

1.1 A bill for an act

1.2 relating to human services; modifying personal care assistance services;  
1.3 amending Minnesota Statutes 2008, sections 144A.44, subdivision 2; 256B.0655,  
1.4 subdivisions 1b, 1g, 2, 3, 7; 626.556, subdivision 3c, by adding a subdivision.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2008, section 144A.44, subdivision 2, is amended to  
1.7 read:

1.8 Subd. 2. **Interpretation and enforcement of rights.** These rights are established  
1.9 for the benefit of persons who receive home care services. "Home care services" means  
1.10 home care services as defined in section 144A.43, subdivision 3, and unlicensed personal  
1.11 care assistance services. A home care provider may not require a person to surrender these  
1.12 rights as a condition of receiving services. A guardian or conservator or, when there is  
1.13 no guardian or conservator, a designated person, may seek to enforce these rights. This  
1.14 statement of rights does not replace or diminish other rights and liberties that may exist  
1.15 relative to persons receiving home care services, persons providing home care services, or  
1.16 providers licensed under Laws 1987, chapter 378. A copy of these rights must be provided  
1.17 to an individual at the time home care services, including personal care assistance  
1.18 services, are initiated. The copy shall also contain the address and phone number of the  
1.19 Office of Health Facility Complaints and the Office of Ombudsman for Long-Term Care  
1.20 and a brief statement describing how to file a complaint with these offices. Information  
1.21 about how to contact the Office of Ombudsman for Long-Term Care shall be included in  
1.22 notices of change in client fees and in notices where home care providers initiate transfer  
1.23 or discontinuation of services.

**S.F. No. 1229, as introduced - 86th Legislative Session (2009-2010) [09-2715]**

2.1 Sec. 2. Minnesota Statutes 2008, section 256B.0655, subdivision 1b, is amended to  
2.2 read:

2.3 Subd. 1b. **Assessment.** (a) "Assessment" means a review and evaluation of a  
2.4 recipient's need for home care services conducted in person.

2.5 (b) Assessments for personal care assistant services shall be conducted by the county  
2.6 public health nurse or a certified public health nurse under contract with the county.

2.7 Assessors must meet all training requirements established by the commissioner.

2.8 (c) A face-to-face assessment must include: documentation of health status,  
2.9 determination of need, evaluation of service effectiveness, identification of appropriate  
2.10 services, service plan development or modification, coordination of services, referrals and  
2.11 follow-up to appropriate payers and community resources, completion of required reports,  
2.12 recommendation of service authorization, and consumer education.

2.13 (d) Once the need for personal care assistant services is determined under this  
2.14 section or sections 256B.0651, 256B.0653, 256B.0654, and 256B.0656, the county public  
2.15 health nurse or certified public health nurse under contract with the county is responsible  
2.16 for communicating this recommendation to the commissioner and the recipient.

2.17 (e) A face-to-face assessment for personal care assistant services is conducted  
2.18 on those recipients who have never had a county public health nurse assessment. A  
2.19 face-to-face assessment must occur at least annually or when there is a significant change  
2.20 in the recipient's condition or when there is a change in the need for personal care assistant  
2.21 services. A service update may substitute for the annual face-to-face assessment when  
2.22 there is not a significant change in recipient condition or a change in the need for personal  
2.23 care assistant service. A service update may be completed by telephone, used when there  
2.24 is no need for an increase in personal care assistant services, and used for two consecutive  
2.25 assessments if followed by a face-to-face assessment. A service update must be completed  
2.26 on a form approved by the commissioner. A service update or review for temporary  
2.27 increase includes a review of initial baseline data, evaluation of service effectiveness,  
2.28 redetermination of service need, modification of service plan and appropriate referrals,  
2.29 update of initial forms, obtaining service authorization, and on going consumer education.  
2.30 Assessments must be completed on forms provided by the commissioner within 30 days  
2.31 of a request for home care services by a recipient or responsible party or personal care  
2.32 provider agency.

2.33 **EFFECTIVE DATE.** This section is effective January 1, 2010.

2.34 Sec. 3. Minnesota Statutes 2008, section 256B.0655, subdivision 1g, is amended to  
2.35 read:

3.1 Subd. 1g. **Personal care provider organization.** "Personal care provider  
3.2 organization" means an organization enrolled to provide personal care assistant services  
3.3 under the medical assistance program that complies with the following:

3.4 (1) owners who have a five percent interest or more, and managerial officials are  
3.5 subject to a background study as provided in chapter 245C. This applies to currently  
3.6 enrolled personal care provider organizations and those agencies seeking enrollment as  
3.7 a personal care provider organization. An organization will be barred from enrollment  
3.8 if an owner or managerial official of the organization or a predecessor organization has  
3.9 been convicted of a crime specified in chapter 245C, or a comparable crime in another  
3.10 jurisdiction, unless the owner or managerial official meets the reconsideration criteria  
3.11 specified in chapter 245C, or have previously documented violations of federal or state  
3.12 laws or regulations;

3.13 (2) the organization must maintain a surety bond and liability insurance throughout  
3.14 the duration of enrollment and provides proof thereof. The insurer must notify the  
3.15 Department of Human Services of the cancellation or lapse of policy and the organization  
3.16 must maintain documentation of services as specified in Minnesota Rules, part 9505.2175,  
3.17 subpart 7, as well as evidence of compliance with personal care assistant training  
3.18 requirements;

3.19 (3) the organization must maintain documentation and a recipient file and satisfy  
3.20 communication requirements in section 256B.0655, subdivision 2, paragraph (f); ~~and~~

3.21 (4) the organization must comply with comprehensive training requirements on  
3.22 personal care assistant standards and practices as established by the commissioner;

3.23 (5) each qualified professional employed by the organization must be subject to a  
3.24 background study as provided in chapter 245C and training requirements established  
3.25 by the commissioner; and

3.26 (6) the organization must comply with all laws and rules governing the provision of  
3.27 personal care assistant services.

3.28 **EFFECTIVE DATE.** This section is effective January 1, 2010.

3.29 Sec. 4. Minnesota Statutes 2008, section 256B.0655, subdivision 2, is amended to read:

3.30 Subd. 2. **Personal care assistant services.** (a) The personal care assistant services  
3.31 that are eligible for payment are services and supports furnished to an individual, as  
3.32 needed, to assist in accomplishing activities of daily living; instrumental activities of daily  
3.33 living; health-related functions through hands-on assistance, supervision, and cuing; and  
3.34 redirection and intervention for behavior including observation and monitoring.

**S.F. No. 1229, as introduced - 86th Legislative Session (2009-2010) [09-2715]**

4.1 (b) Payment for services will be made within the limits approved using the  
4.2 prior authorized process established in subdivisions 3 and 4, and sections 256B.0651,  
4.3 subdivisions 4 to 12, and 256B.0654, subdivision 2.

4.4 (c) The amount and type of services authorized shall be based on an assessment of  
4.5 the recipient's needs in these areas:

4.6 (1) bowel and bladder care;

4.7 (2) skin care to maintain the health of the skin;

4.8 (3) repetitive maintenance range of motion, muscle strengthening exercises, and  
4.9 other tasks specific to maintaining a recipient's optimal level of function;

4.10 (4) respiratory assistance;

4.11 (5) transfers and ambulation;

4.12 (6) bathing, grooming, and hair washing necessary for personal hygiene;

4.13 (7) turning and positioning;

4.14 (8) assistance with furnishing medication that is self-administered;

4.15 (9) application and maintenance of prosthetics and orthotics;

4.16 (10) cleaning medical equipment;

4.17 (11) dressing or undressing;

4.18 (12) assistance with eating and meal preparation and necessary grocery shopping;

4.19 (13) accompanying a recipient to obtain medical diagnosis or treatment;

4.20 (14) assisting, monitoring, or prompting the recipient to complete the services in  
4.21 clauses (1) to (13);

4.22 (15) redirection, monitoring, and observation that are medically necessary and an  
4.23 integral part of completing the personal care assistant services described in clauses (1) to  
4.24 (14);

4.25 (16) redirection and intervention for behavior, including observation and monitoring;

4.26 (17) interventions for seizure disorders, including monitoring and observation if the  
4.27 recipient has had a seizure that requires intervention within the past three months;

4.28 (18) tracheostomy suctioning using a clean procedure if the procedure is properly  
4.29 delegated by a registered nurse. Before this procedure can be delegated to a personal  
4.30 care assistant, a registered nurse must determine that the tracheostomy suctioning can be  
4.31 accomplished utilizing a clean rather than a sterile procedure and must ensure that the  
4.32 personal care assistant has been taught the proper procedure; and

4.33 (19) incidental household services that are an integral part of a personal care service  
4.34 described in clauses (1) to (18).

4.35 For purposes of this subdivision, monitoring and observation means watching for outward  
4.36 visible signs that are likely to occur and for which there is a covered personal care service

**S.F. No. 1229, as introduced - 86th Legislative Session (2009-2010) [09-2715]**

5.1 or an appropriate personal care intervention. For purposes of this subdivision, a clean  
5.2 procedure refers to a procedure that reduces the numbers of microorganisms or prevents or  
5.3 reduces the transmission of microorganisms from one person or place to another. A clean  
5.4 procedure may be used beginning 14 days after insertion.

5.5 (d) The personal care assistant services that are not eligible for payment are the  
5.6 following:

5.7 (1) services provided without a physician's statement of need as required by section  
5.8 256B.0625, subdivision 19c, and included in the personal care provider agency's file for  
5.9 the recipient;

5.10 (2) assessments by personal care assistant provider organizations or by independently  
5.11 enrolled registered nurses;

5.12 (3) services that are not in the service plan;

5.13 (4) services provided by the recipient's spouse, legal guardian for an adult or child  
5.14 recipient, or parent of a recipient under age 18;

5.15 (5) services provided by a foster care provider of a recipient who cannot direct the  
5.16 recipient's own care, unless monitored by a county or state case manager under section  
5.17 256B.0625, subdivision 19a;

5.18 (6) services provided by the residential or program license holder in a residence for  
5.19 more than four persons;

5.20 (7) services that are the responsibility of a residential or program license holder  
5.21 under the terms of a service agreement and administrative rules;

5.22 (8) sterile procedures;

5.23 (9) injections of fluids into veins, muscles, or skin;

5.24 (10) homemaker services that are not an integral part of a personal care assistant  
5.25 services;

5.26 (11) home maintenance or chore services;

5.27 (12) services not specified under paragraph (a); and

5.28 (13) services not authorized by the commissioner or the commissioner's designee.

5.29 (e) The recipient or responsible party ~~may choose to supervise the personal care~~

5.30 ~~assistant or to~~ must have a qualified professional, as defined in section 256B.0625,

5.31 ~~subdivision 19c, provide the supervision~~ supervise the personal care assistant according to

5.32 the service plan. As required under section 256B.0625, subdivision 19c, the county public

5.33 health nurse, as a part of the assessment, will assist the recipient or responsible party to

5.34 identify the most appropriate person to provide supervision of the personal care assistant.

5.35 Health-related delegated tasks performed by the personal care assistant will be under the

5.36 supervision of a qualified professional or the direction of the recipient's physician. ~~If the~~

**S.F. No. 1229, as introduced - 86th Legislative Session (2009-2010) [09-2715]**

6.1 ~~recipient has a qualified professional, Minnesota Rules, part 9505.0335, subpart 4, applies.~~  
6.2 The personal care assistant may not also act as a recipient's qualified professional.

6.3 (f) In order to be paid for personal care assistant services, personal care provider  
6.4 organizations, and personal care assistant choice providers are required:

6.5 (1) to maintain a recipient file for each recipient for whom services are being billed  
6.6 that contains:

6.7 (i) the current physician's statement of need as required by section 256B.0625,  
6.8 subdivision 19c;

6.9 (ii) the service plan, including the monthly authorized hours, or flexible use plan;

6.10 (iii) the care plan, signed by the recipient and the qualified professional, if required  
6.11 or designated, detailing the personal care assistant services to be provided;

6.12 (iv) documentation, on a form approved by the commissioner and signed by the  
6.13 personal care assistant, specifying the day, month, year, arrival, and departure times, with  
6.14 AM and PM notation, for all services provided to the recipient. The form must include a  
6.15 notice that it is a federal crime to provide false information on personal care service  
6.16 billings for medical assistance payment; and

6.17 (v) all notices to the recipient regarding personal care service use exceeding  
6.18 authorized hours; and

6.19 (2) to communicate, by telephone if available, and in writing, with the recipient or  
6.20 the responsible party about the schedule for use of authorized hours and to notify the  
6.21 recipient and the county public health nurse in advance and as soon as possible, on a form  
6.22 approved by the commissioner, if the monthly number of hours authorized is likely to be  
6.23 exceeded for the month.

6.24 (g) The commissioner shall establish an ongoing audit process for potential fraud  
6.25 and abuse for personal care assistant services. The audit process must include, ~~at a~~  
6.26 ~~minimum,~~ a requirement that the documentation of hours of care provided be on a form  
6.27 approved by the commissioner and include the personal care assistant's signature attesting  
6.28 that the hours shown on each bill were provided by the personal care assistant on the  
6.29 dates and the times specified and regular data analysis of paid claims to identify and  
6.30 recoup improper payments.

6.31 Sec. 5. Minnesota Statutes 2008, section 256B.0655, subdivision 3, is amended to read:

6.32 Subd. 3. **Assessment and service plan.** Assessments under subdivision 1b  
6.33 and sections 256B.0651, subdivision 1, paragraph (b), and 256B.0654, subdivision 1,  
6.34 paragraph (a), shall be conducted initially, and at least annually thereafter, in person  
6.35 with the recipient and result in a completed service plan using forms specified by

**S.F. No. 1229, as introduced - 86th Legislative Session (2009-2010) [09-2715]**

7.1 the commissioner. A personal care provider agency must use a form approved by  
7.2 the commissioner to request a county public health nurse to conduct a personal care  
7.3 assistant services assessment. When requesting a reassessment, the personal care provider  
7.4 agency must notify the county and the recipient at least 60 days prior to the end of the  
7.5 current prior authorization for personal care assistant services. The recipient notice  
7.6 shall include information on the recipient's appeal rights. Within 30 days of recipient  
7.7 or responsible party or personal care assistant provider agency request for home care  
7.8 services, the assessment, the service plan, and other information necessary to determine  
7.9 medical necessity such as diagnostic or testing information, social or medical histories,  
7.10 and hospital or facility discharge summaries shall be submitted to the commissioner.  
7.11 The assessment and the service plan shall be provided electronically or by mail to the  
7.12 recipient and the chosen provider agency by the assessing agency when submitted to the  
7.13 commissioner. Notwithstanding the provisions of subdivision 8, the commissioner shall  
7.14 maximize federal financial participation to pay for public health nurse assessments for  
7.15 personal care services. For personal care assistant services:

7.16 (1) The amount and type of service authorized based upon the assessment and  
7.17 service plan will follow the recipient if the recipient chooses to change providers and if  
7.18 the recipient enrolls or disenrolls from a managed care health plan under section 256B.69.

7.19 (2) If the recipient's need changes, the recipient's provider may assess the need for  
7.20 a change in service authorization and request the change from the county public health  
7.21 nurse. The request must be made on a form approved by the commissioner. Within 30  
7.22 days of the request, the public health nurse will determine whether to request the change  
7.23 in services based upon the provider assessment, or conduct a home visit to assess the need  
7.24 and determine whether the change is appropriate. If the change in service need is due to  
7.25 a change in medical condition, a new physician's statement of need required by section  
7.26 256B.0625, subdivision 19c, must be obtained.

7.27 (3) To continue to receive personal care assistant services after the first year,  
7.28 the recipient or the responsible party, in conjunction with the public health nurse,  
7.29 may complete a service update on forms developed by the commissioner according to  
7.30 criteria and procedures in subdivisions 1a to 1i and sections 256B.0651, subdivision 1;  
7.31 256B.0653; and 256B.0654, subdivision 1.

7.32 Sec. 6. Minnesota Statutes 2008, section 256B.0655, subdivision 7, is amended to read:

7.33 Subd. 7. **Personal care assistance choice and fiscal intermediary option.** (a) The  
7.34 commissioner may allow a recipient of personal care assistant services to use a fiscal  
7.35 intermediary to assist the recipient in paying and accounting for medically necessary

**S.F. No. 1229, as introduced - 86th Legislative Session (2009-2010) [09-2715]**

8.1 covered personal care assistant services authorized in subdivision 2 and within the  
8.2 payment parameters of subdivision 4. Unless otherwise provided in this subdivision, all  
8.3 other statutory and regulatory provisions relating to personal care assistant services apply  
8.4 to a recipient using the fiscal intermediary option.

8.5 (b) The recipient or responsible party shall:

8.6 (1) recruit, hire, and terminate a qualified professional, ~~if a qualified professional is~~  
8.7 ~~requested by the recipient or responsible party;~~

8.8 (2) verify and document the credentials of the qualified professional, ~~if a qualified~~  
8.9 ~~professional is requested by the recipient or responsible party;~~

8.10 (3) develop a service plan based on physician orders and public health nurse  
8.11 assessment with the assistance of a qualified professional, ~~if a qualified professional is~~  
8.12 ~~requested by the recipient or responsible party,~~ that addresses the health and safety of  
8.13 the recipient;

8.14 (4) recruit, hire, and terminate the personal care assistant;

8.15 (5) orient and train the personal care assistant with assistance as needed from the  
8.16 qualified professional;

8.17 (6) supervise and evaluate the personal care assistant with assistance as needed from  
8.18 the recipient's physician or the qualified professional;

8.19 (7) monitor and verify in writing and report to the fiscal intermediary the number of  
8.20 hours worked by the personal care assistant and the qualified professional; and

8.21 (8) enter into a written agreement, as specified in paragraph (f).

8.22 (c) The duties of the fiscal intermediary shall be to:

8.23 (1) bill the medical assistance program for personal care assistant and qualified  
8.24 professional services;

8.25 (2) request and secure background checks on personal care assistants and qualified  
8.26 professionals according to chapter 245C;

8.27 (3) pay the personal care assistant and qualified professional based on actual hours  
8.28 of services provided;

8.29 (4) withhold and pay all applicable federal and state taxes;

8.30 (5) verify and keep records of hours worked by the personal care assistant and  
8.31 qualified professional;

8.32 (6) make the arrangements and pay unemployment insurance, taxes, workers'  
8.33 compensation, liability insurance, and other benefits, if any;

8.34 (7) enroll in the medical assistance program as a fiscal intermediary; and

8.35 (8) enter into a written agreement as specified in paragraph (f) before services are  
8.36 provided.



9.1 (d) The fiscal intermediary:

9.2 (1) may not be related to the recipient, qualified professional, or the personal care  
9.3 assistant;

9.4 (2) must ensure arm's-length transactions with the recipient and personal care  
9.5 assistant; and

9.6 (3) shall be considered a joint employer of the personal care assistant and qualified  
9.7 professional to the extent specified in this section and sections 256B.0651, 256B.0653,  
9.8 256B.0654, and 256B.0656.

9.9 The fiscal intermediary or owners of the entity that provides fiscal intermediary  
9.10 services under this subdivision must pass a criminal background check.

9.11 The fiscal intermediary is financially liable for any improper payments made under  
9.12 this section.

9.13 (e) ~~If the recipient or responsible party requests a qualified professional,~~ The  
9.14 qualified professional providing assistance to the recipient shall meet the qualifications  
9.15 specified in section 256B.0625, subdivision 19c. The qualified professional shall assist  
9.16 the recipient in developing and revising a plan to meet the recipient's needs, as assessed  
9.17 by the public health nurse. In performing this function, the qualified professional must  
9.18 visit the recipient in the recipient's home at least once annually. The qualified professional  
9.19 must report any suspected abuse, neglect, or financial exploitation of the recipient to the  
9.20 appropriate authorities.

9.21 (f) The fiscal intermediary, recipient or responsible party, personal care assistant, and  
9.22 qualified professional shall enter into a written agreement before services are started. The  
9.23 agreement shall include:

9.24 (1) the duties of the recipient, qualified professional, personal care assistant, and  
9.25 fiscal agent based on paragraphs (a) to (e);

9.26 (2) the salary and benefits for the personal care assistant and the qualified  
9.27 professional;

9.28 (3) the administrative fee of the fiscal intermediary and services paid for with that  
9.29 fee, including background check fees;

9.30 (4) procedures to respond to billing or payment complaints; and

9.31 (5) procedures for hiring and terminating the personal care assistant and the qualified  
9.32 professional.

9.33 (g) The rates paid for personal care assistant services, shared care services, qualified  
9.34 professional services, and fiscal intermediary services under this subdivision shall be the  
9.35 same rates paid for personal care assistant services and qualified professional services  
9.36 under section 256B.0651, subdivision 2, respectively. Except for the administrative fee of

**S.F. No. 1229, as introduced - 86th Legislative Session (2009-2010) [09-2715]**

10.1 the fiscal intermediary specified in paragraph (f), the remainder of the rates paid to the  
10.2 fiscal intermediary must be used to pay for the salary and benefits for the personal care  
10.3 assistant or the qualified professional.

10.4 (h) As part of the assessment defined in subdivision 1b, the following conditions  
10.5 must be met to use or continue use of a fiscal intermediary:

10.6 (1) the recipient must be able to direct the recipient's own care, or the responsible  
10.7 party for the recipient must be readily available to direct the care of the personal care  
10.8 assistant;

10.9 (2) the recipient or responsible party must be knowledgeable of the health care needs  
10.10 of the recipient and be able to effectively communicate those needs;

10.11 (3) a face-to-face assessment must be conducted by the local county public health  
10.12 nurse at least annually, or when there is a significant change in the recipient's condition  
10.13 or change in the need for personal care assistant services;

10.14 (4) recipients who choose to use the shared care option as specified in subdivision 5  
10.15 must utilize the same fiscal intermediary; and

10.16 (5) parties must be in compliance with the written agreement specified in paragraph  
10.17 (f).

10.18 (i) The commissioner shall deny, revoke, or suspend the authorization to use the  
10.19 fiscal intermediary option if:

10.20 (1) it has been determined by the qualified professional or local county public health  
10.21 nurse that the use of this option jeopardizes the recipient's health and safety;

10.22 (2) the parties have failed to comply with the written agreement specified in  
10.23 paragraph (f); or

10.24 (3) the use of the option has led to abusive or fraudulent billing for personal care  
10.25 assistant services.

10.26 The recipient or responsible party may appeal the commissioner's action according  
10.27 to section 256.045. The denial, revocation, or suspension to use the fiscal intermediary  
10.28 option shall not affect the recipient's authorized level of personal care assistant services  
10.29 as determined in subdivision 4.

10.30 Sec. 7. Minnesota Statutes 2008, section 626.556, subdivision 3c, is amended to read:

10.31 Subd. 3c. **Local welfare agency, Department of Human Services or Department**  
10.32 **of Health responsible for assessing or investigating reports of maltreatment.** (a)

10.33 The county local welfare agency is the agency responsible for assessing or investigating  
10.34 allegations of maltreatment in child foster care, family child care, and legally unlicensed

**S.F. No. 1229, as introduced - 86th Legislative Session (2009-2010) [09-2715]**

11.1 child care and in juvenile correctional facilities licensed under section 241.021 located in  
11.2 the local welfare agency's county.

11.3 (b) The Department of Human Services is the agency responsible for assessing or  
11.4 investigating allegations of maltreatment in unlicensed personal care assistance provider  
11.5 organizations providing services and receiving reimbursements under chapter 256B and in  
11.6 facilities licensed under chapters 245A and 245B, except for child foster care and family  
11.7 child care.

11.8 (c) The Department of Health is the agency responsible for assessing or investigating  
11.9 allegations of child maltreatment in facilities licensed under sections 144.50 to 144.58,  
11.10 and 144A.46, and in unlicensed home health care.

11.11 (d) The commissioners of human services, public safety, and education must  
11.12 jointly submit a written report by January 15, 2007, to the education policy and finance  
11.13 committees of the legislature recommending the most efficient and effective allocation  
11.14 of agency responsibility for assessing or investigating reports of maltreatment and must  
11.15 specifically address allegations of maltreatment that currently are not the responsibility  
11.16 of a designated agency.

11.17 Sec. 8. Minnesota Statutes 2008, section 626.556, is amended by adding a subdivision  
11.18 to read:

11.19 Subd. 16. Abuse prevention plan. Home health care agencies and personal care  
11.20 assistance services providers shall develop an individual abuse prevention plan for each  
11.21 child receiving services from them. The plan shall contain an individualized assessment of:

11.22 (1) the child's susceptibility to abuse by other individuals, including other children;

11.23 (2) the child's risk of abusing other children; and

11.24 (3) statements of the specific measures to be taken to minimize the risk of abuse  
11.25 to that child and other children.

11.26 For the purposes of this subdivision, the term "abuse" includes self-abuse.

11.27 Sec. 9. **DIRECTION TO COMMISSIONER; PERSONAL CARE ASSISTANCE**  
11.28 **ASSESSMENTS; PROVIDER TRAINING; COVERED SERVICES.**

11.29 (a) The commissioner of human services must implement mandatory training  
11.30 requirements for persons conducting assessments for personal care assistance services,  
11.31 develop additional guidance to help assessors determine the personal care assistance  
11.32 service needs of persons with behavior issues, and develop a process for periodically  
11.33 reviewing samples of personal care assistance assessments for the purpose of ensuring a  
11.34 reasonable level of consistency by January 1, 2010.

**S.F. No. 1229, as introduced - 86th Legislative Session (2009-2010) [09-2715]**

12.1           (b) The commissioner of human services must develop comprehensive training on  
12.2 personal care assistant standards and practices, including information on which personal  
12.3 care assistance services are eligible for payment and which services are not eligible for  
12.4 payment, for personal care assistance provider organizations, personal care assistants,  
12.5 recipients, guardians, responsible parties, and qualified professionals by January 1, 2010.

12.6           (c) The commissioner of human services shall ensure that the Medicaid Management  
12.7 Information System contains identifiable information on whether recipients are using the  
12.8 personal care assistance choice fiscal intermediary option.

12.9           (d) The commissioner of human services must report to the legislative committees  
12.10 with jurisdiction over health and human services policy and finance by January 1, 2010,  
12.11 on the training developed and delivered for all types of participants in the personal  
12.12 care assistance program, audit and financial integrity measures and results, information  
12.13 developed for consumers and responsible parties, and quality assurance measures and  
12.14 results.