02/24/25 11:34 am	COUNSEL	IM/CC	SCS0815A-2
02/24/23 11:34 am	COUNSEL	LM/SC	5C5U813A-2

1.1 Senator moves to amend S.F. No. 815 as follows:

Delete everything after the enacting clause and insert:

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- "Section 1. Minnesota Statutes 2024, section 256B.0659, subdivision 11, is amended to read:
- 1.5 Subd. 11. **Personal care assistant; requirements.** (a) A personal care assistant must
 1.6 meet the following requirements:
 - (1) be at least 18 years of age with the exception of persons who are 16 or 17 years of age with these additional requirements:
 - (i) supervision by a qualified professional every 60 days; and
 - (ii) employment by only one personal care assistance provider agency responsible for compliance with current labor laws;
 - (2) be employed by a personal care assistance provider agency;
 - (3) enroll with the department as a personal care assistant after clearing a background study. Except as provided in subdivision 11a, before a personal care assistant provides services, the personal care assistance provider agency must initiate a background study on the personal care assistant under chapter 245C, and the personal care assistance provider agency must have received a notice from the commissioner that the personal care assistant is:
 - (i) not disqualified under section 245C.14; or
- (ii) disqualified, but the personal care assistant has received a set aside of thedisqualification under section 245C.22;
- 1.22 (4) be able to effectively communicate with the recipient and personal care assistance 1.23 provider agency;
 - (5) be able to provide covered personal care assistance services according to the recipient's personal care assistance care plan, respond appropriately to recipient needs, and report changes in the recipient's condition to the supervising qualified professional, physician, advanced practice registered nurse, or physician assistant;
 - (6) not be a consumer of personal care assistance services;
- 1.29 (7) maintain daily written records including, but not limited to, time sheets under subdivision 12;

Section 1.

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(8) effective January 1, 2010, complete standardized training as determined by the commissioner before completing enrollment. The training must be available in languages other than English and to those who need accommodations due to disabilities. Personal care assistant training must include successful completion of the following training components: basic first aid, vulnerable adult, child maltreatment, OSHA universal precautions, basic roles and responsibilities of personal care assistants including information about assistance with lifting and transfers for recipients, emergency preparedness, orientation to positive behavioral practices, fraud issues, and completion of time sheets. Upon completion of the training components, the personal care assistant must demonstrate the competency to provide assistance to recipients;

- (9) complete training and orientation on the needs of the recipient; and
- (10) be limited to providing and being paid for up to 310 hours per month of personal care assistance services regardless of the number of recipients being served or the number of personal care assistance provider agencies enrolled with. The number of hours worked per day shall not be disallowed by the department unless in violation of the law.
- (b) A legal guardian may be a personal care assistant if the guardian is not being paid for the guardian services and meets the criteria for personal care assistants in paragraph (a).
- (c) Persons who do not qualify as a personal care assistant include parents, stepparents, and legal guardians of minors; spouses; paid legal guardians of adults; family foster care providers, except as otherwise allowed in section 256B.0625, subdivision 19a; and staff of a residential setting.
- (d) Personal care assistance services qualify for the enhanced rate described in subdivision

 17a if the personal care assistant providing the services:
 - (1) provides covered services to a recipient who qualifies for ten or more hours per day of personal care assistance services; and
 - (2) satisfies the current requirements of Medicare for training and competency or competency evaluation of home health aides or nursing assistants, as provided in the Code of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved training or competency requirements.
- EFFECTIVE DATE. This section is effective July 1, 2025, or upon federal approval,
 whichever is later. The commissioner of human services shall notify the revisor of statutes
 when federal approval is obtained.

Section 1. 2

Sec. 2. Minnesota Statutes 2024, section 256B.0659, subdivision 17a, is amended to read:

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Subd. 17a. **Enhanced rate.** (a) An enhanced rate of 107.5 percent of the rate paid for personal care assistance services shall be paid for services provided to persons who qualify for ten or more hours of personal care assistance services per day when provided by a personal care assistant who meets the requirements of subdivision 11, paragraph (d).

- (b) A personal care assistance provider must use all additional revenue attributable to the rate enhancements under this subdivision for the wages and wage-related costs of the personal care assistants, including any corresponding increase in the employer's share of FICA taxes, Medicare taxes, state and federal unemployment taxes, and workers' compensation premiums. The agency must not use the additional revenue attributable to any enhanced rate under this subdivision to pay for mileage reimbursement, health and dental insurance, life insurance, disability insurance, long-term care insurance, uniform allowance, contributions to employee retirement accounts, or any other employee benefits.
- (c) Any change in the eligibility criteria for the enhanced rate for personal care assistance services as described in this subdivision and referenced in subdivision 11, paragraph (d), does not constitute a change in a term or condition for individual providers as defined in section 256B.0711, and is not subject to the state's obligation to meet and negotiate under chapter 179A.
 - Sec. 3. Minnesota Statutes 2024, section 256B.0659, subdivision 21, is amended to read:
- Subd. 21. Requirements for provider enrollment of personal care assistance provider agencies. (a) All personal care assistance provider agencies must provide, at the time of enrollment, reenrollment, and revalidation as a personal care assistance provider agency in a format determined by the commissioner, information and documentation that includes, but is not limited to, the following:
- (1) the personal care assistance provider agency's current contact information including address, telephone number, and email address;
- (2) proof of surety bond coverage for each business location providing services. Upon new enrollment, or if the provider's Medicaid revenue in the previous calendar year is up to and including \$300,000, the provider agency must purchase a surety bond of \$50,000. If the Medicaid revenue in the previous year is over \$300,000, the provider agency must purchase a surety bond of \$100,000. The surety bond must be in a form approved by the commissioner, must be renewed annually, and must allow for recovery of costs and fees in pursuing a claim on the bond;

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(3) proof of fidelity bond coverage in the amount of \$20,000 for each business location providing service;(4) proof of workers' compensation insurance coverage identifying the business location

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- where personal care assistance services are provided;
- (5) proof of liability insurance coverage identifying the business location where personal care assistance services are provided and naming the department as a certificate holder;
- (6) a copy of the personal care assistance provider agency's written policies and procedures including: hiring of employees; training requirements; service delivery; and employee and consumer safety including process for notification and resolution of consumer grievances, identification and prevention of communicable diseases, and employee misconduct:
- (7) copies of all other forms the personal care assistance provider agency uses in the course of daily business including, but not limited to:
- (i) a copy of the personal care assistance provider agency's time sheet if the time sheet varies from the standard time sheet for personal care assistance services approved by the commissioner, and a letter requesting approval of the personal care assistance provider agency's nonstandard time sheet;
- (ii) the personal care assistance provider agency's template for the personal care assistance care plan; and
- (iii) the personal care assistance provider agency's template for the written agreement in subdivision 20 for recipients using the personal care assistance choice option, if applicable;
- (8) a list of all training and classes that the personal care assistance provider agency requires of its staff providing personal care assistance services;
- (9) documentation that the personal care assistance provider agency and staff have successfully completed all the training required by this section, including the requirements under subdivision 11, paragraph (d), if enhanced personal care assistance services are provided and submitted for an enhanced rate under subdivision 17a;
 - (10) documentation of the agency's marketing practices;
- (11) disclosure of ownership, leasing, or management of all residential properties that is used or could be used for providing home care services;
- 4.31 (12) documentation that the agency will use the following percentages of revenue 4.32 generated from the medical assistance rate paid for personal care assistance services for

Sec. 3. 4

employee personal care assistant wages and benefits: 72.5 percent of revenue in the personal care assistance choice option and 72.5 percent of revenue from other personal care assistance providers. The revenue generated by the qualified professional and the reasonable costs associated with the qualified professional shall not be used in making this calculation; and

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- (13) effective May 15, 2010, documentation that the agency does not burden recipients' free exercise of their right to choose service providers by requiring personal care assistants to sign an agreement not to work with any particular personal care assistance recipient or for another personal care assistance provider agency after leaving the agency and that the agency is not taking action on any such agreements or requirements regardless of the date signed.
- (b) Personal care assistance provider agencies shall provide the information specified in paragraph (a) to the commissioner at the time the personal care assistance provider agency enrolls as a vendor or upon request from the commissioner. The commissioner shall collect the information specified in paragraph (a) from all personal care assistance providers beginning July 1, 2009.
- (c) All personal care assistance provider agencies shall require all employees in management and supervisory positions and owners of the agency who are active in the day-to-day management and operations of the agency to complete mandatory training as determined by the commissioner before submitting an application for enrollment of the agency as a provider. All personal care assistance provider agencies shall also require qualified professionals to complete the training required by subdivision 13 before submitting an application for enrollment of the agency as a provider. Employees in management and supervisory positions and owners who are active in the day-to-day operations of an agency who have completed the required training as an employee with a personal care assistance provider agency do not need to repeat the required training if they are hired by another agency, if they have completed the training within the past three years. By September 1, 2010, the required training must be available with meaningful access according to title VI of the Civil Rights Act and federal regulations adopted under that law or any guidance from the United States Health and Human Services Department. The required training must be available online or by electronic remote connection. The required training must provide for competency testing. Personal care assistance provider agency billing staff shall complete training about personal care assistance program financial management. This training is effective July 1, 2009. Any personal care assistance provider agency enrolled before that date shall, if it has not already, complete the provider training within 18 months of July 1, 2009. Any new owners or employees in management and supervisory positions involved

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in the day-to-day operations are required to complete mandatory training as a requisite of working for the agency. Personal care assistance provider agencies certified for participation in Medicare as home health agencies are exempt from the training required in this subdivision. When available, Medicare-certified home health agency owners, supervisors, or managers must successfully complete the competency test.

- (d) All surety bonds, fidelity bonds, workers' compensation insurance, and liability insurance required by this subdivision must be maintained continuously. After initial enrollment, a provider must submit proof of bonds and required coverages at any time at the request of the commissioner. Services provided while there are lapses in coverage are not eligible for payment. Lapses in coverage may result in sanctions, including termination. The commissioner shall send instructions and a due date to submit the requested information to the personal care assistance provider agency.
- Sec. 4. Minnesota Statutes 2024, section 256B.0659, subdivision 24, is amended to read:
- Subd. 24. **Personal care assistance provider agency; general duties.** A personal care assistance provider agency shall:
- (1) enroll as a Medicaid provider meeting all provider standards, including completionof the required provider training;
 - (2) comply with general medical assistance coverage requirements;
- (3) demonstrate compliance with law and policies of the personal care assistance program
 to be determined by the commissioner;
- 6.21 (4) comply with background study requirements;

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- 6.22 (5) verify and keep records of hours worked by the personal care assistant and qualified professional;
 - (6) not engage in any agency-initiated direct contact or marketing in person, by phone, or other electronic means to potential recipients, guardians, or family members;
- 6.26 (7) pay the personal care assistant and qualified professional based on actual hours of services provided;
- 6.28 (8) withhold and pay all applicable federal and state taxes;
- 6.29 (9) document that the agency uses a minimum of 72.5 percent of the revenue generated by the medical assistance rate for personal care assistance services for employee personal care assistant wages and benefits. The revenue generated by the qualified professional and

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the reasonable costs associated with the qualified professional shall not be used in making this calculation;

- (10) make the arrangements and pay unemployment insurance, taxes, workers' compensation, liability insurance, and other benefits, if any;
- 7.5 (11) enter into a written agreement under subdivision 20 before services are provided;
- 7.6 (12) report suspected neglect and abuse to the common entry point according to section7.7 256B.0651;
 - (13) provide the recipient with a copy of the home care bill of rights at start of service;
- 7.9 (14) request reassessments at least 60 days prior to the end of the current authorization 7.10 for personal care assistance services, on forms provided by the commissioner;
- 7.11 (15) comply with the labor market reporting requirements described in section 256B.4912, 7.12 subdivision 1a;
- (16) document that the agency uses the additional revenue due to the enhanced rate under subdivision 17a for the wages and any corresponding increase in the employer's share of FICA taxes, Medicare taxes, state and federal unemployment taxes, and workers' compensation premiums of the PCAs whose services meet the requirements under subdivision 11, paragraph (d); and
- 7.18 (17) ensure that a personal care assistant driving a recipient under subdivision 1,
 7.19 paragraph (i), has a valid driver's license and the vehicle used is registered and insured
 7.20 according to Minnesota law.
- 7.21 Sec. 5. Minnesota Statutes 2024, section 256B.0659, subdivision 28, is amended to read:
- Subd. 28. Personal care assistance provider agency; required documentation. (a)
- Required documentation must be completed and kept in the personal care assistance provider agency file or the recipient's home residence. The required documentation consists of:
- 7.25 (1) employee files, including:

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- 7.26 (i) applications for employment;
- 7.27 (ii) background study requests and results;
- 7.28 (iii) orientation records about the agency policies;
- (iv) trainings completed with demonstration of competence, including verification of
 the completion of training required under subdivision 11, paragraph (d), if personal care

Sec. 5. 7

3.1	assistance services eligible for the enhanced rate are provided and submitted for
3.2	reimbursement under subdivision 17a;
3.3	(v) supervisory visits;
3.4	(vi) evaluations of employment; and
3.5	(vii) signature on fraud statement;
3.6	(2) recipient files, including:
3.7	(i) demographics;
3.8	(ii) emergency contact information and emergency backup plan;
3.9	(iii) personal care assistance service plan;
3.10	(iv) personal care assistance care plan;
3.11	(v) month-to-month service use plan;
3.12	(vi) all communication records;
3.13	(vii) start of service information, including the written agreement with recipient; and
3.14	(viii) date the home care bill of rights was given to the recipient;
3.15	(3) agency policy manual, including:
3.16	(i) policies for employment and termination;
3.17	(ii) grievance policies with resolution of consumer grievances;
3.18	(iii) staff and consumer safety;
3.19	(iv) staff misconduct; and
3.20	(v) staff hiring, service delivery, staff and consumer safety, staff misconduct, and
3.21	resolution of consumer grievances;
3.22	(4) time sheets for each personal care assistant along with completed activity sheets for
3.23	each recipient served; and
3.24	(5) agency marketing and advertising materials and documentation of marketing activities
3.25	and costs.
3.26	(b) The commissioner may assess a fine of up to \$500 on provider agencies that do not
3.27	consistently comply with the requirements of this subdivision.

Sec. 5. 8

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Sec. 6. Minnesota Statutes 2024, section 256B.85, subdivision 7a, is amended to read:

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Subd. 7a. **Enhanced rate.** (a) An enhanced rate of 107.5 percent of the rate paid for CFSS must be paid for services provided to persons who qualify for ten or more hours of CFSS per day when provided by a support worker who meets the requirements of subdivision 16, paragraph (e).

- (b) An agency provider must use all additional revenue attributable to the rate enhancements under this subdivision for the wages and wage-related costs of the support workers, including any corresponding increase in the employer's share of FICA taxes, Medicare taxes, state and federal unemployment taxes, and workers' compensation premiums. The agency provider must not use the additional revenue attributable to any enhanced rate under this subdivision to pay for mileage reimbursement, health and dental insurance, life insurance, disability insurance, long-term care insurance, uniform allowance, contributions to employee retirement accounts, or any other employee benefits.
- (c) Any change in the eligibility criteria for the enhanced rate for CFSS as described in this subdivision and referenced in subdivision 16, paragraph (e), does not constitute a change in a term or condition for individual providers as defined in section 256B.0711, and is not subject to the state's obligation to meet and negotiate under chapter 179A.
- Sec. 7. Minnesota Statutes 2024, section 256B.85, subdivision 16, is amended to read:
- Subd. 16. **Support workers requirements.** (a) Support workers shall:
- 9.20 (1) enroll with the department as a support worker after a background study under chapter
 9.21 245C has been completed and the support worker has received a notice from the
 9.22 commissioner that the support worker:
 - (i) is not disqualified under section 245C.14; or
- 9.24 (ii) is disqualified, but has received a set-aside of the disqualification under section 9.25 245C.22;
 - (2) have the ability to effectively communicate with the participant or the participant's representative;
 - (3) have the skills and ability to provide the services and supports according to the participant's CFSS service delivery plan and respond appropriately to the participant's needs;
 - (4) complete the basic standardized CFSS training as determined by the commissioner before completing enrollment. The training must be available in languages other than English and to those who need accommodations due to disabilities. CFSS support worker training

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must include successful completion of the following training components: basic first aid, vulnerable adult, child maltreatment, OSHA universal precautions, basic roles and responsibilities of support workers including information about basic body mechanics, emergency preparedness, orientation to positive behavioral practices, orientation to responding to a mental health crisis, fraud issues, time cards and documentation, and an overview of person-centered planning and self-direction. Upon completion of the training components, the support worker must pass the certification test to provide assistance to participants;

- 10.9 (5) complete employer-directed training and orientation on the participant's individual needs;
 - (6) maintain the privacy and confidentiality of the participant; and
- 10.12 (7) not independently determine the medication dose or time for medications for the participant.
- 10.14 (b) The commissioner may deny or terminate a support worker's provider enrollment 10.15 and provider number if the support worker:
 - (1) does not meet the requirements in paragraph (a);

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- 10.17 (2) fails to provide the authorized services required by the employer;
 - (3) has been intoxicated by alcohol or drugs while providing authorized services to the participant or while in the participant's home;
 - (4) has manufactured or distributed drugs while providing authorized services to the participant or while in the participant's home; or
- 10.22 (5) has been excluded as a provider by the commissioner of human services, or by the
 10.23 United States Department of Health and Human Services, Office of Inspector General, from
 10.24 participation in Medicaid, Medicare, or any other federal health care program.
 - (c) A support worker may appeal in writing to the commissioner to contest the decision to terminate the support worker's provider enrollment and provider number.
 - (d) A support worker must not provide or be paid for more than 310 hours of CFSS per month, regardless of the number of participants the support worker serves or the number of agency-providers or participant employers by which the support worker is employed. The department shall not disallow the number of hours per day a support worker works unless it violates other law.
 - (e) CFSS qualify for an enhanced rate if the support worker providing the services:

Sec. 7. 10

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11.1	(1) provides services, within the scope of CFSS described in subdivision 7, to a participant
11.2	who qualifies for ten or more hours per day of CFSS; and
11.3	(2) satisfies the current requirements of Medicare for training and competency or
11.4	competency evaluation of home health aides or nursing assistants, as provided in the Code
11.5	of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved
11.6	training or competency requirements.
11.7	EFFECTIVE DATE. This section is effective July 1, 2025, or upon federal approval,
11.8	whichever is later. The commissioner of human services shall notify the revisor of statutes
11.9	when federal approval is obtained."
11 10	Amend the title accordingly

Sec. 7. 11