1.1	moves to amend H.F. No. 2674 as follows:
1.2	Page 1, after line 5, insert:
1.3	"Section 1. Minnesota Statutes 2018, section 256B.0757, subdivision 1, is amended to
1.4	read:
1.5	Subdivision 1. Provision of coverage. (a) The commissioner shall provide medical
1.6	assistance coverage of health home services for eligible individuals with chronic conditions
1.7	who select a designated provider as the individual's health home.
1.8	(b) The commissioner shall implement this section in compliance with the requirements
1.9	of the state option to provide health homes for enrollees with chronic conditions, as provided
1.10	under the Patient Protection and Affordable Care Act, Public Law 111-148, sections 2703
1.11	and 3502. Terms used in this section have the meaning provided in that act.
1.12	(c) The commissioner shall establish health homes to serve populations with serious
1.13	mental illness who meet the eligibility requirements described under subdivision 2, paragraph
1.14	(b) clause (4) (1). The health home services provided by health homes shall focus on both
1.15	the behavioral and the physical health of these populations.
1.16	(d) The commissioner shall establish medical respite health homes to serve individuals
1.17	who are homeless and meet the eligibility requirements described under subdivision 2,
1.18	paragraph (b), clause (2). The commissioner shall work with stakeholders to develop
1.19	eligibility requirements, provider qualification requirements, and service delivery
1.20	requirements.
1.21	EFFECTIVE DATE. This section is effective upon federal approval. The commissioner
1.22	shall notify the revisor of statutes when federal approval has been obtained.

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2.1	Sec. 2. Minnesota Statutes 2018, section 256B.0757, subdivision 2, is amended to read:
2.2	Subd. 2. Eligible individual. (a) The commissioner may develop health home models
2.3	in accordance with United States Code, title 42, section 1396w-4(h)(1).
2.4	(b) An individual is eligible for health home services under this section if the individual
2.5	is eligible for medical assistance under this chapter and has at least:
2.6	(1) two chronic conditions;
2.7	(2) one chronic condition and is at risk of having a second chronic condition;
2.8	(3) one serious and persistent mental health condition; or
2.9	(4) (1) has a condition that meets the definition of serious mental illness as described in
2.10	section 245.462, subdivision 20, paragraph (a), or emotional disturbance as defined in section
2.11	245.4871, subdivision 15, clause (2); and has a current diagnostic assessment as defined in
2.12	Minnesota Rules, part 9505.0372, subpart 1, item B or C, as performed or reviewed by a
2.13	mental health professional employed by or under contract with the behavioral health home
2.14	or
2.15	(2) the individual is homeless. For purposes of this clause, an individual is homeless if
2.16	the individual lacks a fixed, adequate night-time residence.
2.17	The commissioner shall establish criteria for determining continued eligibility.
2.18	EFFECTIVE DATE. This section is effective the day following final enactment.
2.19	Sec. 3. Minnesota Statutes 2018, section 256B.0757, subdivision 5, is amended to read:
2.20	Subd. 5. Payments. (a) The commissioner shall make payments to each designated
2.21	provider for the provision of health home services described in subdivision 3 to each eligible
2.22	individual under subdivision 2 that selects the health home as a provider establish a single,
2.23	statewide reimbursement rate for behavioral health home services described in subdivisions
2.24	<u>4a to 4d</u> .
2.25	(b) The commissioner shall establish a single, statewide reimbursement rate for medical
2.26	respite health home services.
2.27	EFFECTIVE DATE. This section is effective upon federal approval. The commissioner
2.28	shall notify the revisor of statutes when federal approval has been obtained.

3.1	Sec. 4. Minnesota Statutes 2018, section 256B.0757, subdivision 8, is amended to read:
3.2	Subd. 8. Evaluation and continued development. (a) For continued certification under
3.3	this section, behavioral health homes and medical respite health homes must meet process,
3.4	outcome, and quality standards developed and specified by the commissioner. The
3.5	commissioner shall collect data from health homes as necessary to monitor compliance with
3.6	certification standards.
3.7 3.8	(b) The commissioner may contract with a private entity to evaluate patient and family experiences, health care utilization, and costs.
3.9	(c) The commissioner shall utilize findings from the implementation of behavioral health
3.10	homes to determine populations to serve under subsequent health home models for individuals
3.11	with chronic conditions.
3.12	EFFECTIVE DATE. This section is effective the day following final enactment."
3.13	Page 1, after line 18, insert:
3.14	"Sec. 6. REQUIREMENTS, STANDARDS, AND QUALIFICATIONS FOR
3.15	MEDICAL RESPITE HEALTH HOMES.
3.16	The commissioner of human services, in consultation with stakeholders, shall develop
3.17	requirements, service standards, and qualifications for medical respite health homes.
3.18	EFFECTIVE DATE. This section is effective the day following final enactment."
3.19	Renumber the sections in sequence and correct the internal references
3.20	Amend the title accordingly