

DISABILITY LAW

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The 2007 Session of the Minnesota Legislature made a number of significant changes to funding, programs and services affecting persons with disabilities. Important mental health legislation is reported separately (see Mental Health Section). Most of this section involves the Health and Human Services area. Also included are some provisions regarding employment, self-advocacy funding and the Minnesota Department of Health.

I. ASSISTIVE TECHNOLOGY (AT)

- A. Assistive Technology Advisory Council
Chapter 133, Article 2, Section 1 (SF 1377)
Amends Minn. Stat. § 16B.055, subd. 1
Effective July 1, 2007
Makes changes to the Minnesota Assistive Technology Advisory Council to fulfill the requirements of the Federal Assistive Technology Act. (Council members are appointed by the governor for two-year terms; the Department of Administration is the lead agency.)
- B. Funding
Chapter 147, Article 7, Section 70; and Article 19, Section 8 (HF 1078)
Effective July 1, 2007
Appropriates: (1) \$200,000 in one-time State funding to obtain federal matching funds for the AT micro-loan program; and (2) \$100,000 for continuation of the AT Regional Collaboratives operated by AT Minnesota. Requires recommendations and proposed legislation on AT needs and current resources be submitted to legislative chairs by the Council on Disability by January 1, 2009.

II. CASE MANAGEMENT

- A. Best Practices
Chapter 147, Article 8, Section 34 (HF 1078)
Effective July 1, 2007
Requires DHS, in consultation with stakeholders, to develop recommendations for changes in adult mental health case management consistent with evidence-based and best practices.
- B. Mental Health Targeted Case Management
Chapter 147, Article 8, Section 20 (HF 1078)
Amends Minn. Stat. § 256B.0625, subd. 20
Effective January 1, 2009
Changes payment for mental health targeted case management for children and adults under the MA program to require State payment of the non-federal share of MA when the service is provided through prepaid health plans. Provides mental health case management as a benefit in MinnesotaCare and GAMC.

- C. Targeted Case Management Temporary Funding
Chapter 147, Article 19, Section 3, Subdivision 4 (HF 1078)
Effective July 1, 2007, contingent upon federal action
Appropriates \$32,677,000 million in FY 08 for a targeted case management contingency reserve account to be allocated to counties and tribes affected by reductions in targeted case management federal Medicaid revenue due to the Deficit Reduction Act of 2005. Provides contingency criteria for distribution of the funds, including publication by the federal agency of final regulations implementing targeted case management changes and an estimate by DHS to certify the federal amount of disallowance that will result in a reduction in county revenue. Allows funds to be available until expended.

III. CENTERS FOR INDEPENDENT LIVING

Chapter 135, Article 1, Section 3, Subdivision 3 (HF 122)
Effective July 1, 2007

Appropriates \$4,880,000 for the biennium and increases the base to \$2,440,000 for Centers for Independent Living.

IV. COMMUNITY SERVICE PROVIDER RATES

Chapter 147, Article 7, Section 71 and Article 19, Section 3, Subdivision 4 (HF 1078)
Effective October 1, 2007

Provides a rate increase of 2% each year for the biennium on October 1, 2007 and July 1, 2008 for all community service providers. Requires that 75% of the 2% increase must be used for compensation-related increases for eligible employers. Requires that 67% of the 75% must be used for equal hourly wage increases for all eligible employers.

V. DEAF, HARD OF HEARING AND DEAF/BLIND PROVISIONS

A. Deaf and Hard of Hearing Mentors

Chapter 147, Article 19, Section 4, Subdivision 1 (HF 1078)
Effective July 1, 2007

Appropriates \$80,000 for the biennium to establish a hearing loss mentor program for families with babies newly diagnosed with hearing loss. (Mentors will be trained by a national program and teach sign in the home to the entire family with parental approval.)

B. Deaf/Blind Services

Chapter 147, Article 7, Section 61 (HF 1078)
Adds Minn. Stat. § 256C.261
Effective July 1, 2007

Requires DHS to combine existing funding for deaf/blind supportive services into a single program for grants: (1) for services and training; (2) to develop and administer consumer-directed services; and (3) to providers of intervener services. Requires DHS to develop training for counties and senior citizen providers to use existing programs under MA to meet the needs of eligible persons who are deaf and blind.

- C. Early Hearing Detection and Intervention
Chapter 147, Article 16, Section 10 (HF 1078)
Adds Minn. Stat. § 144.966
Effective May 24, 2007
1. *Early Hearing Detection and Intervention Program*
Establishes a new program in the Minnesota Department of Health to administer newborn hearing screening, incidence tracking, evaluation and technical assistance.
 2. *Newborn Hearing Screening*
Requires all hospitals to screen newborns for hearing loss and provide parents with information about the screening procedure, costs, risks, effects of hearing loss, and benefits of early detection and intervention.
- D. Hearing Aid Coverage for Children
Chapter 60 (SF 805)
Amends Minn. Stat. § 62A.042
Effective August 1, 2007, and applies to policies and contracts issued or renewed on or after the effective date
Requires State-regulated, fully insured health plans to cover all types of hearing loss. Provides that coverage include a hearing aid every three years for both ears for children from birth through age 18. Limits deductibles and other out-of-pocket expenses to amounts for other coverage under the plan.
- E. Hearing Aid Loan Bank
Chapter 147, Article 19, Section 4, Subdivision 2 (HF 1078)
Effective July 1, 2007
Appropriates \$140,000 for the biennium to cover the cost of an audiologist and director of a statewide hearing instrument loan bank to provide access to hearing aids for families with children newly diagnosed with hearing loss from birth to the age of ten.

VI. DHS LICENSING

- A. Certification/Licensing of Disability Home and Community Waiver Providers
Chapter 147, Article 7, Section 58 (HF 1078)
Amends Minn. Stat. § 256B.49, subd. 16a
Effective July 1, 2007
Establishes standards for basic health, safety, and the protection of rights for home and community-based waiver service providers, including independent living skills services, foster care waiver services, supported employment, and other services. Requires county agencies contracting for home and community-based waiver services to certify that each provider can meet the needs of the person served and has policies and procedures governing a variety of areas, including: (1) protection of the consumer's rights and privacy; (2) risk assessment and planning; (3) reporting of incidents and emergencies; (4) complaint and grievance procedures; (5) staff training; and (5) where applicable, safe medication administration, handling of consumer funds, and behavioral interventions regarding restraints and restrictive practices.

- B. Collateral Consequences Study
Chapter 112, Section 58 (SF 1724)
 Directs the Collateral Consequences committee to: (1) review background study provisions in Chapter 245C; (2) review set-aside and variance policies; (3) recommend recodification and simplification changes to those laws; and (4) recommend appropriate substantive changes consistent with good public policy and public safety. Directs the committee to report to the legislature by February 1, 2008.
- C. Fees for Background Checks and Corporate Foster Care Licensing Inspections
Chapter 112, Section 12 (SF 1724)
Amends Minn. Stat. § 245A.10, subd. 2
Effective August 1, 2008
 Allows counties to charge a fee to corporate adult or child foster care license holders for the costs of background studies and license inspections. Limits the license inspection fees to a maximum of \$500 per year.
- D. Licensure for Youth with Disabilities
Chapter 147, Article 6, Section 47 (HF 1078)
Uncodified language
Effective July 1, 2007
 Requires DHS, upon a recommendation from a county, to license non-residential programs for youth with disabilities which provide services during non-school hours to ensure health, safety, prevent out-of-home placement, and increase community inclusion. Requires DHS recommendations by February 1, 2008 that will allow licensure of services for school-age youth with disabilities under age 21 who need supervision and services to maintain personal safety and to increase their independence, productivity and participation in the community during non-school hours.
- E. Service to Relative by a Qualified License Holder
Chapter 112, Sections 49 and 50 (SF 1724)
Adds Minn. Stat. §§ 256B.0919, subd. 4; and 256B.092, subd. 4d
Effective upon federal approval
 Allows a county to certify an adult foster care license holder to provide foster care services to a related individual with developmental disabilities provided specific conditions are met. Requires DHS to seek an amendment to the federal home and community-based waiver for persons with developmental disabilities to allow reimbursement for supported living services by a related licensed holder in an adult foster setting certified by the county provided that the family license holder is not the person's legal guardian.
- F. Variance for Overnight Supervision in Adult Foster Care
Chapter 112, Section 13 (SF 1724)
Amends Minn. Stat. § 245A.11, subd. 7
Effective July 1, 2007
 Allows a license holder requesting a variance to utilize technology as part of the plan for alternate overnight supervision to make the request directly to DHS if the county does not make a recommendation. Requires DHS to review the variance request with the county.

VII. EMPLOYMENT SERVICES FUNDING

*Chapter 135 Article 1, Section 3, Subdivision 3 (HF 122)
Effective July 1, 2007*

Appropriates various amounts for the following employment programs for persons with disabilities:

- A. \$5,610,000 from the general fund and \$6,920,000 from the workforce development fund each year for extended employment services for persons with severe disabilities;
- B. \$1,650,000 each year from the general fund for programs that provide employment support services to persons with mental illness;
- C. \$150,000 from the general fund and \$175,000 from the workforce development fund each year for grants for the Minnesota Employment Center for People Who are Deaf or Hard-of-Hearing;
- D. \$9,021,000 from the general fund each year for the State's vocational rehabilitation program for persons with significant disabilities;
- E. \$350,000 from the workforce development fund each year for grants to provide interpreters for a regional transition program that specializes in providing culturally appropriate transition services leading to employment for deaf, hard-of hearing, and deaf-blind students; and
- F. \$100,000 one-time funding for a non profit to work with all licensed vendors to coordinate responses to solicitations from private and governmental units to increase employment for persons with disabilities.

VIII. GUARDIANSHIP AND CONSERVATORSHIP STUDY

*Chapter 126 (HF 1396)
Effective July 1, 2007*

Requires the state court administrator to convene a study group to make recommendations, by March 15, 2008, to the Legislature regarding guardianship and conservatorship. Provides that areas for recommendations include: (1) rights of wards and protected persons; (2) powers and duties of conservators and guardians; (3) certification and registration; (4) prescreening and diversion from guardianship and conservatorship; (5) complaint processes; (6) training; (7) fiscal auditing; and (8) reimbursement of attorneys, guardians and conservators. Requires the study group to include: (1) representatives from the probate divisions of district courts in metropolitan and Greater Minnesota; (2) county adult protection services; (3) the Minnesota State Bar Association; (4) the Department of Veterans Affairs; (5) the Minnesota Association of Guardians and Conservators; (6) the National Association of Guardians and Conservators; (7) agencies providing guardianship and conservatorship services and trainings; (8) the Ombudsman for Mental Health and Developmental Disabilities; (9) the Long-Term Care Ombudsman; and (10) advocates for seniors and persons with disabilities.

IX. HEALTH CARE COORDINATION

A. Care Coordination Pilot Projects

Chapter 147, Article 15, Section 19 (HF 1078)

Effective July 1, 2007 (but funding not available until FY 09)

1. *Establishment*

Requires DHS to develop and administer up to four pilot projects for children and adults with complex health needs enrolled in fee-for-service Medical Assistance. Specifies that at least two grantees must focus on children with autism or children with complex multi-diagnoses physical conditions. Requires the projects to be designed to support cost-effective primary and preventive care, reward evidence-based care and coordination of care for chronic conditions plus discourage overuse and misuse of high-cost services.

2. *Requirements and Evaluation*

Requires the pilot projects to: (1) offer 24-hour, seven-day per week telephone contact; (2) provide or arrange for comprehensive health care needs; (3) coordinate specialty care; and (4) provide consistent ongoing care, including long-term care and unique personal needs. Requires pilot projects to be evaluated based on patient and provider satisfaction, clinical outcomes, costs, and economic impact on health care providers.

B. Community Health Worker Care Coordination

Chapter 147, Article 4, Section 7 (HF 1078)

Adds Minn. Stat. § 256B.0625, subd. 49

Effective July 1, 2007

Adds to the MA benefits coverage for a community health worker to provide care coordination and patient education. Establishes community health worker certification, experience and supervision requirements. Requires community health workers to be supervised by a physician, a registered nurse, or an advanced practice registered nurse enrolled in the MA program.

C. Pay for Performance Payments

Chapter 147, Article 15, Section 15 (HF 1078)

Amends Minn. Stat. § 256.01, subd. 2b

Effective July 1, 2009 or upon federal approval, whichever is later

Requires DHS to develop and implement a pay-for-performance system to provide performance payments to medical groups and clinics which demonstrate optimum performance in serving individuals with chronic diseases enrolled in MA, General Assistance Medical Care (GAMC) and MinnesotaCare. Allows DHS to receive federal matching money under Medicaid for managed care oversight through contracted vendors. Allows DHS to reward patients enrolled in MA, GAMC and MinnesotaCare who have agreed to and have met personal health goals with their primary care providers to manage chronic conditions, including but not limited to, diabetes, high blood pressure and coronary artery disease.

- D. Provider-Directed Care Coordination
Chapter 147, Article 15, Section 16 (HF 1078)
Adds Minn. Stat. § 256B.0625, subd. 49
Effective January 1, 2008
Requires DHS to develop and implement a new provider-directed care coordination program for MA recipients who are receiving services on a fee-for-service basis and are not enrolled in managed care plans. Pays primary care clinics an average of \$50 per month per person for care coordination for people who have complex and chronic medical conditions. Requires the primary care clinic to be designated as the patient's first point of contact for medical care with availability 24 hours per day, seven days per week to provide comprehensive health needs, overall integration, coordination and continuity over time, including referrals to specialty care.

X. ICF/MR COST OF LIVING ADJUSTMENT (COLA)

- Chapter 147, Article 7, Section 5 (HF 1078)*
Effective October 1, 2007
Provides a 2% rate increase on October 1, 2007 and July 1, 2008 for intermediate care facilities for persons with mental retardation and related conditions. Requires the same use of the COLA as applied to the community service provider COLA described above.

XI. INFORMATION, DATA AND NOTICE PROVISIONS

- A. Assistance for Transitions from Nursing Facilities
Chapter 147, Article 6, Section 23 (HF 1078)
36
Effective July 1, 2007
Requires that the long-term care consultation team provide information about Centers for Independent Living and other organizations providing assistance to relocate persons from nursing facilities.
- B. Disability Linkage Line
Chapter 147, Article 7, Section 4 and Article 19, Section 3, Subdivision 8 (HF 1078)
Adds Minn. Stat. § 256.01, subd. 24
Effective July 1, 2007
Requires DHS to establish the Disability Linkage Line for statewide consumer information, referral, and assistance for persons with disabilities and chronic illnesses. Appropriates \$469,000 in FY 08 and \$626,000 in FY 09 to establish and maintain the line.
- C. Employment Data Sharing Between Agencies
Chapter 112, Section 1 (SF 1724)
Amends Minn. Stat. § 13.46, subd. 2
Effective July 1, 2007
Allows DHS and the Department of Employment and Economic Development (DEED) to exchange information related to employment to analyze employment incentives programs under the Ticket-to-Work Act. Prohibits exchange of health care claims and utilization information.

- D. Long-Term Care Consultation
Chapter 147, Article 7, Section 13 (HF 1078)
Amends Minn. Stat. § 256B.0911, subd. 1a
Effective July 1, 2007
Clarifies that a face-to-face assessment to determine eligibility for Home and Community-Based Waivers (CADI, CAC and TBI) is valid for no more than 60 days after the date of assessment.
- E. Public Notice and Opportunity to Comment on Disability Policy Changes
Chapter 147, Article 6, Section 45 (HF 1078)
Amends Minn. Stat. § 256B.49, subd. 11
Effective July 1, 2007
Requires DHS to provide interested notice of any substantive changes to the State's disability services program manual and changes or amendments to the home and community-based waiver program. Permits persons to add their names to the list for notices on the DHS website.
- F. Relocation Assistance Notice
Chapter 147, Article 6, Section 17 (HF 1078)
Amends Minn. Stat. § 256B.0621, subd. 11
Effective July 1, 2007
Requires DHS to establish a process with the Centers for Independent Living (CIL) to allow a person in a nursing facility to receive information, consultation and assistance from one of the CILs about available community support options to relocate to the community. Requires CILs to provide this information to persons under 65 who have indicated the desire to live in the community and have signed an information release.

XII. MEDICAL ASSISTANCE (MA)

- A. Co-Payments
Chapter 147, Article 5, Section 10 and 11 (HF 1078)
Amends Minn. Stat. § 256B.0631, subds. 1 and 3
Effective August 1, 2007 and January 1, 2009
1. *Amount*
Eliminates all co-payments required for services provided on or after January 1, 2009, except for the \$6 co-payment for non-emergency visits to an emergency room and co-payments on prescription drugs of \$3 per brand name and \$1 per generic drug. Reduces the maximum prescription co-payment limit from \$12 to \$7 per month.
Amends Minn. Stat. § 256B.0631, subd. 1
Effective January 1, 2009
 2. *Inability to Pay*
Clarifies that a service provider may not deny MA services to a recipient unable to pay a co-payment, even if it is the provider's usual business practice to do so.
Minn. Stat. § 256B.0631, subd. 3
Effective July 1, 2007

- B. Dental Services
Chapter 147, Article 5, Section 12 and Article 5, Section 14 (HF 1078)
Amends Minn. Stat. §§ 256B.0644 and 256B.76
Effective July 1, 2007
1. *Children With Special Health Needs*
 Allows dental providers an alternative method to qualify as a provider for State employee health care programs by accepting new MA or MinnesotaCare patients who are children with special health needs. Defines children with special health needs.
Amends Minn. Stat. § 256B.0644 (b)(3)
 2. *Critical Access Dental Rate*
 Increases reimbursement rate 30% for critical access to dental providers above the MA rate.
Amends Minn. Stat. § 256B.76(c)
- C. Minnesota Disability Health Options (MnDHO)
Chapter 147, Article 7, Section 60 (HF 1078)
Amends Minn. Stat. § 256B.69, subd. 23
Effective July 1, 2007
 Delays expansion beyond the current seven-county metro area of the Minnesota Disability Health Option managed care project, which includes both acute medical care services and long-term care and community supports, until after July 1, 2009.
- D. Self-Directed Supports Option
Chapter 147, Article 7, Sections 7 and 12 (HF 1078)
Adds Minn. Stat. §§ 256B.0625, subd. 49; and 256B.0657
Effective July 1, 2007
1. *New Benefit*
 Adds a new benefit – self-directed personal supports – to the MA program. Defines services to be covered to include: (1) personal care services; and (2) items, related services and supports, including assistive technology (AT) which increase independence or substitute for human assistance. *Adds Minn. Stat. § 256B.0657*
 2. *Eligibility Requirements and Reasons for Exclusion*
 Establishes eligibility requirements for self-directed supports option to include persons who: (1) are eligible for MA personal care assistant (PCA) services; (2) live in their own home or apartment (not owned, operated or controlled by a service provider not related by blood or marriage); (3) have the ability to hire, fire, supervise and establish staff compensation or have a legal guardian or parent who can manage those functions; and (4) have not been excluded or disenrolled by the Department of Human Services (DHS). Allows DHS to disenroll or exclude recipients who are restricted by the Primary Care Utilization Review Committee and recipients who leave self-directed supports option during a plan year as well as those DHS determines cannot manage the recipient responsibilities under the program.
Adds Minn. Stat. § 256B.0657, subd. 2

3. *Assessment and Self-Directed Supports Plan Requirements*
Establishes assessment requirements and specific information needed for the self-directed supports option plan.
Adds Minn. Stat. § 256B.0657, subds. 4 and 5
4. *Covered and Excluded Items and Services*
Describes covered services for self-directed supports option and lists services which are not eligible for payment under the self-directed option.
Adds Minn. Stat. § 256B.0657, subds. 6 and 7
5. *Budget and Fiscal Support Entity Requirements*
Establishes the requirements for a budget under the new self-directed supports option to include the amount of PCA services the recipient either has used in the last 12 months or the average amount used statewide for similar recipients with the same home care rating. Requires recipients using the self-directed supports option to choose a fiscal support entity certified by the commissioner to make payments for services, items, supports and administrative costs.
Adds Minn. Stat. § 256B.0657, subds. 8 and 10
6. *Quality Assurance and Stakeholder Group Consultation*
Requires DHS to establish quality assurance and risk management measures for use in developing and implementing the self-directed plans and budgets which are consistent with self-directed services and recognize the recipient's resources and capabilities. Requires inclusion of background studies and back-up emergency plans. Requires DHS to consult with a statewide consumer-directed services stakeholder group regarding: (1) development of the self-directed plan; (2) requirements and guidelines for person-centered plan assessment and planning process; (3) implementation of the option and quality assurance and risk management techniques; and (4) standards and requirements (including rates) for personal support plan development providers and fiscal support entities.
Adds Minn. Stat. § 256B.0657, subds. 9 and 11

- E. Services for Autism Spectrum Disorders
Chapter 147, Article 5, Section 41 (HF 1078)
Repeals Minn. Stat. § 256B.0625, subds. 5a – k
Effective July 1, 2007
Repeals the specified behavioral therapy services for autism spectrum disorder, which had been delayed since its adoption in 2001 with an initial effective date of January 1, 2003.
- F. Sign Language Interpreter Services
Chapter 147, Article 7, Section 6 and Article 5, Section 17.
Amends Minn. Stat. §§ 256B.0625, subd. 18a; 256D.03, subd. 4
Effective July 1, 2007
Clarifies that, regardless of the number of employees that work for a health care provider, MA (and General Assistance Medical Care) cover sign language interpreter services during the course of providing direct, person-to-person covered health care services to enrolled recipients with a hearing loss.

- G. Special Transportation Services (STS)
Chapter 147, Article 5, Sections 6 and 7 (HF 1078)
Amends Minn. Stat. § 256B.04, subd. 14
Adds Minn. Stat. § 256B.04, subd. 14a
Effective July 1, 2007
1. *Volume Purchasing Prohibition*
Prohibits DHS from utilizing volume purchase through competitive bidding and negotiation for STS, which means that the Minnesota Non Emergency Transportation (MNET) broker will not implement volume purchasing with STS providers and that current rates for STS will continue to be paid.
Amends Minn. Stat. § 256B.04, subd. 14
 2. *Volume Purchasing for Other MNET Services*
Adds to the allowable services and items which may be volume purchased through competitive bidding by DHS the following: (1) non-emergency medical transportation level-of-need determinations, (2) disbursement of public transportation passes and tokens, and (3) volunteer and recipient mileage and parking reimbursements.
Amends Minn. Stat. § 256B.04, subd. 14
 3. *Level-of-Need Determinations*
Specifies that level-of-need determinations must be performed by medical personnel and limits re-determinations of level-of-need, including stretcher eligibility, to not more than semi-annually unless circumstances have changed to require a new determination.
Adds Minn. Stat. § 256B.04, sub. 14a
 4. *Nursing Facility Residents Eligible for STS*
Moves a Minnesota rule provision to this statutory section exempting residents living in nursing facilities from level-of-need determination for special transportation services until they no longer reside in a nursing facility.
Adds Minn. Stat. § 256B.04, sub. 14a
- H. Other MA Changes
See the 2007 Health Care Section on Medical Assistance on the Legislative Advocacy Project website:
<http://www.lsapmn.org/index.cfm?pagename=homepage>

XIII. MINNESOTACARE

See 2007 Session Summaries Health Care Section on MinnesotaCare on the Legislative Advocacy Project's website
<http://www.lsapmn.org/index.cfm?pagename=homepage>

XIV. PARENT FEES

Chapter 147, Article 7, Section 2 (HF 1078)
Amends Minn.Stat. § 252.027, subd. 2
Effective July 1, 2007

Clarifies that parent fees paid for children with significant disabilities to access Medical Assistance (MA) services through the TEFRA Medical Assistance Option or the home and community waiver services program qualifies for employer-sponsored health flex spending accounts.

XV. PATIENTS' BILL OF RIGHTS

Chapter 147, Article 9, Sections 18, 19, and 20 (HF 1078)
Amends Minn. Stat. § 144.651, subs. 9, 10 and 26
Effective July 1, 2007

A. Persons Who Can Accompany Patient

Allows the patient to be accompanied by both a family member and a chosen representative instead of one or the other when being given information about diagnoses and treatment options. Allows patient to include a family member or chosen representative, including a doula or both in discussions on care planning and alternatives.

Amends Minn. Stat. § 144.651, subs. 9 and 10

B. Right of Patient to Associate

Broadens the right of the patient to associate with an appointed health care agent and an unrelated person designated in the person's medical record who will have the status of next of kin for decision making on visitation and health care decisions. Provides that a health care directive or appointment of agent has precedence over the designation in the patient's medical record of an unrelated individual.

Amends Minn. Stat. § 144.651, subd. 26

XVI. PERSONAL CARE ASSISTANT AND MA HOME CARE SERVICES

A. Adjustments to County CADI Waiver Allocations

Chapter 147, Article 19, Subdivision 8 (HF 1078)
Effective July 1, 2007

Requires adjustment of county allocations for the CADI) waiver program to reflect county changes made for those persons transferred due to elimination of use of pooled-PCA services in adult foster care in 2006.

B. Home Health Reimbursement Study

Appropriates \$60,000 in FY 08 for DHS to contract with a Minnesota-based nonprofit organization to conduct an independent analysis of reimbursement methodologies for home health services provided in MA managed care programs for seniors. Requires the analysis to be submitted to DHS by December 1, 2007 and to the Legislature by December 15, 2007.

- C. PCA Assessments
Chapter 147, Article 7, Sections 8, 9, 10 and 11 (HF 1078)
Amends Minn. Stat. §§ 256B.0651, subd. 7; and 256B.0655, subds. 8 and 16
Effective July 1, 2007
1. Provider Agency Requirements
Requires PCA provider agencies to request a new PCA services assessment or service update at least 60 days before the end of the current prior authorization time period.
Amends Minn. Stat. § 256B.0651, subd. 7
 2. Telephone Service Updates
Clarifies that telephone service updates are to be completed for two consecutive annual assessment periods if there is no change in recipient need. A face-to-face assessment is required at least every three years.
Amends Minn. Stat. § 256B.0655, subd. 16
 3. Notice of Need for Reassessment and Right to Appeal
Requires: (1) PCA provider agencies to notify both the county public health nurse and the recipient of the need for a reassessment at least 60 days before the end of the current prior authorization; and (2) that recipient is notified of appeal rights.
Amends Minn. Stat. § 256B.0655, subd. 3
 4. Assessment Payment
Reduces by 25%, beginning July 1, 2008, the payment rate for assessment for county public health agencies when the assessment is not completed on time.
Amends Minn. Stat. § 256B.0655, subd. 8
- D. Technical Changes
Chapter 147, Article 6, Sections 19, 20, 21 and 22 (HF 1078)
Amends Minn. Stat. § 256B.0655, subd. 1f
Adds Minn. Stat. § 256B.0655, subds. 12, 13 and 14
Effective July 1, 2007
Adds provisions of administrative rules governing the PCA program, including: (1) PCA training requirements; (2) personal care provider responsibilities; and (3) PCA employment provisions and supervision requirements to the statute governing PCA services.

XVII. QUALITY ASSURANCE

- A. Region 10 Quality Assurance
Chapter 147, Article 7, Sections 16 and 17; and Article 19, Section 3, Subdivision 6 (HF 1078)
Amends Minn. Stat. § 256B.095
Effective July 1, 2007
Expands Region 10's Quality Assurance project to include all disability types as well as seniors, and extends the project to June 30, 2014.

B. Statewide Quality Management, Assurance and Improvement System
Chapter 147, Article 7, Section 18 (HF 1078)
Adds Minn. Stat. § 256B.096, subd. 1
Effective July 1, 2007

1. *Establishment and Scope*
Establishes a statewide system for Minnesotans receiving disability services to: (1) improve the quality of services provided Minnesotans with disabilities; and (2) meet federal requirements for home and community-based waiver services.
Adds Minn. Stat. § 256B.096, subd. 1
2. *Stakeholder Advisory Group; Annual Survey of Recipients*
Requires DHS to consult with a stakeholder advisory group on the development and implementation of the quality management, assurance and improvement system. Requires development of an annual independent random statewide survey of between 5% and 10% of recipients to determine the effectiveness and quality of services with a biennial report of the results.
Adds Minn. Stat. § 256B.096, subds. 2 and 3
3. *Incident Reporting, Investigation, Analysis and Follow-Up*
Requires DHS, in consultation with the stakeholder advisory group, to identify the information data sources and technology needed to improve incident reporting, including: (1) reports made under the Maltreatment of Minors Act and the Vulnerable Adults Act; and (2) investigation, analysis, and follow up for other disability services. States the purpose of the activity is to ensure that federal home and community waiver requirements are met and that recipient rights and well-being are protected. Requires DHS to report biennially, beginning January 15, 2009, on progress toward developing the quality management, assurance and improvement system, with a preliminary report due January 15, 2008. Appropriates \$400,000 each year of the biennium.
Adds Minn. Stat. § 256B.096, subds. 4 and 5

XVIII. REMEMBERING WITH DIGNITY

Chapter 147, Article 19, Subdivision 6 (HF 1078)
Effective July 1, 2007

Appropriates \$200,000 in one-time funding for a grant to Advocating Change Together to: (1) research the identity of persons buried in unmarked graves at Regional Treatment Centers; (2) purchase and place proper headstone markers; (3) and work with community groups to assure public access and maintenance of cemeteries.

XIX. SELF-ADVOCACY

A. Advocating Change Together
Chapter 135, Article 1, Section 3, Subdivision 3 (HF 122)
Effective July 1, 2007

Appropriates \$300,000 for the biennium to Advocating Change Together for training, technical assurance and resource materials for persons with developmental and mental illness disabilities.

- B. Statewide Advocacy Network for Persons with ID/DD
Chapter 148, Article 1, Section 12, Subdivision 4 (HF 548)
Effective July 1, 2007

Appropriates \$280,000 for the biennium to the Council on Developmental Disabilities to establish a statewide self-advocacy network for persons with intellectual and developmental disabilities (ID/DD). Requires the self-advocacy network to: (1) ensure that persons with ID/DD are informed of their rights in employment, housing, transportation, voting, government policy, and other issues pertinent to the ID/DD community; (2) provide public education and awareness of civil and human rights; (3) provide funds and technical assistance for self-advocacy groups across the state; and (4) organize communications to facilities exchange of information among self-advocacy groups.

XX. SSI PENALTY FOR LOW-INCOME FAMILIES ON MFIP

Chapter 147, Article 2, Section 63 (HF 1078)
Repeals Minn. Stat. § 256J.37, subd. 3b
Effective February 1, 2008

Repeals the \$125 per month reduction in the MFIP grant for families with a member receiving Supplemental Security Income (SSI) payments because of a permanent disability.