State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH SESSION

HOUSE FILE NO. 3955

March 11, 2008
Authored by Thissen, Huntley, Brod, Gottwalt, McFarlane and others
The bill was read for the first time and referred to the Committee on Health and Human Services
March 17, 2008
Committee Recommendation and Adoption of Report:
To Pass as Amended and re-referred to the Committee on Finance
March 31, 2008
Committee Recommendation and Adoption of Report:
To Pass as Amended and re-referred to the Committee on Ways and Means
April 23, 2008
Committee Recommendation and Adoption of Report:
To Pass
Read Second Time
May 1, 2008
Calendar For The Day, Amended
Read Third Time as Amended
Passed by the House as Amended and transmitted to the Senate to include Floor Amendments

A bill for an act

relating to human services; modifying regulations of certain home care service providers; promoting community-based care for older adults through the establishment of community consortiums; requiring reports; amending Minnesota Statutes 2006, section 144A.45, subdivision 1, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 256.

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

Section 1. Minnesota Statutes 2006, section 144A.45, subdivision 1, is amended to read:

Subdivision 1. **Rules.** The commissioner shall adopt rules for the regulation of home care providers pursuant to sections 144A.43 to 144A.47. The rules shall include the following:

~~(a)~~ (1) provisions to assure, to the extent possible, the health, safety and well-being, and appropriate treatment of persons who receive home care services;

~~(b)~~ (2) requirements that home care providers furnish the commissioner with specified information necessary to implement sections 144A.43 to 144A.47;

~~(c)~~ (3) standards of training of home care provider personnel, which may vary according to the nature of the services provided or the health status of the consumer;

~~(d)~~ (4) standards for medication management which may vary according to the nature of the services provided, the setting in which the services are provided, or the status of the consumer. Medication management includes the central storage, handling, distribution, and administration of medications;

~~(e)~~ (5) standards for supervision of home care services requiring supervision by a registered nurse or other appropriate health care professional which must occur on site at least every 62 days, or more frequently if indicated by a clinical assessment, and in

accordance with sections 148.171 to 148.285 and rules adopted thereunder, except that, notwithstanding the provisions of Minnesota Rules, part 4668.0110, subpart 5, item B, supervision of a person performing home care aide tasks for a class B licensee providing paraprofessional services must occur every 62 days unless this requirement is waived by the client or their personal representative and then the supervision must occur at least every 180 days, or more frequently if indicated by a clinical assessment;

~~(f)~~ (6) standards for client evaluation or assessment which may vary according to the nature of the services provided or the status of the consumer;

~~(g)~~ (7) requirements for the involvement of a consumer's physician, the documentation of physicians' orders, if required, and the consumer's treatment plan, and the maintenance of accurate, current clinical records;

~~(h)~~ (8) the establishment of different classes of licenses for different types of providers and different standards and requirements for different kinds of home care services; and

~~(i)~~ (9) operating procedures required to implement the home care bill of rights.

Sec. 2. Minnesota Statutes 2006, section 144A.45, is amended by adding a subdivision to read:

Subd. 1a. **Home care aide tasks.** Notwithstanding the provisions of Minnesota Rules, part 4668.0110, subpart 1, item E, home care aide tasks also include assisting toileting, transfers, and ambulation if the client is ambulatory and if the client has no serious acute illness or infectious disease.

Sec. 3. **[256.0122] WAIVER SERVICES BEST PRACTICES CONSORTIUM.**

Subdivision 1. **Establishment.** The commissioner shall appoint an elderly, home and community-based waiver services best practices consortium. The consortium shall consist of: four members representing the Department of Human Services; two members appointed by the Metropolitan Inter-County Association; two members appointed by the Association of Minnesota Counties; and four members appointed by the Council of Nonprofits. The commissioner of human services shall provide staffing, administrative support, and office space for the consortium out of existing funds of the operations budget. The consortium shall convene its first meeting within two weeks of all members being appointed. The consortium is governed by section 15.0575.

Subd. 2. **Duties; report.** The consortium shall analyze waiver program practices, recommend best practices to the counties and the commissioner, and report to the legislature with recommendations for waiver services best practices, necessary statutory

changes, and methods to encourage adoption of these best practices by counties and case managers. The consortium shall provide the legislature with preliminary recommendations by January 15, 2009.

Sec. 4. **OLDER ADULT SERVICES COMMUNITY CONSORTIUMS.**

Subdivision 1. **Establishment.** (a) The commissioner of human services, in cooperation with the commissioners of health and housing finance, shall develop and implement, beginning July 1, 2009, a three-year demonstration project for older adult services community consortiums. An older adult services community consortium may consist of health care and social service providers, county agencies, health plan companies, and other community stakeholders within a demonstration site that have established a process for joint decision making. Demonstration sites may include a portion of a county, an entire county, or multiple counties.

(b) Each community consortium seeking to participate as a demonstration site must submit an application to the commissioner of human services. The application must include:

(1) a description of the entities participating in the consortium, the scope of collaboration, and the process to be used for joint decision making;

(2) the methods by which the consortium plans to achieve the goals specified in subdivision 2;

(3) a description of the proposed demonstration site; and

(4) other information the commissioner of human services determines to be necessary to evaluate proposals.

(c) The commissioner of human services shall establish a process to review and consider applicants. The commissioner of human services shall designate up to three community consortiums as demonstration sites.

(d) Each community consortium selected to participate shall establish a local group to assist in planning, designing, implementing, and evaluating the coordinated service delivery system within the demonstration site. Planning for each consortium shall build upon current planning processes developed by county gaps analyses and ElderCare Development Partnerships under Minnesota Statutes, section 256B.0917.

Subd. 2. **Goals.** The community consortium demonstration project is intended to accelerate the development of community-based services to fill in gaps identified within communities, by using a pool of funds and providing flexibility in the use and distribution of these funds within each demonstration site. These projects must be designed to:

(1) ensure consumer access to a continuum of older adult services;

(2) create an adequate supply of affordable home-based alternatives to care for persons currently using nursing facilities, or likely to need nursing facility services in the future;

(3) establish and achieve measurable performance targets for care delivered throughout the continuum of care; and

(4) support the management of chronic and complex conditions through greater coordination of all services needed by older adults.

Subd. 3. **Priority for other grants.** The commissioner of health shall give priority to community consortiums selected as demonstration sites when awarding technology-related grants, if the consortiums are using technology as a part of their proposal. To the extent that the commissioner of the Housing Finance Agency funds projects to create or preserve affordable housing options for older adults, the commissioner of housing finance shall give priority to financially feasible projects proposed or supported by community consortiums selected as demonstration sites. The commissioner of transportation shall give priority to community consortiums selected as demonstration sites when distributing transportation-related funds to create transportation options for older adults.

Subd. 4. **Federal approval.** The commissioner of human services may request any federal approvals or waivers necessary to implement the community consortiums under the medical assistance program and include medical assistance funding as specified in subdivision 7 in the community consortium account.

Subd. 5. **State waivers.** The commissioner of health may waive applicable state laws and rules on a time-limited basis if the commissioner of health determines that a participating consortium requires a waiver in order to achieve demonstration project goals.

Subd. 6. **Quality measures.** (a) Community consortiums participating in the demonstration project shall report information to the commissioner of human services necessary to evaluate the demonstration project, in the form and manner specified by the commissioner. The information collected by the commissioner of human services must include both process and outcome measures, including but not limited to measures related to enrollee satisfaction, service delivery, service coordination, service access, use of technology, individual outcomes, and costs.

(b) Participating consortiums shall identify state policies that limit the extent to which project goals can be achieved and recommend necessary changes to the appropriate state agencies.

Subd. 7. **Community consortium financing.** (a) The commissioner of health shall reserve ten percent of any funds appropriated for the biennium ending June 30, 2011,

for the nursing home moratorium exception process under Minnesota Statutes, section 144A.073, for distribution to qualifying projects that are part of a community consortium.

(b) Notwithstanding Minnesota Statutes, section 256B.434, subdivision 4, paragraph (d), the nursing facility performance incentive payments shall be reduced by ten percent for the biennium ending June 30, 2011. This shall be a onetime reduction.

(c) Base level funding for community service grants under Minnesota Statutes, section 256B.0917, subdivision 13, and community services development grants under Minnesota Statutes, section 256.9754, shall be reduced by ten percent for the biennium ending June 30, 2011. These shall be onetime reductions.

(d) The commissioner of finance shall establish a community consortium account as a special revenue account. Funding is appropriated from the general fund to the commissioner of human services in an amount equal to the state share of the reductions in paragraphs (b) and (c), for deposit in the special revenue account to fund community consortiums. Community consortium funds shall carry forward until expended.

Subd. 8. **Evaluation and report.** The commissioner of human services, in cooperation with the commissioners of health and housing finance, shall evaluate the demonstration project, and report preliminary findings and recommendations to the legislature by November 15, 2011, on whether the demonstration project should be continued and whether the number of demonstration project sites increased. The final report of findings and recommendations shall be delivered to the legislature by January 15, 2013. The preliminary and final evaluation and report must include:

(1) a comparison of the performance of demonstration sites relative to nonconsortium communities on the quality measures specified in subdivision 6;

(2) an assessment of the extent to which the demonstration project can be successfully expanded to other parts of the state;

(3) legislative changes necessary to improve the effectiveness of the demonstration project and to expand the projects to other parts of the state; and

(4) any actions taken by the commissioner of health under subdivision 5.

The commissioner of human services may use up to $50,000 of the funding provided to each participating community consortium under this section to fund the preliminary and final evaluation and report.