1.1	moves to amend H.F. No. 1115, the first engrossment, as follows:
1.2	Page 3, line 14, delete everything after "patients"
1.3	Page 3, line 15, delete everything before "with" and delete "or"
1.4	Page 3, line 16, delete everything before the first "who"
1.5	Page 3, line 17, before the semicolon insert "due to concurrent major disorders of thought,
1.6	mood, or cognition, or aggressive behaviors"
1.7	Page 4, delete section 3 and insert:
1.8	"Sec. 3. Minnesota Statutes 2016, section 256R.46, is amended to read:
1.9	256R.46 SPECIALIZED CARE FACILITIES.
1.10	Subdivision 1. Total care-related payment rate limit increases. (a) The total
1.11	care-related payment rate limit for <u>a specialized care facilities facility</u> shall be increased by:
1.12	(1) 50 percent for a specialized care facility under subdivision 2, clause (1); and
1.13	(2) 100 percent for up to 50 beds statewide in specialized care facilities under subdivision
1.14	<u>2, clause 2)</u> .
1.15	Subd. 2. Specialized care facility. (b) For purposes of this section, "specialized care
1.16	facilities facility" are defined as means:
1.17	(1) a facility having a program licensed under chapter 245A and Minnesota Rules, chapter
1.18	9570, or a facility with 96 beds on January 1, 2015, located in Robbinsdale that specializes
1.19	in the treatment of Huntington's Disease; or
1.20	(2) a nursing facility or a unit of a nursing facility that admits after discharge from a
1.21	hospital persons with medical diagnoses who are unable to care for themselves, and who
1.22	require nursing home level of care, but for whom no appropriate subacute care, transitional

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- care, or residential outpatient options are available upon hospital discharge due to concurrent 2.1 major disorders of thought, mood, or cognition, or aggressive behaviors. 2.2 Subd. 3. Interim rates. The commissioner may allow higher interim rates for up to 50 2.3 beds statewide in specialized care facilities or units as defined in subdivision 2, clause (2), 2.4 to become effective when residents are first admitted to that facility or unit and to remain 2.5 in effect until rates for that facility or unit are based on its actual costs set using the higher 2.6 limits allowed in subdivision 1, clause (2). The sum of the number of beds statewide receiving 2.7 interim rates under this subdivision and the number of beds subject to an increased total 2.8 care-related payment rate limit under subdivision 1, clause (2), must not exceed 50. The 2.9 commissioner shall recover any amounts paid under this subdivision that exceeded the 2.10 allowable reported costs for this interim rate period. The commissioner shall collect basic 2.11 data on age, conditions, and length of stay. 2.12 Subd. 4. Requirements for hospitals discharging patients. Any hospital system that 2.13 discharges a patient to a specialized care facility as defined in subdivision 2, clause (2), 2.14 must provide the specialized care facility with programmatic supports for the patient. 2.15 Programmatic supports include cooperating with the nursing facility in coordinating 2.16 postdischarge care, ensuring the patient receives the appropriate level of care including 2.17 mental health and medical care and planning for discharge from the nursing facility." 2.18 Renumber the sections in sequence and correct the internal references 2.19
- 2.20 Amend the title accordingly