

1.1 ..... moves to amend H.F. No. 1020, the delete everything amendment  
1.2 (H1020DE2-1), as follows:

1.3 Page 16, after line 33, insert:

1.4 "Sec. .... Minnesota Statutes 2010, section 245A.11, subdivision 2a, is amended to read:

1.5 Subd. 2a. **Adult foster care license capacity.** (a) The commissioner shall issue  
1.6 adult foster care licenses with a maximum licensed capacity of four beds, including  
1.7 nonstaff roomers and boarders, except that the commissioner may issue a license with a  
1.8 capacity of five beds, including roomers and boarders, according to paragraphs (b) to (f).

1.9 (b) An adult foster care license holder may have a maximum license capacity of five  
1.10 if all persons in care are age 55 or over and do not have a serious and persistent mental  
1.11 illness or a developmental disability.

1.12 (c) The commissioner may grant variances to paragraph (b) to allow a foster care  
1.13 provider with a licensed capacity of five persons to admit an individual under the age of 55  
1.14 if the variance complies with section 245A.04, subdivision 9, and approval of the variance  
1.15 is recommended by the county in which the licensed foster care provider is located.

1.16 (d) The commissioner may grant variances to paragraph (b) to allow the use of a fifth  
1.17 bed for emergency crisis services for a person with serious and persistent mental illness  
1.18 or a developmental disability, regardless of age, if the variance complies with section  
1.19 245A.04, subdivision 9, and approval of the variance is recommended by the county in  
1.20 which the licensed foster care provider is located.

1.21 (e) ~~If the 2009 legislature adopts a rate reduction that impacts providers of adult~~  
1.22 ~~foster care services,~~ The commissioner may issue an adult foster care license with a  
1.23 capacity of five adults if the fifth bed does not increase the overall statewide capacity of  
1.24 licensed adult foster care beds in homes that are not the primary residence of the license  
1.25 holder, over the licensed capacity in such homes on July 1, 2009, as identified in a plan  
1.26 submitted to the commissioner by the county, when the capacity is recommended by

2.1 the county licensing agency of the county in which the facility is located and if the  
2.2 recommendation verifies that:

2.3 (1) the facility meets the physical environment requirements in the adult foster  
2.4 care licensing rule;

2.5 (2) the five-bed living arrangement is specified for each resident in the resident's:

2.6 (i) individualized plan of care;

2.7 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

2.8 (iii) individual resident placement agreement under Minnesota Rules, part  
2.9 9555.5105, subpart 19, if required;

2.10 (3) the license holder obtains written and signed informed consent from each  
2.11 resident or resident's legal representative documenting the resident's informed choice to  
2.12 living in the home and that the resident's refusal to consent would not have resulted in  
2.13 service termination; and

2.14 (4) the facility was licensed for adult foster care before March 1, 2009.

2.15 (f) The commissioner shall not issue a new adult foster care license under paragraph  
2.16 (e) after June 30, ~~2011~~ 2013. The commissioner shall allow a facility with an adult  
2.17 foster care license issued under paragraph (e) before June 30, 2011, to continue with a  
2.18 capacity of five adults if the license holder continues to comply with the requirements  
2.19 in paragraph (e)."

2.20 Page 18, after line 31, insert:

2.21 "Sec. .... Minnesota Statutes 2010, section 256B.4912, subdivision 2, is amended to  
2.22 read:

2.23 Subd. 2. **Rate-setting methodologies.** (a) The commissioner shall establish  
2.24 statewide rate-setting methodologies that meet federal waiver requirements for home  
2.25 and community-based waiver services for individuals with disabilities. The rate-setting  
2.26 methodologies must abide by the principles of transparency and equitability across the  
2.27 state. The methodologies must involve a uniform process of structuring rates for each  
2.28 service and must promote quality and participant choice.

2.29 (b) The commissioner shall consult with stakeholders and recommend the basic  
2.30 methodology framework and implementation principles, and provide draft legislation, to  
2.31 the chairs and ranking minority members of the health and human services policy and  
2.32 finance committees in the house of representatives and the senate by December 15, 2011.  
2.33 The framework and principles shall include, but not be limited to:

2.34 (1) a process that counties and providers must follow to ensure clients' continued  
2.35 access to services and provider plans in the event a provider is no longer able to provide  
2.36 services under the new rate structure;

3.1 (2) a system that includes a process for needs assessment, needs determination,  
 3.2 service design, rate notification, and mistake resolution that is available to clients,  
 3.3 families, providers, and counties;

3.4 (3) criteria for an exceptions process;

3.5 (4) rates that are sensitive to geographical differences and allow for higher  
 3.6 reimbursement for clients who have medical and behavior issues;

3.7 (5) a clear definition of the rate tool and the processes and systems that determine  
 3.8 rates;

3.9 (6) the ability for providers to determine spending and services within the rate and  
 3.10 subject to limitations in the individual service plan and provider enrollment contract; and

3.11 (7) the continuation of a rate methodology stakeholder group through the first two  
 3.12 years of implementation.

3.13 (c) The commissioner shall issue a report to the house of representatives and senate  
 3.14 committees with jurisdiction over health and human services policy and finance two  
 3.15 years after implementation of the statewide rate methodology assessing the impact and  
 3.16 effectiveness of the new rates.

3.17 Sec. .... Minnesota Statutes 2010, section 256D.44, subdivision 5, is amended to read:

3.18 Subd. 5. **Special needs.** In addition to the state standards of assistance established in  
 3.19 subdivisions 1 to 4, payments are allowed for the following special needs of recipients of  
 3.20 Minnesota supplemental aid who are not residents of a nursing home, a regional treatment  
 3.21 center, or a group residential housing facility.

3.22 (a) The county agency shall pay a monthly allowance for medically prescribed  
 3.23 diets if the cost of those additional dietary needs cannot be met through some other  
 3.24 maintenance benefit. The need for special diets or dietary items must be prescribed by  
 3.25 a licensed physician. Costs for special diets shall be determined as percentages of the  
 3.26 allotment for a one-person household under the thrifty food plan as defined by the United  
 3.27 States Department of Agriculture. The types of diets and the percentages of the thrifty  
 3.28 food plan that are covered are as follows:

3.29 (1) high protein diet, at least 80 grams daily, 25 percent of thrifty food plan;

3.30 (2) controlled protein diet, 40 to 60 grams and requires special products, 100 percent  
 3.31 of thrifty food plan;

3.32 (3) controlled protein diet, less than 40 grams and requires special products, 125  
 3.33 percent of thrifty food plan;

3.34 (4) low cholesterol diet, 25 percent of thrifty food plan;

3.35 (5) high residue diet, 20 percent of thrifty food plan;

4.1 (6) pregnancy and lactation diet, 35 percent of thrifty food plan;

4.2 (7) gluten-free diet, 25 percent of thrifty food plan;

4.3 (8) lactose-free diet, 25 percent of thrifty food plan;

4.4 (9) antidumping diet, 15 percent of thrifty food plan;

4.5 (10) hypoglycemic diet, 15 percent of thrifty food plan; or

4.6 (11) ketogenic diet, 25 percent of thrifty food plan.

4.7 (b) Payment for nonrecurring special needs must be allowed for necessary home  
4.8 repairs or necessary repairs or replacement of household furniture and appliances using  
4.9 the payment standard of the AFDC program in effect on July 16, 1996, for these expenses,  
4.10 as long as other funding sources are not available.

4.11 (c) A fee for guardian or conservator service is allowed at a reasonable rate  
4.12 negotiated by the county or approved by the court. This rate shall not exceed five percent  
4.13 of the assistance unit's gross monthly income up to a maximum of \$100 per month. If the  
4.14 guardian or conservator is a member of the county agency staff, no fee is allowed.

4.15 (d) The county agency shall continue to pay a monthly allowance of \$68 for  
4.16 restaurant meals for a person who was receiving a restaurant meal allowance on June 1,  
4.17 1990, and who eats two or more meals in a restaurant daily. The allowance must continue  
4.18 until the person has not received Minnesota supplemental aid for one full calendar month  
4.19 or until the person's living arrangement changes and the person no longer meets the criteria  
4.20 for the restaurant meal allowance, whichever occurs first.

4.21 (e) A fee of ten percent of the recipient's gross income or \$25, whichever is less,  
4.22 is allowed for representative payee services provided by an agency that meets the  
4.23 requirements under SSI regulations to charge a fee for representative payee services. This  
4.24 special need is available to all recipients of Minnesota supplemental aid regardless of  
4.25 their living arrangement.

4.26 (f)(1) Notwithstanding the language in this subdivision, an amount equal to the  
4.27 maximum allotment authorized by the federal Food Stamp Program for a single individual  
4.28 which is in effect on the first day of July of each year will be added to the standards of  
4.29 assistance established in subdivisions 1 to 4 for adults under the age of 65 who qualify  
4.30 as shelter needy and are: (i) relocating from an institution, or an adult mental health  
4.31 residential treatment program under section 256B.0622; (ii) eligible for the self-directed  
4.32 supports option as defined under section 256B.0657, subdivision 2; or (iii) home and  
4.33 community-based waiver recipients living in their own home or rented or leased apartment  
4.34 which is not owned, operated, or controlled by a provider of service not related by blood  
4.35 or marriage, unless allowed under paragraph (g).

5.1 (2) Notwithstanding subdivision 3, paragraph (c), an individual eligible for the  
 5.2 shelter needy benefit under this paragraph is considered a household of one. An eligible  
 5.3 individual who receives this benefit prior to age 65 may continue to receive the benefit  
 5.4 after the age of 65.

5.5 (3) "Shelter needy" means that the assistance unit incurs monthly shelter costs that  
 5.6 exceed 40 percent of the assistance unit's gross income before the application of this  
 5.7 special needs standard. "Gross income" for the purposes of this section is the applicant's or  
 5.8 recipient's income as defined in section 256D.35, subdivision 10, or the standard specified  
 5.9 in subdivision 3, paragraph (a) or (b), whichever is greater. A recipient of a federal or  
 5.10 state housing subsidy, that limits shelter costs to a percentage of gross income, shall not be  
 5.11 considered shelter needy for purposes of this paragraph.

5.12 (g) Notwithstanding this subdivision, to access housing and services as provided  
 5.13 in paragraph (f), the recipient may choose housing that may be owned, operated, or  
 5.14 controlled by the recipient's service provider. Such an arrangement must include  
 5.15 provisions for the recipient to retain his or her housing in the event the recipient chooses a  
 5.16 different service provider. In a multifamily building of more than four or more units, the  
 5.17 maximum number of apartments that may be used by recipients of this program shall be  
 5.18 50 percent of the units in a building, provided the service provider will implement a plan  
 5.19 with the recipient to transition the lease to the recipient's name. ~~This paragraph expires on~~  
 5.20 ~~June 30, 2012.~~ Within two years of the initial lease the service provider shall transfer the  
 5.21 lease entered into under this subdivision to the recipient. In the event the landlord denies  
 5.22 this transfer, the commissioner shall approve an exception within sufficient time to ensure  
 5.23 the continued occupancy by the recipient."

5.24 Page 23, after line 26, insert:

5.25 "Sec. .... **INSTRUCTIONS TO THE COMMISSIONER.**

5.26 The commissioner of human services shall consult with the commissioner of health  
 5.27 and stakeholders, including service providers, advocates, and counties to consolidate the  
 5.28 ICF/MR standards in chapter 245B and the standards in Minnesota Rules to eliminate  
 5.29 duplicative and outdated standards."

5.30 Renumber the sections in sequence and correct the internal references

5.31 Amend the title accordingly