

Minnesota Elderly Waiver Amendments

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1. Home Care Nursing (HCN) Hardship Waiver in Conjunction with Consumer Directed Community Supports (CDCS)

- **Clarifies the HCN Hardship Waiver is not available when a participant is using CDCS**

Appendix C-2: Participant Services, General Service Specifications

e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.

Home Care nursing (this is an extended home health care service)

Spouses, non-paid legal guardians, and conservators may be paid to provide extraordinary services that require specialized nursing skills when the following criteria are met:

- The service is not legally required of the individual;
- The service is necessary to prevent hospitalization of the enrollee; and
- One of the following hardship criteria is met. The individual:

- (i) resigns from a part-time or full-time job to provide the service; or
- (ii) changes from a full-time to a part-time job with less compensation to provide the service; or
- (iii) takes a leave of absence without pay to provide the service; or
- (iv) is needed to meet the medical needs of the enrollee because of labor conditions, special language needs, or intermittent hours of care needed

The individual must be a nurse licensed in Minnesota and employed by a home health or-HCN agency. The individual must also complete a criminal background study in accordance with Minnesota Statutes, Chapter 245C and not be disqualified. The service cannot be used in lieu of nursing services covered under and available through a liable third-party payer. The service also cannot be used to replace the individual’s responsibilities as a primary caregiver or to provide emergency backup without payment.

The number of hours shall not exceed 50 percent of the total approved nursing hours, or eight hours per day, whichever is less, up to a maximum of 40 hours per week. The service shall not be covered if the home health agency, the case manager, or the physician determines that the home_care_nursing care provided by the spouse or legal guardian is unsafe or may potentially jeopardize the enrollee’s health and safety.

The Home Care Nursing Hardship waiver is not available when a participant is using Consumer Directed Community Supports (CDCS).

2. Case Management – Qualifications for Social Workers

- **Updates the qualifications for social workers who are graduates from an accredited four-year college with a major in any field.**

Appendix C-1/C-3: Participant Services – Service Specification

Other Standard (*specify*):

Social workers must be a graduate from an accredited four-year college with a major in social work, psychology, sociology, or a closely related field; or be a graduate from an accredited four-year college with a major in any field and one year experience as a social worker/case manager/care coordinator in a public or private social service agency. Social workers must also pass a written examination covering knowledge of counseling, interviewing, and social science principles through the Minnesota Merit System or a county civil service system in Minnesota. Authority to set personnel standards is granted to the commissioner of human services under Minnesota Statutes, section 256.012.

Alternative credentialing standards may be applied to services provided by Tribal Governments if accepted by the commissioner of human services under Minnesota Statutes, section 256B.02, subd. 7. MCOs may establish alternative credentialing standards in accordance with the contracts between the MCOs and department.

Standards for the Minnesota Merit System are authorized under Minnesota Rules, Parts 9575.0010 to 9575.1580.

3. Background Studies

- Updates list of services that require a background study

Appendix C-2: Participant Services, General Service Specifications

a. Criminal History and/or Background Investigations.

Direct Contact Services means providing face-to-face care, support, training, supervision, counseling, consultation, or medication assistance to a person. Direct contact services always includes the following services:

Addition of new service:

Individual Community Living Support (ICLS)

4. Participant Services

- Updates list of services furnished under the waiver to include Individual Community Living Support (ICLS)

Appendix C-1: Summary of Services Covered

a. Waiver Services Summary

Addition of the ICLS Service to the table that lists the services that are furnished under the waiver

Service Type – Other Service

Service – Individual Community Living Support (ICLS)

Appendix C-2: Facility Specifications

Addition of ICLS to the table in this section

Waiver Service

Individual Community Living Support (ICLS)

Provider in Facility column – there will be no check mark

Paragraph in Appendix C-2 is to be updated to reflect license

Provision of or arrangement for necessary health services:

Board and lodge providers must be registered with the Minnesota Department of Health as a housing with services provider. The housing with services standards govern the scope of health services and monitoring that may be provided or arranged without an additional home care license. The majority of board and lodge providers who furnish waiver services elect to be concurrently licensed as a ~~Class A, B, or F~~ comprehensive home care provider, or are required to be licensed as a ~~Class A, B, or F~~ comprehensive home care provider based on the scope of services they provide.

5. Monitoring Technology – Environmental Accessibility Adaptations

- Adds language requiring an informed consent process when monitoring technology is being authorized
- Adds language clarifying that an informed consent is not needed when door and window alarms are used for certain situations

Appendix C-1/C-3: Participant Services – Service Specification

Service Definition (*Scope*):

(a) Any agency or individual who creates, collects, records, maintains, stores, or discloses any individually identifiable participant data, whether in an electronic or any other format, must comply with the privacy and security provisions of applicable privacy laws and regulations, including:

(1) the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-1; and the HIPAA Privacy Rule, Code of Federal Regulations, title 45, part 160, and subparts A and E of part 164; and

(2) The Minnesota Government Data Practices Act as codified in chapter 13 and contracting related to data according to section 13.05, in which the agency or individual is assigned the duties of a government entity;

(3) The agency or individual must provide each participant with a notice that meets the requirements under section 13.04, in which the agency or individual is assigned the duties of the government entity, and that meets the requirements of Code of Federal Regulations, title 45, part 164.52. The notice shall describe the purpose for collection of the data, and to whom and why it may be disclosed pursuant to law. The notice must inform the participant that the agency or individual uses electronic monitoring and, if applicable, that recording technology is used;

(4) In accordance with Minn. Stat. § 245A.11, Subd. 7a (f) “a foster care recipient may not be removed from a program under this subdivision for failure to consent to electronic monitoring.” If an existing resident does not consent to electronic monitoring, the application for an alternative overnight supervision technology license will not be approved. If the participant does not consent, the case manager and the support planning team are responsible to ensure that the participant’s needs are met by alternative means.

(5) The use of environmental accessibility adaptations funding for monitoring technology requires an informed consent process. To ensure an informed consent process, the Case Manager and the participant or legal guardian must collaborate and determine:

- a) how the monitoring technology will be used;
- b) how their needs will be met if they choose not to use monitoring technology;
- c) possible risks created by the use of the technology;

- d) who will have access to the data collected and how their personal information will be protected; and
- e) their right to refuse, stop, or suspend the use of monitoring technology at any time.
- (6) The participant's Community Support Plan must describe how the use of monitoring technology:
- is the least restrictive option and the person's preferred method to meet an assessed need;
 - achieves an identified goal or outcome; and
 - addresses health, potential individual risks and safety planning.
- (7) Additional consent is not required for door and window alarms that do not record data, when used to supplement the supervision provided by an on-site caregiver and documented in the support plan as needed for health and safety.
- (8) Monitoring cameras must not be installed in bathrooms; and will only be permitted in bedrooms ~~as the least restrictive alternative~~ for complex medical needs or other extreme circumstances as approved by the Department and electronic monitoring cameras must not be concealed from the participant; and
- (9) Equipment that is bodily invasive, concealed cameras, and auto door or window locks are not allowed.
- (10) The State ~~plans~~ must ~~to~~ review support plans of waiver participants with a proposed need for cameras in their bedroom. Support planning teams may consist of individuals with expertise in areas appropriate to meet the individual's needs.
- (11) Electronic video and audio recordings of participants shall be stored for five days unless: (i) a participant or legal representative requests that the recording be held longer based on a specific report of alleged maltreatment; or (ii) the recording captures an incident or event of alleged maltreatment under section 626.556 or 626.557 or a crime under chapter 609. When requested by a participant or when a recording captures an incident or event of alleged maltreatment or a crime, the recordings must be maintained in a secured area for no longer than 30 days to give the investigating agency an opportunity to make a copy of the recording. The investigating agency will maintain the electronic video or audio recordings as required in section 626.557, subdivision 12b.
- b) The agency or the individual shall be monitored for compliance with the following ~~data privacy and security~~ provisions:
- 1) The agency or the individual must control access to data on participants according to the definition of public and private data on individuals under section 13.02; classification of the data on individuals as private under section 13.46, subd.2; and control over the collection, storage, use, access, protection, and contracting related to data according to section 13.05, in which the agency or individual is assigned the duties of a government entity.

6. Specialized Supplies & Equipment

- Adds language to disallow “experimental treatments”
- Adds language to ensure waivers do not cover items that restrain or restrict a person's rights unless certain requirements are met

Appendix C-1/C-3: Participant Services – Service Specification

Service Title:

Specialized Supplies and Equipment

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Items that are not of direct medical or remedial benefit to the enrollee and items that are covered by the state plan as durable medical equipment are not covered, including related assessments, repairs, and

service. Experimental treatments are not covered. Items are not covered if it restricts a participant's rights or restrains a participant and:

The items are not adaptive aids or equipment, orthotic devices or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition

7. Vehicle Modifications

- Updates qualifications for vehicle installation providers

Appendix C-1/C-3: Participant Services – Service Specification

Provider Category:

Agency

Provider Type

Environmental Accessibility Adaptations/Vehicle Installations

Provider Qualifications

Other Standard (*specify*):

Agencies that provide vehicle installation services must:

- Install equipment according to the manufacturer's requirements and instructions
- Meet state and federal ADA requirements
- Meet Title 49 of the Code of Federal Regulations Parts 500-599 (requirements specific to vehicle modifications are in 49 CFR § Part 595.7)
- Follow the Society of Automotive Engineers' recommended practices
- Register as a "vehicle modifier" with the National Highway Traffic Safety Administration

Agencies that provide vehicle installation services must:

- Install equipment according to the manufacturer's requirements and instructions
- Meet state and federal ADA requirements
- Meet Title 49 of the Code of Federal Regulations Parts 500-599 (requirements specific to vehicle modifications are in CFR 49 Part 595)
- Follow the Society of Automotive Engineers' recommended practices
- Register as a "vehicle modifier" with the National Highway Traffic Safety Administration

Verification of Provider Qualifications

Entity Responsible for Verification:

Enrolled Providers: Minnesota Department of Human Services Provider Enrollment

Non-Enrolled Providers: Counties/Tribes

Frequency of Verification:

Enrolled Providers -Every five years

Non-enrolled Providers – Every five years

Provider Category:

Individual

Provider Type

Environmental Accessibility Adaptations/Vehicle Installations

Provider Qualifications

Other Standard (*specify*):

People who provide vehicle installation services must:

- Install equipment according to the manufacturer's requirements and instructions
- Meet state and federal ADA requirements
- Meet Title 49 of the Code of Federal Regulations Parts 500-599 (requirements specific to vehicle modifications are in CFR 49 Part 595-7)
- Follow the Society of Automotive Engineers' recommended practices
- Register as a "vehicle modifier" with the National Highway Traffic Safety Administration

Verification of Provider Qualifications

Entity Responsible for Verification:

Enrolled providers: The Minnesota Department of Human Services, Provider Enrollment

Non-enrolled providers: Counties/Tribes

Frequency of Verification

Enrolled providers: Every five years

Non-enrolled providers: Every five years

8. Environmental Accessibility Adaptations

- **Increases the annual cap amount for modifications**

Appendix C-1/C-3: Participant Services – Service Specification

Service Definition (*Scope*):

Modifications and adaptations to home or vehicle or adaptive equipment are limited to a combined total of ~~\$10,000~~ \$20,000 per enrollee per waiver year.

9. Residential Care Services

- Establishes the date of 6/30/2018 when Residential Care Services will be discontinued
- Establishes the date of 7/1/2017 when no new participants can receive residential care services
- Advises that the department will work with lead agencies during the transition process to determine alternative waiver support services
- Includes language allowing an exception process for people in institutional settings or short term crisis stabilization programs who were previously receiving residential care services
- Includes language allowing for a rate adjustment during the transition (upon approval by the commissioner)

Appendix C-1/C-3: Participant Services – Service Specification

Service Description (*Scope*):

The Residential Care service shall discontinue by June 30, 2018. The Department will work with Lead Agencies to begin the transition process for people to complete person centered planning to determine alternative waiver supports. No new authorizations for residential care services will be allowed starting July 1, 2017. A new authorization means approval for residential care services for a participant who was not receiving care services on June 30, 2017.

From July 1, 2017 to June 30, 2018, the commissioner may approve an exception for a new authorization for residential care services for a participant who is being discharged from an institutional setting (e.g. nursing facility, hospital, ICF/DD, or IMD) or short term crisis or stabilization program, and was receiving residential care services immediately prior to being discharged from the institutional setting, crisis or stabilization program.

10. Out-of-State Travel

- Defines direct care staff services for the purposes of temporary out-of-state travel

Application – Additional Needed Information

3. Services are only provided to Minnesota residents, and services are not covered outside of Minnesota except when: (1) the provider is located within the enrollee's local trade area in North Dakota, South Dakota, Iowa, or Wisconsin and the service is provided in accordance with state and federal laws and regulations; or (2) the services provided are direct care staff (that are authorized in the enrollee's care plan) provided when the enrollee is temporarily outside of Minnesota and within the United States. Direct care staff services are defined as extended personal care assistance, extended home care nursing and a CDCS worker that provides ADL assistance under the category of Personal

Assistance.

The local trade area is defined in Minnesota Rules, Part 9505.0175, subp. 22, as the geographic area surrounding the person's residence, including portions of states other than Minnesota, which is commonly used by other persons in the same area to obtain similar necessary goods and services. Temporary travel is defined as a maximum of 30 days per calendar year with the exception of emergencies. In situations in which temporary travel may exceed 30 days due to an emergency (e.g., cancelled flights by airlines, family emergencies, etc.), the case manager must be notified as soon as possible prior to the thirtieth day. The case manager determines whether the situation constitutes an emergency and whether additional waiver services will be authorized.

All waiver plan requirements continue to apply to services provided outside of Minnesota including, prior authorization, provider standards, enrollee health and safety assurances, etc. Travel expenses for enrollees and their companions (including paid or non-paid caregivers), such as airline tickets, mileage, lodging, meals, entertainments, etc. are not covered.

11. Tribal Standards

- Update of tribal standards language that was an oversight upon input to CMS and not removed with prior amendment

Appendix C-2: Participant Services – General Service Specifications

(f) **Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

Federally recognized tribes ~~that contract with the department as a lead agency~~ may establish alternative provider qualifications for waiver services in accordance with Minn. Stat., §256B.02 subd. 7, item (c). A tribe that intends to implement standards for credentialing health professionals must submit the standards to the department, along with evidence of meeting, exceeding, or being exempt from corresponding state standards. The department maintains a copy of the standards and supporting evidence to enroll health professionals approved by tribes. If the tribe elects to become a provider under the alternative licensing standards, they must establish separation of authority from the tribal licensing agency and the provider agency to mitigate potential conflicts of interests.

12. Adult Foster Care

- Update of provider category that was not amended with prior amendment – this was amended for other provider categories

Appendix C-1/C-3 Service Specification

Provider Qualifications License:

Provider Category:

Individual

Provider Type:

Adult Foster Care

Provider Qualifications**License** (*specify*):

~~Adult foster care~~ Must be is licensed under Minnesota Rules, parts 9555.5050 to 9555.6265 and 2960.3000 to 2960.3230, and Minnesota Statutes, §245A.03. or Community Residential Setting (CRS) under 245D

Other Standard:

Must be licensed under Minnesota Rules, parts 9555.5105 to 9555.6265 ~~and 2960.3000 to 2960.3230~~, and Minnesota Statutes, §245A.03. or Community Residential Setting (CRS) under 245D

Other Standard:

Must meet the requirements of Minnesota Rules, parts 9555.5105 to 9555.6265 and Minnesota Statutes, §256B.0919 Subdivisions 1 and 2.

Adult foster care providers must deliver the services in one of the licensed facilities: Minnesota Rules, parts 9555.5050 to 9555.6265 or CRS under 245D

Verification of Provider Qualifications**Entity Responsible for Verification:**

The Department of Human Services. Some licensing functions are delegated to counties to complete under department supervision.

Frequency of Verification:

Providers are reviewed every one to two ~~three~~ years. For newly licensed providers, reviews are conducted within the first year. Counties must be certified by the department to conduct licensing reviews. The department reviews the licensing activities delegated to county agencies at least once every three years to determine whether they continue to meet the certification standards.

13. Individual Community Living Supports (ICLS)

- **Adds a new service to provide a range of flexible supports and moderate physical assistance to assist participants to live in their own home**

Appendix C-1/C-3: Participant Services – Service Specification**Service Type:**Other Service**Taxonomy:**Category 08: Home-Based ServicesSub-category: 08010 Home-based habilitation**Service Definition** (*Scope*):

ICLS service offers verbal guidance, assistance and support to Elderly Waiver (EW) participants who need cuing, or intermittent or moderate physical assistance to remain in their own homes. Qualified workers will deliver a range of supports to an individual including activities of daily living (ADLs), instrumental activities of daily living (IADLs), active cognitive support, community living support and health services.

The service is flexible and scalable in order to meet a broad range of needs over time in a coordinated, cost-effective manner with all workers able to provide supports needed by the participant.

ICLS will complement and extend the use of informal caregiving and community supports and provide specialized support based on the individual's identified risk factors.

Qualified ICLS providers may not control or influence participant housing directly, or indirectly. Providers may not be an arranged home care provider for a housing with services establishment within which the participant resides. ICLS will be delivered in a single-family home or apartment owned or rented by the participant as demonstrated by a lease agreement or is leased or owned by a friend or family member who has no financial interest in the service.

Case managers will design a person-centered ICLS plan using forms provided by the Minnesota Department of Human Services which is part of the Coordinated Services and Support Plan (CSSP) in consultation with participants to address assessed functional needs, risk factors, preferences and goals of the individual. The case manager will assign tasks to the provider in the participant's ICLS plan. ICLS services will be delivered by the provider in conformance with the person-centered CSSP addendum developed by the provider and approved by the participant and case manager.

ICLS providers must notify case managers/care coordinators and informal caregivers of changing needs, as indicated in the participants ICLS Plan, CSSP and/or Addendum and as required by Minnesota Statutes 245D

The following component services are available under ICLS:

Adaptive Support Service (Component Service)

- Verbal guidance on adaptive/alternate processes for ICLS task completion
- Develop and demonstrate to participants cuing systems such as calendars and lists which reduce reliance on human assistance
- Show participants the use of assistive technology following written directions of health professionals or manufacturer's instructions to enable participants to function with greater independence and be less reliant on human support
- Integrate use of graduated guidance, and similar support methodologies in the delivery of ICLS services that promote continued self-sufficiency
- Identify and mitigate risk factors associated with assisted living or nursing facility or other institutional placement, e.g. falls, lack of informal caregiving, memory concerns, needing help with ADLs, including implementation of recommendations of health professionals such as occupational, physical and speech therapists

Activities of Daily Living Support (Component Service)

- Provide reminders or cuing systems to complete ADLs
- Cue and/or provide intermittent physical assistance with dressing, grooming, eating, toileting, mobility, transferring, and positioning
- Cue and/or provide continual supervision and physical assistance with bathing, as needed
- Provide short-term assistance with continual supervision and/or physical assistance with ADLs when Medicare or State Plan services do not cover these services

Active cognitive support provided face to face or remotely using real-time two-way communication (Component Service)

- Provide in-person or telephone check-ins to identify problems and resolve concerns
- Implement strategies to maintain orientation to time and place
- Problem-solve concerns related to daily living
- Observe and redirect to address behavioral orientation or other cognitive
- Provide reassurance
- Provide cognitive support using accepted practice and/or strategies supported by data specific to the participant

Household management assistance (Component Service):

- Assist with cleaning, meal planning and preparation and shopping for household or personal needs
- Provide budgeting and money management
- Assist with communications (e.g. sorting mail, accessing email, dialing telephone)
- Provide transportation when integral to ICLS goals and when community resources and/or informal supports are not available. ICLS providers may also enroll as waiver transportation providers and simultaneously bill for transportation of participants using the waiver transportation mileage rate

Health, Safety and Wellness (Component Service):

- Identify changes in health needs, with referrals to case manager and/or notification of informal caregivers
- Identify and remediate environmental risks at home and in the community using home and community safety checklists and other tools
- Provide reminders and assistance with exercises and other wellness and/or health maintenance activities
 - Provide medication assistance, e.g., medication refills, medication reminders, medication administration, medication setups
 - Monitor health conditions according to written instructions from a licensed health professional
 - Assist with or coordinate medical, dental, and other health service appointments
 - Use medical equipment devices, or adaptive aides or technology according to written instructions from a licensed health professional
 - Support health and wellness as required under Minnesota Statutes, chapter 245D
 - Develop and implement an individual abuse prevention plan according to section 245A.65, subdivision 2.

Community Living Engagement (Component Service):

- Help participant access activities, services and resources that facilitate community integration, and meaningful participation in the community.
- Assist participant to develop and/or maintain the participants informal support system
- Facilitate socially valued roles through engagement in relevant activities leading to desired outcomes
- Assist participant in scheduling and managing appointments

Face to face in person support will be scheduled a minimum of weekly

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Participants receiving ICLS services may not be authorized to receive customized living, residential care, consumer directed community supports (CDCS) or foster care.
- Case managers must assure there is no duplication of service when participants are authorized for State Plan home care or other EW services.
- Equipment is not covered by ICLS, but may be selected by the participant and authorized separately by the case manager as the service of specialized equipment and supplies or as an environmental accessibility adaptation service.
- Mileage will not be included in the ICLS rate.

Service Delivery Method: *(check each that applies)*

√ Provider Managed

Provider Specifications:

Agency – Providers who meet the ICLS service standards

Individuals – Providers who meet the ICLS service standards

Provider Category:

Agency

Provider Type:

Providers who meet the Individual Community Living Support (ICLS) service standards

Provider Qualifications

License *(specify):*

1. Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service provider; or

2. Licensed for Comprehensive Home Care under Minnesota Statutes, Chapter 144A.43 through 144A.483 with a Home and Community-Based Services Designation under Minnesota Statutes, section 144A.484.

Other Standard *(specify):*

Providers must be able to provide all ICLS components services in compliance with basic support service requirements in Minnesota Statutes 245D.

Direct service workers are trained and competent to provide all services in the individual's ICLS plan and work under the supervision of the provider coordinator and manager as specified in Minnesota Statutes 245D.

Individuals meeting the licensing exclusions of Minnesota Statutes, section 245A.03, subd. 2 (1) and (2) must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards.

Verification of Provider Qualifications

Entity Responsible for Verification:

The Minnesota Department of Human Services monitors providers licensed under Minnesota Statutes, Chapter 245D.

The Minnesota Department of Health monitors providers holding a home care license under Minnesota Statutes, Chapter 144A.

Frequency of Verification:

Every one to three years

Provider Category:

Individual

Provider Type:

Providers who meet the Individual Community Living Support (ICLS) service standards

Provider Qualifications**License** (*specify*):

1. Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service provider; or

2. Licensed for Comprehensive Home Care under Minnesota Statutes, Chapter 144A.43 through 144A.483 with a Home and Community-Based Services Designation under Minnesota Statutes, section 144A.484.

Other Standard (*specify*):

Providers must be able to provide all ICLS components services in compliance with basic support service requirements in Minnesota Statutes 245D.

Direct service workers are trained and competent to provide all services in the individual's ICLS plan and work under the supervision of the provider coordinator and manager as specified in Minnesota Statutes 245D.

Individuals meeting the licensing exclusions of Minnesota Statutes, section 245A.03, subd. 2 (1) and (2) must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards.

Verification of Provider Qualifications**Entity Responsible for Verification:**

The Minnesota Department of Human Services monitors providers licensed under Minnesota Statutes, Chapter 245D.

The Minnesota Department of Health monitors providers holding a home care license under Minnesota Statutes, Chapter 144A.

Frequency of Verification:

Every one to three years

14. Verifying Entity for Tier 2 / Tier 3 Non-Enrolled Providers

- Removes “fiscal support entity” from all non-enrolled provider qualifications

Appendix C-1/C-3: Participant Services – Service Specification

Updates the following Verification of Provider Qualifications:

Entity Responsible for Verification:

Enrolled providers: Minnesota Department of Human Services, Provider Enrollment

Non-enrolled providers: Counties/Tribes ~~or fiscal support entity~~

For each of the following services:

- Homemaker/Cleaning Service
- Chore services
- Environmental Accessibility Adaptations

15. Respite

- Adds Community Residential Setting (CRS), the new term used for corporate foster care license sites (245D), as a location where respite can be provided.
- Replaces “Class A, B, or F license” with “Basic or Comprehensive home care license” where applicable
- Removes 144A licensure from provider qualifications where applicable

Appendix C-1/C-3: Participant Services – Service Specification

Service Definition (*Scope*):

Respite care may be provided to enrollees who are unable to care for themselves. The service is furnished on a short-term basis because of the absence or need for relief of the person who normally provides the care and who is not paid or is only paid for a portion of the total time of care or supervision provided. The unpaid caregiver does not need to reside in the same home as the enrollee. Respite care may be provided in: the enrollee’s home or place of residence; a home licensed to provide foster care; Community Residential Setting (CRS), a Medicare certified hospital or nursing facility; a building registered as a housing with services establishment with services delivered by a licensed home care provider; or a private home that is identified by the enrollee

Provider Category:

Agency

Provider Type:

Adult Foster Care Providers

Provider Qualifications

License (*specify*):

Out of home respite providers furnishing respite care outside of the enrollee's home must be licensed under Minnesota Rules, parts 9555.5105 to 9555.6265 ~~and 2960.3000 to 2960.3230,~~ and Minnesota Statutes, §245A-03. or Community Residential Setting (CRS) under Minnesota

Statutes 245D. Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service provider or 144A, Licensed for Home Care under Minnesota Statutes, Chapter 144a.43 through 144a.483 with a Home and Community Based Services Designation under Minnesota Statutes, section 144a.484 unless they are excluded under Minnesota statutes, section 245A.03, sub 2 (1) and (2) to provide respite service.

Other Standard (*specify*):

Must meet the requirements of Minnesota Rules, parts 9555.5105 to 9555.6265 and Minnesota Statutes, §256B.0919 Subdivisions 1 and 2.

Adult foster care providers must deliver the services in one of the licensed facilities:

- Minnesota Rules, parts 9555.5050 to 9555.6265 or CRS under 245D

~~Agencies licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the HCBS provider standards in Minnesota Statute 245D.~~

Verification of Provider Qualifications

Entity Responsible for Verification:

The Minnesota Department of Human Services monitors agencies holding a license under Chapter 245D.

The Minnesota Department of Health monitors agencies holding a home care license under Chapter 144A.

For providers who are excluded under Minnesota Statutes, section 245A.03, subd 2(1) and (2) the lead agency monitors the provider. Some licensing functions are delegated to counties to complete under department supervision

Frequency of Verification:

Providers are reviewed every one to two years. For newly licensed providers, reviews are conducted within the first year. Counties must be certified by the department to conduct licensing reviews. The department reviews the licensing activities delegated to county agencies at least once every three years to determine whether they continue to meet the certification standards.

Provider Category:

Agency

Provider Type:

Housing with services establishments

Provider Qualifications

License (*specify*)

Out-of-home providers must meet the standards Minnesota Statutes, chapter §144D and be licensed as a Comprehensive home care provider in accordance with Minnesota Statutes, 144A.43 through 144A.484. Class A or F home care provider under Minnesota Rules, parts 4668.0002 to 4668.0870. Providers must be licensed under Minnesota Statutes, Chapters 245D as an basic support service provider or licensed for home care under Minnesota Statutes §144A.43 through §144A.483 with a Home and Community Based Services Designation under Minnesota Statutes §144A.484 144A, unless they are excluded under Minnesota Statutes, section 245A.03, subd. 2 (1) and (2).

Other Standard (*specify*):

Individuals meeting the licensing exclusions of Minnesota Statutes, section 245A.03, subd. 2 (1) and (2) must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards.

Provider Category:

Agency

Provider Type:

Home Health Agencies

Provider Qualifications**License** (*specify*)

In-home respite care providers, including nurses employed by home health agencies, must be licensed under Minnesota Statutes, sections 148.171 to 148.285 ~~4~~. Providers must be licensed under Minnesota Statutes, Chapters 245D as a Basic support service provider or licensed for home care under Minnesota Statutes, Chapter 144a.43 through 144a.483 with a Home and Community Based Services Designation under Minnesota Statutes section 144a.484 or 144A, unless they are excluded under Minnesota Statutes, section 245A.03, subd.2 (1) and (2)

Other Standard (*specify*):

Home health agencies must have a class Comprehensive home care A-license in accordance with Minnesota Statutes, 144a.43 through 144A.484 and must meet the standards under Minnesota Rules, part 9505.0290, subpart 3, B and ~~Minnesota Rules Chapter 4668~~ and Minnesota Statutes, chapters: 144A.45, 144a.46, 144.461, and 144.465.

~~Agencies licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the HCBS provider standards in Minnesota Statute 245D.~~

Provider Category:

Agency

Provider Type:

Long Term Care Facilities

Provider Qualifications**License** (*specify*)

Facilities providing respite care outside of the enrollee's home must be licensed in accordance with Minnesota Statutes, Chapter 144A, and a nursing home licensed by the commissioner of health ~~Excluded from licensure under the Human Services Licensing Act, Minn. Statutes, section 245A.03, subd. 2(a)(7) and must meet the definition under Minnesota Rules part 9505.0175 subpart 23 and Minnesota Rules Chapter 4658.~~

Other Standard (*specify*):

Individuals meeting the licensing exclusions of Minnesota Statutes, section 245A.03, subd. 2 (1) and (2) must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards.

Provider Category:

Agency

Provider Type:

Hospitals as defined in Minnesota Statutes, section 144.696, subd 3

Provider Qualifications**License** (*specify*)

Out of home hospitals as defined in Minnesota Statutes, section 144.696, subdivision 3, must be

licensed under Minnesota Statutes, sections 144.50 to 144.56. Excluded from licensure under the Human Services Licensing Act, Minn. Statutes, section 245A.03, subd. 2(a)(7) and must meet the definition under Minnesota Rules part 9505.0175 subpart 16 and Minnesota Rules Chapter 4640.

Other Standard (*specify*):

Individuals meeting the licensing exclusions of Minnesota Statutes, section 245A.03, subd. 2 (1) and (2) must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards.

Provider Category:

Individual

Provider Type:

An individual selected by the enrollee that meet the service standard approved by the lead agency

Provider Qualifications

License (*specify*):

Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service or 144A, ~~unless they are excluded under Minnesota Statutes, section 245A.03, subd 2 (1) and (2).~~ Licensed for home care under Minnesota statutes chapter 144A.143 through 144a.483 with a home and community based services designation under Minnesota statutes section 144a.484

Other Standard:

Individuals providing in-home respite services must demonstrate to the case manager that they are able to provide, on a temporary, short term basis, the care and services needed by the enrollee. Documentation will be in the person's community support plan. In addition, in-home respite providers who are excluded from licensing requirements must meet the following qualifications to ensure the health and safety of the enrollee: 1) the provider is physically able to care for the enrollee; 2) the provider has completed training identified as necessary in the care plan; and, 3) the provider complies with monitoring procedures as described in the care plan. The case manager must evaluate and document whether the provider meets the standards to provide respite services.

~~Individuals licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the HCBS provider standards in Minnesota Statute 245D.~~

Individuals meeting the licensing exclusions of Minnesota Statutes, 245A.03, subd. 2 (1) and (2) must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards If applicable.

Provider Category:

Agency

Provider Type

Personal Care Provider Organizations

Provider Qualifications

License (*specify*)

Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service provider or 144A, ~~unless they are excluded under Minnesota Statutes, section 245A.03, subd. 2 (1) and (2) or~~ Licensed for home care under Minnesota statutes chapter 144A.143 through 144a.483 with a home and community based services designation under Minnesota statutes section 144a.484

Certificate *(specify):*

~~Personal care assistants employed by Personal Care Agencies must meet the standards under Minnesota Statutes, 256B.0659 and Minnesota Rules, part 9505.0335.
Home health agencies must have a class A license and must meet the standards under Minnesota Rules, part 9505.0290, subpart 3, B and Minnesota Rules Chapter 4668 and and Minnesota Statutes, chapters: 144A.45, 144a.46, 144.461, and 144.465.
HCBS provider standards in Minnesota Statute 245D.
Hospitals as defined in Minnesota Statutes, section 144.696, subdivision 3.
Hospitals must be licensed under Minnesota Statutes, sections 144.50 to 144.56
Agencies licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the HCBS provider standards in Minnesota Statute 245D.
Agencies meeting the licensing exclusions of Minnesota Statutes, 245A.03, subd. 2 (1) and (2) must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards.~~

Provider Category

Individual

Provider Type

Licensed Practical Nurses

Provider Qualifications

License *(specify)*

Nurses who furnish respite care in the enrollee's home or place of residence must be licensed under Minnesota Statutes, sections 148.171 to 148.2841. Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service provider or 144A, ~~unless they are excluded under Minnesota Statutes, section 245A.03, subd. 2 (1) and (2) or~~ or licensed for home care under Minnesota Statutes, Chapter 144a.43 through 144a.483 with a Home and Community Based Services Designation under Minnesota Statutes section 144a.484

Certificate Other Standard *(specify):*

~~Individuals licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the provider standards in Minnesota Statute 245D.~~

Individuals meeting the licensing exclusions of Minnesota Statutes, 245A.03, subd. 2 (1) and (2) must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards if applicable.

Other Standard *(specify):*

Providers must apply the standards in Minnesota Statutes, chapter 245C concerning criminal background studies.

16. Qualifications / MDH Licensure

- Replaces “Class A, B, or F license” with “Basic or Comprehensive home care license” where applicable
- Removes 144A licensure from provider qualifications from certain services

Customized Living Services

Appendix C-1/C-3 Service Specification – Participant Services

Service Type:

Other Service

Service Definition (Scope):

Customized Living (CL) services are provided in congregate settings ~~by an outside provider~~ or by the management of the setting or a provider under contract with the management of the setting, ~~or the lead agency.~~ In order for customized living services to be covered by the waiver, enrollees must have an individualized service plan based on their documented needs.

Provider Specifications:

Provider Category	Provider Type Title
Agency	Providers with a Class A or F home care license or Minnesota Department of Health (MDH) Comprehensive license

Provider Qualifications License:

Provider Category:

Agency

Provider Type:

Providers with a ~~Class A or F home care license~~ or a Minnesota Department of Health (MDH) Comprehensive license

Provider Qualifications

License (specify):

~~Must be licensed as a Class A or F home care provider or~~ Minnesota Department of Health (MDH) Comprehensive home care license in accordance with Minnesota Statutes, §144A.43 through §144A.484 ~~and Minnesota Rules, parts 4668 and 4669~~

Other Standard (specify):

Housing establishments must be registered under Minnesota Statutes §144D, “Housing with Services Registration Act” as a registered housing with services establishment.

Extended Home Care Nursing

Appendix C-1/C-3 Service Specification – Participant Services

Provider Specifications:

Provider category	Provider type title
Individual	Licensed Practical Nurse (LPN)
Individual	Registered Nurse
Agency	PDN Class A Licensed Agency
Agency	Home Health Agencies

Provider Qualifications License:

Provider Category:

Agency

Provider Type:

Home Health Agencies

Provider Qualifications

License (*specify*):

Must be licensed as a Comprehensive Class A home care provider in accordance with Minnesota Statutes §144A.43 through §144A.484

Certificate (*specify*):

Medicare certification.

Other Standard (*specify*):

Must meet the standards as specified under the state plan and Minnesota Rules, part 9505.0290.

Nurses who provide HCN services as an employee of a home health agency must have a valid license to practice in Minnesota

~~Provider Qualifications License:~~

~~Provider Category:~~

~~Agency~~

~~Provider Type:~~

~~PDN Class A Licensed Agency~~

~~Provider Qualifications~~

~~License (*specify*):~~

~~Must be licensed as Class A home care provider.~~

~~Verification of Provider Qualifications~~

~~Entity Responsible for Verification:~~

~~Minnesota Department of Health.~~

~~Frequency of Verification:~~

~~Every one to three years.~~

Provider Qualifications License:

Provider Category:

Individual

Provider Type:
Licensed Practical Nurses (LPN)
Provider Qualifications

License (specify):

Must be licensed under Minnesota Statutes, sections 148.171 to 148.284¹. LPNs must also have a ~~Class A Comprehensive home care~~ license in accordance with Minnesota Statutes §144A.43 through §144A.484

Extended State Plan Home Health Care Services

Appendix C-1/C-3 Service Specification – Participant Services

Provider Category:

Agency

Provider Type:

Home Health Agencies

Provider Qualifications

License (specify):

Must be licensed as a ~~Class A license~~ Comprehensive home care provider in accordance with Minnesota Statutes §144A.43 through §144A.484

Other Standard (specify):

Must be Medicare certified and meet the standards as specified under the state plan and Minnesota Rules, part 9505.0290. Employees of the home health agency must meet the standards in Minnesota Rules, part 9505.0290 and must comply with or meet any other professional requirements that may apply to their specialty

17. 245D Qualifications Basic

- **Updates the provider qualifications for all 245D licensed providers to indicate they are basic support service providers**

Adult Companion Services

Appendix C-1/C-3 Service Specification – Participant Services

Provider Category:

Individual

Provider Type:

Individual

Provider Qualifications

License (specify):

Providers must be licensed under Minnesota Statutes, Chapters 245D as a Basic support service provider or Licensed for Home Care under Minnesota Statutes §144A.43 through §144A.483 with a Home and Community Based Services Designation under Minnesota Statutes §144A.484 -144A, unless they are excluded under Minnesota Statutes, section 245A.03, subd. 2(1) and (2) .

Other Standard (*specify*):

~~Individuals licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the provider standards in Minnesota Statutes, Chapter 245D.~~

Individuals meeting the licensing exclusions of Minnesota Statutes, section §245A.03, subd. 2 (1) and (2) must meet the requirements of: section §245D.04, subd. 1(4), subd 2 (1), (2) (3) (6) and subd. 3 regarding service recipient rights; sections §245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section §245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards as applicable

Provider Category:

Agency

Provider Type:

Organizations that meet provider standards

Provider Qualifications**License** (*specify*):

Providers must be licensed under Minnesota Statutes, Chapters §245D as a Basic support service provider or Licensed for Home Care under Minnesota Statutes §144A.43 through §144A.483 with a Home and Community Based Services Designation under Minnesota Statutes §144A.484. 144A, unless they are excluded under Minnesota Statutes, section 245A.03, subd.2. (1) and (2)

Other Standard (*specify*):

~~Agencies licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the provider standards in Minnesota Statutes, Chapter 245D.~~

Agencies meeting the licensing exclusions of Minnesota Statutes, section 245A.03, subd. 2 (1) and (2) must meet the requirements of: section §245D.04, subd. 1(4), subd 2 (1), (2) (3) (6) and subd. 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section §245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section §245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards as applicable.

Homemaker**Appendix C-1/C-3 Service Specification – Participant Services****Provider Category:**

Agency

Provider Type

Providers of homemaker services including home management services

Provider Qualifications**License** (*specify*):

Providers must be licensed under Minnesota Statutes, Chapter §245D as a Basic support service provider or Licensed for Home Care under or Minnesota Statutes §144A.43 through §144A.483 with a Home and Community Based Services Designation under Minnesota Statutes §144A.484 144A, unless they are excluded under Minnesota Statutes, section 245A.03, subd 2 (1) and (2).

Other Standard (*specify*):

~~Providers licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the requirements of Minnesota Statutes section 144A.43 to 144a.482.~~ Providers meeting the licensing exclusions of Minnesota Statutes, section §245A.03, subd 2 (1) and

(2) must meet the requirements of sections §245D.04, subd 1(4). Subds 2(1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraints; and section 245D.09 subds. 1,2,3,4a,5a,6 and 7 regarding staffing standards

Provider Category:

Agency

Provider Type

Providers of homemaker services including assistance with activities of daily living

Provider Qualifications

License (*specify*):

Providers must be licensed under Minnesota Statutes, Chapter 245D as a Basic support service provider or Licensed for Home Care under or Minnesota Statutes §144A.43 through §144A.483 with a Home and Community Based Services Designation under Minnesota Statutes §144A.484 144A, unless they are excluded under Minnesota Statutes, section 245A.03, subd 2 (1) and (2).

Other Standard (*specify*):

~~Providers licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the requirements of Minnesota Statutes section 144A.43 to 144A.482.~~ Providers meeting the licensing exclusions of Minnesota Statutes, section 245A.03, subd 2 (1) and (2) must meet the requirements of sections 245D.04, subd 1(4). Subds 2(1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and probited and restricted procedures; section §245D.061 regarding the emergency use of manual restraints; and section §245D.09 subds. 1,2,3,4a,5a,6 and 7 regarding staffing standards

Provider Category:

Individual

Provider Type

Providers of homemaker services including assistance with activities of daily living

Provider Qualifications

License (*specify*):

Providers must be licensed under Minnesota Statutes, Chapter 245D as a Basic support service provider or Licensed for Home Care under or Minnesota Statutes §144A.43 through §144A.483 with a Home and Community Based Services Designation under Minnesota Statutes §144A.484 144A, unless they are excluded under Minnesota Statutes, section 245A.03, subd 2 (1) and (2).

Other Standard (*specify*):

~~Providers licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the requirements of Minnesota Statutes section 144A.43 to 144A.482.~~ Providers meeting the licensing exclusions of Minnesota Statutes, section §245A.03, subd 2 (1) and (2) must meet the requirements of sections 245D.04, subd 1(4). Subds 2(1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and probited and restricted procedures; section 245D.061 regarding the emergency use of manual restraints; and section 245D.09 subds. 1,2,3,4a,5a,6 and 7 regarding staffing standards

Provider Category:

Individual

Provider Type

Providers of homemaker services including home management services

Provider Qualifications

License (*specify*):

Providers must be licensed under Minnesota Statutes, Chapter 245D as a Basic support service provider or Licensed for Home Care under or Minnesota Statutes §144A.43 through §144A.483 with a Home and Community Based Services Designation under Minnesota Statutes §144A.484 144A, unless they are excluded under Minnesota Statutes, section §245A.03, subd 2 (1) and (2).

Other Standard (*specify*):

~~Providers licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the requirements of Minnesota Statutes section 144A.43 to 144A.482.~~ Providers meeting the licensing exclusions of Minnesota Statutes, section §245A.03, subd 2 (1) and (2) must meet the requirements of sections 245D.04, subd 1(4). Subds 2(1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraints; and section 245D.09 subds. 1,2,3,4a,5a,6 and 7 regarding staffing standards

18. Appendix I-2: Financial Accountability, Rates, Billing and Claims

- Adds the rate methodology for ICLS
- Notes the discontinuation of Residential Care Services
- Increase in the amount of Environmental Accessibility Adaptations per waiver year
- Technical changes to web sites

Rate Determination Methods.

This section does not apply to MSHO or MCS+ enrollees or enrollees who have elected the CDCS option. Managed care organizations receive capitation payments for service provided to MSHO and MSC+ enrollees. Payment rates for employees of enrollees who elect CDCS are determined in their CDCS plans. Budgets have been set by the state based on case mix. These budget limits are published at http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_151043.pdf
<http://mn.gov/dhs/images/HistoricRates.pdf>

1)

Homemaker/Home Management, Respite, and Case Management. The state-established rates are published at: http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_151043.pdf
<http://mn.gov/dhs/images/HistoricRates.pdf>

2)

These rates can be found at http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_151043.pdf
<http://mn.gov/dhs/images/HistoricRates.pdf>

3) Minnesota uses a statewide tool to establish Customized Living rates. This tool is available for download at http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs16_151565.pdf
http://www.dhs.state.mn.us/main/dhs16_143983

The methodology is based on factoring standard component rates by the authorized amount of each component service in the Customized Living plan. Individualized payment rates are based on the person's Customized Living service plan. The component rates reflect historical rates as adjusted by the state legislature over the past 4 years. Component values and Customized Living service rate limits are adjusted by the legislature. Instructions for uploading completed EW Customized Living Workbooks are located at http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs16_148095.pdf

4) Minnesota currently allows individualized rates for Adult Foster Care and Residential Care services as required by state statute. Case mix dependency criteria in the Long Term Care Consultation are used as the basis for determining the rates which are subject to service rate limits established within each case mix budget cap. The Aging Division staff are currently adapting the customized living tool for use in Foster Care living arrangements and Residential Care. ~~The new tool will be phased in and lead agencies will use their current tools during this process.~~ These two services are used infrequently. The tool will be was phased in as of 7/1/15. MCO's use the same tool as counties and tribes, ~~and are phasing in the tool at the same time as FFS and the tribal agencies.~~ The rates for Adult foster care and Residential care services are published at http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_151043.pdf <http://mn.gov/dhs/images/HistoricRates.pdf>

(NOTE: Residential Care Services are to be discontinued by June 30, 2018. The commissioner may approve a rate adjustment to participant's payment rate to assure continuity of services while transitioning to alternative services.)

5) The ICLS plan will establish needed hours of all component services, including face-to-face service (15 minute unit) and remote service (daily unit), delivered to the person. The plan will be based on the person centered planning process.

Both the 15 minute and the daily rate for ICLS were developed based on a review of comparable waiver services in Minnesota, specifically Independent Living Skills provided to the federally approved Brain Injury, Community Alternative Care and Community Alternatives for Disabled Individuals waivers as well as extended PCA under EW. DHS also used guidance from the United States Department of Labor data for Home Health Aides, Personal Care Aides, and Community Health Workers.

~~5)6)~~ The remainder of EW services are purchased at market rates, subject to state-established limits.

Environmental Accessibility Adaptations and Specialized Equipment and Supplies use market payment rates as described above. All services chosen within these two service categories must fit within an enrollee's case mix budget cap with other authorized services. Environmental Accessibility Adaptations cannot exceed ~~\$10,000~~ \$20,000 per enrollee's waiver year.

19. Appendix G/G-1: Response to critical events or incidents

- **Adds updated web sites for Adult Protection**
- **Technical corrections to updated websites**
- **b.State Critical Event or Incident Reporting Requirements.**

Complete information about the role of the Minnesota Adult Abuse Reporting Center, the Common Entry Point referral for reporting suspected maltreatment of a vulnerable adult to other agencies for investigation, and policies and practice requirements for county lead investigative agencies responsible for reports and adult protective services investigations can be found at

http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs16_139381.pdf

- Minnesota Department of Human Services Adult Protection Manual

<https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-6917-ENG>

- Professionals and mandated reporters:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelecti onMethod=LatestReleased&dDocName=id_005710

- Public, consumer content:

<http://mn.gov/dhs/people-we-serve/seniors/services/adult-protection/>

Safeguards are provided under state statute for adults unable to protect themselves from maltreatment which includes critical events, incidents, abuse, neglect or exploitation. Refer to Minnesota Statutes, §626.557 and 626.5572 at

www.revisor.mn.gov/statutes/626.557 and www.revisor.mn.gov/statutes/626.5572

<https://www.revisor.mn.gov/statutes/?id=626.557>

<https://www.revisor.mn.gov/statutes/?id=626.5572>

In addition to reporting maltreatment to the common entry point, providers licensed under Minnesota Statutes, Chapter §245D are required to report the following incidents to the department and the Ombudsman for Mental Health and Developmental Disabilities:

1. serious injury of a person as determined by Minnesota Statutes section §245D.91;
2. a person's death; and
3. any emergency use of manual restraint as identified in Minnesota Statutes, section §245D.061.

Providers licensed under Chapter 245D must report the following incidents to the person's authorized representative and case manager:

1. serious injury of a person as determined by Minnesota Statutes, section, section §245D.91;

c. Participant Training and Education

Providers who furnish home care services are required to provide their clients with a copy of the Home Care Bill of Rights and information about how to report maltreatment concerns. The Bill of Rights is provided to waiver enrollees who receive services through a home health care agency. This includes enrollees who receive customized living services. Routine licensing reviews of providers include monitoring that enrollees are informed of their rights as required. The Home Care Bill of Rights, including copies in other languages, can be accessed at

http://www.health.state.mn.us/divs/fpc/consumerinfo/0904MN_HCBOR_engreg.pdf

<http://www.health.state.mn.us/divs/fpc/consumerinfo/index.html>

http://www.health.state.mn.us/divs/fpc/consumerinfo/mn_hcbor_eng_reg.pdf

The department provides training to counties, tribes and MCOs regarding vulnerable adult reporting, triage, and follow-up, including training for waiver case managers. The department offers an online

training course on Vulnerable Adult Mandated Reporting, at <http://registrations.dhs.state.mn.us/WebManRpt> and publishes a vulnerable adult brochure “Help protect people who are frail or vulnerable” (DHS 2754). The brochure includes information about what may be considered abuse, neglect, and exploitation, and how to report concerns. The department publishes a handbook for enrollees and families, “Older Minnesotans, Know Your Rights about Services,” DHS form 4134. The handbook includes information about enrollees’ rights to “be safe and free from harm,” including how to report a concern and information about advocacy assistance. The brochures and more information regarding vulnerable adult protections are available on the department’s web site. The brochures are also available through lead agencies, who provide copies during waiver screenings. All DHS forms, including consumer products, can be found at http://www.dhs.state.mn.us/main/id_000100 <http://mn.gov/dhs/general-public/publications-forms-resources/edocs/index.jsp>

The Senior and Disability Linkage Lines (SLL and DLL) are widely publicized public resources that include information on vulnerable adults and how to report maltreatment. These resources are operated by the department and other partners and include toll free phone numbers and a searchable web data base. Information about this resource is also provided during assessment. Information about the SLL and DLL can be seen at <http://www.mnaging.org/advisor/SLL.htm> http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectonMethod=LatestReleased&dDocName=id_005405 and at http://www.dhs.state.mn.us/main/id_056508 Respectively.

20. Appendix G/G-3: Participant Safeguards, Medication Management and Administration

- Replaces Class A,B, or F License with a basic or comprehensive home care license where applicable
- Updates language concerning Medication Management and Monitoring

b. Medication Management and Follow-Up

i. Responsibility

Customized Living

Providers of customized living must have a ~~Class A or F~~ comprehensive home care license issued by the Minnesota Department of Health. The home care license addresses medication set-up, administration and monitoring.

~~Residential Care~~

~~Providers who furnish residential care in settings where 80% of the residents are 55 or older must have a board and lodge license and be registered as housing with services establishment and be licensed as a home care provider under Class A, B or F.~~

ii. Methods of State Oversight and Follow-Up.

For customized living, the provider must hold a Home Health Agency comprehensive license which includes licensed nurses to complete or provide oversight to any medication management procedures. Medication management procedures include medication set up, administering medications and medication monitoring. Provider’s compliance is monitored through surveys conducted by the Minnesota Department of Health. Medications may also be set up by physicians or pharmacists.

~~only licensed nurses, physicians, or pharmacists may set up medications. Nurses must meet training requirements to administer medications. Medication monitoring requirements differ slightly depending on the type of home care license the provider holds (Class A or F), but both require monitoring by a licensed nurse. Providers' compliance are is monitored through surveys conducted by the Minnesota Department of Health.~~

c. Medication Administration by Waiver Providers

ii. State Policy.

For customized living, the comprehensive home care license allows providers to administer, set up, or provide reminders to take medications. Licensing standards govern medication management including record keeping and storage. Refer to Minnesota Statutes, sections 144A.43 through 144A.483. ~~only licensed nurses, physicians, or pharmacists may set up medications. Nurses must meet training requirements to administer medications. Medication monitoring requirements differ slightly depending on the type of home care license the provider holds (Class A or F), but both require monitoring by a licensed nurse. Providers' compliance isare monitored through surveys conducted by the Minnesota Department of Health~~

21. Appendix D/D-1: Service Plan Development

- **Technical corrections to update Web sites**

b. Service Plan Development Safeguards

Private case management organizations may not have any direct financial interest in the provision of any waiver service in an individual's service plan per MN Statute, section §256B.0915, subdivision 1a, paragraph (f);

see <https://www.revisor.mn.gov/statutes/256B.0915>—<https://www.revisor.mn.gov/statutes/?id=256B.0915>

c. Supporting the Participant in Service Plan Development

The assessment must be conducted in a face-to-face interview with the person being assessed and the person's legal representative, and other individuals as requested by the person, who can provide information on the needs, strengths, and preferences of the person necessary to develop a community support plan that ensures the person's health and safety. The product of the assessment process is a community support or care plan, as described in MN

Statutes, section §256B.0911, subdivision 3a. See <https://www.revisor.mn.gov/statutes/256B.0911>.

<https://www.revisor.mn.gov/statutes/?id=256B.0911> For eligible individuals, additional care plan

requirements are found at <https://www.revisor.mn.gov/statutes/256B.0915>.

<https://www.revisor.mn.gov/statutes/?id=256B.0915>

The care plan format published by the department and used by long term care consultant/case managers reflects person-centered planning components. Enrollees are asked to verify, by signature, if they participated in the development of and agree with the care plan, were offered choices between services, and between providers. See more detailed care plan requirements at Mn Statute, section 245B.0915, subdivisions 6 and 8 at <https://www.revisor.mn.gov/statutes/256B.0915>.

<https://www.revisor.mn.gov/statutes/?id=256B.0915> See also care plan forms DHS 2925 (an open-ended care planning format) and DHS 4166 (a format that can be populated with the LTCC assessment data)

At http://www.dhs.state.mn.us/main/id_000100—<http://mn.gov/dhs/general-public/publications-forms-resources/edocs/index.jsp>

The department's web site offers a considerable amount of information, for enrollees, and families regarding consumer-direction, as found at http://www.dhs.state.mn.us/main/id_054696, <http://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/cdcs.jsp>

and offers training for case managers on helping individuals understand and access consumer-directed options by providing video conference training and materials.

.Additional person-centered planning components are required for enrollees who elect self-directed services as reflected in DHS 4166. All forms can be found at http://www.dhs.state.mn.us/main/id_000100 <http://mn.gov/dhs/general-public/publications-forms-resources/edocs/index.jsp>

d. Service Plan Development Process

(b) the types of assessments that are conducted to support the care plan development process, including securing information about enrollee needs, preference and goals, and health status. The LTCC/MnChoices assessment process is used to inform the case manager of the individual's needs, condition, goals, and preferences. Lead agencies are required to perform the LTCC/MnChoices within 20 calendar days of the referral or request for services. Minnesota Statute, Section 256B.0911 governing LTCC/MnChoices requires assessments and community support plan development for all individuals who have long term or chronic care needs, regardless of public programs eligibility.

See <https://www.revisor.mn.gov/statutes/256B.0911>

<https://www.revisor.mn.gov/statutes/?id=256B.0911>

22. Appendix C/C-2: General Service Specifications

- **Technical corrections to update Web site**

f. Open Enrollment of Providers

The department enrolls provider that fulfill state qualifications and complete required state provider training and submit a signed Minnesota Health Care provider agreement. Providers access all service information concerning enrollment including enrollment forms on the department's web site.

See http://www.dhs.state.mn.us/main/Business_Partners

http://www.dhs.state.mn.us/main/dhs16_143093#

23. Appendix E/E-2: Opportunities for Participant Direction

- **Technical corrections to update Web site**

b. Participant - Budget Authority

Participant Budgets. The individual budget maximum amount is set by the state based on the participant's case mix budget cap . Required case management and mandatory background studies are outside of the

CDCS budgets. These limits may be adjusted annually based on adjustments authorized by the legislature. The case mix budget limits are published annually. The lead agency is responsible to review and approve final spending decisions as delineated in the participant's community support plan. The individual budget caps can be found at

http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_151043.pdf.

<http://mn.gov/dhs/images/HistoricRates.pdf> The individual

CDCS budget caps can be found

http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_151043.pdf

<http://mn.gov/dhs/images/HistoricRates.pdf>

24. Appendix F/f-1: Opportunity to Request a Fair Hearing

- **Technical corrections to update Web site**
- **Renames form DHS 2727 and indicates the form is mandatory to use for FFS clients at initial application and at reassessment**

Procedures for Offering Opportunity to Request a Fair Hearing.

The following identifies how enrollees are informed of their fair hearing rights. There are slight differences in the notification processes and documents between enrollees whose waiver services are covered on a fee-for-service (FFS) basis and managed care. The lead agency is responsible for providing all notices to clients. All forms are available on the department's web site at:

http://www.dhs.state.mn.us/id_000100

<http://mn.gov/dhs/general-public/publications-forms-resources/edocs/index.jsp>

All participants: Fair hearing information is available on the department's web site at:

http://www.dhs.state.mn.us/main/iid_008649

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectonMethod=LatestReleased&dDocName=id_008649

Managed care enrollees: Notice about your Rights For People Enrolled in a Health Plan, DHS form 4173, ~~6/11-7/13~~

State Law and Policies For all enrollees: The department's policies and instructions regarding notice of action are available in the web-based. Provider manual and the Community Services Program Manual/Community Based Services Manual, in the Appeals section of the manual. Information regarding fair hearing notice is also in the Minnesota Health Care Programs (MHCP) Provider Manual. Refer to Minnesota Statutes, §256B.0915, subd. 4 for regulations concerning fair hearings. These manuals can be found at <http://www.dhs.state.mn.us/main/Manuals>

<http://mn.gov/dhs/general-public/publications-forms-resources/manuals/>

Fee-for-service participants: ~~Long Term Services and Supports Assessment and Program Application For Title XIX Home and Community Based Waiver Services and Alternative Care Program~~ Information and Signature Sheet, DHS form 2727 9/11 ~~Or a county form that acknowledges the client received a notice of the right to appeal.~~ This form is provided at the time an individual initially applies for waiver services and upon reassessment and indicates the person was informed of their appeal rights .This form also informs

clients that their benefits may continue while the appeal is under consideration this includes the continuation of CDCS services during the state fair hearing process if the individual elects to continue to receive services. Notices of adverse actions and the opportunity to request a fair hearing are kept in the enrollee's case file for both FFS and Managed Care. For managed care this can be the enrollee's electronic file.

25. Appendix B

- **Technical corrections to update Web sites**
- **Renames form DHS-2727**

Appendix B/B-2 Individual Cost Limit

a. Method of Implementation of the Individual Cost Limit.

The case mix classifications and the method to calculate an individual's case mix classification are found in DHS Form 3428B. Case mix classification budget amounts are published annually via bulletins and are displayed in MMIS. All forms are available on the department's web site at:

http://www.dhs.state.mn.us/id_000100

<http://mn.gov/dhs/general-public/publications-forms-resources/edocs/index.jsp>

Appendix B/B-6 Evaluation/Reevaluation of Level of Care

d. Level of Care Criteria

DHS 3427 form, titled LTC Screening Document is used to summarize the results of the level of care assessment. This information is entered into MMIS.

All forms can be found at: http://www.dhs.state.mn.us/main/id_000100

<http://mn.gov/dhs/general-public/publications-forms-resources/edocs/index.jsp>

Appendix B/B-7 Freedom of Choice

a. Procedures

The department publishes a pamphlet titled "Older Minnesotans- Know Your Rights About Services" (DHS form 4134). The pamphlet includes information about eligibility screening, service options, fair hearing rights, vulnerable adult protections, etc. For managed care enrollees, similar information is included in the MCO's certificate of coverage (COC). Managed care enrollees receive a COC each year. The department's website also provides information about service options and rights. See:

<http://www.dhs.state.mn.us/main/Aging>

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelecti onMethod=LatestReleased&dDocName=Aging

There is also a field on the MMIS screening document that asks the case manager if the individual was given choice between waiver services and the institutional placement and choice of providers for waiver services. MMIS edits prohibit a screening document from being authorized when a case manager indicates in this field that choice was not provided or if the field is left unanswered. In addition, the enrollee's care plan form includes a signature section that asks whether the enrollee was provided choice

between institutional and community-based services and among waiver services and service providers. Refer to DHS form 2925 and 4166. All forms are available at http://www.dhs.state.mn.us/main/id_000100 ~~http://mn.gov/dhs/general-public/publications-forms-resources/edocs/index.jsp~~

Appendix B/B-8 Access to Services by Limited English Proficiency Persons

When people are assessed for waiver services they receive Long Term Services and Supports Assessment and Program Information and Signature Sheet for ~~PAS\EW\AC\CADI\CAC\TBI~~ (DHS form 2727).

26. Appendix J-2: Derivation of Estimates

- **Addition of new ICLS service to the table of waiver services**

Component management for waiver services.

Addition of the ICLS Service to the table that lists waiver services

Service – Individual Community Living Support (ICLS)