

1.1 Senator moves to amend S.F. No. 3694 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2019 Supplement, section 256B.0911, subdivision 3a, is
1.4 amended to read:

1.5 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
1.6 planning, or other assistance intended to support community-based living, including persons
1.7 who need assessment in order to determine waiver or alternative care program eligibility,
1.8 must be visited by a long-term care consultation team within 20 calendar days after the date
1.9 on which an assessment was requested or recommended. Upon statewide implementation
1.10 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
1.11 requesting personal care assistance services. The commissioner shall provide at least a
1.12 90-day notice to lead agencies prior to the effective date of this requirement. Face-to-face
1.13 assessments must be conducted according to paragraphs (b) to (i).

1.14 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified
1.15 assessors to conduct the assessment. For a person with complex health care needs, a public
1.16 health or registered nurse from the team must be consulted.

1.17 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
1.18 be used to complete a comprehensive, conversation-based, person-centered assessment.
1.19 The assessment must include the health, psychological, functional, environmental, and
1.20 social needs of the individual necessary to develop a community support plan that meets
1.21 the individual's needs and preferences.

1.22 (d) The assessment must be conducted in a face-to-face conversational interview with
1.23 the person being assessed. The person's legal representative must provide input during the
1.24 assessment process and may do so remotely if requested. At the request of the person, other
1.25 individuals may participate in the assessment to provide information on the needs, strengths,
1.26 and preferences of the person necessary to develop a community support plan that ensures
1.27 the person's health and safety. Except for legal representatives or family members invited
1.28 by the person, persons participating in the assessment may not be a provider of service or
1.29 have any financial interest in the provision of services. For persons who are to be assessed
1.30 for elderly waiver customized living or adult day services under chapter 256S, with the
1.31 permission of the person being assessed or the person's designated or legal representative,
1.32 the client's current or proposed provider of services may submit a copy of the provider's
1.33 nursing assessment or written report outlining its recommendations regarding the client's
1.34 care needs. The person conducting the assessment must notify the provider of the date by

2.1 which this information is to be submitted. This information shall be provided to the person
2.2 conducting the assessment prior to the assessment. For a person who is to be assessed for
2.3 waiver services under section 256B.092 or 256B.49, with the permission of the person being
2.4 assessed or the person's designated legal representative, the person's current provider of
2.5 services may submit a written report outlining recommendations regarding the person's care
2.6 needs the person completed in consultation with someone who is known to the person and
2.7 has interaction with the person on a regular basis. The provider must submit the report at
2.8 least 60 days before the end of the person's current service agreement. The certified assessor
2.9 must consider the content of the submitted report prior to finalizing the person's assessment
2.10 or reassessment.

2.11 (e) The certified assessor and the individual responsible for developing the coordinated
2.12 service and support plan must complete the community support plan and the coordinated
2.13 service and support plan no more than 60 calendar days from the assessment visit. The
2.14 person or the person's legal representative must be provided with a written community
2.15 support plan within the timelines established by the commissioner, regardless of whether
2.16 the person is eligible for Minnesota health care programs.

2.17 (f) For a person being assessed for elderly waiver services under chapter 256S, a provider
2.18 who submitted information under paragraph (d) shall receive the final written community
2.19 support plan when available and the Residential Services Workbook.

2.20 (g) The written community support plan must include:

2.21 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

2.22 (2) the individual's options and choices to meet identified needs, including all available
2.23 options for case management services and providers, including service provided in a
2.24 non-disability-specific setting;

2.25 (3) identification of health and safety risks and how those risks will be addressed,
2.26 including personal risk management strategies;

2.27 (4) referral information; and

2.28 (5) informal caregiver supports, if applicable.

2.29 For a person determined eligible for state plan home care under subdivision 1a, paragraph
2.30 (b), clause (1), the person or person's representative must also receive a copy of the home
2.31 care service plan developed by the certified assessor.

2.32 (h) A person may request assistance in identifying community supports without
2.33 participating in a complete assessment. Upon a request for assistance identifying community

3.1 support, the person must be transferred or referred to long-term care options counseling
3.2 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
3.3 telephone assistance and follow up.

3.4 (i) The person has the right to make the final decision between institutional placement
3.5 and community placement after the recommendations have been provided, except as provided
3.6 in section 256.975, subdivision 7a, paragraph (d).

3.7 (j) The lead agency must give the person receiving assessment or support planning, or
3.8 the person's legal representative, materials, and forms supplied by the commissioner
3.9 containing the following information:

3.10 (1) written recommendations for community-based services and consumer-directed
3.11 options;

3.12 (2) documentation that the most cost-effective alternatives available were offered to the
3.13 individual. For purposes of this clause, "cost-effective" means community services and
3.14 living arrangements that cost the same as or less than institutional care. For an individual
3.15 found to meet eligibility criteria for home and community-based service programs under
3.16 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally
3.17 approved waiver plan for each program;

3.18 (3) the need for and purpose of preadmission screening conducted by long-term care
3.19 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
3.20 nursing facility placement. If the individual selects nursing facility placement, the lead
3.21 agency shall forward information needed to complete the level of care determinations and
3.22 screening for developmental disability and mental illness collected during the assessment
3.23 to the long-term care options counselor using forms provided by the commissioner;

3.24 (4) the role of long-term care consultation assessment and support planning in eligibility
3.25 determination for waiver and alternative care programs, and state plan home care, case
3.26 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
3.27 and (b);

3.28 (5) information about Minnesota health care programs;

3.29 (6) the person's freedom to accept or reject the recommendations of the team;

3.30 (7) the person's right to confidentiality under the Minnesota Government Data Practices
3.31 Act, chapter 13;

3.32 (8) the certified assessor's decision regarding the person's need for institutional level of
3.33 care as determined under criteria established in subdivision 4e and the certified assessor's

4.1 decision regarding eligibility for all services and programs as defined in subdivision 1a,
4.2 paragraphs (a), clause (6), and (b); and

4.3 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
4.4 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
4.5 (8), and (b), and incorporating the decision regarding the need for institutional level of care
4.6 or the lead agency's final decisions regarding public programs eligibility according to section
4.7 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
4.8 to the person and must visually point out where in the document the right to appeal is stated.

4.9 (k) Face-to-face assessment completed as part of eligibility determination for the
4.10 alternative care, elderly waiver, developmental disabilities, community access for disability
4.11 inclusion, community alternative care, and brain injury waiver programs under chapter 256S
4.12 and sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for
4.13 no more than 60 calendar days after the date of assessment.

4.14 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
4.15 to the date of assessment. If an assessment was completed more than 60 days before the
4.16 effective waiver or alternative care program eligibility start date, assessment and support
4.17 plan information must be updated and documented in the department's Medicaid Management
4.18 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
4.19 state plan services, the effective date of eligibility for programs included in paragraph (k)
4.20 cannot be prior to the date the most recent updated assessment is completed.

4.21 (m) If an eligibility update is completed within 90 days of the previous face-to-face
4.22 assessment and documented in the department's Medicaid Management Information System
4.23 (MMIS), the effective date of eligibility for programs included in paragraph (k) is the date
4.24 of the previous face-to-face assessment when all other eligibility requirements are met.

4.25 (n) At the time of reassessment, the certified assessor shall assess each person receiving
4.26 waiver services currently residing in a community residential setting, or licensed adult foster
4.27 care home that is not the primary residence of the license holder, or in which the license
4.28 holder is not the primary caregiver, to determine if that person would prefer to be served in
4.29 a community-living setting as defined in section 256B.49, subdivision 23. The certified
4.30 assessor shall offer the person, through a person-centered planning process, the option to
4.31 receive alternative housing and service options.

5.1 Sec. 2. **TEFRA PARENTAL CONTRIBUTION PAYMENTS PROHIBITED DURING**
5.2 **COVID-19 PEACETIME EMERGENCY.**

5.3 The Department of Human Services and local agencies shall not require parental
5.4 contribution payments under Minnesota Statutes, section 252.27, subdivision 2a, during the
5.5 peacetime emergency declared by the governor in an executive order that relates to the
5.6 infectious disease known as COVID-19. Parental contribution payments collected after
5.7 March 13, 2020, shall be refunded. Parental contribution payments may resume the first
5.8 full month following expiration of the peacetime emergency. The amount of the parental
5.9 contribution shall be redetermined according to Minnesota Statutes, section 252.27,
5.10 subdivision 2a, for households that reported a reduction in income of greater than ten percent
5.11 during the peacetime emergency.

5.12 **EFFECTIVE DATE.** This section is effective the day following final enactment, and
5.13 expires 30 days following expiration of the peacetime emergency declared by the governor
5.14 in an executive order that relates to the infectious disease known as COVID-19.

5.15 Sec. 3. **TEMPORARY DIRECT ELECTRONIC BILLING FOR ASSISTED**
5.16 **NONEMERGENCY MEDICAL TRANSPORTATION.**

5.17 Notwithstanding Minnesota Statutes, section 256B.0625, subdivision 17, paragraphs
5.18 (e), (j), and (l), the commissioner of human services shall permit nonemergency medical
5.19 transportation providers that are registered with MN-ITS to submit claims directly to the
5.20 commissioner through MN-ITS for adjudication of and payment for assisted transport as
5.21 defined in paragraph (i), clause (4). This section expires January 31, 2021, or 60 days after
5.22 expiration of the peacetime emergency declared by the governor in an executive order that
5.23 relates to the infectious disease known as COVID-19, whichever is earlier.

5.24 **EFFECTIVE DATE.** This section is effective the day following final enactment.

5.25 Sec. 4. **APPROPRIATION; NONEMERGENCY MEDICAL TRANSPORTATION**
5.26 **TEMPORARY RATE INCREASE.**

5.27 Subdivision 1. **Appropriation.** \$..... is appropriated in fiscal year 2020 from the general
5.28 fund to the commissioner of human services for temporary nonemergency medical
5.29 transportation rate increases for all modes of transportation except client reimbursement;
5.30 volunteer transport; and unassisted transport provided by a taxicab or public transit. This
5.31 is a onetime appropriation and is available until the expiration of this section.

6.1 Subd. 2. **Temporary rates.** Notwithstanding Minnesota Statutes, section 256B.0625,
6.2 subdivision 17, paragraph (m), clauses (3) to (7), the temporary medical assistance
6.3 reimbursement rates for nonemergency medical transportation services that are payable by
6.4 or on behalf of the commissioner for nonemergency medical transportation services are:

6.5 (1) \$16.50 for the base rate and \$1.95 per mile for unassisted transport when provided
6.6 by a nonemergency medical transportation provider;

6.7 (2) \$19.50 for the base rate and \$1.95 per mile for assisted transport;

6.8 (3) \$27 for the base rate and \$2.33 per mile for lift-equipped/ramp transport;

6.9 (4) \$112.50 for the base rate and \$3.60 per mile for protected transport; and

6.10 (5) \$90 for the base rate and \$3.60 per mile for stretcher transport, and \$13.50 per trip
6.11 for an additional attendant if deemed medically necessary.

6.12 These temporary rates shall remain in effect until the expiration of this section.

6.13 Subd. 3. **Capitation rates.** To implement the temporary rates under this section, the
6.14 commissioner shall temporarily increase capitation rates paid to managed care plans and
6.15 county-based purchasing plans to reflect the increase in the nonemergency medical
6.16 transportation rates described in this section.

6.17 Subd. 4. **Reports on pass-through of capitation rate increases.** Prior to, each
6.18 managed care plan and each county-based purchasing plan that received a capitation rate
6.19 increase under this section must submit documentation to the commissioner of human
6.20 services describing:

6.21 (1) whether or not the entire value of the rate increase for nonemergency medical
6.22 transportation was passed-through to providers; and

6.23 (2) any process or procedures the plan implemented to amend provider network contracts.

6.24 Subd. 5. **Expiration.** Subdivisions 1 to 3 expire January 31, 2021, or 60 days after
6.25 expiration of the peacetime emergency declared by the governor in an executive order that
6.26 relates to the infectious disease known as COVID-19, whichever is earlier.

6.27 **EFFECTIVE DATE.** This section is effective the day following final enactment and
6.28 applies retroactively to nonemergency medical transportation provided on or after March
6.29 16, 2020.

7.1 **Sec. 5. APPROPRIATION; DELIVERY OF NECESSARY FOOD, SUPPLIES, AND**
7.2 **MEDICATION BY NONEMERGENCY MEDICAL TRANSPORTATION**
7.3 **PROVIDERS.**

7.4 Subdivision 1. **Appropriation.** \$..... is appropriated in fiscal year 2020 from the general
7.5 fund to the commissioner of human services for payments to nonemergency medical
7.6 transportation providers to deliver necessary food, supplies, and medication to medical
7.7 assistance enrollees and to provide other services as determined necessary by lead agencies
7.8 to respond to the COVID-19 pandemic.

7.9 Subd. 2. **Rates.** The commissioner of human services shall reimburse nonemergency
7.10 medical transportation providers for eligible services provided under this section at a rate
7.11 equal to the rate specified in Minnesota Statutes, section 256B.0625, subdivision 17,
7.12 paragraph (m), clause (3), for unassisted transport when provided by a nonemergency
7.13 medical transportation provider, but not to exceed \$25.

7.14 Subd. 3. **Eligible services.** The following services provided by nonemergency medical
7.15 transportation providers to medical assistance enrollees are eligible for reimbursement under
7.16 this section:

7.17 (1) delivery of food and supplies from food banks and food shelves;

7.18 (2) delivery of a client's prescription drugs from a pharmacy;

7.19 (3) delivery of necessary medical supplies; and

7.20 (4) other similar transportation services deemed necessary by lead agencies to respond
7.21 to the COVID-19 pandemic.

7.22 Subd. 4. **Provider requirements.** Nonemergency medical transportation providers that
7.23 are reimbursed under this section for eligible services must comply with the provisions of
7.24 Minnesota Statutes, section 256B.0625, subdivisions 17 to 17b, that would otherwise apply
7.25 if the provider were providing unassisted transport to a client.

7.26 Subd. 5. **Expiration.** This section expires January 1, 2021, or 60 days after expiration
7.27 of the peacetime emergency declared by the governor in an executive order that relates to
7.28 the infectious disease known as COVID-19, whichever is earlier.

7.29 **EFFECTIVE DATE.** This section is effective the day following final enactment.

8.1 Sec. 6. **APPROPRIATION; COVID-19-RELATED RETAINER PAYMENTS FOR**
8.2 **DISABILITY SERVICES.**

8.3 Subdivision 1. **Appropriation.** \$..... is appropriated in fiscal year 2020 from the general
8.4 fund to the commissioner of human services for retainer payments to providers of eligible
8.5 disability services to help ensure the continuity of the disability services infrastructure and
8.6 prevent its failure during or following the COVID-19 pandemic. This is a onetime
8.7 appropriation and is available until January 31, 2021, or until the expiration of subdivision
8.8 3, whichever occurs earlier. Any unobligated or unexpended amounts cancel on January
8.9 31, 2021, or upon the expiration of subdivision 3, whichever occurs earlier.

8.10 Subd. 2. **Eligible services.** Providers of the following services are eligible for retainer
8.11 payments under this section:

8.12 (1) adult day services, day training and habilitation, day support services, prevocational
8.13 services, and structured day services provided by the home and community-based waiver
8.14 programs under Minnesota Statutes, sections 256B.092 and 256B.49, and Minnesota Statutes,
8.15 chapter 256S;

8.16 (2) employment exploration services, employment development services, and employment
8.17 support services provided by the home and community-based waiver programs under
8.18 Minnesota Statutes, sections 256B.092 and 256B.49;

8.19 (3) children's therapeutic supports and services under Minnesota Statutes, section
8.20 256B.0943; and

8.21 (4) early intensive developmental and behavioral intervention under Minnesota Statutes,
8.22 section 256B.0949.

8.23 Subd. 3. **Retainer payments.** Effective March 16, 2020, the commissioner of human
8.24 services shall pay providers a daily retainer payment equal to 50 percent of the daily average
8.25 medical assistance revenue the provider received for eligible services during January 2020.
8.26 Effective April 27, 2020, the commissioner of human services shall reduce retainer payments:

8.27 (1) by 33 percent for providers who, with the permission of the commissioner, deliver
8.28 eligible services according to the temporary service delivery standards developed by the
8.29 commissioner under subdivision 8; and

8.30 (2) by 66 percent for those providers who do not.

8.31 Subd. 4. **Payments for services provided.** Providers may continue to bill for services
8.32 provided while this section is effective, including for services provided according to the
8.33 temporary service delivery standards developed by the commissioner under subdivision 8.

9.1 Subd. 5. Condition of accepting retainer payments. (a) As a condition of accepting
9.2 retainer payments under this section, an eligible disability service provider must agree in
9.3 writing to:

9.4 (1) cooperate with the commissioner of human services to deliver services according to
9.5 the temporary service delivery standards developed by the commissioner under subdivision
9.6 8;

9.7 (2) notify the commissioner of human services of any additional federal, state, or
9.8 philanthropic COVID-19-related funding, including other COVID-19-related state or federal
9.9 grants or small business loans;

9.10 (3) repay retainer payments from any COVID-19-related federal, state, or philanthropic
9.11 funding, including other COVID-19-related state or federal grants or small business loans
9.12 as required under subdivision 6;

9.13 (4) acknowledge that retainer payments may be subject to recoupment if a state audit
9.14 determines that the provider received additional emergency funding; and

9.15 (5) acknowledge that retainer payments may be subject to recoupment if a state audit
9.16 determines that inappropriate billing or duplicate payments for services occurred.

9.17 Subd. 6. Assistance from other source. If a provider receives any additional emergency
9.18 federal, state, or philanthropic funding after receiving retainer payments under this section,
9.19 the eligible provider must notify the commissioner of human services of the amount received.
9.20 From the additional COVID-19-related federal, state, or philanthropic funds received, the
9.21 provider must reimburse the commissioner for the retainer payments the provider received
9.22 under this section in an amount equal to either the aggregate amount of retainer payments
9.23 received or the aggregate amount of the additional emergency federal, state, or philanthropic
9.24 funding received, whichever is less. The state share of all money paid to the commissioner
9.25 under this subdivision must be deposited in the general fund.

9.26 Subd. 7. Recoupment. If the commissioner determines that the provider received
9.27 additional emergency federal, state, or philanthropic funding after receiving retainer payments
9.28 under this section, and the provider fails to reimburse the commissioner as required under
9.29 subdivision 6, the commissioner shall treat any amount not reimbursed as required under
9.30 subdivision 6 as an overpayment and recover the overpayment under Minnesota Statutes,
9.31 section 256B.0641.

9.32 Subd. 8. Temporary alternative service standards. The commissioner of human
9.33 services shall modify existing service delivery and standards related to the scope and service

10.1 delivery location for services identified in subdivision 2 to promote service provision during
10.2 the time that subdivision 3 is effective.

10.3 Subd. 9. **Spending provisions suspended.** The spending provisions under Minnesota
10.4 Statutes, sections 256B.0916, subdivisions 11 and 12; and 256B.49, subdivisions 26 and
10.5 27, are suspended for any spending attributable to retainer payments under this section.

10.6 Subd. 10. **Source of payment.** The commissioner shall pay costs under this section
10.7 using money appropriated for medical assistance and shall seek federal cost sharing to the
10.8 extent permitted under the Medicaid waivers granted by the federal Centers for Medicare
10.9 and Medicaid Services.

10.10 Subd. 11. **Federal waivers.** The commissioner of human services shall seek approval
10.11 of all appropriate federal waivers and waiver plan amendments to maximize federal financial
10.12 participation in both retainer payments made under this section, including federal financial
10.13 participation in retroactive payments, and reimbursement rates for services provided
10.14 according to the alternative service delivery standards developed by the commissioner under
10.15 subdivision 8.

10.16 Subd. 12. **Expiration.** Subdivision 3 expires January 31, 2021, or 60 days after expiration
10.17 of the peacetime emergency declared by the governor in an executive order that relates to
10.18 the infectious disease known as COVID-19, whichever occurs earlier.

10.19 **EFFECTIVE DATE.** This section is effective retroactively from March 16, 2020.

10.20 Sec. 7. **APPROPRIATION; PERSONAL CARE ASSISTANCE TEMPORARY**
10.21 **RATE INCREASE.**

10.22 (a) \$..... is appropriated in fiscal year 2020 from the general fund to the commissioner
10.23 of human services for a 15 percent temporary increase in the rates and enhanced rates for
10.24 the personal care assistance program under Minnesota Statutes, section 256B.0659, to
10.25 respond to the infectious disease known as COVID-19. Providers that receive a rate increase
10.26 under this section must use at least 80 percent of the additional revenue to increase wages
10.27 and salaries for personal care assistants, and any corresponding increase in the employer's
10.28 share of FICA taxes, Medicare taxes, state and federal unemployment taxes, and workers'
10.29 compensation premiums; and any remainder of the additional revenue for activities and
10.30 items necessary to support compliance with Centers for Disease Control and Prevention
10.31 guidance on sanitation and personal protective equipment.

11.1 (b) To implement the rate increase under this section, the commissioner shall temporarily
11.2 increase capitation rates paid to managed care plans and county-based purchasing plans to
11.3 reflect a 15 percent rate increase for personal care assistance services.

11.4 (c) Lead agencies shall temporarily increase the budget for each recipient of
11.5 consumer-directed community supports to reflect a 15 percent rate increase for personal
11.6 care assistance services.

11.7 (d) Lead agencies shall temporarily increase the maximum allowable monthly grant
11.8 level for each recipient of consumer support grants to reflect a 15 percent rate increase for
11.9 personal care assistance services.

11.10 (e) The commissioner shall apply for any federal waivers or other federal approval
11.11 necessary to implement this section.

11.12 (f) Prior to, each managed care plan and each county-based purchasing plan that
11.13 received a capitation rate increase under this section must submit documentation to the
11.14 commissioner of human services describing:

11.15 (1) whether or not the entire 15 percent temporary rate increase for personal care
11.16 assistance services was passed-through to the personal care assistance provider agencies
11.17 and individual providers providing personal care assistance services or providing services
11.18 purchased through consumer support grants or consumer-directed community supports to
11.19 the plan's enrollees; and

11.20 (2) any processes or procedures the plan implemented to amend provider network
11.21 contracts.

11.22 (g) Personal care assistance agencies and individual providers must maintain
11.23 documentation demonstrating increased funding was used for needs related to COVID-19
11.24 for the time period from March 13, 2020, through the expiration date of this section.

11.25 (h) This is a onetime appropriation and is available until February 1, 2021, or until 60
11.26 days after expiration of the peacetime emergency declared by the governor in an executive
11.27 order that relates to the infectious disease known as COVID-19, whichever is earlier.

11.28 **EFFECTIVE DATE.** This section is effective the day following final enactment or
11.29 upon federal approval, whichever is later, and applies retroactively to personal care assistance
11.30 services provided on or after March 13, 2020. The commissioner of human services shall
11.31 notify the revisor of statutes when federal approval is obtained.

12.1 **Sec. 8. APPROPRIATION; HOME AND COMMUNITY-BASED SERVICES**

12.2 **TEMPORARY RATE INCREASE.**

12.3 (a) \$..... is appropriated in fiscal year 2020 from the general fund to the commissioner
12.4 of human services to respond to the infectious disease known as COVID-19 by temporarily
12.5 increasing by 15 percent the rates for: (1) customized living, 24-hour customized living,
12.6 and other residential services provided by the home and community-based waiver programs
12.7 under Minnesota Statutes, sections 256B.092, 256B.093, 256B.49, and chapter 256S; and
12.8 (2) day program and employment services provided by the home and community-based
12.9 waiver programs under Minnesota Statutes, sections 256B.092 and 256B.49. Providers that
12.10 receive a rate increase under this section must use at least 80 percent of the additional
12.11 revenue to increase wages and salaries of direct-care staff, and any corresponding increase
12.12 in the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
12.13 taxes, and workers' compensation premiums; and any remainder of the additional revenue
12.14 for activities and items necessary to support compliance with Centers for Disease Control
12.15 and Prevention guidance on sanitation and personal protective equipment.

12.16 (b) To implement the rate increase under this section, the commissioner shall temporarily
12.17 increase capitation rates paid to managed care plans and county-based purchasing plans to
12.18 reflect a 15 percent rate increase for those services described in paragraph (a) that are
12.19 provided under a managed care contract.

12.20 (c) Lead agencies shall temporarily increase the budget for each recipient of
12.21 consumer-directed community supports to reflect a 15 percent rate increase for those services
12.22 described in paragraph (a) that are purchased with waiver funds.

12.23 (d) Lead agencies shall temporarily increase the maximum allowable monthly grant
12.24 levels for each recipient of a consumer support grant to reflect a 15 percent rate increase
12.25 for those services described in paragraph (a) that are purchased with the grant.

12.26 (e) The commissioner shall apply for any federal waivers or other federal approval
12.27 necessary to implement this section.

12.28 (f) Providers must maintain documentation demonstrating increased funding was used
12.29 for needs related to COVID-19 for the time period from March 13, 2020, through the
12.30 expiration date of this section.

12.31 (g) This is a onetime appropriation and is available until February 1, 2021, or until 60
12.32 days after expiration of the peacetime emergency declared by the governor in an executive
12.33 order that relates to the infectious disease known as COVID-19, whichever is earlier.

13.1 **EFFECTIVE DATE.** This section is effective the day following final enactment or
13.2 upon federal approval, whichever is later, and applies retroactively to services provided on
13.3 or after March 13, 2020. The commissioner of human services shall notify the revisor of
13.4 statutes when federal approval is obtained."

13.5 Delete the title and insert:

13.6 "A bill for an act
13.7 relating to human services; restoring a requirement for notice to lead agencies
13.8 when MnCHOICES assessments are required for personal care assistance services;
13.9 establishing temporary retainer payments for certain disability services providers;
13.10 temporarily prohibiting TEFRA parental fees; temporarily increasing rates for
13.11 personal care assistance services; temporarily increasing rates for certain services
13.12 provided under the home and community-based services waivers; temporarily
13.13 permitting direct electronic billing of certain nonemergency medical transportation
13.14 services; temporarily increasing rates for certain nonemergency medical
13.15 transportation services; permitting reimbursement to nonemergency medical
13.16 transportation providers for alternative transportation services; appropriating
13.17 money; amending Minnesota Statutes 2019 Supplement, section 256B.0911,
13.18 subdivision 3a."