



**S.F. No. 254, as introduced - 87th Legislative Session (2011-2012) [11-1188]**

2.1 section, family adult day services means a program operating fewer than 24 hours per day  
2.2 that provides functionally impaired adults, ~~none of which are under age 55, have serious~~  
2.3 ~~or persistent mental illness, or have developmental disabilities,~~ age 18 or older with an  
2.4 individualized and coordinated set of services including health services, social services,  
2.5 and nutritional services that are directed at maintaining or improving the participants'  
2.6 capabilities for self-care.

2.7 (b) A family adult day services license shall only be issued when the services are  
2.8 provided in the license holder's primary residence, and the license holder is the primary  
2.9 provider of care. The license holder may not serve more than eight adults at one time,  
2.10 including residents, if any, served under a license issued under Minnesota Rules, parts  
2.11 9555.5105 to 9555.6265.

2.12 (c) An adult foster care license holder may provide family adult day services under  
2.13 the license holder's adult foster care license if the license holder meets the requirements  
2.14 of this section.

2.15 ~~(d) When an applicant or license holder submits an application for initial licensure~~  
2.16 ~~or relicensure for both adult foster care and family adult day services, the county agency~~  
2.17 ~~shall process the request as a single application and shall conduct concurrent routine~~  
2.18 ~~licensing inspections.~~

2.19 ~~(e) Adult foster care license holders providing family adult day services under their~~  
2.20 ~~foster care license on March 30, 2004, shall be permitted to continue providing these~~  
2.21 ~~services with no additional requirements until their adult foster care license is due for~~  
2.22 ~~renewal. At the time of relicensure, an adult foster care license holder may continue to~~  
2.23 ~~provide family adult day services upon demonstration of compliance with this section.~~  
2.24 ~~Adult foster care license holders who provide only family adult day services on August 1,~~  
2.25 ~~2004, may apply for a license under this section instead of an adult foster care license.~~

2.26 Sec. 3. Minnesota Statutes 2010, section 256B.49, subdivision 16a, is amended to read:

2.27 Subd. 16a. **Medical assistance reimbursement.** (a) The commissioner shall  
2.28 seek federal approval for medical assistance reimbursement of independent living skills  
2.29 services, foster care waiver service, supported employment, prevocational service, and  
2.30 structured day service under the home and community-based waiver for persons with a  
2.31 traumatic brain injury, the community alternatives for disabled individuals waivers, and  
2.32 the community alternative care waivers.

2.33 (b) Medical reimbursement shall be made only when the provider demonstrates  
2.34 evidence of its capacity to meet basic health, safety, and protection standards through  
2.35 the following methods:

**S.F. No. 254, as introduced - 87th Legislative Session (2011-2012) [11-1188]**

3.1 (1) for independent living skills services, supported employment, prevocational  
3.2 service, and structured day service through one of the methods in paragraphs (c) and  
3.3 (d); and

3.4 (2) for foster care waiver services through the method in paragraph (e).

3.5 (c) The provider is licensed to provide services under chapter 245B and agrees  
3.6 to apply these standards to services funded through the traumatic brain injury,  
3.7 community alternatives for disabled persons, or community alternative care home and  
3.8 community-based waivers.

3.9 (d) The commissioner shall certify that the provider has policies and procedures  
3.10 governing the following:

3.11 (1) protection of the consumer's rights and privacy;

3.12 (2) risk assessment and planning;

3.13 (3) record keeping and reporting of incidents and emergencies with documentation  
3.14 of corrective action if needed;

3.15 (4) service outcomes, regular reviews of progress, and periodic reports;

3.16 (5) complaint and grievance procedures;

3.17 (6) service termination or suspension;

3.18 (7) necessary training and supervision of direct care staff that includes:

3.19 (i) documentation in personnel files of 20 hours of orientation training in providing  
3.20 training related to service provision;

3.21 (ii) training in recognizing the symptoms and effects of certain disabilities, health  
3.22 conditions, and positive behavioral supports and interventions;

3.23 (iii) a minimum of five hours of related training annually; and

3.24 (iv) when applicable:

3.25 (A) safe medication administration;

3.26 (B) proper handling of consumer funds; and

3.27 (C) compliance with prohibitions and standards developed by the commissioner to  
3.28 satisfy federal requirements regarding the use of restraints and restrictive interventions.

3.29 The commissioner shall review at least biennially that each service provider's policies  
3.30 and procedures governing basic health, safety, and protection of rights continue to meet  
3.31 minimum standards.

3.32 (e) The commissioner shall seek federal approval for Medicaid reimbursement  
3.33 of foster care services under the home and community-based waiver for persons with  
3.34 a traumatic brain injury, the community alternatives for disabled individuals waiver,  
3.35 and community alternative care waiver when the provider demonstrates evidence of  
3.36 its capacity to meet basic health, safety, and protection standards. The commissioner

**S.F. No. 254, as introduced - 87th Legislative Session (2011-2012) [11-1188]**

4.1 shall verify that the adult foster care provider is licensed under Minnesota Rules, parts  
4.2 9555.5105 to 9555.6265; that the child foster care provider is licensed as a family foster  
4.3 care or a foster care residence under Minnesota Rules, parts 2960.3000 to 2960.3340, and  
4.4 certify that the provider has policies and procedures that govern:

4.5 (1) compliance with prohibitions and standards developed by the commissioner to  
4.6 meet federal requirements regarding the use of restraints and restrictive interventions;

4.7 (2) documentation of service needs and outcomes, regular reviews of progress,  
4.8 and periodic reports; and

4.9 (3) safe medication management and administration.

4.10 The commissioner shall review at least biennially that each service provider's policies and  
4.11 procedures governing basic health, safety, and protection of rights standards continue to  
4.12 meet minimum standards.

4.13 (f) The commissioner shall seek federal waiver approval for Medicaid reimbursement  
4.14 of family adult day services under all disability waivers. The commissioner shall  
4.15 include family adult day services in the common services menu that is currently under  
4.16 development.