Community First Services and Supports Recommendations

Continuing Care Administration
Disability Services Division
February 2014

Legislative Report

Minnesota Department of Human Services

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Table of Contents

I. Legislation

Laws of Minnesota 2013, Chapter 108, Article 7, Section 49, subdivision 21:

Subd. 21. **Development and Implementation Council.** The commissioner shall establish a Development and Implementation Council of which the majority of members are individuals with disabilities, elderly individuals, and their representatives. The commissioner shall consult and collaborate with the council when developing and implementing this section for at least the first five years of operation. The commissioner, in consultation with the council, shall provide recommendations on how to improve the quality and integrity of CFSS, reduce the paper documentation required in subdivisions 10, 12, and 15, make use of electronic means of documentation and online reporting in order to reduce administrative costs and improve training to the legislative chairs of the health and human services policy and finance committees by February 1, 2014.

II. Introduction

The 2011 Minnesota Legislature directed the Department of Human Services (DHS) to reform Medical Assistance. To carry out this mandate, DHS is developing sustainable Home and Community-Based Services to support Minnesotans into the future and Long-Term Services and Supports designed to assist people according to their goals and their priorities. The goals of Home and Community Based redesign, called Reform 2020, include:

- Better outcomes
- Right service at the right time
- Ensuring the sustainability of long-term services and supports

Additional information regarding Reform 2020 is available on the DHS website. Part of the reform project includes the development of a new service - Community First Services and Supports (CFSS). This new program will replace the current Personal Care Assistance (PCA) program.

The 2013 Minnesota Legislature passed legislation to establish Community First Services and Supports (Minnesota Statutes §256B.85). Community First Services and Supports allows participants more choice and control over their services. Like PCA, Community First Services and Supports will allow participants to have support in activities of daily living, instrumental activities of daily living, and complex health-related needs. However, Community First Services and Supports also includes assisting the participant to acquire, maintain, or enhance the skills necessary to accomplish activities of daily living, instrumental activities of daily living, or health-related tasks; purchasing goods that replace the need for human assistance or increase the participant's independence; and paying for services and items necessary for transitioning from an institution. In Community First Services and Supports, participants will have a range of control over their services based on their choices. This includes the opportunity to either be the employer of their own support workers supported by an agent for Financial Management Services or to receive their services through a traditional agency provider who employs their support workers.

The 2013 Community First Services and Supports legislation requires DHS to develop recommendations, with the Development and Implementation Council, on several specific areas within the legislation. This report details discussions regarding and recommendations for:

- improving the quality and integrity of Community First Services and Supports;
- reducing the paper documentation required in subdivisions 10, 12, and 15; and
- making use of electronic means of documentation and online reporting in order to reduce administrative costs and improve training.

This report is submitted to the Minnesota Legislature pursuant to Laws of Minnesota 2013, Chapter 108, Article 7, Section 49, Subd. 21 (Minnesota Statutes §256B.85, subd. 21).

In preparing this report, the Department of Human Services, Continuing Care Administration met with the Community First Services and Supports Development and Implementation Council.

The Council is made up of a majority of individuals with disabilities, older adults, and their representatives. Other members of the Council include representatives from managed care organizations, provider agency representatives, advocates, county representatives and other interested parties. A list of these individuals can be found in Appendix A. This council is a requirement of the federal regulations under which Community First Services and Supports will operate (42 CFR Part 441.575). In addition several sub-committees of the Council were created to assist in the development of Community First Services and Supports. The DHS Office of Inspector General also participated in these meetings. These added perspectives enhance the Department of Human Services' ability to create a program that increases participant choice and control and program integrity.

III. Community First Services and Supports & PCA Policy Background

The Personal Care Assistance (PCA) program has been in existence in the State of Minnesota for over 40 years and was initially developed as a program for adults with physical disabilities who could direct their own care. The program has grown to add new populations and now serves persons of all ages and disabilities. Over time, new perspectives and policy directions have emerged at the state and federal levels. Most recently, the passage of the Affordable Care Act allowed for the development of more flexible, self-directed state plan services to assist people with disabilities and the elderly in remaining in their homes and participating in their community. Through Reform 2020, the State is interested in taking advantage of these options which include the 1915(k) Community First Choice option to replace the current PCA program.

The State has elected to participate in Community First Choice, which will be known in Minnesota as Community First Services and Supports. This program offers flexibility to meet the needs of participants and over time will reduce pressure on more intensive services, thereby helping to keep the long term service and support system sustainable into the future. The legislation authorized the creation of Community First Services and Supports, effective April 1, 2014, or upon federal approval, whichever is later.

A. Personal Care Assistance

The existing Personal Care Assistance service offers participants a choice between two PCA provider types based on the amount of control the participant wishes to exercise over staffing decisions. In Traditional PCA, the participant chooses an agency to employ their worker. The agency is responsible to find, hire, train, supervise and pay the support worker. The agency is also responsible to maintain the care plan specific to the needs of the individual participant. The PCA Choice option gives the participant the responsibility to select their support worker. In addition, the participant is responsible to train and supervise the support worker. The participant creates their care plan; however, they may have assistance from the agency if they choose. Both types of PCA providers enroll with DHS and are Medical Assistance providers. Both types of agencies are responsible for the wages and benefits of the support worker and billing the State for the services provided. Personal Care Assistance will transition into Community First Services and Supports.

B. Community First Services and Supports

Community First Services and Supports gives the participant a range of control over their services, allows them to choose their support worker and provides them with assistance as needed to carry out the services specified in their service delivery plan. Community First Services and Supports will be offered through two different service models: agency model and budget model.

In the agency model, the participant and agency work together to ensure services are delivered as intended and the support worker carries out the duties as the plan describes. The agency is the employer of the participant's support worker(s); however, the participant retains the ability to select and dismiss the support worker(s) with assistance from the agency.

In the budget model, the participant is the employer of their support worker(s) and has more direct control and responsibility over their services and support worker(s) they hire. The participant has support from the Financial Management Service provider for employer-related functions such as: support for necessary employee paper work, following State and Federal rules for employment, withholding State and Federal taxes, and filing State and Federal taxes.

IV. Strategies and Discussion

A. Improving Quality Assurance and Program Integrity

DHS worked with the Development and Implementation Council on the design of Community First Services and Supports. Together, DHS and the Council reviewed the quality assurance and program integrity components of the service and discussed ways to enhance these components. DHS intends to improve quality assurance and program integrity through two primary strategies: supporting participants and building and expanding on tools currently in use in PCA services. Through the first strategy, supporting participants, DHS focused on ways to provide better information and support to participants at the outset of services to assist them to make effective use of Community First Services and Supports and avoid inadvertent misuse or abuse of the service. Through the second strategy, DHS is building on successful program integrity measures in PCA services and modifying these components to accommodate the new budget model option in Community First Services and Supports that allows participants to be the employer of their support worker(s).

1. Supporting Participants

DHS and the Council focused on providing better support and information to participants through initial and ongoing consultation services, providing monthly service summaries and an annual participant survey.

a. Consultation Services

Essential to Community First Services and Supports is the newly designed Consultation Service. The Consultation Service will provide each participant with standardized training on Community First Services and Supports at the outset of their use of the service, including the scope of the new service and the two service delivery models from which they can choose. This training will educate participants on their choices, range of responsibilities, roles, and risks under each model prior to the participant's choice of service delivery model. For participants choosing the budget model, in which they will direct their own plan of care and be the employer of their support worker, the training will assure that these participants understand their responsibilities as an employer and have the ability carry out these functions. It will also provide them with information about how to obtain additional support if needed to be successful in this model.

Specifically, the Consultation Service provider will support the individual in the development of the individualized service plan, to the extent needed by the participant. In this person-centered process, this entity will review the plan to assure it meets the participant's assessed needs and preferences, maintains compliance with state and federal rules for the program, and is shared with other service providers, as necessary. The Consultation Service provider will maintain and document routine communication with the participant to review services and plan implementation. The participant has the option to request additional ongoing support from the Consultation Service provider throughout the course of receiving Community First Services and Supports. If quality or integrity concerns are identified by the participant, the agency, the Financial Management Service, or the support worker, the Consultation Service entity will provide assistance to the participant to remediate the concern. Providing information and support

to participants in the proper, effective use of Community First Services and Supports will improve the quality of the service for participants and reduce program integrity concerns.

b. Monthly Service Summary

Existing legislative language for Community First Services and Supports requires the Financial Management Service to provide the participant who chooses the budget model, and the participant's case manager, if applicable, with a monthly written summary of the spending for services and supports that were billed against the spending budget (2013 Minnesota Statutes §256B.85, subdivision 13(e)(2)). Council members expressed that having this information would also be beneficial to participants using the agency model and would allow them to understand how many hours have been used and billed for and how many hours remain in their service year. This adds a program integrity and monitoring mechanism that enables participants to review for accuracy in billing, amounts expended and specific support worker payments they have authorized. Errors or discrepancies can be more readily identified and addressed by the participant.

DHS will require provider-agencies to provide the participant, case manager, and care coordinator, if applicable, with a monthly summary of the hours billed against the hours authorized. To balance timely, convenient information for participants with feasibility and administrative ease for providers, DHS recommends that participants be allowed to request a summary at any time and providers provide the most recent, accurate summary available based on their billing cycle. DHS will include language changes for the 2014 legislative session to institute this requirement. DHS will continue to work with the Development and Implementation Council to develop the format of the summary report.

c. Annual Survey

As this new service evolves, the Consultation Service provider will conduct an annual survey to receive feedback from participants regarding both the Consultation Service and Community First Services and Supports more generally. This feedback will provide information to DHS to improve quality and integrity within service delivery and the program as a whole.

2. Building and expanding on PCA quality and program integrity

Providing better support and information to participants in Community First Services and Supports is one strategy DHS is using to improve program integrity and the quality of the service. Building upon its institutional knowledge, DHS is incorporating program integrity measures into Community First Services and Supports that have proven important in the administration of the Personal Care Assistance program, and modifying these components to accommodate the new budget model option that allows participants to be the employer of their support worker(s).

a. Detailed Billing Information

The current PCA program includes a program integrity component when agencies submit claims or bill for services that were provided to the participant. DHS has 16 categories of pre-payment checks it utilizes to prevent the payment of erroneous or fraudulent claims whenever

possible. To facilitate this, PCA agencies are required to bill specific identifying information which includes the unique Minnesota provider identifier (UMPI) of the individual caregivers, the procedure code and modifier, when applicable, to distinguish the service, and individual dates and hours of services on the claim lines. This detailed claim line billing also allows DHS to analyze the claims history for PCAs against other claims and identify patterns of services billed for individual PCAs and groups over time including:

- Identifying the same PCA serving multiple clients with conflicting hours
- Identifying claims for an individual PCA for hours above 24 hours in a day or more than 275 hours in a month
- Identifying the PCA or the participant with hospital inpatient or facility stays, or incarcerations on the specific dates billed for PCA services.
- Identifying clams in conflict with dates of death, eligibility lapses, or out of state claims.

DHS will continue to require this same detailed billing information as a program integrity measure in Community First Services and Supports with both agency-providers and the Fiscal Management Services entity.

b. Authority to limit use of the budget model

DHS is providing better information and support to participants at the outset of services so they can make effective use of Community First Services and Supports and avoid inadvertent misuse or abuse of the service. The design of the Consultation Service provides an opportunity for ongoing support in using the service for those participants who would benefit from additional assistance with directing their services. When quality or integrity concerns are identified, the Consultation Service provider may intervene to remediate the concern. If remediation interventions prove ineffective, DHS has retained the authority to limit some of the flexibility of Community First Services and Supports, including requiring participants to use the agency model.

c. Standards for provider agencies and support workers

The minimum qualifications for provider agencies and support workers in Community First Services and Supports are the same that were in use for PCA services While these standards are the most appropriate starting point for providers in Community First Services and Supports, DHS is continuing to work with the Development and Implementation Council on mechanisms for encouraging best practices above and beyond these minimum standards. Additionally, DHS is continuing to discuss additional or alternative standards or enforcement mechanisms that would assure consistently high-quality service providers, including licensure of Community First Services and Supports providers as recommended by the DHS, in its 2013 legislatively mandated report, Licensing Personal Care Assistance Services-A Report to the 2013 Minnesota Legislature. The requirements for agency providers are contained in Minnesota Statutes §256B.85, subdivisions 10, 11, 12, and 15 and requirements for support workers are contained in subdivision 16. These requirements include:

- Compliance with background study requirements under Minnesota Statutes Chapter 245C

- Successful completion of required training
- Enrollment as a Medical Assistance Minnesota Health Care Programs provider
- Verifying and maintaining records of all services and expenditures by the participant, including hours worked by support workers and support specialists;

In addition, under either model support workers may be disenrolled as an MCHP provider and ineligible to deliver services to participants under certain conditions, including failure to provide the authorized services required by the participant.

d. Standards for Financial Management Services Contractors and Participants Choosing the Budget Model

Standards for the Financial Management Services contractor(s) are contained in Minnesota Statutes §256B.85, subdivision 13. These requirements are similar to the requirements for agency providers in some regards and also differ in order to reflect the unique role that the contractors will play by providing assistance with employer functions to participants who employ their own support workers. In addition, DHS will enhance quality assurance and program integrity through the development of the Request for Proposals and the responder selection and contracting process, currently underway.

Under Community First Services and Supports, there will be an opportunity for participants to employ their own workers. Standards for this new program element were developed and are contained in Minnesota Statutes §256B.85, subdivision 14. These standards identify the participant's employer responsibilities including the use of time sheets, record keeping, reporting employee changes to the contractor along with other program requirements to enhance quality assurance and program integrity.

B. Improving Administrative Efficiency

The legislative mandate for this report requires DHS to make recommendations to reduce administrative costs and improve training by reducing the paper documentation required in Minnesota Statutes §256B.85, subdivisions 10, 12, and 15 and making use of electronic documentation and online reporting. DHS identified the following strategies to reduce paper and encourage electronic documentation and online reporting.

1. Reducing paper documentation

In consultation with the Development and Implementation Council there was a suggestion to minimize certain requirements specifically laid out in Minnesota Statutes §256B.85, Subdivision 12(a)(6).

Language in that subdivision states that the agency shall provide "a description of the Community First Services and Supports provider agency's organization identifying the names of all owners, managing employees, staff, board of directors and the affiliations of the directors, owners, or staff to other service providers." The Development and Implementation Council suggested removing the requirement to document and report the affiliations of staff but retaining

that requirement for directors and owners. Based upon the requirement that each agency document the names of their staff, including their provider enrollment identifying number, social security number, and date of birth, DHS can establish whether a support worker is working for more than one Community First Services and Supports employer without relying on the agency's report regarding staff affiliations. Doing away with this requirement would reduce the administrative burden on provider agencies without reducing the information available to DHS.

As the agency's report regarding staff affiliations to other Community First Services and Supports providers is of no added value to the information DHS otherwise collects, DHS recommends removing the requirement to document the affiliation of staff to other service providers in the 2014 legislative session.

2. Increasing Electronic Documentation and On-line reporting

a. Mandatory Training

Language in Minnesota Statutes §256B.85, subdivision 12(c) mandates that "all Community First Services and Supports provider agencies shall require all employees in a management and supervisory positions and owners of the agency who are involved in the day-to-day management and operations complete mandatory training as determined by the commissioner." The Development and Implementation Council recommended making training more accessible than quarterly in-person trainings. As the new program is implemented and DHS understands what training is necessary, it is important the trainings remain interactive and include formats such as teleconference or webinar. This will allow those participating to ask questions and make suggestions. It will also allow DHS to respond to those taking the training and make necessary changes.

Minnesota Statutes §256B.85, subdivision 16 specifies the minimum requirements for support workers and includes the completion of mandatory training prior to enrollment with Minnesota Health Care Programs. Similar training is mandatory for PCAs and is currently available online. DHS intends to model the mandatory training for support workers for Community First Services and Supports after the online modules available for PCA services. This model will allow workers to access the training free of cost at any hour of the day. The training model offers a process through which individuals interested in becoming support workers could test out of the training by completing a competency test. The training would be captioned and include several basic components including: basic first aid; basic roles and responsibilities of a support worker; OSHA universal precautions; responsibilities as mandated reporters of vulnerable adult and child maltreatment, program compliance/fraud prevention. The Development and Implementation Council supports the required, basic online training from PCA to be revised and implemented into Community First Services and Support.

b. Support Worker Timesheet Documentation

Minnesota Statutes §256B.85, subdivision 15(a) states "Support services provided to a participant by a support worker employed by either an agency-provider or the participant acting as the employer must be documented daily by each support worker, on a timesheet form approved by the commissioner. All documentation may be Web-based, electronic or paper

documentation. The completed form must be submitted on a monthly basis to the provider or the participant and the Fiscal Management Service contractor selected by the participant to provide assistance with meeting the participant's employer obligations and kept in the recipient's health record."

During discussions with the Development and Implementation Council, electronic time verification was discussed as providing advantages in detecting fraud and abuse. Agencies that currently use this option use the reporting functionality of electronic time verification systems to monitor for discrepancies or inconsistencies that require their attention.

Members brought up how this technology creates a fear of invasive state surveillance including fears about where the collected location information goes and how it will be used. Another drawback to requiring electronic time verification are the costs associated with purchasing this technology that an agency or participant may not be able to afford or keep up with as the technology changes. The Council discussed the accessibility of this type of service in the metro area as well as greater Minnesota; not all participants may have access to this option. Other questions that were discussed include:

- Who will pay for the service plan
- Who pays for the device
- What if there is no coverage in a particular area, how does the participant record and submit time
- Who is responsible to maintain the equipment

While electronic time verification offers program integrity benefits, further discussion is warranted as to how to make this method of record keeping accessible to all before it could be implemented as a requirement. DHS will retain the current legislative language that states documentation may be web-based, electronic, or paper documentation and recommend any necessary language changes for the 2015 legislative session.

V. Recommendations

Based on the preceding discussion of strategies to improve quality assurance and program integrity and improve administrative efficiency through a reduction in paper documentation and an increase in electronic documentation and online reporting, DHS makes the following recommendations:

Supporting Participants

1. **Consultation Service Provider**: The Consultation Service will provide each participant with standardized training on Community First Services and Supports at the outset of their use of the service. Providing information and support to participants in the proper, effective use of Community First Services and Supports will improve the quality of the service for participants and reduce program integrity concerns.

2. **Monthly Service Summaries**: DHS will require provider-agencies to provide the participant, case manager, and care coordinator, if applicable, with a monthly summary of the hours billed against the hours authorized. This requirement benefits participants by allowing them to track both how their budget is being used over time and their remaining balance to avoid overspending or underspending throughout the year. This is a program integrity and monitoring mechanism that enables participants to review for accuracy in billing, amounts expended and specific support worker payments they have authorized.

3. **Annual Participant Survey**: The Consultation Service provider will conduct an annual survey to receive feedback from participants regarding both the Consultation Service and Community First Services and Supports more generally. This feedback will provide information to DHS to improve quality and integrity within service delivery and the program as a whole.

Building and Expanding on PCA Quality and Program Integrity

4. **Detailed Billing Information**: DHS will require the same detailed billing information required for PCA services as a program integrity measure in Community First Services and Supports with both agency-providers and the Fiscal Management Services entity.

5. **Authority to Limit Use of the Budget Model**: DHS will retain the authority to limit some of the flexibility of Community First Services and Supports, including requiring participants to use the agency model, when quality or integrity concerns are identified and remediation interventions are ineffective.

6. **Standards for Provider Agencies and Support Workers**: DHS will require the minimum qualifications for provider agencies and support workers in Community First Services and Supports that are in use for PCA service. DHS will work with the Development and Implementation Council on mechanisms for encouraging best practices above and beyond these minimum standards.

7. **Standards for Financial Management Services Contractors and Participants Choosing the Budget Model**: DHS intends to implement the standards for Financial Management Services Contractors contained in Minnesota Statutes §256B.85, subdivision 13 and requirements for participants in the budget model contained in Minnesota Statutes §256B.85, subdivision 14. DHS will enhance quality assurance and program integrity through the development of the Request for Proposals and the responder selection and contracting process for Financial Management Services Contractors.

Improving Administrative Efficiency

8. **Elimination requirement of agency organization to identify the affiliations of staff**: DHS will recommend removing the requirement to document the affiliation of staff to other service providers in the 2014 legislative session. DHS can establish whether a support worker is working for more than one Community First Services and Supports employer without relying on the agency's report regarding staff affiliations. Doing away with this requirement will reduce the administrative burden on provider agencies without reducing the information available to DHS.

9. **Teleconference and webinar options for agency provider training**: DHS will offer the training required for all owners of provider agencies and employees of agency providers who are in a management and supervisory positions in interactive formats such as teleconferences and webinars. These formats create greater accessibility than providing in-person training alone and their interactive nature allows participants to ask questions and make suggestions to improve training.

10. **Online accessibility of support worker training**: DHS will model the mandatory training for support workers for Community First Services and Supports after the online modules available for PCA services. This model will allow workers to access the training free of cost at any hour of the day.

11. **Web-based and electronic options for support services documentation**: DHS will retain the current statutory language that allows documentation to be web-based, electronic, or paper. The current language provides a range of choices so participants and support workers can document support services provided using the method that works best for them. DHS will continue to discuss how use of electronic time verification can be encouraged among participants and providers and include any necessary language changes in the 2015 legislative session.

VI. Appendix

Appendix A

Development and Implementation Council Members:

Last Name	First	Organization affiliation
Aldrich	Jane	Hennepin County Human Services and Public Health Department
Bender	Jean	Participant or parent/family member of participant
Buckley	Lynn	Caring Connection Adult Day
Cardenas	Rick	Advocating Change Together Participant or parent/family member of participant
Christiansen	Barbara	Participant or parent/family member of participant
Crumley	Andrea	Caring Professionals
Giovanni	Antonietta	Participant or parent/family member of participant
Grisim	Shelia	Frasier
Hegland	Lance	Participant or parent/family member of participant
Hendricks	Charity	Participant or parent/family member of participant
Henry	Anne	Minnesota Disability Law Center
Holtz	Debra	Ombudsman Office
Jaszcak	Shantel	Consumer Directions Inc.
Jirik	Barbara	Participant or parent/family member of participant
Johnson	Tom	Mental Health Assoc.
Knutson-Kaske	Jill	MN Homecare Assoc.
Lackey	Shari	Participant or parent/family member of participant
Lowe	Janet	St. Paul Schools
Marrin	Maureen	Ombudsman MH/DD, State of MN
McCormack	Jacki	The Arc
McGeehan	Susan	Medica
Murrens	Jody	Participant or parent/family member of participant
Nelson	Jon	Residential Services, Inc.
Page	Justin	Minnesota Disability Law

Last Name	First	Organization affiliation
		Center
Pathre	Rijuta	Participant or parent/family member of participant
Price	Scott	Participant or parent/family member of participant
Sams	David	Participant or parent/family member of participant
Smith	Galen	Participant or parent/family member of participant
Stensland	Barb	Lutheran Social Services
Thorne-Birt	Debra	Participant or parent/family member of participant
Tyler	Kim	Participant or parent/family member of participant
Velner	Teri	Participant or parent/family member of participant
Versailies-Hester	Esther	U Care
Vlasak	Karen	Participant or parent/family member of participant
Vogele	Stacey	Participant or parent/family member of participant
Ward	Tamara	Participant or parent/family member of participant

Appendix B

Minnesota Statutes §256B.85
Subdivision 10. Provider qualifications and general requirements.

Agency-providers delivering services under the agency-provider model under subdivision 11 or financial management service (FMS) contractors under subdivision 13 shall:

(1) enroll as a medical assistance Minnesota health care programs provider and meet all applicable provider standards;

(2) comply with medical assistance provider enrollment requirements;

(3) demonstrate compliance with law and policies of CFSS as determined by the commissioner;

(4) comply with background study requirements under chapter 245C;

(5) verify and maintain records of all services and expenditures by the participant, including hours worked by support workers and support specialists;

(6) not engage in any agency-initiated direct contact or marketing in person, by telephone, or other electronic means to potential participants, guardians, family member, or participants' representatives;

(7) pay support workers and support specialists based upon actual hours of services provided;

(8) withhold and pay all applicable federal and state payroll taxes;

(9) make arrangements and pay unemployment insurance, taxes, workers' compensation, liability insurance, and other benefits, if any;

(10) enter into a written agreement with the participant, participant's representative, or legal representative that assigns roles and responsibilities to be performed before services, supports, or goods are provided using a format established by the commissioner;

(11) report maltreatment as required under sections 626.556 and 626.557; and

(12) provide the participant with a copy of the service-related rights under subdivision 19 at the start of services and supports.

Subdivision 12. Requirements for enrollment of CFSS provider agencies.

(a) All CFSS provider agencies must provide, at the time of enrollment, reenrollment, and revalidation as a CFSS provider agency in a format determined by the commissioner, information and documentation that includes, but is not limited to, the following:

(1) the CFSS provider agency's current contact information including address, telephone number, and e-mail address;

(2) proof of surety bond coverage. Upon new enrollment, or if the provider agency's Medicaid revenue in the previous calendar year is less than or equal to $300,000, the provider agency must purchase a performance bond of $50,000. If the provider agency's Medicaid revenue in the previous calendar year is greater than $300,000, the provider agency must purchase a performance bond of $100,000. The performance 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;

(3) proof of fidelity bond coverage in the amount of $20,000;

(4) proof of workers' compensation insurance coverage;

(5) proof of liability insurance;

(6) a description of the CFSS provider agency's organization identifying the names or all owners, managing employees, staff, board of directors, and the affiliations of the directors, owners, or staff to other service providers;

(7) a copy of the CFSS 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;

(8) copies of all other forms the CFSS provider agency uses in the course of daily business including, but not limited to: (i) a copy of the CFSS provider agency's time sheet if the time sheet varies from the standard time sheet for CFSS services approved by the commissioner, and a letter requesting approval of the CFSS provider agency's nonstandard time sheet; and

(ii) the CFSS provider agency's template for the CFSS care plan;

(9) a list of all training and classes that the CFSS provider agency requires of its staff providing CFSS services;

(10) documentation that the CFSS provider agency and staff have successfully completed all the training required by this section;

(11) documentation of the agency's marketing practices;

(12) disclosure of ownership, leasing, or management of all residential properties that are used or could be used for providing home care services;

(13) documentation that the agency will use at least the following percentages of revenue generated from the medical assistance rate paid for CFSS services for employee personal care

assistant wages and benefits: 72.5 percent of revenue from CFSS providers. The revenue generated by the support specialist and the reasonable costs associated with the support specialist shall not be used in making this calculation; and

(14) 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 CFSS recipient or for another CFSS 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) CFSS provider agencies shall provide to the commissioner the information specified in paragraph (a).

(c) All CFSS 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. 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 CFSS 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. CFSS provider agency billing staff shall complete training about CFSS program financial management. Any new owners or employees in management and supervisory positions involved in the day-to-day operations are required to complete mandatory training as a requisite of working for the agency.
CFSS provider agencies certified for participation in Medicare as home health agencies are exempt from the training required in this subdivision.

Subdivision 15. Documentation of support services provided.

(a) Support services provided to a participant by a support worker employed by either an agency-provider or the participant acting as the employer must be documented daily by each support worker, on a time sheet form approved by the commissioner. All documentation may be Web-based, electronic, or paper documentation. The completed form must be submitted on a monthly basis to the provider or the participant and the FMS contractor selected by the participant to provide assistance with meeting the participant's employer obligations and kept in the recipient's health record.

(b) The activity documentation must correspond to the written service delivery plan and be reviewed by the agency provider or the participant and the FMS contractor when the participant is acting as the employer of the support worker.

(c) The time sheet must be on a form approved by the commissioner documenting time the support worker provides services in the home. The following criteria must be included in the time sheet:

(1) full name of the support worker and individual provider number;

(2) provider name and telephone numbers, if an agency-provider is responsible for delivery services under the written service plan;

(3) full name of the participant;

(4) consecutive dates, including month, day, and year, and arrival and departure times with a.m. or p.m. notations;

(5) signatures of the participant or the participant's representative;

(6) personal signature of the support worker;

(7) any shared care provided, if applicable;

(8) a statement that it is a federal crime to provide false information on CFSS billings for medical
assistance payments; and

(9) dates and location of recipient stays in a hospital, care facility, or incarceration