

2.1 (c) Members of the council who do not receive a salary or wages from an employer
2.2 for time spent on council duties may receive a per diem payment when performing council
2.3 duties and functions.

2.4 (d) The State Quality Council shall:

2.5 (1) assist the Department of Human Services in fulfilling federally mandated
2.6 obligations by monitoring disability service quality and quality assurance and
2.7 improvement practices in Minnesota;

2.8 (2) establish state quality improvement priorities with methods for achieving results
2.9 and provide an annual report to the legislative committees with jurisdiction over policy
2.10 and funding of disability services on the outcomes, improvement priorities, and activities
2.11 undertaken by the commission during the previous state fiscal year;

2.12 (3) identify issues pertaining to financial and personal risk that impede Minnesotans
2.13 with disabilities from optimizing choice of community-based services; and

2.14 (4) recommend to the chairs and ranking minority members of the legislative
2.15 committees with jurisdiction over human services and civil law by January 15, 2014,
2.16 statutory and rule changes related to the findings under clause (3) that promote
2.17 individualized service and housing choices balanced with appropriate individualized
2.18 protection.

2.19 (e) The State Quality Council, in partnership with the commissioner, shall:

2.20 (1) approve and direct implementation of the community-based, person-directed
2.21 system established in this section;

2.22 (2) recommend an appropriate method of funding this system, and determine the
2.23 feasibility of the use of Medicaid, licensing fees, as well as other possible funding options;

2.24 (3) approve measurable outcomes in the areas of health and safety, consumer
2.25 evaluation, education and training, providers, and systems;

2.26 (4) establish variable licensure periods not to exceed three years based on outcomes
2.27 achieved; and

2.28 (5) in cooperation with the Quality Assurance Commission, design a transition plan
2.29 for licensed providers from Region 10 into the alternative licensing system by July 1, 2014.

2.30 (f) The State Quality Council shall notify the commissioner of human services that a
2.31 facility, program, or service has been reviewed by quality assurance team members under
2.32 subdivision 4, paragraph (b), clause (13), and qualifies for a license.

2.33 (g) The State Quality Council, in partnership with the commissioner, shall establish
2.34 an ongoing review process for the system. The review shall take into account the
2.35 comprehensive nature of the system which is designed to evaluate the broad spectrum of

3.1 licensed and unlicensed entities that provide services to persons with disabilities. The
3.2 review shall address efficiencies and effectiveness of the system.

3.3 (h) The State Quality Council may recommend to the commissioner certain
3.4 variances from the standards governing licensure of programs for persons with disabilities
3.5 in order to improve the quality of services so long as the recommended variances do
3.6 not adversely affect the health or safety of persons being served or compromise the
3.7 qualifications of staff to provide services.

3.8 (i) The safety standards, rights, or procedural protections referenced under
3.9 subdivision ~~2~~ 4, paragraph (c), shall not be varied. The State Quality Council may make
3.10 recommendations to the commissioner or to the legislature in the report required under
3.11 paragraph ~~(e)~~ (d) regarding alternatives or modifications to the safety standards, rights, or
3.12 procedural protections referenced under subdivision ~~2~~ 4, paragraph (c).

3.13 (j) The State Quality Council may hire staff to perform the duties assigned in this
3.14 subdivision.

3.15 Sec. 2. Minnesota Statutes 2012, section 256B.097, subdivision 4, is amended to read:

3.16 Subd. 4. **Regional quality councils.** (a) By July 1, 2014, the commissioner shall
3.17 establish, as selected by the State Quality Council, or continue the operation of three
3.18 regional quality councils of key stakeholders, including as selected by the State Quality
3.19 Council. One regional quality council shall be established in the Twin Cities metropolitan
3.20 area, one shall be established in greater Minnesota, and one shall be the Quality Assurance
3.21 Commission established under section 256B.0951. By July 1, 2016, the commissioner
3.22 shall establish three additional regional quality councils, as selected by the State Quality
3.23 Council. The regional quality councils established under this paragraph shall include
3.24 regional representatives of:

3.25 (1) disability service recipients and their family members;

3.26 (2) disability service providers;

3.27 (3) disability advocacy groups; and

3.28 (4) county human services agencies and staff from the Department of Human
3.29 Services and Ombudsman for Mental Health and Developmental Disabilities.

3.30 (b) Each regional quality council shall:

3.31 (1) direct and monitor the community-based, person-directed quality assurance
3.32 system in this section;

3.33 (2) approve a training program for quality assurance team members under clause (13);

3.34 (3) review summary reports from quality assurance team reviews and make
3.35 recommendations to the State Quality Council regarding program licensure;

- 4.1 (4) make recommendations to the State Quality Council regarding the system;
- 4.2 (5) resolve complaints between the quality assurance teams, counties, providers,
- 4.3 persons receiving services, their families, and legal representatives;
- 4.4 (6) analyze and review quality outcomes and critical incident data reporting
- 4.5 incidents of life safety concerns immediately to the Department of Human Services
- 4.6 licensing division;
- 4.7 (7) provide information and training programs for persons with disabilities and their
- 4.8 families and legal representatives on service options and quality expectations;
- 4.9 (8) disseminate information and resources developed to other regional quality
- 4.10 councils;
- 4.11 (9) respond to state-level priorities;
- 4.12 (10) establish regional priorities for quality improvement;
- 4.13 (11) submit an annual report to the State Quality Council on the status, outcomes,
- 4.14 improvement priorities, and activities in the region;
- 4.15 (12) choose a representative to participate on the State Quality Council and assume
- 4.16 other responsibilities consistent with the priorities of the State Quality Council; and
- 4.17 (13) recruit, train, and assign duties to members of quality assurance teams, taking
- 4.18 into account the size of the service provider, the number of services to be reviewed,
- 4.19 the skills necessary for the team members to complete the process, and ensure that no
- 4.20 team member has a financial, personal, or family relationship with the facility, program,
- 4.21 or service being reviewed or with anyone served at the facility, program, or service.
- 4.22 Quality assurance teams must be comprised of county staff, persons receiving services
- 4.23 or the person's families, legal representatives, members of advocacy organizations,
- 4.24 providers, and other involved community members. Team members must complete
- 4.25 the training program approved by the regional quality council and must demonstrate
- 4.26 performance-based competency. Team members may be paid a per diem and reimbursed
- 4.27 for expenses related to their participation in the quality assurance process.
- 4.28 (c) The commissioner shall monitor the safety standards, rights, and procedural
- 4.29 protections for the monitoring of psychotropic medications and those identified under
- 4.30 sections 245.825; 245.91 to 245.97; 245A.09, subdivision 2, paragraph (c), clauses (2)
- 4.31 and (5); 245A.12; 245A.13; 252.41, subdivision 9; 256B.092, subdivision 1b, clause
- 4.32 (7); 626.556; and 626.557.
- 4.33 (d) The regional quality councils may hire staff to perform the duties assigned in
- 4.34 this subdivision.
- 4.35 (e) The regional quality councils may charge fees for their services.

5.1 (f) The quality assurance process undertaken by a regional quality council consists of
5.2 an evaluation by a quality assurance team of the facility, program, or service. The process
5.3 must include an evaluation of a random sample of persons served. The sample must be
5.4 representative of each service provided. The sample size must be at least five percent but
5.5 not less than two persons served. All persons must be given the opportunity to be included
5.6 in the quality assurance process in addition to those chosen for the random sample.

5.7 (g) A facility, program, or service may contest a licensing decision of the regional
5.8 quality council as permitted under chapter 245A.

5.9 Sec. 3. **APPROPRIATION; QUALITY ASSURANCE FOR SERVICES FOR**
5.10 **PEOPLE WITH DISABILITIES.**

5.11 \$2,021,000 is appropriated from the general fund for fiscal year 2015 to the
5.12 commissioner of human services for quality assurance initiatives for services provided to
5.13 people with disabilities. Of this amount:

5.14 (1) \$381,000 shall be distributed to the State Quality Council, of which \$281,000
5.15 shall be used for council operations, \$50,000 shall be used to determine measurable
5.16 outcomes, and \$50,000 shall be used for quality improvement priority setting;

5.17 (2) \$1,290,000 shall be used to fund three regional quality councils established or
5.18 continued under Minnesota Statutes, section 256B.097, subdivision 4, paragraph (a); and

5.19 (3) \$350,000 shall be used to fund an annual survey of disability service recipients
5.20 under Minnesota Statutes, section 256B.097, subdivision 5.