

S.F. No. 348, as introduced - 87th Legislative Session (2011-2012) [11-1742]

2.1 intermediate care facility, health care facility licensed by the commissioner of health, or
2.2 unless a resident who is otherwise eligible is on leave from the facility and the facility
2.3 either pays for the personal care assistance services or forgoes the facility per diem for the
2.4 leave days that personal care assistance services are used. All personal care assistance
2.5 services must be provided according to sections 256B.0651 to 256B.0656. Personal care
2.6 assistance services may not be reimbursed if the personal care assistant is the spouse or
2.7 paid guardian of the recipient or the parent of a recipient under age 18, or the responsible
2.8 party or the family foster care provider of a recipient who cannot direct the recipient's own
2.9 care unless, in the case of a foster care provider, a county or state case manager visits
2.10 the recipient as needed, but not less than every six months, to monitor the health and
2.11 safety of the recipient and to ensure the goals of the care plan are met. Notwithstanding
2.12 the provisions of section 256B.0659, the unpaid guardian or conservator of an adult,
2.13 who is not the responsible party and not the personal care provider organization, may be
2.14 reimbursed to provide personal care assistance services to the recipient if the guardian or
2.15 conservator meets all criteria for a personal care assistant according to section 256B.0659,
2.16 and shall not be considered to have a service provider interest for purposes of participation
2.17 on the screening team under section 256B.092, subdivision 7.

2.18 Sec. 2. Minnesota Statutes 2010, section 256B.0652, subdivision 6, is amended to read:

2.19 Subd. 6. **Authorization; personal care assistance and qualified professional.**

2.20 (a) All personal care assistance services, supervision by a qualified professional, and
2.21 additional services beyond the limits established in subdivision 11, must be authorized
2.22 by the commissioner or the commissioner's designee before services begin except for the
2.23 assessments established in subdivision 11 and section 256B.0911. The authorization for
2.24 personal care assistance and qualified professional services under section 256B.0659 must
2.25 be completed within 30 days after receiving a complete request.

2.26 (b) The amount of personal care assistance services authorized must be based
2.27 on the recipient's home care rating. The home care rating shall be determined by the
2.28 commissioner or the commissioner's designee based on information submitted to the
2.29 commissioner identifying the following for recipients with dependencies in two or more
2.30 activities of daily living:

2.31 (1) total number of dependencies of activities of daily living as defined in section
2.32 256B.0659;

2.33 (2) presence of complex health-related needs as defined in section 256B.0659; and

2.34 (3) presence of Level I behavior as defined in section 256B.0659.

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3.1 (c) The methodology to determine total time for personal care assistance services for
3.2 each home care rating is based on the median paid units per day for each home care rating
3.3 from fiscal year 2007 data for the personal care assistance program. Each home care rating
3.4 has a base level of hours assigned. Additional time is added through the assessment and
3.5 identification of the following:

3.6 (1) 30 additional minutes per day for a dependency in each critical activity of daily
3.7 living as defined in section 256B.0659;

3.8 (2) 30 additional minutes per day for each complex health-related function as
3.9 defined in section 256B.0659; and

3.10 (3) 30 additional minutes per day for each behavior issue as defined in section
3.11 256B.0659, subdivision 4, paragraph (d).

3.12 (d) Effective July 1, 2011, the home care rating for recipients who have a dependency
3.13 in one activity of daily living or level one behavior shall equal two units per day. The
3.14 commissioner shall evaluate the cost-effectiveness of this home care rating and provide a
3.15 recommendation to the legislature by January 15, 2013.

3.16 (e) A limit of 96 units of qualified professional supervision may be authorized for
3.17 each recipient receiving personal care assistance services. A request to the commissioner
3.18 to exceed this total in a calendar year must be requested by the personal care provider
3.19 agency on a form approved by the commissioner.