

Minnesota BI, CAC, CADI and DD Waiver Amendments

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1. Waiver Priorities

- Updates “Selection of Entrants to the Waiver” section in BI and DD to reflect current language in statute and priorities in Minnesota’s Olmstead plan
- Revises the language in CADI to be consistent with BI and DD

BI Waiver

Appendix B-3: Participant Access and Eligibility, Number of Individuals Served

f. Selection of Entrants to the Waiver. Specify the policies that apply to the selection of individuals for entrance to the waiver:

See reserved capacity criteria in Appendix B-3 c.

In accordance with Minnesota Statutes, section 256B.49 subd. 11 (a), the commissioner establishes the following set of statewide priorities for eligible people waiting on lists to receive HCBS waiver funded programs and services, and for whom existing state plan services or other funding and support resources are deemed not to be completely sufficient in fully meeting the person’s needs. ~~Priority criteria shall~~ The commissioner established categories based on urgency of need that include the following conditions:

~~1) the person is experiencing an unstable residential living situation due to the age or incapacity of the primary caregiver;~~

~~2) the person experiences a sudden loss of the primary caregiver;~~

~~3) the person experiences a sudden closure of their current residential living arrangements;~~

~~4) the person is experiencing a move from an institutional setting due to a bed closure or discharge;~~

~~5) the person requires immediate protection from apparent maltreatment (i.e., abuse, neglect, or exploitation);~~

~~6) the person experiences a sudden change in need that can no longer be met through state plan services or other funding resources; and~~

~~7) the person is at high risk for institutionalization due to severe behavioral issues or intensive medical needs that jeopardize personal health, safety and welfare or pose an imminent danger of harm to others.~~

(1) the person no longer requires the intensity of services provided where they are currently living;

(2) the person does not oppose leaving an institutional setting;

(3) the person has an unstable living situation due to the age, incapacity, or sudden loss of the primary caregivers;

(4) the person is moving from an institution due to bed closures;

(5) the person experiences a sudden closure of their current living arrangement;

(6) the person requires protection from confirmed abuse, neglect, or exploitation;

(7) the person experiences a sudden change in need that can no longer be met through state plan services or other funding resources alone; or

(8) the person meets other priorities established by the department.

Lead agency ~~implementation of priority criteria~~ ~~by lead agencies~~ is discussed during lead agency reviews, and the state database is now tracking the number of people on the waiting list.

DD Waiver

Appendix B-3: Participant Access and Eligibility, Number of Individuals Served

f. Selection of Entrants to the Waiver. Specify the policies that apply to the selection of individuals for entrance to the waiver:

See reserved capacity criteria in Appendix B-3 c.

In accordance with Minnesota Statutes, section 256B.092, subd. 12, the commissioner establishes the following set of statewide priorities for eligible people waiting on lists to receive HCBS waiver funded programs and services, and for whom existing state plan services or other funding and support resources are deemed not to be completely sufficient in fully meeting the person's needs. ~~[DELETE] Priority criteria shall~~ [END DELETE] [ADD] The commissioner establishes categories based on urgency of need that [END ADD] include the following conditions:

~~[DELETE]1) the person is experiencing an unstable residential living situation due to the age or incapacity of the primary caregiver;~~
~~2) the person experiences a sudden loss of the primary caregiver;~~
~~3) the person experiences a sudden closure of their current residential living arrangements;~~
~~4) the person is experiencing a move from an institutional setting due to a bed closure or discharge;~~
~~5) the person requires immediate protection from apparent maltreatment (i.e., abuse, neglect, or exploitation);~~
~~6) the person experiences a sudden change in need that can no longer be met through state plan services or other funding resources; and~~
~~7) the person is at high risk for institutionalization due to severe behavioral issues or intensive medical needs that jeopardize personal health, safety and welfare or pose an imminent danger of harm to others.~~ [END DELETE]

[ADD] (1) the person no longer requires the intensity of services provided where they are currently living;
(2) the person does not oppose leaving an institutional setting;
(3) the person has an unstable living situation due to the age, incapacity, or sudden loss of the primary caregivers;
(4) the person is moving from an institution due to bed closures;
(5) the person experiences a sudden closure of their current living arrangement;
(6) the person requires protection from confirmed abuse, neglect, or exploitation;
(7) the person experiences a sudden change in need that can no longer be met through state plan services or other funding resources alone; or
(8) the person meets other priorities established by the department.

Lead agency [END ADD] implementation of priority criteria ~~[DELETE] by lead agencies~~ [END DELETE] is discussed during lead agency reviews, and the state database is now tracking the number of people on the waiting list.

CADI Waiver

Appendix B-3: Participant Access and Eligibility, Number of Individuals Served

f. Selection of Entrants to the Waiver. Specify the policies that apply to the selection of individuals for entrance to the waiver:

See reserved capacity criteria in Appendix B-3 c.

In accordance with Minnesota Statutes, section 256B.49 subd. 11 (a), the commissioner establishes the following set of statewide priorities for eligible people waiting on lists to receive HCBS waiver funded programs and services, and for whom existing state plan services or other funding and support resources are deemed not to be completely sufficient in fully meeting the person's needs. The commissioner establishes categories based on urgency of need that include the following conditions:

(1) the person no longer requires the intensity of services provided where they are currently living; ~~or~~
 (2) the person does not oppose leaving an institutional setting;

~~[DELETE] After priorities (1) and (2) are met, priority must also be given to individuals who meet at least one of the following criteria:~~ [END DELETE]

~~[DELETE]1~~[END DELETE] [ADD]3[END ADD] the person has an unstable living situation due to the age, incapacity, or sudden loss of the primary caregivers;
~~[DELETE]2~~[END DELETE] [ADD]4[END ADD] the person is moving from an institution due to bed closures;
~~[DELETE]3~~[END DELETE] [ADD]5[END ADD] the person experiences a sudden closure of their current living arrangement;

([DELETE]4[END DELETE]-[ADD]6[END ADD]) the person requires protection from confirmed abuse, neglect, or exploitation;
 ([DELETE]5[END DELETE]-[ADD]7[END ADD]) the person experiences a sudden change in need that can no longer be met through state plan services or other funding resources alone; or
 ([DELETE]6[END DELETE]-[ADD]8[END ADD]) the person meets other priorities established by the department.

Lead agency implementation of priority criteria is discussed during lead agency reviews, and the state database is now tracking the number of people on the waiting list.

2. Lead Agency Spending Requirements

- Eliminates the requirement that lead agencies submit their own policies and procedures related to management of allocations to the department for review and approval
- Adds language clarifying expectations for lead agency allocation management including underspending and overspending, and aligns expectations with Minnesota law
- Adds language aligning disability waiver waiting list management requirements with Minnesota law

BI, CAC, CADI, and DD Waivers

Appendix A: Waiver Administration and Operation

6. Assessment Methods and Frequency.

~~[DELETE]6. Review of county and tribe allocation management policies. Counties and tribes are required to submit their policies and procedures related to management of the allocations to the department for review and approval. [END DELETE]~~

[ADD]6. Lead agency spending requirements

- a. Lead agencies must not spend more than their identified allocation. When overspending occurs, the department will establish a corrective action plan with the lead agency and provide action steps to assure spending is managed within the available budget. If spending is not controlled by the corrective action plan, and if statewide spending exceeds funding approved by the state legislature, the department will recoup overspending from the lead agency.
- b. Lead agencies must spend at least 97 percent of their agency waiver allocation if a participant waiting list is maintained. When underspending occurs, the department will establish a corrective action plan with the lead agency to meet this requirement. Corrective action plans must state the actions the lead agency will take to assure reasonable and timely access to waiver services for people waiting. [END ADD]

Additional Needed Information (Optional)

5. ALLOCATION OF RESOURCES TO COUNTY AND TRIBAL AGENCIES

~~[DELETE]f. Participant Prioritization~~

~~The county or tribal agency must establish and maintain written criteria and procedures for prioritizing waiver applicants and allocating resources within the allocation. These criteria and procedures must be submitted to the department for approval initially and prior to any revision being implemented. The criteria and procedures must be available to the public upon request, and must address and give enrollment priority to individuals in accordance with the criteria at Appendix B-3, paragraph f. [END DELETE]~~

3. Exception to the CDCS Budget Methodology

- Updates CDCS budget methodology language in the BI waiver to reflect what is in CAC and CADI
- Corrects the CDCS budget methodology language in the DD waiver to reflect the methodology for DD, not CCB as incorrectly indicated
- Adds language to allow an exception to the CDCS budget methodology for individuals whose employment or day support needs cannot be met within the individual state set CDCS budget amount for BI, CAC, CADI and DD waivers

BI Waiver

Appendix E-2 Participant Direction of Services, Opportunities for Participant-Direction

b. Participant - Budget Authority

ii. **Participant-Directed Budget** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

Participant Budgets. The individual budget maximum amount is set by the state. The lead agency is responsible to review and approve final spending decisions as delineated in the participant's community support plan.

~~[DELETE]Individual Budget Methodology. The individual budget limit (i.e., maximum spending amount) established for CDCS participants shall not exceed 70% of the statewide average expenditures for non-CDCS participants with comparable conditions and service needs as determined by the commissioner, using state fiscal year 2002 service payment information, minus 50% of the case management payments for participants with comparable conditions and service needs. For subsequent years, the budget shall be adjusted based on rate or other adjustments authorized by the legislature. The individual budget limit includes the costs of waiver and State plan home care services. [END DELETE]~~

[ADD]CDCS Budgets for CCB participants are determined through a four step process:

- 1) Calculation of base rate for each participant
- 2) Adjustment of the base rate to exclude cost of services that aren't allowed under CDCS.
- 3) Adjustment of the base rate to account for cost of living adjustments provided under state law.
- 4) Adjustment for persons with a documented need for employment/day supports that cannot be provided within the budget determined by step 3.

Step 1: A base rate is determined for each participant using scores on 11 assessment variables. Assessment scores are used in a formula that applies coefficients to a constant to determine the base rate.

Assessment variables, coefficients, and a constant were identified through multiple regression analyses of assessment information with historic expenditures.

The following summarizes the variables, coefficients, and constants used in the formula. Note: The CAC weight is not applied to CADI participants.

- Variable: Case Mix; Coefficient: 9.283; Range: A-K
- Variable: Walking; Coefficient: 2.663; Range: 0-4

- Variable: Grooming; Coefficient: 7.421; Range: 0-3
- Variable: Bed Mobility; Coefficient: 3.165; Range: 0-3
- Variable: Transfers; Coefficient: 3.008; Range: 0-4
- Variable: Behaviors 1 (BI-NF only); Coefficient: 22.462; Range: 0-4
- Variable: Behaviors 2 (BI-NF only); Coefficient: 77.495; Range: 0-4
- Variable: Behaviors 3 (CADI only); Coefficient: 22.462; Range: 0-4
- Variable: Behaviors 4 (CADI only); Coefficient: 5.494; Range: 0-4
- Variable: Behaviors 5 (CAC only); Coefficient: 5.494; Range: 0-4
- Variable: (CAC only); Coefficient: 417.016
- Variable: Constant; Coefficient: 15.218

For the case mix variable, the multipliers for the A-K range are below. If, for example, an individual's case mix level is C, multiply 9.283 by 2.66.

- Case Mix Category: A; Multiplier: 1.00
- Case Mix Category: B; Multiplier: 2.60
- Case Mix Category: C; Multiplier: 2.66
- Case Mix Category: D; Multiplier: 2.14
- Case Mix Category: E; Multiplier: 3.81
- Case Mix Category: F; Multiplier: 4.71
- Case Mix Category: G; Multiplier: 3.20
- Case Mix Category: H; Multiplier: 4.94
- Case Mix Category: I; Multiplier: 3.05
- Case Mix Category: J; Multiplier: 5.45
- Case Mix Category: K; Multiplier: 8.08

Step 2: The Base rate calculated in step one is adjusted to exclude the cost of non-eligible services. The major non-eligible service is foster care. Because foster care is our state's most costly services, exclusion of these costs results in a reduction of the individual base rate. The formula is:

$((\text{Individual Base Rate from step 1}) - 2.90) \times 0.7$

Step 3: The rate from step 2 is adjusted to account for the cumulative effect of cost of living adjustments approved by the legislature. This adjustment produces the CDCS budget for individuals not eligible for the exception process identified in step 4.

The percent change from year to year and the cumulative adjustment factors are as follows:

Effective Date: 10/1/05; percent change 2.5199; cumulative percent change 2.5199

Effective Date: 10/1/06; percent change 2.2533; cumulative percent change 4.832

Effective Date: 10/1/07; percent change 2.0; cumulative percent change 6.92872

Effective Date: 10/1/08; percent change 2.0; cumulative percent change 9.0672

Effective Date: 7/1/09; percent change -2.58; cumulative percent change 6.2533

Effective Date: 9/1/11; percent change -1.5; cumulative percent change 4.65950

Effective Date: 7/1/13; percent change .5; cumulative percent change 5.18270

Effective Date: 4/1/14; percent change 1; cumulative percent change 6.2345

Effective Date: 7/1/14; percent change 5; cumulative percent change 11.15462

Effective Date: 7/1/15; percent change 1; cumulative percent change 12.6617

Step 4: Exception process for person with a documented need for employment or day supports cannot be provided within the budget determined by step 3. For persons with a documented need, the amount from step 3 is multiplied by 1.2. [END ADD]

When a CDCS participant experiences a significant change in need, the commissioner may authorize a budget change for that CDCS participant based on the results of the assessment.

If a CDCS participant exits the waiver more than once during the participant's community support plan year, the participant is ineligible for CDCS for the remainder of their community support plan year.

Expenses covered outside of the individual budget, must [END ADD] also [END ADD] be managed within the lead agency's allowable waiver budget. These supports, whether included in the individual budget or not, must be identified on the community support plan.

In a 12 month service agreement period, the participant's individual budget will include all goods and services to be purchased [DELETE]through the waiver and State plan home care services-[END DELETE]with the exception of required case management and criminal background studies.

Case management is separated into activities that are required and those that are flexible. Required case management functions are provided by [DELETE]county-[END DELETE] [ADD]lead[END ADD] agencies and are not included in the participant's budget. Flexible case management is included in the budget.

If the combined costs of environmental modifications and assistive technology (including assistive technology provided through supplies and equipment), during a 12 month service agreement period, exceed \$5000 and cannot be covered within a participant's individual budget, the participant may request additional funding from the [DELETE]county-[END DELETE] [ADD]lead agency[END ADD] to cover these items.

A description of the budget methodology is available to the public on the [ADD]following[END ADD] DHS website:

[ADD]http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_139440.pdf[END ADD]

DD Waiver

Appendix E-2 Participant Direction of Services, Opportunities for Participant-Direction

b. Participant - Budget Authority

ii. Participant-Directed Budget Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

Participant Budgets. The individual budget maximum amount is set by the state. The lead agency is responsible to review and approve final spending decisions as delineated in the participant's community support plan.

CDCS budgets for [DELETE] CCB recipients-[END DELETE] [ADD] DD participants [END ADD] are determined through a [DELETE]three-[END DELETE] [ADD] four [END ADD] step process:

- 1) Calculation of base rate for each [DELETE]recipient-[END DELETE] [ADD] participant [END ADD]
- 2) Adjustment of the base rate to exclude cost of services that aren't allowed under CDCS.
- 3) Adjustment of the base rate to account for cost of living adjustments provided [DELETE]through legislation to all services[END DELETE] [ADD] under state law. [END ADD]
- [ADD] 4) Adjustment for persons with a documented need for employment/day supports that cannot be provided within the budget determined by step 3. [END ADD]

Step 1: A base rate is determined for each [DELETE]recipient-[END DELETE] [ADD]participant[END ADD] using scores on [DELETE]11-[END DELETE] [ADD]28[END ADD] assessment variables. Assessment scores are

used in a formula that applies coefficients to ~~[DELETE]each then adds~~[END DELETE] a constant to determine the base rate.

Assessment variables, coefficients, and constant were identified through multiple regression analyses of assessment information with historic expenditures.

The following summarizes the variables, coefficients, and constants used in the formula. ~~[DELETE]Note: The CAC weight is applied to all CAC enrollees.~~

- Variable: Case Mix; Coefficient: 9.283; Range: A-K
- Variable: Walking; Coefficient: 2.663; Range: 0-4
- Variable: Grooming; Coefficient: 7.421; Range: 0-3
- Variable: Bed Mobility; Coefficient: 3.165; Range: 0-3
- Variable: Transfers; Coefficient: 3.008; Range: 0-4
- Variable: Behaviors 1 (TBI-NF only); Coefficient: 22.462; Range: 0-4
- Variable: Behaviors 2 (TBI-NF only); Coefficient: 77.495; Range: 0-4
- Variable: Behaviors 3 (CADI only); Coefficient: 22.462; Range: 0-4
- Variable: Behaviors 4 (CADI only); Coefficient: 5.494; Range: 0-4
- Variable: Behaviors 5 (CAC only); Coefficient: 5.494; Range: 0-4
- Variable: CAC; Coefficient: 417.016
- Variable: Constant; Coefficient: 15.218

~~For the case mix variable, the multipliers for the A-K range are below. If, for example, an individual's case mix level is C, multiply 9.283 by 2.66.~~

- Case Mix Category: A; Multiplier: 1.00
- Case Mix Category: B; Multiplier: 2.60
- Case Mix Category: C; Multiplier: 2.66
- Case Mix Category: D; Multiplier: 2.14
- Case Mix Category: E; Multiplier: 3.81
- Case Mix Category: F; Multiplier: 4.71
- Case Mix Category: G; Multiplier: 3.20
- Case Mix Category: H; Multiplier: 4.94
- Case Mix Category: I; Multiplier: 3.05
- Case Mix Category: J; Multiplier: 5.45
- Case Mix Category: K; Multiplier: 8.08[END DELETE]

- [ADD]Variable: Age group; Weight: 19.432; Range: 1 – 4
- Variable: Level of Support & Services; Weight 48.724; Range 1 – 4
- Variable: Risk Status; Weight: -56.839; Range: 1 – 4
- Variable Profile; Weight: -4.263; Range 1-4
- Variable: DTH Service Authorization Level; Weight: -8.737; Range: 1 - 3
- Variable: Medical; Weight: 9.934; Range: 0 – 5
- Variable: Mobility; Weight: 4.780; Range 0 – 8
- Variable: Mental Health Services; Weight: 14.358; Range: 0 – 1
- Variable: Self Preservation; Weight: 5.973; Range: 1 – 3
- Variable: Psychosis; Weight: 35.518; Range: 0 – 1
- Variable: Cerebral Palsy; Weight: 8.394; Range: 0 – 1
- Variable: Epilepsy; Weight: 7.004; Range: 0 – 1
- Variable: Seizures; Weight: 2.151; Range: 0 – 5
- Variable: Level of Developmental Disabilities; Weight: 5.128; Range: 1 – 4
- Variable: Related Condition(s); Weight: 13.063; Range: 0 – 1
- Variable: Vocational; Weight: -1.481; Range: 0 – 6
- Variable: Leisure & Recreation; Weight: 2.590; Range: 0 – 5
- Variable: Occupational Therapy; Weight: 5.078; Range: 0 – 1
- Variable: Community Living; Weight: 3.248; Range: 0 – 5
- Variable: Daily Living Skills/House Mgmt; Weight: -3.108; Range: 0 – 5

Variable: Expressive Communication; Weight: 1.086; Range: 0 – 8
Variable: Aggressive, Verbal/Gestural; Weight: 1.629; Range: 0 – 5
Variable: Aggressive, Physical; Weight: 7.188; Range: 0 – 5
Variable: Property destruction; Weight: 5.627; Range: 0 – 5
Variable: Inappropriate Sexual Behavior; Weight: 4.093; Range: 0 – 5
Variable: Injurious to Self; Weight: 2.910; Range: 0 – 5
Variable: Breaks law; Weight: 7.782; Range: 0 – 5
Variable: Runs Away; Weight: 4.980; Range: 0 – 5
Constant: -120.534
Coefficient: 0.9964

Note: The 0.9964 factor reflects the 1% reduction imposed in the 2003 legislative session. [END ADD]

Step 2: The Base rate calculated in step one is adjusted to exclude the cost of non-eligible services. The major non-eligible service is supported living service (SLS). Because SLS is our state's most costly service, exclusion of these costs results in a reduction of the individual base rate. The formula is:

[DELETE]-(~~Individual Base Rate from step 1~~ - 2.90) X 0.7[END DELETE]

[ADD] (Result from step 1) x (0.70)

Note: The 0.70 factor accounts for the exclusion of non-eligible services. [END ADD]

Step 3: The rate from step 2 is adjusted to account for the cumulative effect of cost of living adjustments approved by the legislature. This adjustment produces the [DELETE]final individual[END DELETE]CDCS budget[ADD] for individuals not eligible for the exception process identified in step 4[END ADD].

The percent change from year to year and the cumulative adjustment factors are as follows:

Effective Date: 10/1/05; percent change 2.5199; cumulative percent change 2.5199
 Effective Date: 10/1/06; percent change 2.2533; cumulative percent change 4.832
 Effective Date: 10/1/07; percent change 2.0; cumulative percent change 6.92872
 Effective Date: 10/1/08; percent change 2.0; cumulative percent change 9.0672
 Effective Date: 7/1/09; percent change -2.58; cumulative percent change 6.2533
 Effective Date: 9/1/11; percent change -1.5; cumulative percent change 4.65950
 Effective Date: 7/1/13; percent change .5; cumulative percent change 5.18270
 [ADD]Effective Date: 4/1/14; percent change 1; cumulative percent change 6.2345
 Effective Date: 7/1/14; percent change 5; cumulative percent change 11.15462
 Effective Date: 7/1/15; percent change 1; cumulative percent change 12.6617

Step 4: Exception process for person with a documented need for employment or day supports that cannot be provided within the budget determined by step 3. For persons with a documented need, the amount from step 3 is multiplied by 1.2. [END ADD]

When a CDCS participant experiences a significant change in need, the commissioner may authorize a budget change for that CDCS participant based on the results of the assessment.

If a CDCS participant exits the waiver more than once during the participant's community support plan year, the participant is ineligible for CDCS for the remainder of their community support plan year.

Expenses covered outside of the individual budget, must be managed within the lead agency's allowable waiver budget. These supports whether included in the individual budget or not, must be identified on the community support plan.

In a 12 month service agreement period, the participant's individual budget will include all goods and services to be purchased with the exception of required case management and criminal background studies.

Case management is separated into activities that are required and those that are flexible. Required case management functions are provided by lead agencies and are not included in the participant's budget. Flexible case management is included in the budget.

If the combined costs of environmental modifications and assistive technology (including assistive technology provided through supplies and equipment), during a 12 month service agreement period, exceed \$5000 and cannot be covered within a participant's individual budget, the participant may request additional funding from the lead agency to cover these items.

A [DELETE] full [END DELETE] description of the budget methodology is available to the public on the [ADD] [following](#) [END ADD] DHS website [DELETE] on the CDCS Home Page. [END DELETE] [ADD]; [END ADD]

[ADD] http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs_id_029336.pdf [END ADD]

CAC and CADI Waivers

Appendix E-2 Participant Direction of Services, Opportunities for Participant-Direction

b. Participant - Budget Authority

ii. Participant-Directed Budget Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

Participant Budgets. The individual budget maximum amount is set by the state. The lead agency is responsible to review and approve final spending decisions as delineated in the participant's community support plan.

CDCS Budgets for CCB [DELETE] recipients [END DELETE] [ADD] participants [END ADD] are determined through a [DELETE] three [END DELETE] [ADD] four [END ADD] step process:

- 1) Calculation of base rate for each [DELETE] recipient [END DELETE] [ADD] participant [END ADD]
- 2) Adjustment of the base rate to exclude cost of services that aren't allowed under CDCS.
- 3) Adjustment of the base rate to account for cost of living adjustments provided [DELETE] through legislation to all services [END DELETE] [ADD] under state law [END ADD].
- [ADD] 4) Adjustment for persons with a documented need for employment/day supports that cannot be provided within the budget determined by step 3. [END ADD]

Step 1: A base rate is determined for each [DELETE] recipient [END DELETE] [ADD] participant [END ADD] using scores on 11 assessment variables. Assessment scores are used in a formula that applies coefficients to [DELETE] each then adds [END DELETE] a constant to determine the base rate.

Assessment variables, coefficients, and constant were identified through multiple regression analyses of assessment information with historic expenditures.

The following summarizes the variables, coefficients, and constants used in the formula. Note: The CAC weight is [ADD] not [END ADD] applied to [DELETE] all CAC enrollees [END DELETE] [ADD] CADI participants [END ADD].

- Variable: Case Mix; Coefficient: 9.283; Range: A-K
- Variable: Walking; Coefficient: 2.663; Range: 0-4
- Variable: Grooming; Coefficient: 7.421; Range: 0-3
- Variable: Bed Mobility; Coefficient: 3.165; Range: 0-3
- Variable: Transfers; Coefficient: 3.008; Range: 0-4
- Variable: Behaviors 1 ([DELETE] F [END DELETE] BI-NF only); Coefficient: 22.462; Range: 0-4

- Variable: Behaviors 2 ([DELETE] ~~¶~~[END DELETE] BI-NF only); Coefficient: 77.495; Range: 0-4
- Variable: Behaviors 3 (CADI only); Coefficient: 22.462; Range: 0-4
- Variable: Behaviors 4 (CADI only); Coefficient: 5.494; Range: 0-4
- Variable: Behaviors 5 (CAC only); Coefficient: 5.494; Range: 0-4
- Variable: (CAC[ADD]only)[END ADD]; Coefficient: 417.016
- Variable: Constant; Coefficient: 15.218

For the case mix variable, the multipliers for the A-K range are below. If, for example, an individual's case mix level is C, multiply 9.283 by 2.66.

- Case Mix Category: A; Multiplier: 1.00
- Case Mix Category: B; Multiplier: 2.60
- Case Mix Category: C; Multiplier: 2.66
- Case Mix Category: D; Multiplier: 2.14
- Case Mix Category: E; Multiplier: 3.81
- Case Mix Category: F; Multiplier: 4.71
- Case Mix Category: G; Multiplier: 3.20
- Case Mix Category: H; Multiplier: 4.94
- Case Mix Category: I; Multiplier: 3.05
- Case Mix Category: J; Multiplier: 5.45
- Case Mix Category: K; Multiplier: 8.08

Step 2: The Base rate calculated in step one is adjusted to exclude the cost of non-eligible services. The major non-eligible service is foster care. Because foster care is our state's most costly services, exclusion of these costs results in a reduction of the individual base rate. The formula is:

((Individual Base Rate from step 1) -2.90) X 0.7

Step 3: The rate from step 2 is adjusted to account for the cumulative effect of cost of living adjustments approved by the legislature. This adjustment produces the ~~[DELETE]final individual~~[END DELETE]CDCS budget[ADD] for individuals not eligible for the exception process identified in step 4[END ADD].

The percent change from year to year and the cumulative adjustment factors are as follows:

Effective Date: 10/1/05; percent change 2.5199; cumulative percent change 2.5199
 Effective Date: 10/1/06; percent change 2.2533; cumulative percent change 4.832
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 Effective Date: 7/1/13; percent change .5; cumulative percent change 5.18270
 [ADD]Effective Date: 4/1/14; percent change 1; cumulative percent change 6.2345
 Effective Date: 7/1/14; percent change 5; cumulative percent change 11.15462
 Effective Date: 7/1/15; percent change 1; cumulative percent change 12.6617

Step 4: Exception process for person with a documented need for employment or day supports cannot be provided within the budget determined by step 3. For persons with a documented need, the amount from step 3 is multiplied by 1.2. [END ADD]

When a CDCS participant experiences a significant change in need, the commissioner may authorize a budget change for that CDCS participant based on the results of the assessment.

If a CDCS participant exits the waiver more than once during the participant's community support plan year, the participant is ineligible for CDCS for the remainder of their community support plan year.

Expenses covered outside of the individual budget, must be managed within the lead agency's allowable waiver budget. These supports whether included in the individual budget or not, must be identified on the community support plan.

In a 12-month service agreement period, the participant's individual budget will include all goods and services to be purchased with the exception of required case management and criminal background studies.

Case management is separated into activities that are required and those that are flexible. Required case management functions are provided by lead agencies and are not included in the participant's budget. Flexible case management is included in the budget.

If the combined costs of environmental modifications and assistive technology (including assistive technology provided through supplies and equipment), during a 12 month service agreement period, exceed \$5000 and cannot be covered within a participant's individual budget, the participant may request additional funding from the lead agency to cover these items.

A full description of the budget methodology is available to the public on the [ADD]following [END ADD]DHS website[DELETE] on the CDCS Home Page.[END DELETE]:

[ADD]http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_139440.pdf[END ADD]

4. Rate Stabilization Schedule

Updates the rate stabilization schedule per 2015 legislation requirements by:

- extending the banding date by one year; and
- reducing the rate stabilization adjustment value in 2016 from 1.00% to 0.5%

BI, CAC, CADI, and DD Waivers

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

a. Rate Determination Methods.

Implementation of new disability waiver rates system will begin January 1, 2014 and will be completed in one year. All service plans will be entered into the disability waiver rates system during individual annual reviews by December 31, 2014. Implementation will include a ~~5-6~~ year rate stabilization adjustment period, from January 1, 2014 through December 31, [DELETE]2018[END DELETE] [ADD]2019[END ADD], during which individual reimbursement rates will be adjusted no higher or lower than:

-0.5% change for calendar year 2014

-An additional 0.5% change for calendar year 2015

-An additional [DELETE]1.0%[END DELETE] [ADD]0.5%[END ADD] change for calendar year 2016

-An additional 1.0% change for calendar year 2017

-An additional 1.0% change for calendar year 2018

[DELETE]-True rate management system rates by 2019-[END DELETE] [ADD]2018 rates remain in effect during calendar year 2019

- True rate management system framework rates beginning January 1, 2020[END ADD]

5. Pricing of Services

- Adds language addressing the pricing of new services and services which have significantly changed in this amendment package

BI, CAC, CADI, and DD Waivers

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

a. Rate Determination Methods.

[ADD]The new services and the services which have significantly changed in this package are not currently priced. Pricing and new frameworks will be developed. These services are:

- Home and Community Supports
- Employment Exploration Services
- Employment Development Services
- Supported Employment Services[END ADD]

6. 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

BI, CAC, CADI, and DD Waivers

Appendix C-2: Participant Services, General Service Specifications

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

Private duty nursing, under Extended Home Health Services:

Spouses, non-paid legal guardians, family foster parents (not corporate foster parents) and parents of minor children 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 parent, spouse, or legal guardian;
- The service is necessary to prevent hospitalization of the participant; and
- One of the following hardship criteria are met:
 - (i) the parent, spouse, or legal guardian resigns from a part-time or full-time job to provide the service; or
 - (ii) the parent, spouse, or legal guardian goes from a full-time to a part-time job with less compensation to provide the service; or
 - (iii) the parent, spouse, or legal guardian takes a leave of absence without pay to provide the service; or
 - (iv) because of labor conditions, special language needs, or intermittent hours of care needed, the parent, spouse, or legal guardian is needed in order to meet the medical needs of the recipient.

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

7. Paying Parents for CDCS Participants

- Clarifies the definition of “parents” to include step parents and legal guardians of minors when a participant is using CDCS

BI, CAC, CADI, and DD Waivers

Appendix C-2: Participant Services, General Service Specifications

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

Services and supports provided by a-[ADD]parents, spouses, and other [END ADD]legally responsible individuals.

NOTE: All references to “parents” in this section include both biological and adoptive parents[ADD], step parents, legal guardians of minors, and other legally responsible individuals[END ADD].

CDCS may be used to pay parents of minor participants under age 18 or spouses of participants for services rendered. Such payments may only be made under the category of personal assistance services as defined in Appendix C-1/C-3. Parents of minors and spouses must meet the provider qualifications for this service.

For a participant’s spouse or parent of a minor participant to be paid under CDCS, the service or support must meet all of the following authorization criteria and monitoring provisions. The service must:

- meet the definition of a service/support as outlined in the federal waiver plan and the criteria for allowable expenditures under the CDCS definition;
- be a service/support that is specified in the participant’s community support plan;
- be provided by a parent or spouse who meets the qualifications and training standards identified as necessary in the participant’s community support plan;
- be paid at a rate that does not exceed that which would otherwise be paid to a provider of a similar service and does not exceed what is allowed by the department for the payment of personal care assistance (PCA) services;
- be related to the participant’s disability and NOT be an activity that a parent of a minor or spouse would ordinarily perform or is responsible to perform;
- be necessary to meet at least one identified dependency in activities of daily living as assessed using the Long Term Care Consultation (LTCC) / DD Screening Document.*

* The LTCC / DD screening will be used to provide a means to identify activities in which the participant is dependent, to distinguish between activities that a parent or family member would ordinarily perform and those activities that go beyond what is normally expected to be performed, and to identify areas in which the level of assistance or supervision required exceeds what is typically required of a person of the same age.

In addition to the above:

- the parents [ADD] (as defined above) [END ADD] of minor children and spouses may not provide more than 40 hours of service in a seven-day period. For parents of minor children and spouses, 40 hours is the total amount per family regardless of the:
 - number of parents[ADD] (as defined above) [END ADD],
 - combination of parent(s) [ADD] of minors [END ADD] and spouse, or
 - number of children who receive CDCS.
- The parents [ADD] of minors [END ADD] and spouses must maintain and submit time sheets and other required documentation for hours worked and covered by the waiver;
- Married participants must be offered a choice of providers. If they choose a spouse as their care provider, it must be documented in the community support plan.
- Parents of minors and spouses may only be paid for providing supports that fall within the Personal Assistance service category.
- Parents of minors and spouses may not be reimbursed for mileage expenses.

CDCS service is allowable for minor participants under age 18 who reside in, but do not receive residential services in a licensed residential setting with the following conditions:

- Parents of minor participants under age 18 that receive payment to care for non-relatives in the licensed residential setting cannot be a paid provider of personal assistance for their biological/adoptive minor child.
- Parents of minor participants under age 18 that receive payment to care for relative children in the licensed residential setting can be a paid provider of personal assistance for their biological/adoptive minor child up to 25 hours per week.

Monitoring Requirements:

These additional requirements apply to participants electing to employ [DELETE]legally responsible [END DELETE]parents [ADD]of minors, legal guardians [END ADD]or a spouse for CDCS services:

- monthly reviews by the fiscal support entity of hours billed for family provided care and the total amounts billed for all goods and services during the month;
- planned work schedules must be available two weeks in advance, and variations to the schedule must be noted and supplied to the fiscal support entity when billing;
- at least quarterly reviews by the county on the expenditures and the health and safety status of the participant;
- face-to-face visits with the participant by the county on at least a semi-annual basis.

8. Day Training and Habilitation (DT&H) Services

- Clarifies the services and supports that can be provided under DT&H Services
- Establishes the date of 7/1/2019 when community employment must not be billed as DT&H, but must be billed as either EES, EDS or SES based on the type of services and supports being provided

DD Waiver

Appendix C-3: Provider Specifications for Service

Service Definition (*Scope*):

~~[DELETE]Day training and habilitation services consist of assistance with acquisition, retention, or improvement in self help, socialization and adaptive skills that are provided in a non-residential setting, i.e., separate from the home or facility in which the participant resides. Services shall focus on enabling participants to attain or maintain their maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the community support plan. In addition, day training and habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.~~

~~Services shall normally be furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week unless provided as an adjunct to other day activities included in a participant's community support plan.~~

~~Day training and habilitation services include supervision, training, and assistance in the areas of self care, communication, socialization, use of leisure and recreation time, and behavior management as well as training in community survival skills, money management, work related activities and therapeutic activities designed to increase the participant's adaptive living skills.~~

~~The hours of service per day will be based on the participant's individual needs and functioning. All day training and habilitation services will be coordinated with the participant's residential habilitation services by the case manager.~~

~~Non-medical transportation services must be provided by day training and habilitation providers to enable participants to participate in these services when this need is identified in the participant's community support plan.~~

~~To be eligible for day training and habilitation, participants must be receiving residential habilitation services covered by the waiver. When a primary caregiver is providing residential habilitation as described under Residential Habilitation and the participant is receiving respite or homemaking, the participant is also eligible for day training and habilitation. [END DELETE]~~

[ADD]Day training and habilitation (DT&H) day services consist of individualized services and supports that assist people with the acquisition, retention and ongoing development of self-care, socialization, communication and adaptive independent living skills. DT&H day services are typically provided in non-residential community settings (i.e., separate from the person's home and any provided residential habilitation services).

DT&H-day services focus on supporting people to attain or maintain greater independence their lives. DT&H day services must be coordinated with any physical therapy, occupational therapy or speech/language therapy and adaptive communication training listed in the person's community support plan. In addition, DT&H day services may serve to reinforce training and strengthen skill development occurring in therapy, residential or other community settings.

DT&H day services are provided on a regularly scheduled basis for one (1) or more days per week. DT&H day services can be provided as an adjunct support service to supplement other day services included in a person's community support plan. The hours of service per day will be based on the person's individual needs. All DT&H day services will be coordinated with the person's residential habilitation services by the case manager.

DT&H day services provide training, supervision, and support in the areas of:

- 1.) self-care;
- 2.) communication;
- 3.) socialization;
- 4.) behavior support;
- 5.) remedial or supplemental academics;
- 6.) independent living;
- 7.) recreation and leisure;
- 8.) public transportation;
- 9.) community access, mobility and support;
- 10.) use of various community resources;
- 11.) pedestrian street safety;
- 12.) self-preservation;
- 13.) money management; and
- 14.) DT&H facility-based work skills training.

Non-medical transportation services must be provided by DT&H day services providers to enable people to participate in these services when this need is identified in the person's community support plan.

To be eligible for DT&H day services a person must be receiving Residential Habilitation Services as required under the waiver. [END ADD]

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

[ADD]DT&H day services and supports are not intended to assist people with seeking, obtaining and maintaining individual job positions, group employment (e.g., work crew or enclave positions), self-employment or microenterprise businesses in the community. As of July 1, 2017, community employment services and supports must not be billed as DT&H day services, but must be billed as either Employment Exploration Services (EES), Employment Development Services (EDS) or Supported Employment Services (SES) based on the type of services and supports provided.

Minnesota Statutes, section 252.41, subd.3(1) referencing supported employment is herein superseded by the establishment of Employment Exploration Services (EES), Employment Development Services (EDS) and Supported Employment Services (SES).

DT&H day services must be authorized and reimbursed on a 15-minute unit basis when EES, EDS or SES are provided on the same day as DT&H day services.

Wage and benefit compensation must be compliant with all applicable federal laws and regulations as well as state statute and rules. [END ADD]

9. Prevocational Services

- Aligns transportation reimbursement payment language with the current rate system methodology
- Establishes the date of 6/30/2017 when community employment must not be billed as prevocational services, but must be billed as either EES, EDS or SES based on the type of services and supports being provided
- Establishes the date of 6/30/2019 when Prevocational Services will be discontinued
- Advises people receiving services to choose other employment or community support service options prior to 6/30/2019

BI and CADI Waivers

Appendix C-3: Provider Specifications for Service

Service Definition (*Scope*):

Prevocational services that are not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)) may be covered. Services are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services consist of teaching such concepts as attendance, task completion, problem solving and safety. Prevocational services are provided to participants not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs).

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying goals directed at assisting the person towards greater independence, such as attention span and motor skills. All prevocational services will be reflected in the participant's community support plan as they relate to assisting the participant toward greater independence, rather than explicit employment objectives.

Documentation will be maintained in the file of each participant receiving this service that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

Transportation will be provided between the participant's place of residence and the site of the prevocational services, or between prevocational sites (in cases where the participant receives prevocational services in more than one place). ~~[DELETE]as a component part of prevocational services. The cost of this transportation may be included in the rate paid to providers of the appropriate type of prevocational services[END DELETE].~~ [ADD]Prevocational service rates do not include transportation costs. Prevocational service transportation costs are reimbursed separately.

Prevocational Services will discontinue 06/30/2019. People receiving Prevocational Services should consider receiving other additional employment and/or community support services prior to 06/30/2019. [END ADD]

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

[ADD]Prevocational services are not intended to assist people with seeking, obtaining and maintaining individual job positions, group employment (e.g., work crew or enclave positions), self-employment or microenterprise businesses in the community. As of July 1, 2017, community employment services and supports must not be billed as prevocational services, but must be billed as either Employment Exploration Services (EES), Employment Development Services (EDS) or Supported Employment Services (SES) based on the type of services and supports provided.

Wage and benefit compensation must be compliant with all applicable federal laws and regulations as well as state statute and rules. [END ADD]

10. Supported Employment

- **Revises and clarifies Supported Employment services as individualized services that support and assist people in maintaining paid employment in the community whether in individual jobs, workgroups, self-employment, or microenterprise businesses**

BI, CAC, CADI and DD Waivers

Appendix C-2: Participant Services – General Service Specifications

Service Definition (*Scope*):

~~[DELETE]Supported employment services consist of paid employment for participants for whom competitive employment at or above the minimum wage is unlikely without supports, and who, because of their disabilities, need intensive ongoing support to perform in a community work setting. Supported employment is conducted in a variety of community work settings in which people without disabilities are employed.~~

~~Supported employment includes activities needed to sustain paid work by participants receiving waiver services, including supervision and training. When supported employment services are provided at a work site where people without disabilities are employed, payment will be made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.~~

~~Supported employment services can be authorized by the case manager as part of a participant's community support plan only when:~~

- ~~1. the participant engages in paid employment in a setting or variety of settings in which people without disabilities are also employed, particularly existing businesses or industry sites;~~
- ~~2. public funds are necessary for the purpose of providing ongoing training and support services throughout the period of employment; and~~
- ~~3. the participant has the opportunity for social interactions with people who do not have disabilities and who are not paid caregivers.~~

~~Supported employment services include individualized assessment, counseling, individualized job development and placement that produce an appropriate job match, on the job training required for job performance, ongoing supervision and monitoring, long term support services to assure job retention. It also includes training in skills essential to obtaining and retaining employment such as the effective use of community resources, use of break and lunch areas, use of generic transportation and mobility training.~~

~~Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation must be maintained in the file of each participant~~

~~receiving this service that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.~~

~~The State will not require prior institutionalization in a NF or ICF/MR before a participant is eligible for supported employment services.~~

~~Transportation will be provided between the participant's place of residence and the site of the supported employment service, or between supported employment sites (in cases where the participant receives supported employment services in more than one place) when other forms of transportation are unavailable or inaccessible. The cost of this transportation may be included in the rate paid to providers of the appropriate type of supported employment services.~~

~~The hours or services per day will be based on the participant's needs and functioning. All supported employment services will be coordinated by the case manager with the participant's residential services, when applicable. Non-medical transportation services may be provided by supported employment providers to enable participants to participate in these services. [END DELETE]~~

[ADD]Supported Employment Services (SES) are individualized services and supports that assist people with maintaining paid employment in community businesses. Supported Employment Services (SES) are to occur in integrated community settings.

I. Supported Employment Services (SES) – Job Support can include:

1. job analysis and re-design;
2. arranging adaptive accommodations and assistive technology;
3. job training and coaching to strengthen and maintain necessary work skills, behaviors and co-worker relationships.
4. providing on-the-job counseling and support;
5. advocacy, negotiation and liaison communication with the employer;
6. designing and implementing set schedules of ongoing follow-up support, job coach fading and monitoring;
7. developing and strengthening natural work supports;
8. training, coaching and coordinating employment-specific travel/transportation;
9. forming skilled job-specific work crews and job enclaves for group supported employment arrangements; and
10. data collection, documentation and progress reporting on a person's work performance on the job.

A. Individual supported employment consists of:

1. one person;
2. working at a regular or customized, full-time or part-time, paid job position;
3. in a community business or self-employment; and
4. with opportunities for interactions with co-workers without disabilities, customers and/or the general public.

Individual employment does not include group employment or center-based employment.

B. Group supported employment consists of a 2 to 5 person workgroup working together in a community business. Group members are typically:

1. performing work duties of full-time or part-time job positions where the work duties involved in the job position are divided across group members; or
2. working individually at separate, dispersed job assignments at different locations within a community business;
3. experiencing opportunities for interactions with co-workers without disabilities, customers and/or the general public; and
4. being paid.

Group supported employment does not meet the definition of individual supported employment.

II. Supported Employment Services (SES) - Self-Employment and Microenterprise Businesses Support can include:

1. Training, coaching and support services for assisting in the effective day-to-day operations of all aspects of the business, including marketing, sales, production, order fulfillment, customer service, business technology, bookkeeping, file record maintenance, purchasing, inventory control, financial management, accounting, timely tax reporting and legal compliance;
2. Developing and establishing outside of the company business service resources to assist and support the operations of the enterprise;
3. Providing ongoing business analysis and consultation; and
4. Designing and implementing set schedules of ongoing, follow-up support. [END ADD]

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

~~[DELETE]This service does not cover incentive payments, subsidies, or unrelated training expenses such as the following:~~

- ~~1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;~~
- ~~2. Payments that are passed through to users of supported employment programs; or~~
- ~~3. Payments for vocational training that is not directly related to a participant's supported employment program.~~ [END DELETE]

[ADD]Waiver funds are strictly for funding assistive services and supports to people with disabilities working in community-based jobs, self-employment or microenterprise businesses. Waiver service funding does not cover:

1. payments made to an employer as an incentive for participation in a person's supported employment services (SES);
2. payments that are passed through to subsidize a person receiving SES;
3. payments for vocational education and training that is not directly related to a person's supported employment services (SES);
4. payments reimbursing routine supervision rendered as a normal function of the business setting; or
5. payments used as supplemental capital to finance a self-employment or microenterprise business.

Microenterprise businesses are restricted to 5 or fewer people. Service providers cannot be owners, partners, shareholders, operators, employees, independent contractors, subcontractors or otherwise a financial beneficiary of the micro-enterprise businesses that they are assisting, supporting and serving.

A person may receive both Employment Development Services (EDS) and SES, if they are seeking other employment opportunities while they are currently employed.

DT&H day services must be authorized and reimbursed on a 15-minute unit basis when SES is provided on the same day as DT&H day services.

SES rates do not include transportation costs. Transportation billing claims involved with providing SES are reimbursed separately.

SES should involve opportunities and experiences for people receiving SES to meaningfully interact with co-workers without disabilities and people in the community without disabilities.

SES cannot be provided in congregate group arrangements greater than 5 people in a work crew or job enclave.

SES cannot be provided in facility-based, day training and habilitation service (DT&H) settings, prevocational service settings, structured day service settings, or adult day service settings.

Individual and group forms of supported employment services must be provided under SES, and not provided as a service of day training and habilitation services.

Minnesota Statutes, section 252.41, subd.3(1) referencing supported employment is superseded by SES as established herein.

Wage and benefit compensation must be compliant with all applicable federal laws and regulations as well as state statute and rules.

SES does not include services that are available under section 110 of the Rehabilitation Act 1973 or under the provisions of the Individuals with Disabilities Education Act (IDEA). [END ADD]

11. Employment Exploration Services

- **Adds a new employment service that assists and supports people with making informed choices about working in competitively paid jobs in their community**

BI, CAC, CADI and DD Waivers

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

Service Definition (Scope):

[ADD]Employment Exploration Services (EES) are community-based orientation services that introduce a person to competitive employment opportunities in their community. EES consists of individualized educational activities, learning opportunities, work experiences and support services that are identified in the person’s coordinated services and support plan (CSSP). EES activities and experiences strengthen a person’s knowledge, interests and preferences about working in various competitively paid jobs or occupational positions within the community. EES results in the person making informed decisions about working in competitively paid jobs in the community. EES strategies must be person-centered and based on the person’s identified and developing strengths, interests, preferences, skills and abilities.

EES providers must have the service capacity to provide the following essential informed choice educational activities, learning opportunities and work experiences:

- 1.) educational visits to community businesses to learn about various companies, products, services and employment opportunities;
- 2.) career education activities to learn about specific types of occupations, job positions and work opportunities;
- 3.) ongoing educational information and counseling assistance about jobs/careers that interest the person;
- 4.) “job shadowing” and “try-out experiences” with the work involved in various occupational positions;
- 5.) individualized work experiences, including volunteer work experiences;
- 6.) learning about post-secondary educational opportunities that enhance employment;
- 7.) learning to use available community employment resources;
- 8.) learning to use available transportation services;
- 9.) performing pre-employment benefit(s) resource fact-gathering and review; and
- 10.) identify preliminary needs for assistive technology and adaptive accommodations[END ADD]

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

[ADD]EES is not intended to teach competency in specific job skills. Waiver funds are not available for vocational services in facility based or sheltered workshop settings, where the primary purpose is to produce goods and perform services.

In addition, waiver funds cannot be used to compensate or supplement a person’s wages.

Group instruction greater than 5 people does not qualify as service and support interventions under EES.

Employment learning and support small groups (e.g., job clubs) are allowable and comprise only one small service element within the full complement of possible EES services and supports. EES providers are not allowed to provide only employment learning and support small groups. EES providers must have the capacity to provide all needed EES services and supports. If employment learning and support small groups are needed and used, then they must be limited. Employment learning and support small groups must be limited in:

- group size (no more than 5 people);
- session frequency (no more than one session per week per person); and
- session length of time (no more than 90 minutes).

EES is to occur over a specified period of time as identified in the person’s coordinated service and support plan (CSSP). EES is time-limited and expected to end:

- when a person is interested in actively seeking competitively paid employment, and starts receiving Employment Development Services; or
- when a person obtains competitively paid employment, or
- after the 12 month of receiving Employment Exploration Services.

EES is not required or needed for people who have personal employment goals to work at paid job positions in community businesses.

EES cannot be provided when a person is receiving Employment Development Services (EDS) or Supported Employment Services (SES).

EES can be provided when a person is also receiving Day Training and Habilitation Services (DT&H), Prevocational Services or Structured Day Services.

DT&H day services must be authorized and reimbursed on a 15-minute unit basis when EES is provided on the same day as DT&H day services.

Employment exploration services must be provided under EES, and not provided as a service of day training and habilitation (DT&H) services.

Minnesota Statutes, section 252.41, subd.3(1) referencing supported employment is superseded by EES as established herein.

Further use of EES beyond 12 service months is based upon a person’s need to continue EES due to a debilitating health event or life event that significantly hinders the implementation of EES. Subsequent use of EES is limited to an additional 12 months.

EES rates do not include transportation costs. Transportation billing claims involved with providing EES are reimbursed separately.

EES activities should involve opportunities and experiences for people receiving EES to meaningfully interact with community businesses and people without disabilities.

Wage and benefit compensation must be compliant with all applicable federal laws and regulations as well as state statute and rules.

EES does not include services that are available under section 110 of the Rehabilitation Act 1973 or under the provisions of the Individuals with Disabilities Education Act (IDEA). [END ADD]

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

Provider Managed

Provider Specifications:

[ADD]Agency – Providers who meet the EES services standards

Individual – Providers who meet the EES services standards[END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type:

[ADD]Providers who meet the EES services standards[END ADD]

Provider Qualifications

License (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider[END ADD]

Verification of Provider Qualifications

Entity Responsible for Verification:

[ADD]The Minnesota Department of Human Services monitors agencies holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type:

[ADD]Providers who meet the EES services standards[END ADD]

Provider Qualifications

License (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider[END ADD]

Verification of Provider Qualifications

Entity Responsible for Verification:

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

12. Employment Development Services

Adds a new employment service that assists and supports people in:

- finding competitively paid employment in their community;
- becoming self-employed in their community; or
- establishing microenterprise businesses in their community.

BI, CAC, CADI and DD Waivers

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

Service Definition (*Scope*):

[ADD]Employment Development Services (EDS) are individualized services that actively support a person to achieve paid employment in their community. Employment Development Services (EDS) assist people with finding paid employment, becoming self-employed or establishing microenterprise businesses in their communities.

I. EDS - Job Development Services are individualized 1:1 support services that assist a person to achieve competitively paid employment within a community business at either a minimum wage or a customary (industry-standard) prevailing wage and comparable level of benefits. Job Development may include the following services and support:

1. individualized, strengths-based assessments and employment opportunity discovery strategies;
2. comprehensive employment search assistance and support;
3. benefit(s) review, analysis, consultation and planning;
4. negotiating and finalizing terms of employment; and
5. Support assistance during new employer orientation.

II. EDS - Self-Employment/Micro-enterprise Development Services are individualized support services that prepare and assist people to develop a self-employment or micro-enterprise business in their community. Self-Employment/Micro-enterprise Development Services may include the following assistance:

1. determining the type of business;
2. writing a business plan;
3. finding sources of start-up financing;
4. establishing a legal structure for the business;
5. choosing and registering an available and marketable business name;
6. creating a marketing and sales plan;
7. obtaining a location, certifications, licenses, permits and variances;
8. purchasing all necessary insurances; and
9. developing business forms, records, bookkeeping and accounting systems[END ADD]

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

[ADD]Employment Development Services (EDS) are individualized support services. Employment education and support small groups (e.g., job clubs) are allowable and comprise only one small service element within the full complement of EDS services and supports. EDS providers are not allowed to provide only employment education and support small groups. EDS providers must have the capacity to provide all needed EDS services and supports. If employment education and support small groups are needed and used, then they must be limited. Employment education and support small groups must be limited in:

- group size (no more than 5 people);
- session frequency (no more than one session per week per person); and
- session length of time (no more than 90 minutes).

Group instruction greater than 5 people does not qualify as service and support interventions under EDS.

EDS must not be used to develop group supported employment opportunities (e.g., work crews, job enclaves, etc.).

The EDS employment discovery and assessment phase is not to exceed 120 days of service. Further use of discovery and assessment beyond 120 days of service is based on a person's need to continue discovery and assessment due to a debilitating health event or life event that significantly hinders the implementation of the EDS employment discovery and assessment phase. Subsequent use of EDS employment discovery and assessment is limited to an additional 120 days of service.

Waiver funds are not available for vocational services in facility based or sheltered workshop settings, where the primary purpose is to produce goods and perform services.

Waiver funds cannot be used to compensate or supplement a person's wages. Wage and benefit compensation must be compliant with all applicable federal laws and regulations as well as state statute and rules.

Waiver funds cannot be used as supplemental capital to finance self-employment or microenterprise businesses.

Service providers cannot be owners, partners, shareholders, operators, employees, independent contractors, subcontractors or otherwise a financial beneficiary of the micro-enterprise businesses that they are assisting, supporting and serving.

Self-employment and microenterprise businesses are limited in size to 5 or fewer people.

Employment Development Services (EDS) are to occur over a specified period of time as identified in the person's coordinated service and support plan (CSSP). A person's first time or initial use of EDS is time-limited and not to exceed a maximum of 24 months of service. Subsequent uses of EDS are based upon a person's needs and verifiable employment status changes (e.g., loss of employment, reduced employment, career change, seeking other employment, debilitating health event that hinders employment, etc.), and limited to 12 months.

A person may receive both EDS and Supported Employment Services (SES), if they are seeking other employment opportunities while they are currently employed.

EDS activities should involve opportunities and experiences for people receiving EDS to meaningfully interact with community businesses and people without disabilities.

The EDS rate does not include transportation costs. Transportation billing claims involved with providing EDS are reimbursed separately.

DT&H day services must be authorized and reimbursed on a 15 minute unit basis when EDS is provided on the same day as DT&H day services.

Employment development services must be provided under EDS, and not provided as a service of day training and habilitation (DT&H) services.

Minnesota Statutes, section 252.41, subd.3(1) referencing supported employment is superseded by EDS as established herein.

Wage and benefit compensation must be compliant with all applicable federal laws and regulations as well as state statute and rules.

EDS does not include services that are available under section 110 of the Rehabilitation Act 1973 or under the provisions of the Individuals with Disabilities Education Act (IDEA). [END ADD]

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

[ADD] Provider Managed [END ADD]

Provider Specifications:

[ADD]Agency - Providers who meet the EDS services standards

Individual – Providers who meet the EDS services standards[END ADD]

Provider Category:

[ADD]Agency [END ADD]

Provider Type:

[ADD]Providers who meet the EDS services standards [END ADD]

Provider Qualifications

License (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider[END ADD]

Verification of Provider Qualifications

Entity Responsible for Verification:

[ADD]The Minnesota Department of Human Services monitors agencies holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type:

[ADD]Providers who meet the EDS services standards[END ADD]

Provider Qualifications

License (specify): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider[END ADD]

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

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

13. Frequency of services

- **Adds a timeline in which participants may be in transition and receive case management only without an additional formal waiver service before needing to exit the waiver**

BI, CAC and CADI Waivers**Appendix B: Participant Access and Eligibility****B-6: Evaluation/Reevaluation of Level of Care**

a. Reasonable Indication of Need for Services. In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the State's policies concerning the reasonable indication of the need for services:

i. Minimum number of services.

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: 2

ii. Frequency of services. The State requires (select one):

The provision of waiver services at least monthly

Monthly monitoring of the individual when services are furnished on a less than monthly basis

If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:

A participant must receive case management and have authorized and delivered at least one additional formal waiver service as documented in the community support plan. [ADD]The authorization of case management only can occur up to 60 calendar days without the authorization of an additional formal waiver service. If an additional formal waiver service is not authorized during this timeframe, the participant must exit the waiver until determined eligible and additional formal waiver services can be authorized.

If the cause of not authorizing an additional formal waiver service is the result of a transition between providers, services, or settings, an additional 60 days to authorize formal waiver services shall be granted. If services are not authorized during this timeframe, the participant must exit the waiver until determined eligible and additional formal waiver services can be authorized. [END ADD]

Most participants receive waiver services on a monthly basis. Case managers are responsible for ongoing monitoring of participant's health and safety.

DD Waiver

Appendix B: Participant Access and Eligibility

B-6: Evaluation/Reevaluation of Level of Care

a. Reasonable Indication of Need for Services. In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the State's policies concerning the reasonable indication of the need for services:

i. Minimum number of services.

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: 2

ii. Frequency of services. The State requires (select one):

The provision of waiver services at least monthly

Monthly monitoring of the individual when services are furnished on a less than monthly basis

If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:

A participant must receive case management and have authorized and delivered a residential habilitation service as defined in Appendix B-1 (b) and as documented in the community support plan. [ADD]The authorization of case management only can occur up to 60 calendar days without the authorization of an additional formal waiver service. If an additional formal waiver service is not authorized during this timeframe, the participant must exit the waiver until determined eligible and additional formal waiver services can be authorized.

If the cause of not authorizing an additional formal waiver service is the result of a transition between providers, services, or settings, an additional 60 days to authorize formal waiver services shall be granted. If services are not authorized during this timeframe, the participant must exit the waiver until determined eligible and additional formal waiver services can be authorized. [END ADD]

Most participants receive waiver services on a monthly basis. Case managers are responsible for ongoing monitoring of participant's health and safety.

14. Case Management

- Adds language to service definition indicating case managers assist with appeals to be consistent with amendments submitted for Elderly Waiver

BI, CAC, CADI and DD Waivers

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

Service Definition (Scope): Services that assist participants in gaining access to needed waiver and state plan services, [ADD]assist individuals in appeals under MN Statutes, section 256.045 [END ADD]as well as needed medical, social, educational and other services, regardless of the funding source for the services.

15. 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.

BI, CAC, CADI

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[ADD]/case manager/care coordinator[END ADD] 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.

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

Authority to set personnel standards is granted to the commissioner of human services under Minnesota Statutes, section 256.012.

16. Behavioral Support Services

- Updates the title of the service to Positive Support Services
- Expands service to the DD Waiver
- Clarifies the service provides functional behavior assessments to avoid confusion with functional assessments as defined in MS 245.462, Subd. 11 of the Mental Health Act
- Adds a requirement that the person-centered positive practice individual behavior support plan is to be developed in conjunction with the person for whom the service is authorized
- Updates the provider qualifications

BI, CAC, and CADI Waivers

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

Service Title:

~~Behavioral~~[ADD]Positive[END ADD] Support[ADD]Service[END ADD]

Service Definition (Scope):

~~Behavioral~~[ADD]Positive [END ADD]support[ADD]service[END ADD] consists of the development, implementation and monitoring of a person centered, individually designed proactive plan developed to enhance positive behavior resulting in the decrease or elimination of a participant's severe maladaptive (challenging) behavior. ~~Behavioral~~Positive support services includes the use of person centered approaches incorporating a comprehensive functional behavior assessment of both positive as well as maladaptive behavior, development of a positive behavior support plan or positive support transition plan to phase out the use of restrictive interventions approved for use on a temporary basis, [DELETE]that may also include specific reactive or emergency strategies, [END DELETE] implementation of the plan, on-going training and supervision of caregivers, including paid staff, and periodic reassessment and modification of the plan. [ADD] The person will lead the process for developing a positive behavior support plan and/or positive support transition plan where possible. Examples of positive support approaches are positive behavior support (PBS), illness management and recovery (IM&R) approaches, motivational interviewing, dialectical behavior therapy and cognitive behavior therapy. [END ADD] Three levels of qualifications and duties associated with ~~Behavioral~~[ADD]Positive[END ADD] Support Services are listed below to illustrate how functions are associated with progressive levels of authority, competency, training and experience:

1) [DELETE]~~Behavior~~[END DELETE] [ADD]Positive Support[END ADD] Professionals:

- Complete an individualized functional [ADD]behavior [END ADD]assessment.
- [ADD]In conjunction with the person, [END ADD] [DELETE]~~Develop~~[END DELETE]develop a person centered, positive practice individualized behavior support plan [ADD]and/or positive support transition plan [END ADD]that identifies specific proactive and if necessary reactive intervention strategies.
- Distribute the plan(s).
- Provide onsite instructional learning regarding the use of behavioral interventions
- Evaluate the effectiveness of the service[ADD] and interventions[END ADD]
- Modify the plan[ADD] (s) [END ADD] as necessary.
- Train and supervise behavioral staff (includes [DELETE]~~Behavior~~[END DELETE] [ADD]Positive Support[END ADD] Analyst and [DELETE]~~Behavior~~[END DELETE] [ADD]Positive Support[END ADD] Specialist)

2) [DELETE]~~Behavior~~[END DELETE] [ADD]Positive Support[END ADD] Analysts:

- [ADD]• Complete an individualized functional behavior assessment[END ADD]

- Oversee implementation of the person centered, positive support transition plan[ADD] and/or behavior support plan[END ADD]
- Train and direct [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Specialist staff that implement the positive support transition plan
- Supervise data collection
- Provide feedback to and coordinate with the [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Professional

- 3) [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Specialists:
[ADD]• Complete an individualized functional behavior assessment[END ADD]
- Implement the person centered, positive support transition plan[ADD] and/or behavior support plan[END ADD]
 - Collect and record behavioral data
 - Communicate questions or concerns to the [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Professional or [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Analyst

The level of [DELETE]Behavioral-[END DELETE] [ADD]Positive[END ADD] Support[ADD] Service[END ADD] to be provided is determined by the participant's assessed needs, environmental considerations, individual choice that includes an analysis of risk and benefit, informed consent, and history.

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

[Intentionally left blank]

Provider Specifications:

- Individual – [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Specialists
- Individual – [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Analysts
- Individual – [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Professionals
- Agency – [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Specialists
- Agency – [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Analysts
- Agency – [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Professionals

Provider Category:

Individual

Provider Type

Behavior-[ADD]Positive Support[END ADD] Specialists

Provider Qualifications

License (*specify*): Providers must be licensed under Minnesota Statutes, Chapters 245D[ADD] as an intensive support service provider[END ADD].

Certificate (*specify*):

Other Standard (*specify*):

[DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Specialists must have:

- 1) An associate's degree in a social services discipline; or
- 2) Two years of supervised experience working with individuals who exhibit challenging behavior as well as co-occurring mental disorders and neuro-cognitive disorder.

Additionally, [DELETE]Behavior-[END DELETE] [ADD]Positive Support[END ADD] Specialists must have:

- a minimum of four hours of training in functional [ADD]behavior[END ADD] assessment; and
- 20 hours of instruction in the understanding of the function of behavior; and
- 10 hours of instruction on design of positive practices behavioral support strategies; and
- 10 hours of instruction on [ADD]preparing written intervention strategies, designing data collection protocols, training other staff to implement practice strategies, and summarizing/reporting program

evaluation[END ADD] [DELETE]-the use of behavior reduction approved/permitted strategies[END DELETE]; and
 [ADD]- 8 hours of instruction on person-centered thinking principles; and[END ADD]
 - a determination by a [DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Professional to have the training and prerequisite skills required to provide positive practice strategies [DELETE]as well as behavior reduction approved intervention[END DELETE] to the person who receives [DELETE]Behavioral[END DELETE] [ADD]Positive[END ADD] Support[ADD] Services[END ADD]; and
 - direct supervision by a [DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Professional[ADD] or Positive Support Analyst[END ADD].

Provider Category:

Individual

Provider Type

[DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Analysts

Provider Qualifications

License (specify): Providers must be licensed under Minnesota Statutes, Chapters 245D[ADD] as an intensive support service provider[END ADD].

Certificate (specify):

Other Standard (specify):

[DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Analysts must have four years of supervised experience [DELETE]working with[END DELETE] [ADD]conducting functional behavior assessments and designing, implementing, and evaluating effectiveness of positive practices behavior support strategies for [END ADD] individuals who exhibit challenging behaviors as well as co-occurring mental disorders and neuro-cognitive disorder; and

1) Obtained a baccalaureate degree, master's degree or a PhD in a social services discipline; or
 2) Meet the qualifications of a Mental Health Practitioner as defined in MN Statute 245.462, subd. 17[ADD]; or

3) Be a Board Certified Behavior Analyst or Board Certified Assistant Behavior Analyst certified by the Behavior Analyst Certification Board. [END ADD]

Additionally, [DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Analysts must have:

- 10 hours of instruction in functional [ADD]behavior[END ADD] assessment and functional analysis; and
 - 20 hours of instruction in the understanding of the function of behavior; and
 - 10 hours of instruction on design of positive practices behavior support plan; and
 - 20 hours of instruction on [ADD]preparing written intervention strategies, designing data collection protocols, training other staff to implement positive practice strategies, summarizing/reporting program evaluation data, analyzing program evaluation data to identify design flaws in behavioral interventions or failures in implementation fidelity, and recommending enhancements based on evaluation data[END ADD] [DELETE]the use of behavior reduction approved strategies used only in combination with behavior positive practices strategies[END DELETE]; and
 [ADD]- 8 hours of instruction on person-centered thinking principles; and[END ADD]
 - a determination by a [DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Professional to have the training and prerequisite skills required to provide positive practice strategies as well as behavior reduction approved/permitted intervention to the person who receives [DELETE]Behavioral[END DELETE] [ADD]Positive[END ADD] Support[ADD] Services[END ADD]; and
 - [DELETE]direct[END DELETE] [ADD]clinical[END ADD] supervision by a [DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Professional.

Provider Category:

Individual

Provider Type

[DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Professionals

Provider Qualifications

License (*specify*):

Individuals must be licensed under Minnesota Statutes, Chapters 245D[ADD] as an intensive support service provider[END ADD].

Mental health professionals must be licensed or certified, or meet the qualification criteria listed under Minnesota Statutes, sec. 245.462, subd. 18.

Certificate (*specify*): Mental health professionals must be licensed or certified, or meet the qualification criteria listed under Minnesota Statutes, section 245.462, subd. 18.

Other Standard (*specify*):

[DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Professionals must have competencies in areas related to ethical considerations, functional [ADD]behavior[END ADD] assessment, functional analysis, measurement of behavior and interpretation of data, selecting intervention outcomes and strategies, [ADD]person-centered thinking strategies, [END ADD]positive behavior support strategies, [DELETE]behavior reduction/elimination strategies that promote least restrictive approved alternatives, [END DELETE]-data collection, staff/caregiver training, support plan monitoring, co-occurring mental disorders and neuro-cognitive disorder, demonstrated expertise with populations being served, and meet at least one of the following requirements:

- 1) Psychologist licensed under MN Statutes 148.88 to 148.98-[DELETE]who has stated to the Minnesota Board of Psychology competencies in the above identified areas[END DELETE]; or
- 2) Clinical social worker licensed as an independent clinical social worker under MN Statute 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4000 hours of post-master's supervised experience in the delivery of clinical service in the above identified competency areas; or
- 3) A physician licensed under MN Statute 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry, with demonstrated competencies in the above areas; or
- 4) A licensed professional clinical counselor licensed under Minnesota Statutes, sec. 148B.29 to 148B.39 with at least 4000 hours of post-master's supervised experience in the delivery of clinical services who has demonstrated competencies in the above areas; or
- 5) A person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4000 hours of post-master's supervised experience in the delivery of clinical services with demonstrated competencies in the above areas; or
- 6) [ADD]a person with a master's degree or Ph.D. in one of the behavioral sciences or related field with demonstrated expertise in positive support services, as determined by the person's case manager based on the person's needs as outlined in the person's community support plan; or
- 7)[END ADD]A registered nurse who is licensed under sections 148.171 to 148.285 who has demonstrated competencies in the above identified areas; and
 - i. who is certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization; or
 - ii. who has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4000 hours of post-master's supervised experience in the delivery of clinical services.

Provider Category:

Agency

Provider Type

[DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Specialists

Provider Qualifications

License (*specify*): Providers must be licensed under Minnesota Statutes, Chapters 245D[ADD] as an intensive support service provider[END ADD].

Certificate (*specify*):

Other Standard (*specify*):

[DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Specialists must have:

- An associate's degree in a social services discipline; or
- Two years of supervised experience working with participants who exhibit challenging behaviors as well as co-occurring mental disorders or neuro-cognitive disorders and

Additionally, [DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Specialists must have:

- a minimum of four hours of training in functional [ADD]behavior[END ADD] assessment; and
- 20 hours of instruction in the understanding of the function of behavior; and
- 10 hours of instruction on [DELETE]design of[END DELETE] [ADD]preparing writing intervention strategies, designing data collection protocols, training other staff to implement[END ADD] positive practices [DELETE]behavioral support[END DELETE]strategies[ADD] and summarizing/reporting program evaluation data[END ADD]; and
- [ADD]- 8 hours of instruction on person-centered thinking principles; and[END ADD]
- determination by a [DELETE]behavior[END DELETE] [ADD]Positive Support[END ADD] Professional to have the training and prerequisite skills required to provide positive practice strategies [DELETE]as well as behavior reduction approved intervention[END DELETE] to the person who receives [DELETE]behavioral[END DELETE] [ADD]Positive[END ADD] Support[ADD] Services[END]; and
- direct supervision by a [DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Professional[ADD] or Positive Support Analyst[END ADD].

Provider Category:

Agency

Provider Type

[DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Analysts

Provider Qualifications

License (*specify*): Providers must be licensed under Minnesota Statutes, Chapters 245D[ADD] as an intensive support service provider[END ADD].

Certificate (*specify*):

Other Standard (*specify*):

[DELETE]Behavior Analysts must have:

Behavior[END DELETE] [ADD]Positive Support[END ADD] Analysts must have:

- four years of supervised experience [DELETE]working with[END DELETE] [ADD]conducting functional behavior assessments and designing, implementing, and evaluating effectiveness of positive practices behavior support strategies for[END ADD] individuals who exhibit challenging behaviors as well as co-occurring mental disorders or neuro-cognitive disorder; and

- 1) obtained a baccalaureate degree, master's degree or a PHD in a social services discipline; or
- 2) meet the qualifications of a Mental Health Practitioner as defined in Minn. Stat., sec. 245.462, subd.17; or

[ADD]3) be a Board Certified Behavior Analyst or Board Certified Assistant Behavior Analyst certified by the Behavior Analyst Certification Board. [END ADD]

Additionally, [DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Analysts must have:

- 10 hours of instruction in functional [ADD]behavior[END ADD] assessment and functional analysis; and
- 20 hours of instruction in the understanding of the function of behavior; and
- 10 hours of instruction on design of positive practices behavior support strategies; and

- 20 hours of instruction on [ADD]preparing written intervention strategies, designing data collection protocols, training other staff to implement positive practice strategies, summarizing/reporting program evaluation data, analyzing program evaluation data to identify design flaws in behavioral interventions or failures in implementation fidelity, and recommending enhancements based on evaluation data[END ADD] [DELETE]the use of behavior reduction approved strategies used only in combination with behavior positive practices strategies[END DELETE]; and
- [ADD]- 8 hours of instruction of person-centered thinking principles; and[END ADD]
- a determination by a [DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Professional to have the training and prerequisite skills required to provide positive practice strategies as [DELETE]well as behavior reduction approved/permitted intervention[END DELETE] to the person who receives [DELETE]Behavioral[END DELETE] [ADD]Positive[END ADD] Support[ADD] Services[END ADD]; and [DELETE]under the direct supervision of a behavioral professional.
- ~~direct~~[END DELETE] [ADD]clinical[END ADD] supervision by a [DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Professional.

Provider Category:

Agency

Provider Type

[DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Professionals

Provider Qualifications

License (*specify*):

Agencies must be licensed under Minnesota Statutes, Chapters 245D[ADD] as an intensive support service provider[END ADD].

Mental health professionals must be licensed or certified, or meet the qualification criteria listed under Minnesota Statute, section 245.462, subd.18.

Certificate (*specify*): Mental health professionals must be licensed or certified, or meet the qualification criteria listed under Minnesota Statute, section 245.462, subd. 18.

Other Standard (*specify*):

[DELETE]Behavior[END DELETE] [ADD]Positive Support[END ADD] Professionals must have competencies in areas related to ethical considerations, functional [ADD]behavior [END ADD]assessment, functional analysis, measurement of behavior and interpretation of data, selecting intervention outcomes and strategies, positive behavior support strategies, behavior reduction/elimination strategies that promote least restrictive approved alternatives, data collection, staff/caregiver training, support plan monitoring, co-occurring mental disorders or neuro-cognitive disorder, demonstrated expertise with populations being served, and meet at least one of the following requirements:

- 1) Psychologist licensed under Minnesota Statute, section 148.88 to 148.98-[DELETE]who has stated to the Minnesota Board of Psychology competencies in the above identified areas[END DELETE]; or
- 2) Clinical social worker licensed as an independent clinical social worker under Minnesota Statute, Chapter 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4000 hours of post-master's supervised experience in the delivery of clinical service in the above identified competency areas; or
- 3) A physician licensed under Minnesota Statute, Chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry, with demonstrated competencies in the above areas; or
- 4) A licensed professional clinical counselor licensed under Minnesota Statute, section 148B.29 to 148B.39 with at least 4000 hours of post-master's supervised experience in the delivery of clinical services who has demonstrated competencies in the above areas; or
- 5) A person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4000 hours of post-master's supervised experience in the delivery of clinical services with demonstrated competencies in the above areas; or
- [ADD]6) a person with a master's degree or Ph.D. in one of the behavioral sciences or related field with demonstrated expertise in positive supports as determined by the person's case manager based on the person's needs as outlined in the person's community support plan; or

- 7) [END ADD] A registered nurse who is licensed under Minnesota Statute, section 148.171 to 148.285, who has demonstrated competencies in the above identified areas; and
- iii. who is certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization; or
- iv. who has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4000 hours of post-master's supervised experience in the delivery of clinical services.

DD Waiver

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

Service Title:

[ADD]Positive Support Service[END ADD]

Service Definition (*Scope*):

[ADD]Positive support service consists of the development, implementation and monitoring of a person centered, individually designed proactive plan developed to enhance positive behavior resulting in the decrease or elimination of a participant's severe maladaptive (challenging) behavior. Positive support services includes the use of person centered approaches incorporating a comprehensive functional behavior assessment of both positive as well as maladaptive behavior, development of a positive behavior support plan or positive support transition plan to phase out the use of restrictive interventions approved for use on a temporary basis, implementation of the plan, on-going training and supervision of caregivers, including paid staff, and periodic reassessment and modification of the plan. The person will lead the process for developing a positive behavior support plan and/or positive support transition plan where possible. Examples of positive support approaches are positive behavior support (PBS), illness management and recovery (IM&R) approaches, motivational interviewing, dialectical behavior therapy and cognitive behavior therapy. Three levels of qualifications and duties associated with Positive Support Services are listed below to illustrate how functions are associated with progressive levels of authority, competency, training and experience:

1) Positive Support Professionals:

- Complete an individualized functional behavior assessment.
- In conjunction with the person, develop a person centered, positive practice individualized behavior support plan and/or positive support transition plan that identifies specific proactive and if necessary reactive intervention strategies.
- Distribute the plan(s).
- Provide onsite instructional learning regarding the use of behavioral interventions
- Evaluate the effectiveness of the service and interventions
- Modify the plan(s) as necessary.
- Train and supervise behavioral staff (includes Positive Support Analyst and Positive Support Specialist)

2) Positive Support Analysts:

- Complete an individualized functional behavior assessment
- Oversee implementation of the person centered, positive support transition plan and/or behavior support plan
- Train and direct Positive Support Specialist staff that implement the positive support transition plan
- Supervise data collection
- Provide feedback to and coordinate with the Positive Support Professional

3) Positive Support Specialists:

- Complete an individualized functional behavior assessment
- Implement the person centered, positive support transition plan and/or behavior support plan
- Collect and record behavioral data
- Communicate questions or concerns to the Positive Support Professional or Positive Support Analyst

The level of Positive Support Service to be provided is determined by the participant’s assessed needs, environmental considerations, individual choice that includes an analysis of risk and benefit, informed consent, and history. [END ADD]

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

[Intentionally left blank]

Provider Specifications:

[ADD]Individual –Positive Support Specialists
Individual –Positive Support Analysts
Individual –Positive Support Professionals
Agency –Positive Support Specialists
Agency –Positive Support Analysts
Agency –Positive Support Professionals[END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type

[ADD]Positive Support Specialists[END ADD]

Provider Qualifications

License (specify): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider. [END ADD]

Certificate (specify):

Other Standard (specify):

[ADD]Positive Support Specialists must have:

- 1) An associate’s degree in a social services discipline; or
- 2) Two years of supervised experience working with individuals who exhibit challenging behavior as well as co-occurring mental disorders and neuro-cognitive disorder.

Additionally, Positive Support Specialists must have:

- a minimum of four hours of training in functional behavior assessment; and
- 20 hours of instruction in the understanding of the function of behavior; and
- 10 hours of instruction on design of positive practices behavioral support strategies; and
- 10 hours of instruction on preparing written intervention strategies, designing data collection protocols, training other staff to implement practice strategies, and summarizing/reporting program evaluation; and
- 8 hours of instruction on person-centered thinking principles; and
- a determination by a Positive Support Professional to have the training and prerequisite skills required to provide positive practice strategies to the person who receives Positive Support Services; and
- direct supervision by a Positive Support Professional or Positive Support Analyst.[END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type

[ADD]Positive Support Analysts[END ADD]

Provider Qualifications

License (specify): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider. [END ADD]

Certificate (specify):

Other Standard (specify):

[ADD]Positive Support Analysts must have four years of supervised experience conducting functional behavior assessments and designing, implementing, and evaluating effectiveness of positive practices behavior support strategies for individuals who exhibit challenging behaviors as well as co-occurring mental disorders and neuro-cognitive disorder; and

1) Obtained a baccalaureate degree, master's degree or a PhD in a social services discipline; or
2) Meet the qualifications of a Mental Health Practitioner as defined in MN Statute 245.462, subd. 17; or
3) Be a Board Certified Behavior Analyst or Board Certified Assistant Behavior Analyst certified by the Behavior Analyst Certification Board.

Additionally, Positive Support Analysts must have:

- 10 hours of instruction in functional behavior assessment and functional analysis; and
- 20 hours of instruction in the understanding of the function of behavior; and
- 10 hours of instruction on design of positive practices behavior support plan; and
- 20 hours of instruction on preparing written intervention strategies, designing data collection protocols, training other staff to implement positive practice strategies, summarizing/reporting program evaluation data, analyzing program evaluation data to identify design flaws in behavioral interventions or failures in implementation fidelity, and recommending enhancements based on evaluation data; and
- 8 hours of instruction on person-centered thinking principles; and
- a determination by a Positive Support Professional to have the training and prerequisite skills required to provide positive practice strategies as well as behavior reduction approved/permitted intervention to the person who receives Positive Support Services; and
- clinical supervision by a Positive Support Professional. [END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type

[ADD]Positive Support Professionals[END ADD]

Provider Qualifications

License (*specify*):

[ADD]Individuals must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider.

Mental health professionals must be licensed or certified, or meet the qualification criteria listed under Minnesota Statutes, sec. 245.462, subd. 18. [END ADD]

Certificate (*specify*): [ADD]Mental health professionals must be licensed or certified, or meet the qualification criteria listed under Minnesota Statutes, section 245.462, subd. 18. [END ADD]

Other Standard (*specify*):

[ADD]Positive Support Professionals must have competencies in areas related to ethical considerations, functional behavior assessment, functional analysis, measurement of behavior and interpretation of data, selecting intervention outcomes and strategies, person-centered thinking strategies, positive behavior support strategies, data collection, staff/caregiver training, support plan monitoring, co-occurring mental disorders and neuro-cognitive disorder, demonstrated expertise with populations being served, and meet at least one of the following requirements:

1) Psychologist licensed under MN Statutes 148.88 to 148.98; or

2) Clinical social worker licensed as an independent clinical social worker under MN Statute 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4000 hours of post-master's supervised experience in the delivery of clinical service in the above identified competency areas; or

3) A physician licensed under MN Statute 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry, with demonstrated competencies in the above areas; or

4) A licensed professional clinical counselor licensed under Minnesota Statutes, sec. 148B.29 to 148B.39 with at least 4000 hours of post-master's supervised experience in the delivery of clinical services who has demonstrated competencies in the above areas; or

- 5) A person with a master’s degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4000 hours of post-master’s supervised experience in the delivery of clinical services with demonstrated competencies in the above areas; or
6) a person with a master’s degree or Ph.D. in one of the behavioral sciences or related field with demonstrated expertise in positive support services, as determined by the person’s case manager based on the person’s needs as outlined in the person’s community support plan; or
7) A registered nurse who is licensed under sections 148.171 to 148.285 who has demonstrated competencies in the above identified areas; and
i. who is certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization; or
ii. who has a master’s degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4000 hours of post-master’s supervised experience in the delivery of clinical services. [END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type

[ADD]Positive Support Specialists[END ADD]

Provider Qualifications

License (specify): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider. [END ADD]

Certificate (specify):

Other Standard (specify):

[ADD]Positive Support Specialists must have:

- An associate’s degree in a social services discipline; or
- Two years of supervised experience working with participants who exhibit challenging behaviors as well as co-occurring mental disorders or neuro-cognitive disorders and

Additionally, Positive Support Specialists must have:

- a minimum of four hours of training in functional behavior assessment; and
- 20 hours of instruction in the understanding of the function of behavior; and
- 10 hours of instruction on preparing writing intervention strategies, designing data collection protocols, training other staff to implement positive practices strategies and summarizing/reporting program evaluation data; and
- 8 hours of instruction on person-centered thinking principles; and
- determination by a Positive Support Professional to have the training and prerequisite skills required to provide positive practice strategies to the person who receives Positive Support Services; and
- direct supervision by a Positive Support Professional or Positive Support Analyst. [END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type

[ADD]Positive Support Analysts[END ADD]

Provider Qualifications

License (specify): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider. [END ADD]

Certificate (specify):

Other Standard (specify):

[ADD]Positive Support Analysts must have:

-four years of supervised experience conducting functional behavior assessments and designing, implementing, and evaluating effectiveness of positive practices behavior support strategies for individuals who exhibit challenging behaviors as well as co-occurring mental disorders or neuro-cognitive disorder; and

1) obtained a baccalaureate degree, master's degree or a PHD in a social services discipline; or
2) meet the qualifications of a Mental Health Practitioner as defined in Minn. Stat., sec. 245.462, subd.17; or

3) be a Board Certified Behavior Analyst or Board Certified Assistant Behavior Analyst certified by the Behavior Analyst Certification Board.

Additionally, Positive Support Analysts must have:

- 10 hours of instruction in functional behavior assessment and functional analysis; and

- 20 hours of instruction in the understanding of the function of behavior; and

- 10 hours of instruction on design of positive practices behavior support strategies; and

- 20 hours of instruction on preparing written intervention strategies, designing data collection protocols, training other staff to implement positive practice strategies, summarizing/reporting program evaluation data, analyzing program evaluation data to identify design flaws in behavioral interventions or failures in implementation fidelity, and recommending enhancements based on evaluation data; and

- 8 hours of instruction of person-centered thinking principles; and

- a determination by a Positive Support Professional to have the training and prerequisite skills required to provide positive practice strategies to the person who receives Positive Support Services; and

- clinical supervision by a Positive Support Professional. [END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type

[ADD]Positive Support Professionals[END ADD]

Provider Qualifications

License (*specify*):

[ADD]Agencies must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider.

Mental health professionals must be licensed or certified, or meet the qualification criteria listed under Minnesota Statute, section 245.462, subd.18. [END ADD]

Certificate (*specify*): [ADD]Mental health professionals must be licensed or certified, or meet the qualification criteria listed under Minnesota Statute, section 245.462, subd. 18. [END ADD]

Other Standard (*specify*):

[ADD]Positive Support Professionals must have competencies in areas related to ethical considerations, functional behavior assessment, functional analysis, measurement of behavior and interpretation of data, selecting intervention outcomes and strategies, positive behavior support strategies, behavior reduction/elimination strategies that promote least restrictive approved alternatives, data collection, staff/caregiver training, support plan monitoring, co-occurring mental disorders or neuro-cognitive disorder, demonstrated expertise with populations being served, and meet at least one of the following requirements:

1) Psychologist licensed under Minnesota Statute, section 148.88 to 148.98; or

2) Clinical social worker licensed as an independent clinical social worker under Minnesota Statute, Chapter 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4000 hours of post-master's supervised experience in the delivery of clinical service in the above identified competency areas; or

3) A physician licensed under Minnesota Statute, Chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry, with demonstrated competencies in the above areas; or

- 4) A licensed professional clinical counselor licensed under Minnesota Statute, section 148B.29 to 148B.39 with at least 4000 hours of post-master’s supervised experience in the delivery of clinical services who has demonstrated competencies in the above areas; or
- 5) A person with a master’s degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4000 hours of post-master’s supervised experience in the delivery of clinical services with demonstrated competencies in the above areas; or
- 6) a person with a master’s degree or Ph.D. in one of the behavioral sciences or related field with demonstrated expertise in positive supports as determined by the person’s case manager based on the person’s needs as outlined in the person’s community support plan; or
- 7) A registered nurse who is licensed under Minnesota Statute, section 148.171 to 148.285, who has demonstrated competencies in the above identified areas; and
- iii. who is certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization; or
- iv. who has a master’s degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4000 hours of post-master’s supervised experience in the delivery of clinical services. [END ADD]

17. Specialist Services

- Expands service to the BI, CAC and CADI Waivers
- Clarifies scope of service around behavior supports to ensure no duplication with Positive Support Services
- Updates provider qualifications

DD Waiver

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

Taxonomy:

[ADD]Category 10: Other Mental Health and Behavioral Services

Subcategory: 10090, other mental health and behavioral services – services not identified elsewhere in category 10 that support people in improving or maintain mental or behavioral health. [END ADD]

Service Definition (Scope):

Specialist services include assessments, program development, training and supervision of staff and caregivers, monitoring of specific program implementation and evaluation of service outcomes identified in the community support plan. This service is designed to promote staff and caregiver competency.

To be eligible for this service a participant must have documented needs in the areas of [DELETE]behavior management, [END DELETE] augmentative communication, personal health, functional motor skills, [ADD]community safety training and support, [END ADD]social skills, leisure and recreational skills, or independent living skills. [ADD]Behavior supports that require additional expertise can occur when not covered within the scope of Positive Support Services. [END ADD]

Specialist services include services that exceed the scope and duration of available services, including state plan and extended state plan services. Services must not duplicate other services that are provided to the participant, and must be cost efficient and necessary to meet the needs of the participant.

Provider Type

Individuals that meet the specialist service standards

Provider Qualifications

License (*specify*): Providers must be licensed under Minnesota Statutes, Chapters 245D.

Certificate (*specify*):

Other Standard (*specify*): [DELETE]Each worker must meet the standard for Qualified Developmental Disability Professional (QDDP) according to the Code of Federal Regulations, Title 42, Section 483.430.

The QDDP must have demonstrated expertise in the participant's areas of need, and meet the standards in Minnesota Rule, part 9525.1850. [END DELETE]

[ADD]An individual providing specialist services must have: (1) the specific experience and skills required to meet the needs of the participant as identified in their community support plan; and (2) the qualifications of the specialist identified in the participant's community support plan. [END ADD]

Provider Type

Agencies who meet the specialist service standards

Provider Qualifications

License (*specify*): Providers must be licensed under Minnesota Statutes, Chapters 245D.

Certificate (*specify*):

Other Standard (*specify*): [DELETE]Each worker must meet the standard for Qualified Developmental Disability Professional (QDDP) according to the Code of Federal Regulations, Title 42, Section 483.430.

The QDDP must have demonstrated expertise in the participant's areas of need, and meet the standards in Minnesota Rule, part 9525.1850. [END DELETE]

[ADD]An agency providing specialist services must have: (1) the specific experience and skills required to meet the needs of the participant as identified in their community support plan; and (2) the qualifications of the specialist identified in the participant's community support plan. [END ADD]

BI, CAC, and CADI Waivers**Appendix C-1/C-3: Participant Services – Service Specification****Taxonomy:**

[ADD]Category 10: Other Mental Health and Behavioral Services

Subcategory: 10090, other mental health and behavioral services – services not identified elsewhere in category 10 that support people in improving or maintain mental or behavioral health. [END ADD]

Service Definition (*Scope*):

Specialist services include assessments, program development, training and supervision of staff and caregivers, [ADD]monitoring of specific program implementation and evaluation of service outcomes identified in the community support plan. This service is designed to promote staff and caregiver competency.

To be eligible for this service a participant must have documented needs in the areas of [END ADD]

[DELETE]behavior management. [END DELETE] [ADD]augmentative communication, personal health, functional motor skills, community safety training and support, social skills, leisure and recreational skills, or independent living skills. Behavior supports that require additional expertise can occur when not covered within the scope of Positive Support Services.

Specialist services include services that exceed the scope and duration of available services, including state plan and extended state plan services. Services must not duplicate other services that are provided to the participant, and must be cost efficient and necessary to meet the needs of the participant. [END ADD]

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

[ADD]✓Provider Managed[END ADD]

Provider Specifications:

[ADD]Individual – Individuals who meet the specialist service standards

Agency – Agencies who meet the specialist service standards[END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type

[ADD]Individuals that meet the specialist service standards[END ADD]

Provider Qualifications

License (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D. [END ADD]

Certificate (*specify*):

Other Standard (*specify*): [ADD]An individual providing specialist services must have: (1) the specific experience and skills required to meet the needs of the participant as identified in their community support plan; and (2) the qualifications of the specialist identified in the participant’s community support plan. [END ADD]

Provider Type

[ADD]Agencies who meet the specialist service standards[END ADD]

Provider Qualifications

License (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D. [END ADD]

Certificate (*specify*):

Other Standard (*specify*): [ADD]An agency providing specialist services must have: (1) the specific experience and skills required to meet the needs of the participant as identified in their community support plan; and (2) the qualifications of the specialist identified in the participant’s community support plan. [END ADD]

Verification of Provider Qualifications

Entity Responsible for Verification:

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years. [END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type

[ADD]Agencies who meet the specialist service standards[END ADD]

Provider Qualifications

License (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D. [END ADD]

Certificate (*specify*):

Other Standard (*specify*): [ADD]An agency providing specialist services must have: (1) the specific experience and skills required of the specialist to meet the needs of the participant as identified in their community support plan; and (2) the qualifications of the specialist identified in the participant's community support plan. [END ADD]

Verification of Provider Qualifications

Entity Responsible for Verification:

[ADD]The Minnesota Department of Human Services monitors agencies holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years. [END ADD]

18. Crisis Respite Services

- Expands service to the BI and CAC Waivers
- Allows the case manager to approve out-of-home crisis respite in unlicensed settings that are not private residences
- Increases the number of days services can be authorized from 21 to 180

DD and CADI Waivers

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

Service Definition (*Scope*):

Crisis-respite services are specialized services that provide short-term care and intervention to an individual due to the need for relief and support of the caregiver and protection of the participant or others living with the participant and due to the need for behavioral or medical intervention. Crisis-respite services will include the following participant specific activities:

1. Assessment to determine the precipitating factors contributing to the crisis.
2. Development of a provider intervention plan in coordination with the support planning team.
3. Consultation and staff training to the provider(s) and/or caregiver(s) as necessary to assure successful implementation of the participant specific intervention plan.
4. Development and implementation of a transition plan to aid the participant in returning home if out-of-home crisis-respite was provided.
5. On-going technical assistance to the caregiver or provider in the implementation of the intervention plan developed for the participant.
6. Recommendations for revisions to the 24-hour plan of care (community support plan) to prevent or minimize future crisis situations in order to increase the likelihood of maintaining the participant in the community.

Crisis-respite services provide specific intervention strategies directed to enable the participant to remain in the community. These services are a necessary service component of the 24-hour plan of care that is developed and monitored by the case manager and, as such, do not duplicate those services provided through case management.

Crisis-respite services can either be provided to the participant living in his or her home or, when necessary for the relief of the caregiver and the protection of the participant or others living in the home, in a licensed foster care home developed for the purpose of providing short-term crisis intervention[ADD] or in an unlicensed setting that is approved by the case manager[END ADD]. Payment for out-of-home crisis-respite will include payment for room and board costs when the service is provided in a licensed foster care facility developed for the provision of crisis-respite that is not a private residence[ADD] or in an unlicensed setting that is approved by the case manager that is not a private residence[END ADD].

The following criteria must be met for a participant to receive crisis-respite services:

1. The caregiver and service providers are not capable of providing the necessary intervention and protection of the participant or others living with the participant.
2. The crisis-respite service(s) will enable the participant to avoid institutional placement.
3. The use of out-of-home crisis-respite will not exceed ~~24~~[ADD]180[END ADD] days except when authorized as part of a plan approved by the lead agency. To exceed the ~~24~~[ADD]180[END ADD] day limit, the lead agency must assure and document that the: service is necessary; extension will not result in the participant's inability to return home or to an alternative home in the community; and continued use of the service is a cost-effective alternative to institutionalization.
4. The individual has been screened and authorized as eligible to receive home and community-based services. Unlike other waiver services, the crisis-respite service must be immediately available to an individual as an alternative to institutional placement. Because of this, the determination of eligibility and modifications to the community support plan must occur within five working days of receiving crisis-respite services. However, no Medicaid payment will be made if the screening process determines that the individual is not eligible for home and community-based services. The screening process is the same and uses the same instrument as used for all evaluations of eligibility for ICF/DD[ADD], nursing facility, hospital level of care[END ADD] or home and community-based services.

Provider Category:

Agency

Provider Type

Out of home crisis respite providers

Provider Qualifications

License (*specify*): Agencies must be licensed under Minnesota Statutes, Chapter 245D.

Certificate (*specify*):

Other Standard (*specify*):

Out-of-home crisis respite providers must deliver the service in one of the following licensed facilities:

- Minnesota Rules, parts 9555.5050 to 9555.6265
- Minnesota Chapter 245D.21 to 245D.26
- Minnesota Rules, parts 2960.3000 to 2960.3340

[ADD]The case manager may approve out-of-home crisis respite to be provided at an unlicensed site that is not a private residence that meets the assessed needs of the individual.[END ADD]

Provider Category:

Individual

Provider Type

Out of home crisis respite providers

Provider Qualifications

License (*specify*): Agencies must be licensed under Minnesota Statutes, Chapter 245D.

Certificate (*specify*):

Other Standard (*specify*):

Out-of-home crisis respite providers, must deliver the service in one of the following licensed facilities:

- Minnesota Rules, parts 9555.5050 to 9555.6265
- Minnesota Chapter 245D.21 to 245D.26
- Minnesota Rules, parts 2960.3000 to 2960.3340

[ADD]The case manager may approve out-of-home crisis respite to be provided at an unlicensed site that is not a private residence that meets the assessed needs of the individual.[END ADD]

BI and CAC Waivers

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

Service Definition (Scope):

[ADD]Crisis-respite services are specialized services that provide short-term care and intervention to an individual due to the need for relief and support of the caregiver and protection of the participant or others living with the participant and due to the need for behavioral or medical intervention. Crisis-respite services will include the following participant specific activities:

1. Assessment to determine the precipitating factors contributing to the crisis.
2. Development of a provider intervention plan in coordination with the support planning team.
3. Consultation and staff training to the provider(s) and/or caregiver(s) as necessary to assure successful implementation of the participant specific intervention plan.
4. Development and implementation of a transition plan to aid the participant in returning home if out-of-home crisis-respite was provided.
5. On-going technical assistance to the caregiver or provider in the implementation of the intervention plan developed for the participant.
6. Recommendations for revisions to the 24-hour plan of care (community support plan) to prevent or minimize future crisis situations in order to increase the likelihood of maintaining the participant in the community.

Crisis-respite services provide specific intervention strategies directed to enable the participant to remain in the community. These services are a necessary service component of the 24-hour plan of care that is developed and monitored by the case manager and, as such, do not duplicate those services provided through case management.

Crisis-respite services can either be provided to the participant living in his or her home or, when necessary for the relief of the caregiver and the protection of the participant or others living in the home, in a licensed foster care home developed for the purpose of providing short-term crisis intervention or in an unlicensed setting that is approved by the case manager. Payment for out-of-home crisis-respite will include payment for room and board costs when the service is provided in a licensed foster care facility developed for the provision of crisis-respite that is not a private residence or in an unlicensed setting that is approved by the case manager that is not a private residence.

The following criteria must be met for a participant to receive crisis-respite services:

1. The caregiver and service providers are not capable of providing the necessary intervention and protection of the participant or others living with the participant.
2. The crisis-respite service(s) will enable the participant to avoid institutional placement.
3. The use of out-of-home crisis-respite will not exceed 180 days except when authorized as part of a plan approved by the lead agency. To exceed the 180 day limit, the lead agency must assure and document that the: service is necessary; extension will not result in the participant's inability to return home or to an alternative home in the community; and continued use of the service is a cost-effective alternative to institutionalization.
4. The individual has been screened and authorized as eligible to receive home and community-based services. Unlike other waiver services, the crisis-respite service must be immediately available to an individual as an alternative to institutional placement. Because of this, the determination of eligibility and modifications to the community support plan must occur within five working days of receiving crisis-respite services. However, no Medicaid payment will be made if the screening process determines that the individual is not eligible for home and community-based services. The screening process is the same and uses the same instrument as used for all evaluations of eligibility for ICF/DD, nursing facility, hospital level of care or home and community-based services.
[END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type

[ADD]Out of home crisis respite providers[END ADD]

Provider Qualifications

License (*specify*): [ADD]Agencies must be licensed under Minnesota Statutes, Chapter 245D. [END ADD]

Certificate (*specify*):

Other Standard (*specify*):

[ADD]Out-of-home crisis respite providers must deliver the service in one of the following licensed facilities:

- Minnesota Rules, parts 9555.5050 to 9555.6265
- Minnesota Chapter 245D.21 to 245D.26
- Minnesota Rules, parts 2960.3000 to 2960.3340

The case manager may approve out-of-home crisis respite to be provided at an unlicensed site that is not a private residence that meets the assessed needs of the individual. [END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type

[ADD]In-home crisis respite providers[END ADD]

Provider Qualifications

License (*specify*): [ADD]Agencies must be licensed under Minnesota Statutes, Chapter 245D. [END ADD]

Certificate (*specify*):

Other Standard (*specify*):

Provider Category:

[ADD]Individual[END ADD]

Provider Type

[ADD]Out of home crisis respite providers[END ADD]

Provider Qualifications

License (*specify*): [ADD]Agencies must be licensed under Minnesota Statutes, Chapter 245D. [END ADD]

Certificate (*specify*):

Other Standard (*specify*):

[ADD]Out-of-home crisis respite providers, must deliver the service in one of the following licensed facilities:

- Minnesota Rules, parts 9555.5050 to 9555.6265
- Minnesota Chapter 245D.21 to 245D.26
- Minnesota Rules, parts 2960.3000 to 2960.3340

The case manager may approve out-of-home crisis respite to be provided at an unlicensed site that is not a private residence that meets the assessed needs of the individual. [END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type

[ADD]In-home crisis respite providers[END ADD]

Provider Qualifications

License (*specify*): [ADD]Agencies must be licensed under Minnesota Statutes, Chapter 245D. [END ADD]

Certificate (*specify*):

Other Standard (*specify*):

19. Restraints / Seclusions

- **Adds language to ensure waivers do not cover items that restrain or restrict a person's rights unless in compliance with MN Statute, Chapter 245D**

BI, CAC, and CADI Waivers**Appendix C-1/C-3: Participant Services – Service Specification****Service Title:**

Specialized Supplies and Equipment

Service Definition (*Scope*):

[ADD]If an item will be used to restrain a participant or restrict a participant's rights, it must be a documented part of an approved Positive Support Transition Plan or rights restriction, if applicable, developed by a provider with a MN Statute, Chapter 245D license and in compliance with the 245D licensing standards. [END ADD]

20. Family Training & Counseling

- **Updates service to include person-centered planning**

BI, CAC, CADI, and DD Waivers**Appendix C-1/C-3: Participant Services – Service Specification****Service Definition** (*Scope*):

Training participants or their family members. For purposes of this service, "family" is defined as the people who live with or routinely provide care to the participant, and may include a parent, spouse, children, relatives, foster family, or in-laws. Family members who are employed to care for the participant cannot be reimbursed for training and counseling activities that are the responsibility of their employer.

Training for participants includes education to develop self-advocacy skills, exercise civil rights, and acquire skills that enable participants to exercise control and responsibility over the supports they receive ~~or plan for their future~~ [ADD]as well as facilitation of a person-centered learning and discovery process and development of a comprehensive person-centered description and plan[END ADD]. Training for participants or their family members also includes [ADD]application of person-centered principles, information gathering skills and summary techniques, [END ADD]instruction about treatment regimens, use of equipment specified in the community support plan, and updates as needed to safely maintain the participant at home. Areas of training and intended outcomes will be documented in the participant's community support plan. Training may be provided by professionals listed as provider types both inside and outside of the home or by individuals, agencies, or educational facilities offering classes, courses or conferences.

Counseling services are available for family members, as approved by the case manager for issues pertaining to the maintenance of the participant at home. Counseling may include helping the participant and/or his or her family members with crisis, coping strategies, stress reduction, etc.

Documentation of the need for training and an outline of the training (i.e., a course syllabus, training objectives, workshop description, etc.) must be submitted to the lead agency by the individual requesting the training. Based on this information and the participant's needs, the case manager determines whether the training will be authorized. If the training is authorized, the submitted documentation is maintained by the lead agency in the participant's file.

Provider Category:

Individual

Provider Type

Providers offering [ADD]person-centered planning, [END ADD]training or educational classes, courses, or conferences (receipt service)

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

Individuals, agencies or educational facilities who have demonstrated expertise as determined by the case manager, and based on the participant's needs as outlined in the community support plan.

Providers of family training must be able to perform the duties expected and provide a cost-effective, appropriate means of meeting the participant's family training needs.

Provider Category:

Agency

Provider Type

Providers offering [ADD]person-centered planning, [END ADD]training or educational classes, courses or conferences (receipt service)

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

Individuals, agencies or educational facilities who have demonstrated expertise as determined by the case manager, and based on the participant's needs as outlined in the community support plan.

Providers of family training must be able to perform the duties expected and provide a cost-effective, appropriate means of meeting the participant's family training needs.

21. Functional Behavioral Assessments

- Adds reference to functional behavioral assessment qualifications based on MN Rule 9544.0020, subp. 47 for certain services

BI, CAC, CADI, and DD waivers

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

Adds the following language:

[ADD]To complete a functional behavior assessment as required by Minnesota Rules, part 9544.0040, the provider must meet the definition of qualified professional provided by Minnesota Rules, 9544.0020, subp. 47. [END ADD]

To the Provider Qualifications – “Other Standard” section for each of the following services where there is a 245D or 245A licensed facility or service:

- Positive Support Services
- Day Training and Habilitation
- Foster Care
- Supported Living Services
- Crisis Respite
- Independent Living Skills (ILS) Training
- Structured Day
- Home and Community Supports
- Adult Day Service
- Respite

22. Respite

- Clarifies when room and board costs can be covered
- Updates 30-day consecutive stay limit to only apply to overnight out-of-home respite

BI, CAC and CADI Waivers**Appendix C-1/C-3: Participant Services – Service Specification****Service Definition (Scope):**

Respite care services are short-term services provided to a participant due to the absence or need for relief of the family member(s) or primary caregiver, normally providing the care. In order to be considered a primary caregiver, the person must be principally responsible for the care and supervision of the participant, must maintain his/her primary residence at the same address as the participant, and must be named as the owner or lessee of the primary residence.

Respite may be provided in the participant's home or place of residence, or one of the following out of the home settings:

- Foster care home
- Medicaid certified hospital
- Medicaid certified nursing facility
- Unlicensed settings where agency and individual providers must be licensed under [ADD]Minnesota Statutes, Chapter [END ADD]245D

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility-[ADD]one of the licensed out-of-home settings listed above[END ADD].

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

Respite care is not available to participants living in settings where Customized Living, 24-Hour Customized Living, Residential Care, or shift staff foster care are provided, with the exception of community emergencies or disasters.

Respite care provided in homes licensed to provide foster care is limited to serving a maximum of four people, including the participants who are receiving respite care.

Respite care is limited to 30 consecutive days, per respite stay[ADD], when provided 24-hours a day in a location that is not the participant's own home. In this instance, home means a setting that the participant, or their family, owns or leases. [END ADD] [DELETE] ~~in accordance with the community support plan.~~ [END DELETE]

DD Waiver

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

Service Definition (Scope):

Respite care services are short-term services provided to a participant due to the absence or need for relief of the family member(s) or primary caregiver, normally providing the care. In order to be considered a primary caregiver, the person must be principally responsible for the care and supervision of the participant, must maintain his/her primary residence at the same address as the participant, and must be named as an owner or lessee of the primary residence.

Respite may be provided in the participant's home or place of residence, or one of the following out of home settings:

- Foster care home
- Medicaid certified hospital
- Unlicensed settings where agency and individual providers must be licensed under [ADD]Minnesota Statutes, Chapter [END ADD]245D

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a [DELETE]facility[END DELETE] [ADD]one of the licensed out-of-home settings listed above[END ADD].

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

Providers may not furnish respite services to more than four people in one home or setting at the same time.

Respite care is not available to participants living in settings that are not the primary residence of the license holder, with the exception of community emergencies or disasters.

Respite care is limited to 30 consecutive days, per respite stay[ADD], when provided 24-hours a day in a location that is not the participant's own home. In this instance, home means a setting that the participant, or their family, owns or leases. [END ADD] [DELETE] ~~in accordance with the community support plan.~~ [END DELETE]

23. Background Studies

- **Updates list of services that require a background study**

BI Waiver

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:

- 24-hr Emergency Assistance (for assistance involving direct contact)
- Adult Companion Services
- Adult Day Care[ADD]Service[END ADD]
- Adult Day Care[ADD]Service[END ADD] Bath
- [ADD]• Adult Foster Care[END ADD]
- [DELETE]• Behavioral Support[END DELETE]

[ADD]• Child Foster Care[END ADD]

• Consumer Directed Community Supports (e.g., personal assistance, treatment and training, self-directed support, and fiscal intermediary entity services)

[ADD]• Crisis Respite[END ADD]

• Customized Living[DELETE]-(formerly known as Assisted Living) [END DELETE]

[DELETE]• 24-hour Customized Living (formerly known as Assisted Living Plus)[END DELETE]

[ADD]• Employment Development Services[END ADD]

[ADD]• Employment Exploration Services[END ADD]

• Extended Home Health Care

• Extended Personal Care Assistance

• Extended [DELETE]Private Duty [END DELETE] [ADD]Home Care[END ADD] Nursing

• Family Training and Counseling (for direct contact in the home)

[DELETE]• Foster Care[END DELETE]

• Homemaker

[ADD]• Home and Community Supports[END ADD]

• Housing Access Coordination

• Independent Living Skills (ILS) [ADD]Training[END ADD]

• ILS Therapies

• Night Supervision Services

[ADD]• Personal Supports[END ADD]

[ADD]• Positive Support Services[END ADD]

• Prevocational Services

• Residential Care Services

• Respite

[ADD]• Specialist Services[END ADD]

• Structured Day Program

• Supported Employment Services

CAC Waiver

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:

- 24-hour emergency assistance[ADD] (for assistance involving direct contact)

- Adult Foster Care

- Adult Day Service[END ADD]

[DELETE]- Behavioral support[END DELETE]

[ADD]- Child Foster Care[END ADD]

- Consumer directed community supports (personal assistance, treatment and training, self-directed support, and fiscal intermediary entity services)

[ADD]- Crisis Respite[END ADD]

[ADD]- Employment Development Services[END ADD]

[ADD]- Employment Exploration Services[END ADD]

- Extended Home Health Care

- Extended Personal Care Assistance

- Extended [DELETE]Private Duty [END DELETE] [ADD]Home Care[END ADD] Nursing

- Family Training and Counseling [ADD] (for direct contact in the home) [END ADD]

[DELETE]- Adult and Child Foster Care[END DELETE]

- Homemaker

[ADD]- Home and Community Supports[END ADD]

- Housing access coordination

- Independent living skills (ILS) Training

[ADD]- Night Supervision[END ADD]

[ADD]- Personal Supports[END ADD]

[ADD]- Positive Support Service[END ADD]

- Respite

[ADD]- Specialist Services[END ADD]

- Supported employment

[DELETE]- ~~Transitional Services~~[END DELETE]

CADI Waiver

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:

-24-Hour Emergency Assistance[ADD] (for assistance involving direct contact) [END ADD]

-Adult companion services

- Adult day [DELETE]care-[END DELETE] [ADD]service[END ADD]

- Adult day [DELETE]care-[END DELETE] [ADD]service[END ADD] bath

[ADD]- Adult foster care[END ADD]

[DELETE]- ~~Behavioral support~~[END DELETE]

[ADD]- Child foster care[END ADD]

- Consumer-directed community supports (personal assistance, treatment and training, self-directed support, and fiscal intermediary entity services)

- Customized living

- Crisis Respite

[ADD]- Employment Development Services[END ADD]

[ADD]- Employment Exploration Services[END ADD]

- Extended Home Health Care Services

- Extended Personal Care Assistance

- Extended Home Care Nursing

- Family Training and Counseling [ADD] (for direct contact in the home) [END ADD]

[DELETE]- ~~Foster Care (Child and Adult)~~ [END DELETE]

- Homemaker services

[ADD]- Home and Community Supports[END ADD]

- Housing Access Coordination

- Independent living skills[ADD] (ILS) Training[END ADD]

- Night Supervision services

[ADD]- Personal Supports[END ADD]

[ADD]- Positive Support Service[END ADD]

-Prevocational services

-Residential care services

-Respite

[ADD]- Specialist Services[END ADD]

-Supported employment services

DD Waiver

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:

• 24-hr Emergency Assistance[ADD] (for assistance involving direct contact) [END ADD]

• Adult Day [DELETE]Care-[END DELETE] [ADD]Service[END ADD]

• Adult Day [DELETE]Care-[END DELETE] [ADD]Service[END ADD] Bath

- Assistive Technology
- Consumer Directed Community Supports (e.g., personal assistance, treatment and training, self-directed support, and fiscal intermediary entity services)
- Crisis Respite
- Day Training & Habilitation
- [ADD]• Employment Development Services[END ADD]
- [ADD]• Employment Exploration Services[END ADD]
- Extended Personal Care Assistance
- [ADD]• Family Training and Counseling (for direct contact in the home) [END ADD]
- Homemaker
- [ADD]• Home and Community Supports[END ADD]
- Housing Access Coordination
- [ADD]• Night Supervision[END ADD]
- Personal Support
- [ADD]• Positive Support Service[END ADD]
- Prevocational Services
- Residential Habilitation
- Respite
- Specialist Services
- Supported Employment Services

24. Residential Habilitation

- **Adds a timeline in which participants may be in transition and continue to receive waiver services before needing to exit the waiver**

DD Waiver

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

Service Definition (*Scope*):

Participants must need and receive a residential habilitation service to be eligible for the waiver. [ADD]A residential habilitation service must be in place within 90 days of a person starting on the waiver. Participants may have up to a 90 day lapse in habilitation service and maintain waiver eligibility when transitioning between residential habilitation services.[END ADD]This includes supportive living services for adults or children, in-home family support, or habilitation services may be provided by an unpaid primary caregiver. For participants who reside in their own home or the home of a primary caregiver, a primary caregiver may provide residential habilitation services. In these situations: the Participant’s community support plan must clearly document the habilitation services being provided; the participant’s assessment must support the need for respite or homemaker services to free the primary caregiver to provide residential habilitation and one of these services must be included in the community support plan; and the primary caregiver cannot be paid to provide the habilitation services.

25. Out-of-State Travel

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

BI, CAC, CADI, and DD Waivers

Application – Additional Needed Information

3. Services are only provided to Minnesota residents, and services are not covered outside of Minnesota except when:

- a) the provider is located within the participant’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
- b) the services provided are direct care staff services (that are authorized in the participant’s community support plan) provided when the participant is temporarily outside of Minnesota and within the United States. [ADD] Direct care staff services are defined as extended personal care assistance and foster care services. [END ADD]

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, participant health and safety assurances, etc. Travel expenses for participants and their companions (including paid or non-paid caregivers), such as airline tickets, mileage, lodging, meals, entertainments, etc. are not covered.

26. 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

BI, CAC, CADI, and DD Waivers

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

Updates the following Provider Qualification:

License (*specify*):

[DELETE]Class A license[END DELETE] [ADD]Comprehensive home care license provider in accordance with Minnesota Statutes, §144A.43 through §144A.49[END ADD]

For each of the following services:

- Customized Living
- Extended Home Care Nursing (formerly extended private duty nursing)
- Extended Home Health Care Services
- Family Training and Counseling (Home Health Agencies)

Updates the following Provider Qualification:

License (*specify*):

[ADD]1. Providers[END ADD] must be licensed under Minnesota Statutes, Chapters 245D[ADD]as a basic support service provider; [END ADD]or [DELETE]144A, unless they are excluded under Minnesota Statutes, section 245A.03, subd. 2 (1) and (2). [END DELETE]

[ADD]2. 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. [END ADD]

Other Standard (*specify*):

~~[DELETE]Individuals licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the provider standards in Minnesota Statutes, section 144A.43 to 144A.482. [END DELETE]~~

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.

For each of the following services:

- 24-hour Emergency Assistance
- Adult Companion
- Homemaker
- Night Supervision
- Personal Support
- Respite

BI Waiver

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

Removes the following Provider Qualification:

Other Standard (*specify*):

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

For each of the following services:

- Independent Living Skills (ILS) Training
- Structured Day

DD Waiver

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

Updates the following Provider Qualification:

License (*specify*):

Providers must be licensed under Minnesota Statutes, Chapters 245D[ADD] as an intensive support service provider[END ADD] ~~[DELETE] or Minnesota Statutes, Chapter 144A[END DELETE]~~.

Removes the following Provider Qualification:

Other Standard (*specify*):

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

For the following service:

- Residential Habilitation

BI, CAC, CADI, and DD Waivers

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

b. Medication Management and Follow-Up

ii. Methods of State Oversight and Follow-Up.

[DELETE]For customized living, 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 is monitored through surveys conducted by the Minnesota Department of Health. [END DELETE] [ADD]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. [END ADD]

c. Medication Administration by Waiver Providers

ii. State Policy.

For customized living, the ~~Class A and F~~ [ADD]comprehensive[END ADD] 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.49 [ADD]483[END ADD] [DELETE], and sections 144A.4605, and Minnesota Rules, Chapters 4668 and 4669[END DELETE].

BI and CADI Waivers

Appendix C-2: Participant Services, Facility Specifications

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

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 [DELETE]Class A, B or F[END DELETE] [ADD]basic or comprehensive[END ADD] home care provider, or are required to be licensed as a [DELETE]Class A, B, or F[END DELETE] [ADD]basic or comprehensive[END ADD] home care provider based on the scope of services they provide.

27. 245D Qualifications (Basic / Intensive)

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

BI, CAC, CADI, and DD Waivers

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

Updates the following Provider Qualification for “245D Basic Support Services”:

License (*specify*):

Providers must be licensed under Minnesota Statutes, Chapter 245D [ADD] as a basic support service provider [END ADD]

For each of the following services:

- 24-hour Emergency Assistance
- Companion Services (excluding services provided under the National Community Services Senior Companion Program)

- Homemaker (excludes providers licensed by the Minnesota Department of Health under MN Chapter 144A or who are delivering cleaning services only)
- Night Supervision
- Personal Support
- Respite

Updates the following Provider Qualification for “245D Intensive Support Services”:

License (*specify*):

Providers must be licensed under Minnesota Statutes, Chapter 245D[ADD] as an intensive support service provider[END ADD]

For each of the following services:

- Adult Foster Care
- Child Foster Care
- Crisis Respite
- Day Training and Habilitation
- Employment Development Services
- Employment Exploration Services
- Home and Community Support Services
- Independent Living Skills (ILS) Training
- In-Home Family Support Services
- Positive Support Services
- Prevocational Services
- Residential Habilitation – Supported Living Services and In-Home Family Support Services
- Specialist Services
- Structured Day
- Supported Employment

28. Monitoring Technology

- Adds language requiring an informed consent process when monitoring technology is being authorized
- Adds language indicating Department approval is not needed when parents are monitoring minor children using cameras in bedrooms for health and safety reasons

BI, CAC, CADI, and DD Waivers

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.

(b) The agency or individual shall be monitored for compliance with the following ~~data privacy and security~~ provisions:

(1) the agency or individual must control access to data on participants according to the definitions of public and private data on individuals under section 13.02; classification of the data on individuals as private under section 13.46, subdivision 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;

(2) 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;

(3) 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.

[ADD] (4) 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.

(5) The participant’s Community Support Plan must describe how the use of monitoring technology:

- a) is the least restrictive option and the person’s preferred method to meet an assessed need;
- b) achieves an identified goal or outcome; and
- c) addresses health, potential individual risks and safety planning. [END ADD]

(46) monitoring cameras must not be installed in bathrooms; and will only be permitted in bedrooms [DELETE]as the least restrictive alternative[END DELETE] for complex medical needs or other extreme circumstances as approved by the Department[ADD]. Department approval is not required when parents are monitoring minor children using cameras in bedrooms for purposes of health and safety. [END ADD] Electronic monitoring cameras must not be concealed from the participant; [DELETE]and[END DELETE]

([DELETE]5[END DELETE] [ADD]7[END ADD]) equipment that is bodily invasive, concealed cameras, and auto door or window locks are not allowed.

([DELETE]6[END DELETE] [ADD]8[END ADD]) the State [DELETE]plans to[END DELETE] [ADD]must [END ADD] 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.

([DELETE]7[END DELETE] [ADD]9[END ADD]) 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.

29. Specialized Supplies & Equipment

- **Adds language to disallow “experimental treatments”**

BI, CAC, and CADI Waivers

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 participant are not covered. [ADD]Experimental treatments are not covered. [END ADD]

All prescription and over-the-counter medications, compounds and solutions, and related fees including premiums and co-payments are not covered.

Specialized supplies and equipment are limited to a maximum of \$3909.00 per year per waiver participant.

Oral nutritional products, electrolyte products, foods including organic or special diet needs, organic extracts, and over-the-counter food supplemental products are not covered.

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

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

BI, CAC, CADI, and DD Waivers

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 [DELETE]or fiscal support entity[END DELETE]

For each of the following services:

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

31. Vehicle Modifications

- **Updates qualifications for vehicle installation providers**

BI, CAC, CADI, and DD Waivers

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

Provider Category:

Agency

Provider Type

Environmental Accessibility Adaptations/Vehicle Installations

Provider Qualifications

License (specify):

Certificate *(specify):***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 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:**

[ADD]Enrolled providers: [END ADD]The Minnesota Department of Human Services, Provider Enrollment

[ADD]Non-enrolled providers: Counties/Tribes[END ADD]

Frequency of Verification

[ADD]Enrolled providers: [END ADD]Every five years

[ADD]Non-enrolled providers: Every five years[END ADD]

Provider Category:

Individual

Provider Type

Environmental Accessibility Adaptations/Vehicle Installations

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

[ADD]Enrolled providers: [END ADD]The Minnesota Department of Human Services, Provider Enrollment

[ADD]Non-enrolled providers: Counties/Tribes[END ADD]

Frequency of Verification

[ADD]Enrolled providers: [END ADD]Every five years

[ADD]Non-enrolled providers: Every five years[END ADD]

32. Home and Community Support Services

- Adds a new service to provide flexible supports and training to assist participants to live in their own home

BI, CAC, and CADI Waivers

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

Service Type:

[ADD]Other Service[END ADD]

Taxonomy:

[ADD]Category 08: Home-Based Services

Sub-category: 08010 Home-based habilitation [END ADD]

Service Definition (*Scope*):

[ADD]Home and Community Supports (HCS) are services providing staff intervention and training of community living service areas for the adult participant who reside in their own home. Home and Community Supports can be delivered in the participant's own home or community settings typically used by the general public.

The definition of staff intervention means staff providing direct supervision, cuing, maintenance, guidance, instruction, incidental assistance with activities of daily living, or assistance in a community living service area to a participant. The definition of training means the acquisition, retention, and improvement of a participant's community living service area. Training is instructional services, whereby an enrolled participant receives direct training from a staff person on individually assessed community living service areas. There must be clear documentation of service needs and outcomes that are identified in the coordinated services and support plan, as well as, regular written reports of progress by the Home and Community Supports service provider.

The Home and Community Supports (HCS) service requires a participant to receive training, at minimum, in one or more community living service areas. Community living services areas include, but are not limited to: Community Participation; Health, Safety, and Wellness; Household Management; and Adaptive Skills.

For Home and Community Supports (HCS), own home is defined as a setting that a participant owns, rents or leases in which the participant has full control of their housing and full choice of service providers. The service provider may not have direct or shared financial interest in the participant's own home. An own home does not include a service provider owned, leased or operated setting.

Home and Community Supports may be delivered face to face in person or through remote support. Face to face in person service delivery will be scheduled a minimum of weekly. Remote support is real-time, two-way communication between the provider and the participant. It meets intermittent or unscheduled needs for support for when a participant needs it to live and work in the most integrated setting, supplementing direct face-to-face service delivery. Support is limited to check-ins (e.g. reminders, verbal cues, prompts) and consultations (e.g. counseling, problem solving) within the scope of Home and Community Supports. Remote Support may be utilized when it is chosen by the participant as a method of service delivery, to achieve an identified goal(s) and meet assessed need(s).

To meet the real-time, two-way exchange definition, remote support includes the following methods: telephone, secure video conferencing, and written electronic messaging excluding e-mail and facsimile. All transmitted electronic written messages must be retrievable for review. Providers must document the staff who delivered services, the date of service, the start and end time of service delivery, length of time of service delivery, method of contact, and place of service (i.e. office or community) when remote support contact is made. [END ADD]

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

- [ADD]For participants receiving Home and Community Supports (HCS) the following services are not covered: Adult Foster Care, Customized Living, and Residential Care.
- Home and Community Supports (HCS) is not delivered to provide supervision services during the participant's primary sleeping hours or delivered as a 24-hour on-sight supervision service.
- The Home and Community Supports service provider cannot have any direct or indirect financial interest in the property or housing in which Home and Community Supports is delivered.
- Home and Community Supports (HCS) face to face in person service delivery can be authorized as a 15-minute unit at a 1:1 or 1:2 staff-to-participant ratio or authorized as a daily unit at a 1:1 staff-to-participant ratio. Home and Community Supports (HCS) remote support service delivery can be authorized as a 15-minute unit at a 1:1 staff-to-participant ratio.
- Home and Community Supports (HCS) is limited to a maximum of 16 hours of face-to-face service per day.

Limitations applicable to remote support service delivery of Home and Community Supports (HCS):

- Remote support is limited to the average of two (2) hours per day. The participant's case manager may submit an exception request to exceed this limitation to the Minnesota Department of Human Services (DHS). Exception requests will be reviewed by DHS, or a DHS designee(s), and approved or denied based upon the participant's assessed needs.
- Remote support does not include technology used to gather data using sensing or biometric devices transmitted via telephone or internet.
- Providers may not:
 - Bill direct support delivered remotely when the exchange between the service participant and the provider is social in nature
 - Bill direct support delivered remotely when real-time, two-way communication does not occur.
 - E.g. leaving a voicemail; unanswered written electronic messaging.
 - Use Global Positioning System (GPS), Personal Emergency Response System (PERS) and video surveillance to provide remote check-in or consultative supports. [END ADD]

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

[ADD] Provider Managed [END ADD]

Provider Specifications:

[ADD]Agency - Providers who meet the Home and Community Supports services standards.

Individual - Providers who meet the Home and Community Supports services standards. [END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type

[ADD]Providers who meet the Home and Community Support services standards[END ADD]

Provider Qualifications

License *(specify):* [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider. [END ADD]

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

[ADD]The Minnesota Department of Human Services monitors agencies holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type

[ADD]Providers who meet the Home and Community Support services standards[END ADD]

Provider Qualifications

License (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider. [END ADD]

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

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

DD Waiver**Appendix C-1/C-3: Participant Services – Service Specification****Service Type:**

[ADD]Other Service[END ADD]

Taxonomy:

[ADD]Category 08: Home-Based Services

Sub-category: 08010 Home-based habilitation [END ADD]

Service Definition (Scope):

[ADD]Home and Community Supports (HCS) are habilitation services providing staff intervention and training of community living service areas for the adult participant who reside in their own home. Home and Community Supports can be delivered in the participant's own home or community settings typically used by the general public.

The definition of staff intervention means staff providing direct supervision, cuing, maintenance, guidance, instruction, incidental assistance with activities of daily living, or assistance in a community living service area to a participant. The definition of training means the acquisition, retention, and improvement of a participant's community living service area. Training is instructional services, whereby an enrolled participant receives direct training from a staff person on individually assessed community living service areas. There must be clear documentation of service needs and outcomes that are identified in the coordinated services and support plan, as well as, regular written reports of progress by the Home and Community Supports service provider.

The Home and Community Supports (HCS) service requires a participant to receive training, at minimum, in one or more community living service areas. Community living services areas include, but are not limited to: Community Participation; Health, Safety, and Wellness; Household Management; and Adaptive Skills.

For Home and Community Supports (HCS), own home is defined as a setting that a participant owns, rents or leases in which the participant has full control of their housing and full choice of service providers. The service provider may not have direct or shared financial interest in the participant's own home. An own home does not include a service provider owned, leased or operated setting.

Home and Community Supports may be delivered face to face in person or through remote support. Face to face in person service delivery will be scheduled a minimum of weekly. Remote support is real-time, two-way communication between the provider and the participant. It meets intermittent or unscheduled needs for support for when a participant needs it to live and work in the most integrated setting, supplementing direct face-to-face service delivery. Support is limited to check-ins (e.g. reminders, verbal cues, prompts) and consultations (e.g. counseling, problem solving) within the scope of Home and Community Supports. Remote Support may be utilized when it is chosen by the participant as a method of service delivery, to achieve an identified goal(s) and meet assessed need(s).

To meet the real-time, two-way exchange definition, remote support includes the following methods: telephone, secure video conferencing, and written electronic messaging excluding e-mail and facsimile. All transmitted electronic written messages must be retrievable for review. Providers must document the staff who delivered services, the date of service, the start and end time of service delivery, length of time of service delivery, method of contact, and place of service (e.g. office, community) when remote support contact is made. [END ADD]

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

- [ADD]For participants receiving Home and Community Supports (HCS) the following services are not covered: Supported Living Services.
- Home and Community Supports (HCS) is not delivered to provide supervision services during the participant's primary sleeping hours or delivered as a 24-hour on-sight supervision service.
- The Home and Community Supports service provider cannot have any direct or indirect financial interest in the property or housing in which Home and Community Supports is delivered.
- Home and Community Supports (HCS) face to face in person service delivery can be authorized as a 15-minute unit at a 1:1 or 1:2 staff-to-participant ratio or authorized as a daily unit at a 1:1 staff-to-participant ratio. Home and Community Supports (HCS) remote support service delivery can be authorized as a 15-minute unit at a 1:1 staff-to-participant ratio.
- Home and Community Supports (HCS) is limited to a maximum of 16 hours of face-to-face service per day.

Limitations applicable to remote support service delivery of Home and Community Supports (HCS):

- Remote support is limited to the average of two (2) hours per day. The participant's case manager may submit an exception request to exceed this limitation to the Minnesota Department of Human Services (DHS). Exception requests will be reviewed by DHS, or a DHS designee(s), and approved or denied based upon the participant's assessed needs.
- Remote support does not include technology used to gather data using sensing or biometric devices transmitted via telephone or internet.
- Providers may not:
 - Bill direct support delivered remotely when the exchange between the service participant and the provider is social in nature
 - Bill direct support delivered remotely when real-time, two-way communication does not occur.
 - E.g. leaving a voicemail; unanswered written electronic messaging.
 - Use Global Positioning System (GPS), Personal Emergency Response System (PERS) and video surveillance to provide remote check-in or consultative supports. [END ADD]

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

[ADD]✓Provider Managed[END ADD]

Provider Specifications:

[ADD]Agency - Providers who meet the Home and Community Supports services standards.

Individual - Providers who meet the Home and Community Supports services standards. [END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type

[ADD]Providers who meet the Home and Community Support services standards[END ADD]

Provider Qualifications

License (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider. [END ADD]

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

[ADD]The Minnesota Department of Human Services monitors agencies holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type

[ADD]Providers who meet the Home and Community Support services standards[END ADD]

Provider Qualifications

License (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider. [END ADD]

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

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

33. Caregiver Living Expenses

- **Adds the new Home and Community Support service as an eligible service people can be receiving in order to be reimbursed for Caregiver Living Expenses**

BI and CADI Waivers**Appendix C-1/C-3: Participant Services – Service Specification****Service Definition** (*Scope*):

Caregiver living expenses are the portion of the rent and food that may be reasonably attributed to the live-in personal caregiver, when the live-in personal caregiver also provides one of the following approved support services: independent living skills training services; [ADD]home and community supports; [END ADD]adult companion services; extended personal care assistance services; or consumer directed community supports. The service must be provided to an adult participant, living in his or her own home and the live-in personal caregiver must reside in the same home. For purposes of this service, “food” includes three meals a day or any other full nutritional regimen. Refer to Appendix I-6 for the form used to determine the amount to be covered.

CAC Waiver**Appendix C-1/C-3: Participant Services – Service Specification****Service Definition (Scope):**

Caregiver living expenses are the portion of the rent and food that may be reasonably attributed to the live-in personal caregiver, when the live-in personal caregiver also provides one of the following approved support services: independent living skills training; [ADD]home and community supports; [END ADD]extended personal care assistance; extended private duty nursing, or consumer directed community supports. The service must be provided to an adult participant, living in his or her own home and the live-in personal caregiver must reside in the same home. For purposes of this service, “food” includes three meals a day or any other full nutritional regimen. Refer to Appendix I-6 for the form used to determine the amount to be covered.

DD Waiver**Appendix C-1/C-3: Participant Services – Service Specification****Service Definition (Scope):**

Caregiver living expenses are the portion of the rent and food that may be reasonably attributed to the live-in personal caregiver, when the live-in personal caregiver also provides one of the following approved support services: supported living services (under residential habilitation); [ADD]home and community supports; [END ADD]personal support services; extended personal care assistance services; or consumer directed community supports. The service must be provided to an adult participant, living in his or her own home and the live-in personal caregiver must reside in the same home. For purposes of this service, “food” includes three meals a day or any other full nutritional regimen. Refer to Appendix I-6 for the form used to determine the amount to be covered.

34. In-Home Family Support Services

- Expands service to the BI, CAC and CADI waivers
- Replaces habilitation requirement (DD waiver) with skill acquisition for BI, CAC and CADI waivers
- Revises the language in DD to be consistent with BI, CAC, and CADI

BI, CAC, and CADI Waivers**Appendix C-1/C-3: Participant Services – Service Specification****Service Type:**

[ADD]Other Service[END ADD]

Taxonomy:

[ADD]Category 08: Home-Based Services

Sub-category: 08010 Home-based habilitation [END ADD]

Service Definition (Scope):

[ADD]In Home Family Supports are services provided to participants and their families, including extended family members, to enable the participant to remain in or return to their family’s home. In-home family support services include training of the participant, and training of the family to increase their capabilities to care for and maintain the participant in their family’s home.

In-Home family Support services consist of assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the participant to reside in a non-institutional setting including community participation; health, safety, and wellness; and household management.

In-Home Family Support can be delivered in the participant's family home or community settings typically used by the general public. [END ADD]

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

[ADD]• In-home family support services are not covered for families, including extended family members that are licensed to provide foster care.

• Payments will not be made for the routine care and supervision that would be expected to be provided by a family member, spouse, or for activities or supervision for which a payment is made by a source other than Medicaid.

[END ADD]

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

[ADD] Provider Managed[END ADD]

Provider Specifications:

[ADD]Same as In Home Family Supports - DD[END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type

[ADD]Agencies that meet the In-Home Family Support Service Standards[END ADD]

Provider Qualifications

License (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider. [END ADD]

Verification of Provider Qualifications

Entity Responsible for Verification:

[ADD]The Minnesota Department of Human Services monitors agencies holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type

[ADD]Individuals that meet the In-Home Family Support Service Standards[END ADD]

Provider Qualifications

License (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D as an intensive support service provider. [END ADD]

Verification of Provider Qualifications

Entity Responsible for Verification:

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Chapter 245D[END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

DD Waiver

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

Service Type:

[ADD]Other Service[END ADD]

Taxonomy:

[ADD]Category 08: Home-Based Services

Sub-category: 08010 Home-based habilitation [END ADD]

Service Definition (*Scope*):

1. In-Home Family Support Services.

These are habilitation services provided to participants and their families, including extended family members, to enable the participant to remain in or return to [DELETE]the [END DELETE] [ADD]their family's[END ADD] home. In-home family support services include training of the participant, and training of the family to increase their capabilities to care for and maintain the participant in [DELETE]his/her [END DELETE] [ADD]their family's[END ADD] home.

35. Night Supervision

- Expands service to the CAC and DD Waivers
- Revises the language in BI and CADI to be consistent with CAC and DD

CAC and DD Waivers

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

Service Type:

[ADD]Other Service[END ADD]

Taxonomy:

[ADD]Category 08: Home-based Services

Sub-Category: 08040 adult companion night supervision[END ADD]

Service Definition (*Scope*):

[ADD]Night supervision services provide overnight assistance and monitoring of the participant in their own home for a period of no more than 12 hours in a 24-hour period.

Night supervision includes reinforcing Home and Community Supports, and assisting with instrumental activities of daily living. Night supervision may include carrying out the participant's behavior programming or positive support transition plan. [END ADD]

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

[Intentionally left blank]

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

[ADD]✓Provider Managed[END ADD]

Provider Specifications:

[ADD]Individual – Providers of Night Supervision services
Agency – Night supervision providers[END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type

[ADD]Providers of Night Supervision services[END ADD]

Provider Qualifications

License (*specify*):

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

2. 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. [END ADD]

Other Standard (*specify*): [ADD]Individuals excluded under 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. [END ADD]

Verification of Provider Qualifications

Entity Responsible for Verification:

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Minnesota Statutes, Chapter 245D.

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

For individuals who are excluded under Minnesota Statutes, section 245A.03, subd. 2(1) and (2) the lead agency monitors the provider. [END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type

[ADD]Night supervision providers[END ADD]

Provider Qualifications

License (*specify*):

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

2. 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. [END ADD]

Other Standard (*specify*): [ADD]Agencies excluded under Minnesota Statutes, 245A.03, subd. 2 (1) and (2) must meet the requirements of: section 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subd. 3 regarding 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. [END ADD]

Verification of Provider Qualifications

Entity Responsible for Verification:

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Minnesota Statutes, Chapter 245D.

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

For individuals who are excluded under Minnesota Statutes, section 245A.03, subd. 2(1) and (2) the lead agency monitors the provider. [END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

BI Waiver

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

Service Definition (*Scope*):

Night supervision services provide overnight assistance and monitoring of the participant in [DELETE]his or her [END DELETE]their own home for a period of no more than 12 hours in a 24-hour period.

Night supervision includes [DELETE]carrying out the participant's behavior programming and plans, [END DELETE] reinforcing Independent Living Skills Training[ADD] or Home and Community Supports[END ADD], and assisting with instrumental activities of daily living. [ADD] Night supervision may include carrying out the participant's behavior programming or positive support transition plan.[END ADD]

CADI Waiver

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

Taxonomy:

[DELETE]Category 17: Other services

Sub category: 17990 other [END DELETE]

[ADD]Category 08: Home-based Services

Sub-Category: 08040 adult companion night supervision[END ADD]

Service Definition (*Scope*):

Night supervision services provide overnight assistance and monitoring of the participant in [DELETE]his or her [END DELETE] [ADD]their own[END ADD] home for a period of no more than 12 hours in a 24-hour period.

Night supervision includes [DELETE]carrying out the participant's behavior programming and plans when applicable, [END DELETE] reinforcing Independent Living Skills Training[ADD] or Home and Community Supports[END ADD], and assisting with instrumental activities of daily living. [ADD] Night supervision may include carrying out the participant's behavior programming or positive support transition plan. [END ADD]

36. Personal Support Service

- Expands service to the BI, CAC, and CADI Waivers
- Revises the language in DD to be consistent with BI, CAC, and CADI

BI, CAC, and CADI Waivers

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

Service Type:

[ADD]Other Service[END ADD]

Taxonomy:

[ADD]Category 17: Other Services

Sub-Category: 17990 other[END ADD]

Service Definition (*Scope*):

[ADD]Personal support services are provided for a participant in his or her home or in the community to achieve increased independence, achieve one's full potential, and to meet community inclusion goals that are both important to and important for the person that are based on assessed need related to the person's disability. Personal support services may include supervision and assistance with accessing community services and participating in community activities of the person's choosing. Services should be provided in a way that results in the person having meaningful connections with other community members. This may include establishing new relationships and nurturing existing ones.

This service is provided in accordance with outcomes identified during the person centered planning process and documented in the community support plan, when teaching and training are determined not to be necessary for achieving those goals. The case manager will assure there is coordination with other services, that the personal support services do not duplicate other services provided for the participant, and that the provision of personal support services is monitored. [END ADD]

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

[ADD]Services provided one on one with the person outside of their home must be provided in integrated community settings that enable the person to interact with people without disabilities to the fullest extent possible. [END ADD]

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

[ADD]Provider Managed[END ADD]

Provider Specifications:

[ADD]Agency – Agencies that meet the personal support service standards

Individual – Individuals that meet the personal support service standards[END ADD]

Provider Category:

[ADD]Agency[END ADD]

Provider Type

[ADD]Agencies that meet the personal support service standards[END ADD]

Provider Qualifications

License (*specify*):

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

Other Standard (specify): [ADD]Agencies meeting the licensing exclusions of Minnesota Statutes, 245A.03, subd. 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. [END ADD]

Verification of Provider Qualifications

Entity Responsible for Verification:

[ADD]The Minnesota Department of Human Services monitors agencies holding a license under Minnesota Statutes, Chapter 245D.

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

For agencies who are excluded under Minnesota Statutes, section 245A.03, subd. 2(1) and (2) the lead agency monitors the provider. [END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

Provider Category:

[ADD]Individual[END ADD]

Provider Type

[ADD]Individuals that meet the personal support service standards[END ADD]

Provider Qualifications

License (specify):

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

Other Standard (specify): [ADD]Individuals meeting the licensing exclusions of Minnesota Statutes, 245A.03, subd. 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. [END ADD]

Verification of Provider Qualifications

Entity Responsible for Verification:

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Minnesota Statutes, Chapter 245D.

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

For individuals who are excluded under Minnesota Statutes, section 245A.03, subd. 2(1) and (2) the lead agency monitors the provider. [END ADD]

Frequency of Verification

[ADD]One to three years[END ADD]

DD Waiver

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

Service Type:

[ADD]Other Service[END ADD]

Taxonomy:

[ADD]Category 17: Other Services

Sub-Category: 17990 other[END ADD]

Service Definition (Scope):

Personal support services are [DELETE]non medical care, supervision and assistance[END DELETE] provided to for a participant in his or her home or in the community to achieve increased independence, [ADD]achieve one's full potential, [END ADD] [DELETE]productivity,[END DELETE] and [ADD]to meet community [END ADD] inclusion [ADD]goals that are both important to and important for the person that are based on assessed need related to the person's disability[END ADD] [DELETE]in the community[END DELETE]. Personal support services may [DELETE]provide[END DELETE] [ADD]include[END ADD] supervision and assistance [DELETE]to a participant in[END DELETE] [ADD]with[END ADD] accessing community services and participating in community activities[ADD]of the person's choosing. Services should be provided in a way that results in the person having meaningful connections with other community members. This may include establishing new relationships and nurturing existing ones[END ADD].

This service is provided in accordance with outcomes identified [ADD]during the person centered planning process and documented [END ADD] in the community support plan, [DELETE]but[END DELETE] when teaching and training are determined not to be necessary for [ADD]achieving [END ADD] those goals [DELETE](i.e., this is not a habilitation service) [END DELETE]. The case manager will assure [DELETE]that[END DELETE] there is coordination with other services, [ADD]that [END ADD] the personal support services do not duplicate other services provided [DELETE]to[END DELETE] [ADD]for [END ADD] the participant, and [ADD]that [END ADD] the provision of personal support services is monitored.

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

Services provided [ADD]one on one with the person [END ADD] outside of [DELETE]the[END DELETE] [ADD]their [END ADD] [DELETE]enrollee's[END DELETE] home must be provided in integrated community settings[ADD]that enable the person to interact with people without disabilities to the fullest extent possible[END ADD].

37. Environmental Accessibility Adaptations

- **Creates an exception to exceed the annual cap amount for modifications**

BI, CAC, CADI, and DD Waivers

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

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

Environmental Accessibility Adaptations are limited to a maximum of \$40,000 per year per waiver participant. [ADD]A case manager may request an exception to the annual limit of \$40,000 from the commissioner. Approval of an exception will allow an additional \$40,000 to be advanced from the person's next year limit for a maximum of \$80,000 for a two year time period. Exceptions over \$40,000 may be approved when: [END ADD]

- a. [ADD]modification(s) are cost effective and necessary during the current year for the person to live in the most integrated community setting; and[END ADD]
- b. [ADD]other options have been explored and will not provide the person reasonable access to community integration and functional use of the house. [END ADD]

When a participant has an approved modification based on requesting additional square footage, the rate maximum does not apply.

38. Adult Day Care / Adult Day Care Bath

- Updates the name of the service to “Adult Day Services” and “Adult Day Services Bath” to be more person centered
(NOTE: The intention of this amendment is to change the name of this service throughout the waiver plan. The following is NOT inclusive of all changes that need to be made in all four disability waiver plans. Additional changes will need to be made throughout the document as renewals occur.)
- Clarifies for BI, CAC, and DD Waivers that Adult Day Services does not include specialized therapies, alternative communication, and other adaptive equipment
- Restores statutory language for BI indicating licensed adult foster care providers cannot provide family adult day services to foster care participants residing in the providers home
- Moves “coverage of meals” language in the DD waiver to the end of the first paragraph to be consistent with BI, CAC, and CADI

BI Waiver

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

Service:

Adult Day Health

Alternate Service Title (if any):

Adult Day [DELETE]Care[END DELETE] [ADD]Service[END ADD]

Service Definition (Scope):

The purpose of adult day [DELETE]care[END DELETE] [ADD]service[END ADD] is to provide supervision, care, assistance, training and activities based on the participant's needs and directed toward the achievement of specific outcomes as identified in the community support plan. Services must be designed to meet both the health and social needs of the participant. Services shall not be authorized for more than 12 hours in a continuous 24-hour period. Coverage of meals must be in accordance with 42 CFR §441.310 (a)(2)(ii).

In order to be covered as a waiver service, the adult day ~~care~~ service must:

- A. Include the use of tasks and materials that are age-appropriate for people without disabilities who are the same or near the same chronological age as the participant;
- B. Maximize community inclusion opportunities by offering or providing community integration services designed to increase and enhance each participant's social and physical interaction with people without disabilities who are not paid caregivers or staff members;
- C. Make available access to and participation in the community through cooperative programming with community agencies such as senior citizens centers or clubs, generic service organizations, and adult education;
- ~~D. Provide specialized therapies and alternative communication or other adaptive equipment as identified in the participant's community support plan;~~ [END DELETE]

The cost of transportation is not included in the rate paid to providers of adult day services.

Adult day ~~care~~ [END DELETE] [ADD]service[END ADD] will be available to individuals who are at least 18 years of age.

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

Therapies are not included in adult day ~~care~~ [END DELETE] services.

[ADD]Licensed adult foster care providers cannot provide family adult day services to foster care participants residing in the adult foster care home. [END ADD]

CAC Waiver

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

Service:

Adult Day Health

Alternate Service Title (if any):

Adult Day ~~Care~~ [END DELETE] [ADD]Service[END ADD]

Service Definition (Scope):

The purpose of adult day ~~care~~ [END DELETE] [ADD]service[END ADD] is to provide supervision, care, assistance, training and activities based on the participant's needs and directed toward the achievement of specific outcomes as identified in the community support plan. Services must be designed to meet both the health and social needs of the participant. Services shall not be authorized for more than 12 hours in a continuous 24-hour period. Coverage of meals must be in accordance with 42 CFR 441.310 (a)(2)(ii).

In order to be covered as a waiver service, the adult day ~~care~~ [END DELETE] service must:

- A. Include the use of tasks and materials that are age-appropriate for people without disabilities who are the same or near the same chronological age as the participant;
- B. Maximize community inclusion opportunities by offering or providing community integration services designed to increase and enhance each participant's social and physical interaction with people without disabilities who are not paid caregivers or staff members;
- C. Make available access to and participation in the community through cooperative programming with community agencies such as senior citizens centers or clubs, generic organizations, and adult education[DELETE];
- ~~D. Provide specialized therapies and alternative communication or other adaptive equipment as identified in the participant's community support plan;~~ [END DELETE]

The cost of transportation is not included in the rate paid to providers of adult day services.

Adult day ~~care~~ [END DELETE] [ADD]service[END ADD] will be available to individuals who are at least 18 years of age.

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

Therapies are not included in adult day [DELETE]care-[END DELETE]services.

Licensed adult foster care providers cannot provide family adult day services to foster care recipients residing in the adult foster care home.

CADI Waiver**Appendix C-1/C-3: Participant Services – Service Specification****Service Definition (Scope):**

The purpose of adult day [DELETE]care-[END DELETE] [ADD]service[END ADD] is to provide supervision, care, assistance, training and activities based on the participant's needs and directed toward the achievement of specific outcomes as identified in the community support plan. Services must be designed to meet both the health and social needs of the participant. Services shall not be authorized for more than 12 hours in a continuous 24-hour period. Coverage of meals must be in accordance with 42 CFR §441.310 (a)(2)(ii).

In order to be covered as a waiver service, the adult day [DELETE]care-[END DELETE]service must:

- A. Include the use of tasks and materials that are age-appropriate for people without disabilities who are the same or near the same chronological age as the participant;
- B. Maximize community inclusion opportunities by offering or providing community integration services designed to increase and enhance each participant's social and physical interaction with people without disabilities who are not paid caregivers or staff members;
- C. Make available access to and participation in the community through cooperative programming with community agencies such as senior citizens centers or clubs, generic service organizations, and adult education;

The cost of transportation is not included in the rate paid to providers of adult day services.

Adult day [DELETE]care-[END DELETE] [ADD]service[END ADD] will be available to individuals who are at least 18 years of age.

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

Therapies are not included in adult day [DELETE]care-[END DELETE]services.

Licensed adult foster care providers cannot provide family adult day services to foster care participants residing in the adult foster care home.

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

Adult Day Health

Alternate Service Title (if any):

Adult Day [DELETE]Care-[END DELETE] [ADD]Service[END ADD]

Service Definition (Scope):

The purpose of adult day [DELETE]care-[END DELETE] [ADD]service[END ADD] is to provide supervision, care, assistance, training and activities based on the participant's needs and directed toward the achievement of specific outcomes as identified in the community support plan. Services must be designed to meet both the health

and social needs of the participant. Services shall not be authorized for more than 12 hours in a continuous 24-hour period. [ADD]Coverage of meals must be in accordance with 42 CFR §441.310 (a)(2)(ii). [END ADD]

In order to be covered as a waiver service, the adult day ~~care~~ service must:

- A. Include the use of tasks and materials that are age-appropriate for people without disabilities who are the same or near the same chronological age as the participant;
- B. Maximize community inclusion opportunities by offering or providing community integration services designed to increase and enhance each participant's social and physical interaction with people without disabilities who are not paid caregivers or staff members;
- C. Make available access to and participation in the community through cooperative programming with community agencies such as senior citizens centers or clubs, generic service organizations, and adult education; ~~and~~ [DELETE]D. Provide specialized therapies and alternative communication or other adaptive equipment as identified in the participant's community support plan.

Coverage of meals must be in accordance with 42 CFR §441.310 (a)(2)(ii). [END DELETE]

The cost of transportation is not included in the rate paid to providers of adult day services.

Adult day [DELETE]care [END DELETE] [ADD]service [END ADD] will be available to individuals who are at least 18 years of age.

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

Therapies are not included in adult day ~~care~~ services.

Licensed adult foster care providers cannot provide family adult day services to foster care recipients residing in the adult foster care home.

BI, CADI, and DD Waivers

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

Service Title:

Adult Day [DELETE]Care [END DELETE] [ADD]Service [END ADD] Bath

39. Residential Care Services

- Establishes the date of 12/31/2017 when Residential Care Services will be discontinued
- Establishes the date of 1/1/2016 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 for a rate adjustment during the transition (upon approval by the commissioner)

BI and CADI Waivers

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

Service Description (Scope):

[ADD]The Residential Care service shall discontinue by December 31, 2017. 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 January 1, 2016. [END ADD]

Appendix I-2: Financial Accountability, Rates, Billing and Claims**a. Rate Determination Methods.**

3. For all other waiver services, rate methods are described in Laws 2013, Ch. 108, Art. 13. Rate methods are grouped into 4 categories:

Payment for residential support services:

- Customized living/24 Hour Customized Living
- Foster Care

- Residential Care Services[ADD] (NOTE: Residential Care Services are to be discontinued by December 31, 2017. Whereas approved by the commissioner, the Department of Human Services may approve a rate adjustment to participant's payment rate to assure continuity of services while transitioning to alternative services.)[END ADD]

40. Maximum Age Limitation

- **Allows people who were on BI, CAC, or CADI to return to the waiver after discharging from an institution if they are over the age of 65**
- **Clarifies the types of institutions from which someone can discharge from and return to the waiver**

BI, CAC, and CADI Waivers**Appendix B-1: Participant Access and Eligibility, Specification of the Waiver Target Group(s)****c. Transition of Individuals Affected by Maximum Age Limitation.**

Participants enrolled in the waiver prior to age 65 may remain after age 65. People who are 65 at the time of the waiver application are not eligible. [DELETE]When an enrolled person who is 65 years or older exits the waiver for institutional care, then the individual has 180 days from the date of exiting the waiver to return to the waiver. [END DELETE]-[ADD]An individual on the waiver prior to admission to an institution (NF, hospital, ICF/DD, or IMD), can return to the waiver after discharge if the person is 65 years of age or older. [END ADD]