

Minnesota BI, CAC, CADI and DD Waiver Amendments

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- Includes an additional exception to the current setting requirements

NOTE: This amendment includes submitting an exception to the capacity limits to allow people to transition out of institutions and live in their home communities. This amendment is intended to address current state law and allow more options for people. The Centers for Medicare and Medicaid Services (CMS) has issued a final rule defining home and community-based settings. CMS is requiring states to submit a transition plan to come into compliance with the new rule within five years of March 17, 2014. This amendment does not include the results of the transition plan required by CMS. The development of Minnesota’s transition plan is currently in process and includes working with stakeholders to develop the plan. The development of the transition plan will result in changes to the service definition that will be proposed during the 2015 legislative session.

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1. Customized Living / 24-hour Customized Living

BI and CADI Waivers

Appendix C-1/C-3 Service Specification

Service Title:

Customized Living, 24-hour

Provider Type:

Class A and F home care providers

Provider Qualifications

License (*specify*):

Must be licensed as a Class A or F home care provider in accordance with Minnesota Statutes, §144A.43 through §144A.49 and Minnesota Rules, parts 4668 and 4669.

Certificate (*specify*):

Other Standard (*specify*):

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

24 hour customized living service providers that are not licensed under Minnesota Rules, parts 9555.5050 to 9555.6265 (adult foster care), and who provide services in settings with one to five residents, must comply with Minnesota Rules, parts 9555.6205, subparts 1 to 3, parts 9555.6215, subparts 1 and 3, and parts 9555.6225, subparts 1,2,6 and 10.

The total number of individuals living in the setting shall not exceed four except when authorized by the commissioner. The commissioner may authorize services [ADD] when:

- a person is being discharged from a federally certified institution and the customized living service is the only available option in the person’s home community. The people in the setting who receive services under the BI, CAC, CADI and DD waivers can occupy up to 25% of the units in a multifamily building of more than four units, unless required by the Housing Opportunities for Person with AIDS Program; or
- they are [END ADD] provided in settings serving up to five individuals, living in the setting who are unrelated to the principal care provider, in emergency situations when the setting is needed to avert an individual’s placement in a regional treatment center or nursing facility and the following criteria are met. This exception for services delivered in a site with more than four individuals shall not exceed two years. For purposes of this provision, emergency situations are defined as:
 - An unexpected loss of an essential caregiver
 - A sudden loss of housing due to closure
 - Loss of services or housing due to a natural disaster
 - Necessary to place siblings together

Service Title:

Customized Living

Provider Type:

Class A and F home care providers

Provider Qualifications

License (*specify*):

Must be licensed as a Class A or F home care provider in accordance with Minnesota Statutes, §144A.43 through §144A.49 and Minnesota Rules, parts 4668 and 4669.

Certificate (*specify*):

Other Standard (*specify*):

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

Customized living service providers that are not licensed under Minnesota Rules, parts 9555.5050 to 9555.6265 (adult foster care), and who provide services in settings with one to five residents, must comply with Minnesota Rules, parts 9555.6205, subparts 1 to 3, parts 9555.6215, subparts 1 and 3, and parts 9555.6225, subparts 1,2,6 and 10.

The total number of individuals living in the setting shall not exceed four except when authorized by the commissioner. The commissioner may authorize services [ADD] when:

- a person is being discharged from a federally certified institution and the customized living service is the only available option in the person’s home community. The people in the setting who receive services under the BI, CAC, CADI and DD waivers can occupy up to 25% of the units in a multifamily building of more than four units, unless required by the Housing Opportunities for Person with AIDS Program; or
- they are [END ADD] provided in settings serving up to five individuals, living in the setting who are unrelated to the principal care provider, in emergency situations when the setting is needed to avert an individual’s placement in a regional treatment center or nursing facility and the following criteria are met. This exception for services delivered in a site with more than four individuals shall not exceed two years. For purposes of this provision, emergency situations are defined as:
 - An unexpected loss of an essential caregiver
 - A sudden loss of housing due to closure
 - Loss of services or housing due to a natural disaster
 - Necessary to place siblings together

2. Respite

BI, CAC and CADI Waivers

Appendix C-1/C-3 Service Specification

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 [ADD], unless the provider has received a variance to allow for the use of a fifth bed for respite under Minnesota Statutes, section 245A.11, Subd. 2a, paragraph (e). [END ADD]

DD Waiver

Appendix C-1/C-3 Service Specification

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 [ADD], unless the provider has a foster care license with a variance to allow for the use of a fifth bed for respite under Minnesota Statutes, section 245A.11, Subd. 2a, paragraph (e). [END ADD]

3. Consumer Directed Community Supports (CDCS)

BI, CAC, CADI and DD Waivers

Appendix C-3: Provider Specifications for Service

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following Additional service not specified in statute.

Service Title:

Other Service

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one Service Definition (Scope):

~~[DELETE] Consumer Directed Community Supports: self direction support activities
**Service is included in approved waiver. There is no change in service specifications.
 Service is included in approved waiver. The service specifications have been modified.
 Service is not included in the approved waiver.**~~

~~CDCS: self direction support activities is one of four services that can be purchased in a consumer-directed manner within a global budget. See Appendix E. CDCS: self direction support activities includes services, supports, and expenses incurred for administering or assisting the participant or their representative in administering CDCS. The following are typically covered under this category:~~

- ~~–Liability insurance and workers compensation~~
- ~~–Payroll expenses including FICA, FUTA, SUTA, and wages, processing fees~~
- ~~–Employer shares of benefits~~
- ~~–Assistance in securing and maintaining workers~~
- ~~–Development and implementation of the community support plan~~
- ~~–Monitoring the provision of services [END DELETE]~~

The following changes apply to all four categories of CDCS including: Personal Assistance, Self-Direction Support Activities, Environmental Modifications and Provisions, and Treatment and Training.

[DELETE] ~~Flexible case management is~~ [END DELETE] [ADD] Support planner services are [END ADD] covered under this CDCS category. Participants may select who they want to provide this service. People reimbursed through CDCS to assist with the development of the participant's person-centered community support plan must: be 18 years of age or older; pass a certification test developed by the department on person-centered support planning approaches including the Vulnerable Adult and Maltreatment of Minors Acts; provide a copy of their training certificate to the participant; use the community support plan template or a community support plan format that includes all of the information required to authorize CDCS and, be able to coordinate their services with the county case manager to assure that there is no duplication between functions. Participants may require Additional provider qualifications tailored to their individual needs. These will be defined in the participant's community support plan. The provider must provide the participant or the participant's representative with evidence that they meet the required qualifications. This includes providing a copy of training completion certificate(s) for any related training.

[ADD] CDCS services are not available to waiver participants receiving licensed foster care or home care services while residing in a residential setting licensed by the Department of Human Services (DHS) or the Minnesota Department of Health (MDH) or registered as a housing with services establishment. [END ADD]

Criteria for allowable expenditures

The Purchase of goods and service must meet all of the following criteria:

- [DELETE] ~~1. Must be required to meet the identified needs and outcomes in the participant's community support plan to assure the health and safety of the individual enrollee; AND~~
~~2. Goods and services collectively provide a feasible alternative to an institution; AND~~
~~3. Be the least costly alternative that reasonably meets the participant's identified needs; AND~~
~~4. Be for the sole benefit of the individual participant.~~ [END DELETE]

[ADD] 1. An individual written community support plan must be developed for each participant. Services included in the community support plan must be necessary to meet a need identified in the participant's assessment and be for the direct benefit of the participant and must be related to the participant's disability and/or condition.

2. The waiver shall cover only those goods and services authorized in the community support plan that collectively represent a feasible alternative to institutional care. Services not included in the community support plan are not covered. In addition, goods and services are not covered when they:

- a) are provided prior to the development of the community support plan;
- b) duplicate other services in the community support plan;
- c) supplant natural supports appropriately meeting the participant's needs;
- d) are not the least costly and effective means to meet the participant's needs; or
- e) are available through other funding sources, including, but not limited to, funding through Title IV-E of the Social Security Act [END ADD]

If all the above criteria are met, goods and services are appropriate purchases when they are reasonably necessary to meet the following consumer outcomes:

- Maintain the ability of the participant to remain in the community;
- Enhance community inclusion and family involvement;
- Develop or maintain personal, social, physical, or work related skills;
- Decrease dependency on formal support services;
- Increase independence of the participant;
- Increase the ability of unpaid family members and friends to receive training and education needed to provide support.

[ADD] General Waiver Unallowable expenditures (also applies to CDCS)

Goods and services that shall not be purchased within the individual's budget include:

- Services covered by the State plan, Medicare, or other liable third parties including education, home based schooling, and vocational services
- Expenses for travel, lodging, or meals related to training the individual or his/her representative or paid or unpaid caregivers
- Services, goods or supports provided to or directly benefiting persons other than the individual
[END ADD]

Allowable Expenditures: Consumer directed community supports may include traditional goods and services provided by the waiver as well as alternatives that support participants. There are four general categories of services which may be billed:

- Personal Assistance
- Treatment and training
- Environmental modifications and provisions
- Self direction support activities

Additionally, the following goods and services that may also be included in the participant's budget as long as they meet the criteria and fit into the above categories:

- Goods and services that augment State plan services or provide alternatives to waiver or state plan services
- Therapies, special diets, [ADD] thickening agents, [END ADD] and behavioral supports not otherwise available through the State plan that mitigate the participant's disability when prescribed by a physician who is enrolled as a MCPC provider
- Expenses related to the development and implementation of the community support plan. [ADD] Services included in the community support plan must be necessary to meet a need identified in the participant's assessment and must be related to the participant's disability and/or condition [END ADD]
- FSE cost incurred to manage the participant's budget
- [ADD] Maintenance to vehicle modifications (i.e. wheelchair lift)
- Costs related to internet access based on criteria established by the state [END ADD]

The cost of the CDCS services must be within the participant's individual budget. See Appendix E.

Unallowable Expenditures. Goods and services that shall not be purchased within the participant's budget are:

- ~~[DELETE]–Services provided to people living in licensed foster care settings, settings licensed by DHS or MDH, or registered as a housing with services establishment;~~

- ~~Services covered by the State plan, Medicare, or other liable third parties including education, home-based schooling, and vocational services;~~
- ~~Services, goods or supports provided to or benefiting persons other than the participant enrollee; [END DELETE]~~
- Any fees incurred by the participant such as MCPC fees and co-pays;
- Attorney costs or costs related to advocate agencies [DELETE] ~~with the exception of services provided as flexible case management; [END DELETE]~~
- Insurance except for insurance costs related to [ADD] direct support worker [END ADD] employee coverage;
- Room and board and personal items [DELETE] ~~that are not related to the disability; [END DELETE]~~
- Home modifications that adds any square footage [ADD] with the exception of an accessible bathroom. The lead agency can seek state approval to increase the square footage of a home when the increase is necessary to build or modify a wheelchair accessible bathroom. (See Environmental Accessibility Adaptations). [END ADD]
- Home modifications for a residence other than the primary residence of the participant or, in the event of a minor with parents not living together, the primary residences of the parents;
- [DELETE] ~~Expenses for travel, lodging, or meals related to training the participant or his/her representative or paid or unpaid caregivers; [END DELETE]~~
- Services provided to or by participants, representatives, providers or caregivers that have at any time been assigned to the [DELETE] ~~Primary Care Utilization and Review Program~~ [END DELETE] [ADD] Minnesota Restricted Recipient Program [END ADD]
- Experimental treatments;
- All prescription and over-the-counter medications, compounds, and solutions, and related fees including
- premiums and co-payments;
- Membership dues or costs except [ADD] those [END ADD] [DELETE] ~~as specified in Appendix C, in the service description and provider standards~~ [END DELETE] related to fitness or physical exercise [ADD] as specified in the support plan [END ADD]
- Vacation expenses other than the cost of direct services;
- [ADD] General V-vehicle [END ADD] maintenance, [DELETE] ~~does not include maintenance to; modifications related to the disability; [END DELETE]~~
- Tickets and related costs to attend sporting or other recreational events;
- Animals, including service animals, and their related costs;
- [DELETE] ~~Costs related to internet access. [END DELETE]~~

Provider Category Provider Type Title
Agency Fiscal Support Entities (FE s)

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Consumer Directed Community Supports: Personal Assistance, Treatment and training, Environmental modifications and provisions and Self direction support activities

Provider Category:

Provider Type:

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (*specify*):

Agency

Fiscal Support Entities (FEs)

CDCS direct care workers and other people or entities providing supports are selected by the participant. People or entities providing goods or services covered by CDCS must bill through the fiscal support entity (FE). The FE must have a written agreement with the person or entity providing goods or services, or the participant may submit an invoice from the person or entity providing goods and services and to the FE for payment.

Providers may not be paid with CDCS funds if they have had state or county agency contracts or provider agreements discontinued due to fraud or been disqualified under the criminal background check according to the standards in Minnesota Statutes 245C, Department of Human Services Background Studies Act.

People or organizations paid to assist in developing the community support plan (e.g., [DELETE] flexible case managers [END DELETE] [ADD] certified support planners [END ADD]) must not have any direct or indirect financial interest in the delivery of services in that plan. This does not preclude them from payment for their work in providing community support plan development services. This provision does not apply to: spouses, parents of minors, legally responsible representatives, or case managers employed by county agencies. This provision precludes FEs or their representatives from participating in the development of a community support plan for participants who are purchasing FE services from them.

Fiscal Support Entities (FE s) are the CDCS Medicaid enrolled provider for all CDCS services. Counties may enroll as an FE. FE s must provide, at a minimum, payroll assistance and must offer a range of services that allow the participant, to select how much autonomy they want in employing, managing, and paying for services, supports, and goods. The FE may not in any way limit or restrict the participant's choices of services or support providers.

FE s must have a written agreement with the participant or their legal representative that identifies the duties and responsibilities to be performed and the related charges. The FE must provide the participant on a monthly basis, and county of financial responsibility, on a quarterly basis, a written summary of what CDCS services were billed including charges from the FE .

FE s must establish and make public the maximum rate(s) for their services. The rate and scope of FE services is negotiated between the participant or the participant's representative and the FE , and included in the community support plan. FE rates must be on a fee-for-service basis other than a percentage of the participants' service budget, and may not include set up fees or base rates or other similar charges. Maximum FE rates may be established by the state agency. FE s who have any direct or indirect financial interest in the delivery of personal assistance, treatment, training, environmental modifications and provisions provided to the participant must disclose in writing the nature of that relationship, and must not develop the participant's community support plan.

The FE must be knowledgeable of and comply with Internal Revenue Service requirements necessary to: process employer and employee deductions; provide appropriate and timely submission of employer tax liabilities; and maintain documentation to support the MA claims. The FE must have current and adequate liability insurance and bonding, sufficient cash flow, and have on staff or by contract a certified public accountant or an individual with a baccalaureate degree in accounting. The state agency determines if these criteria and the provider standards are met through a written readiness review submitted by the FE. FE providers must the pass the readiness review prior to providing services. A certificate is issued to FE providers that successfully complete the readiness review. Recertification reviews are conducted as determined by the department.

The FE must maintain records to track all CDCS expenditures, including time records of people paid to provide supports and receipts for any goods purchased (i.e., a clear audit trail is required). The records must be maintained for a minimum of five years from the claim date, and available for audit or review upon request. The FE must also receive a copy of the participants' community support plan approved by the county. Claims submitted by the FE must correspond with services, amounts, time frames, etc. as authorized in the community support plan.

Each county must submit to the State a statement addressing their policy of conflict of interest. Section C of the Fiscal Support Entity Recertification Review checklist provides a list of the specific requirements that such policy must contain for the FE to maintain compliance.

Verification of Provider Qualifications:

Entity Responsible for Verification

The state agency determines whether provider standards are met through a written readiness review submitted by the FE.

Frequency of Verification:

Recertification reviews are conducted as determined by the department.

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.

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

Consumer Directed Community Support (CDCS) services provided to adults and minors:

- Relatives, and legal guardians or conservators who are related by blood, marriage or adoption may be paid to provide services to adults and children through the CDCS service under the category of personal assistance.
- [ADD] Relatives of adults may be paid to provide home care nursing
 - when qualified to provide the service;
 - under State Plan home care nursing services (not under the CDCS personal assistance category); and
 - within the CDCS budget. [END ADD]
- Individuals who are not related by blood, marriage, or adoption whose guardianship or conservatorship responsibilities are limited to one participant, or to participants who are siblings may be paid to provide services to adults and children through CDCS under the category of personal assistance.
- Refer to the CDCS service description and provider specifications for the criteria used to determine whether legally responsible individuals may be authorized for this service.

Services and supports provided by a legally responsible individual.

NOTE: All references to “parents” in this section include both biological and adoptive parents.

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) Screening Document.*

* The LTCC 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 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,
 - combination of parent(s) and spouse, or
 - number of children who receive CDCS;
- the parents 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.

[ADD] 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. [END ADD]

Appendix E: Participant Direction of Services

E-1: Overview (3 of 13)

d. Election of Participant Direction. Election of participant direction is subject to the following policy (*select one*):

- Waiver is designed to support only individuals who want to direct their services.
- The waiver is designed to afford every participant (or the participant's representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.
- The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.

Specify the criteria

Participants are not eligible for CDCS if they or their representative have at any time been assigned to the Minnesota Restricted Recipient program. [DELETE] ~~People living in licensed foster care settings, settings licensed by DHS or MDH, or registered as a housing with services establishment with MDH are not eligible for CDCS.~~ [END DELETE] [ADD] CDCS services are not available to waiver participants receiving licensed foster care or home care services while residing in a residential setting licensed by the Department of Human Services (DHS) or the Minnesota Department of Health (MDH) or registered as a housing with services establishment. [END ADD]

4. Tribal Standards

BI, CAC, CADI and DD Waivers

Appendix C-2: Participant Services – General Service Specifications

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

[ADD] Federally recognized [END ADD] tribes [DELETE] ~~that contract with the department as a lead agency~~ [END DELETE] may establish alternative provider qualifications for waiver services in accordance with Minn. Stat., §256B.02 subd. 7, item (c). A tribe that intends to implement standards for credentialing health professionals must submit the standards to the department, along with evidence of meeting, exceeding, or being exempt from corresponding state standards. The department maintains a copy of the standards and supporting evidence to enroll health professionals approved by tribes. [ADD]

If the tribe also requests the ability to obtain a license under the alternative licensing standards, they must establish separation of authority from the tribal licensing agency and the provider agency to mitigate potential conflicts of interests. [END ADD]

5. Adult Day Care Bath

CADI Waiver

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

Service Title:

Adult Day Care Bath

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

[DELETE] This is not a covered service for participants who receive their Medicaid State plan services through a MCO because baths are covered in their managed care benefit. [END DELETE]

6. Transportation

BI Waiver

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

Service Title:

Transportation

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

[DELETE] Transportation is limited to the following rate maximums:

- Commercial mileage: \$1.48 per mile
- Non-commercial mileage: \$0.55 per mile
- One-way trip: \$19.07 per trip [END DELETE]

7. Extended Private Duty Nursing

NOTE: The intention of this amendment is to change the term “private duty nursing” to “home care nursing.” The following may not be inclusive of all changes that need to be made in all four disability waiver plans. Every attempt was made to try to include all changes.

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

CADI Waiver

Service Title:

Extended [DELETE] State Plan Private Duty [END DELETE] [ADD] Home Care [END ADD] Nursing

Service Definition (Scope):

Extended state plan [DELETE] private duty [END DELETE] [ADD] home care [END ADD] nursing ((DELETE) ~~PDN~~ [END DELETE] [ADD] HCN [END ADD]) are [DELETE] ~~PDN~~ [END DELETE] [ADD] HCN [END ADD] services as defined in the state plan except that the limitations on the amount

(the number of units) and duration of the service (the period the service may be authorized) do not apply. The scope of the service is the same as defined in the state plan. To be eligible, the participant must receive and exhaust the state plan [DELETE] ~~PDN~~ [END DELETE] [ADD] HCN [END ADD] benefit for each month that the extended service is authorized.

CAC Waiver

Alternate Service Title (if any):

Caregiver Living Expenses

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; extended personal care assistance; extended [DELETE] ~~private duty~~ [END DELETE] [ADD] home care [END ADD] 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.

Provider Type:

Individuals and agencies that meet the live-in caregiver standards

Other Standard (specify):

The live-in personal caregiver must meet the provider qualifications for the waiver service that they are providing: independent living skills training, extended personal care assistance, extended [DELETE] ~~private duty~~ [END DELETE] [ADD] home care [END ADD] nursing, or consumer directed community supports. Refer to the qualifications for each of these services.

BI, CAC Waiver

Service Title:

Extended Private Duty Nursing Services

Service Definition (Scope):

Extended state plan [DELETE] ~~private duty~~ [END DELETE] [ADD] home care [END ADD] nursing ([DELETE] ~~PDN~~ [END DELETE] [ADD] HCN [END ADD]) are [DELETE] ~~PDN~~ [END DELETE] [ADD] HCN [END ADD] services as defined in the state plan except that the limitations on the amount (the number of units) and duration of the service (the period the service may be authorized) do not apply. The scope of the service is the same as defined in the state plan. To be eligible, the participant must receive and exhaust the state plan [DELETE] ~~PDN~~ [END DELETE] [ADD] HCN [END ADD] benefit for each month that the extended service is authorized.

Provider Type:

Home health agencies.

Provider Qualifications

License (specify):

Must be licensed as a class A home care provider.

Certificate (specify):

Medicare certification

Other Standard (specify):

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

Nurses who provide [DELETE] ~~PDN~~ [END DELETE] [ADD] HCN [END ADD] services as an employee of a home health agency must have a valid license to practice in Minnesota.

Verification of Provider Qualifications

Entity Responsible for Verification:

Minnesota Department of Health.

Frequency of Verification:

Every one to three years.

Appendix C-2: Participant Services – General Service Specifications

a. Criminal History and/or Background Investigations. Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

No. Criminal history and/or background investigations are not required.

Yes. Criminal history and/or background investigations are required.

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:

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

e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians. Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

The State does not make payment to relatives/legal guardians for furnishing waiver services.

The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

[DELETE] ~~Private duty~~ [END DELETE] [ADD] Home care [END ADD] 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.

The spouse, non-paid legal guardian, family foster parent or parent of a minor must be a nurse licensed in Minnesota and pass a criminal background study in accordance with Minnesota Statutes, Chapter 245C. Individuals must have a current RN or LPN license with the State of Minnesota and be employed by a home health care agency. The service cannot be used in lieu of nursing services covered under and available through liable third-party payers nor does it negate the individual's responsibilities as a primary caregiver or to provide emergency backup without payment.

The number of hours shall not exceed 50 percent of the total approved nursing hours, or eight hours per day, whichever is less, up to a maximum of 40 hours per week. The service shall not be covered if the home health agency, the case manager, or the physician determines that the [DELETE] ~~private duty~~ [END DELETE] [ADD] home care [END ADD] nursing care provided by the spouse, legal guardian, or parent of a minor is unsafe.

Waiver services, other than CDCS and [DELETE] ~~private duty~~ [END DELETE] [ADD] home care [END ADD] nursing, provided to adults Legal guardians and conservators may be paid to provide waiver services to adults only if they meet all of the following criteria. The service must be included in the participant's community support plan and the guardian or conservator must:

- Be related by blood, marriage, or adoption, or if not related by blood, marriage, or adoption, be the guardian or conservator for only one participant or more than one participant if they are siblings;
- Not be otherwise responsible to provide the care or service;
- Be qualified to provide the service;
- Be employed by a provider to furnish the service;
- Not be an enrolled MA provider for the service being rendered.

8. Environmental Accessibility Adaptations

BI, CAC, CADI and DD

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

Environmental accessibility adaptations excludes adaptations or improvements to the home that add to the total square footage of the home or that are not of direct and specific benefit to the participant due to his/her disability, such as carpeting, roof repair, central air conditioning, kitchen and laundry appliances, swimming pools, etc.

[ADD] For new construction or unfinished rooms in existing homes, the waiver will only pay for the additional costs directly related to the person's disability needs and not the typical costs related to building or finishing a room. [END ADD]

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 ~~[DELETE] be accredited through the National Equipment Dealer Association's Quality Assurance Program.~~ [END DELETE] [ADD]:

- 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 [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 ~~[DELETE] be accredited through the National Equipment Dealer Association's Quality Assurance Program.~~ [END DELETE] [ADD]:

- 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 [END ADD]