proposed frequency and schedule of visits.

Subd. 20c. **Protection-related rights under an agency-provider.** A participant receiving CFSS from an agency-provider has protection-related rights to:

(1) access records and recorded information about the participant in accordance with applicable state and federal law, regulation, or rule;

(2) know how to contact an individual associated with the agency-provider who is responsible for handling problems, know the agency-provider's policies and procedures for resolving grievances as required by subdivision 12a, and have the agency-provider investigate and attempt to resolve the grievance or complaint;

(3) know the name, telephone number, and address of the state or county agency, the Office of the Ombudsman for Long-Term Care, and the state protection and advocacy service to contact for additional information or assistance;

(4) have personal, financial, and medical information kept private, and be advised of disclosure of this information by the agency-provider and the agency-provider's policies and procedures regarding data privacy;

(5) be treated with courtesy and respect, and have the participant's property treated with respect;

(6) be free from maltreatment; and

(7) assert these rights personally, or have them asserted by the participant's representative or by anyone authorized by the participant to act on behalf of the participant, without retaliation.

Subd. 21. **Development and Implementation Council.** The commissioner shall establish a Development and Implementation Council of which the majority of members are ~~individuals~~ participants with disabilities, elderly ~~individuals~~ participants, and their representatives. The commissioner shall consult and collaborate with the council when developing and implementing this section for at least the first five years of operation. ~~The commissioner, in consultation with the council, shall provide recommendations on how to improve the quality and integrity of CFSS, reduce the paper documentation required in subdivisions 10, 12, and 15, make use of electronic means of documentation and online reporting in order to reduce administrative costs, and improve training to the legislative chairs of the health and human services policy and finance committees by February 1, 2014.~~

Subd. 22. **Quality assurance and risk management system.** (a) The commissioner shall establish quality assurance and risk management measures for use in developing and implementing CFSS, including those that:

(1) recognize the roles and responsibilities of those involved in obtaining CFSS; and

(2) ensure the appropriateness of such plans and budgets based upon a recipient's resources and capabilities.

Risk management measures must include background studies and backup and emergency plans, including disaster planning.

(b) The commissioner shall provide ongoing technical assistance and resource and educational materials for CFSS participants.

(c) ~~The commissioner shall develop performance assessment measures, such as a participant's satisfaction with the services and supports, and ongoing monitoring of health and well-being shall be identified~~ and data reporting requirements in consultation with the council established in subdivision 21.

~~(d) Data reporting requirements will be developed in consultation with the council established in subdivision 21.~~

Subd. 23. **Commissioner's access.** (a) When the commissioner is investigating a possible overpayment of Medicaid funds, the commissioner must be given immediate access without prior notice to the agency-provider, consultation services provider, or FMS ~~contractor's~~ provider's office during regular business hours and to documentation

and records related to services provided and submission of claims for services provided. Denying the commissioner access to records is cause for immediate suspension of payment and terminating the ~~agency-provider's~~ agency-provider's enrollment or FMS provider's enrollment according to section 256B.064 or terminating the ~~FMS contract~~ consultation services provider contract.

(b) The commissioner has the authority to request proof of compliance with laws, rules, and policies from agency-providers, consultation services providers, FMS providers, and participants.

(c) When relevant to an investigation conducted by the commissioner, the commissioner must be given access to the business office, documents, and records of the agency-provider, consultation services provider, or FMS provider, including records maintained in electronic format; participants served by the program; and staff during regular business hours. The commissioner must be given access without prior notice and as often as the commissioner considers necessary if the commissioner is investigating an alleged violation of applicable laws or rules. The commissioner may request and shall receive assistance from lead agencies and other state, county, and municipal agencies and departments. The commissioner's access includes being allowed to photocopy, photograph, and make audio and video recordings at the commissioner's expense.

**Subd. 23a. Sanctions; information for participants upon termination of services.**

(a) The commissioner may withhold payment from the provider or suspend or terminate the provider enrollment number if the provider fails to comply fully with applicable laws or rules. The provider has the right to appeal the decision of the commissioner under section 256B.064.

(b) Notwithstanding subdivision 13, paragraph (c), if a participant employer fails to comply fully with applicable laws or rules, the commissioner may disenroll the participant from the budget model. A participant may appeal in writing to the department under section 256.045, subdivision 3, to contest the department's decision to disenroll the participant from the budget model.

(c) Agency-providers of CFSS services must provide each participant with a copy of participant protections in subdivision 20a at least 30 days prior to terminating services to a participant, if the termination results from sanctions under this subdivision or section 256B.064, such as a payment withhold or a suspension or termination of the provider enrollment number. If a CFSS agency-provider determines it is unable to continue providing services to a participant because of an action under this subdivision or section 256B.064, the agency-provider must notify the participant, the participant's representative, and the commissioner 30 days prior to terminating services to the participant, and must

39.1 assist the commissioner and lead agency in supporting the participant in transitioning to  
39.2 another CFSS agency-provider of the participant's choice.

39.3 (d) In the event the commissioner withholds payment from a CFSS agency-provider,  
39.4 or suspends or terminates a provider enrollment number of a CFSS agency-provider  
39.5 under this subdivision or section 256B.064, the commissioner may inform the Office of  
39.6 Ombudsman for Long-Term Care and the lead agencies for all participants with active  
39.7 service agreements with the agency-provider. At the commissioner's request, the lead  
39.8 agencies must contact participants to ensure that the participants are continuing to receive  
39.9 needed care, and that the participants have been given free choice of agency-provider if  
39.10 they transfer to another CFSS agency-provider. In addition, the commissioner or the  
39.11 commissioner's delegate may directly notify participants who receive care from the  
39.12 agency-provider that payments have been withheld or that the provider's participation in  
39.13 medical assistance has been suspended or terminated, if the commissioner determines that  
39.14 the notification is necessary to protect the welfare of the participants.

39.15 **Subd. 24. CFSS agency-providers and FMS providers; background studies.**  
39.16 CFSS agency-providers and FMS providers enrolled to provide CFSS services under the  
39.17 medical assistance program shall comply with the following:

39.18 (1) owners who have a five percent interest or more and all managing employees  
39.19 are subject to a background study as provided in chapter 245C. This applies to currently  
39.20 enrolled ~~CFSS agency-providers~~ providers and those agencies seeking enrollment as a  
39.21 ~~CFSS agency-provider~~. "Managing employee" has the same meaning as given in Code  
39.22 of Federal Regulations, title 42, section ~~455~~ 455.101. An organization is barred from  
39.23 enrollment if:

39.24 (i) the organization has not initiated background studies on owners and managing  
39.25 employees; or

39.26 (ii) the organization has initiated background studies on owners and managing  
39.27 employees, but the commissioner has sent the organization a notice that an owner or  
39.28 managing employee of the organization has been disqualified under section 245C.14, and  
39.29 the owner or managing employee has not received a set-aside of the disqualification  
39.30 under section 245C.22;

39.31 (2) a background study must be initiated and completed for all staff who will have  
39.32 direct contact with the participant to provide worker training and development; and

39.33 (3) a background study must be initiated and completed for all support workers.

39.34 ~~Subd. 25. Commissioner recommendations required. In consultation with~~  
39.35 ~~the Development and Implementation Council described in subdivision 21 and other~~

40.1 ~~stakeholders, the commissioner shall develop recommendations for revisions to~~  
40.2 ~~subdivisions 12, 15, and 16 that promote self-direction in the following areas:~~

40.3 ~~(1) CFSS provider and support worker enrollment, qualification, and disqualification~~  
40.4 ~~criteria;~~

40.5 ~~(2) documentation requirements that are consistent with state and federal~~  
40.6 ~~requirements; and~~

40.7 ~~(3) provisions to maintain program integrity and assure fiscal accountability for~~  
40.8 ~~goods and services purchased through CFSS.~~

40.9 ~~The recommendations shall be provided to the chairs and ranking minority members~~  
40.10 ~~of the legislative committees and divisions with jurisdiction over health and human~~  
40.11 ~~services policy and finance by November 15, 2013.~~

40.12 Subd. 26. **Licensure plan.** In consultation with the Development and  
40.13 Implementation Council described in subdivision 21 and other stakeholders, the  
40.14 commissioner shall develop a plan to implement licensure of CFSS.

40.15 **EFFECTIVE DATE.** The amendments to this section are effective upon federal  
40.16 approval. The service will begin 90 days after federal approval. The commissioner of  
40.17 human services shall notify the revisor of statutes when this occurs.