

1.1 moves to amend H.F. No. 1233, the delete everything amendment
1.2 (A13-0408), as follows:

1.3 Page 186, after line 21, insert:

1.4 "Sec. Minnesota Statutes 2012, section 256B.49, subdivision 14, is amended to read:

1.5 Subd. 14. **Assessment and reassessment.** (a) Assessments and reassessments
1.6 shall be conducted by certified assessors according to section 256B.0911, subdivision 2b.
1.7 With the permission of the recipient or the recipient's designated legal representative,
1.8 the recipient's current provider of services may submit a written report outlining their
1.9 recommendations regarding the recipient's care needs prepared by a direct service
1.10 employee with at least 20 hours of service to that client. The person conducting the
1.11 assessment or reassessment must notify the provider of the date by which this information
1.12 is to be submitted. This information shall be provided to the person conducting the
1.13 assessment and the person or the person's legal representative and must be considered
1.14 prior to the finalization of the assessment or reassessment.

1.15 (b) There must be a determination that the client requires a hospital level of care or a
1.16 nursing facility level of care as defined in section 256B.0911, subdivision 4a, paragraph
1.17 (d), at initial and subsequent assessments to initiate and maintain participation in the
1.18 waiver program.

1.19 (c) Regardless of other assessments identified in section 144.0724, subdivision 4, as
1.20 appropriate to determine nursing facility level of care for purposes of medical assistance
1.21 payment for nursing facility services, only face-to-face assessments conducted according
1.22 to section 256B.0911, subdivisions 3a, 3b, and 4d, that result in a hospital level of care
1.23 determination or a nursing facility level of care determination must be accepted for
1.24 purposes of initial and ongoing access to waiver services payment.

1.25 (d) Recipients who are found eligible for home and community-based services under
1.26 this section before their 65th birthday may remain eligible for these services after their
1.27 65th birthday if they continue to meet all other eligibility factors.

2.1 (e) The commissioner shall develop criteria to identify recipients whose level of
2.2 functioning is reasonably expected to improve and reassess these recipients to establish
2.3 a baseline assessment. Recipients who meet these criteria must have a comprehensive
2.4 transitional service plan developed under subdivision 15, paragraphs (b) and (c), and be
2.5 reassessed every six months until there has been no significant change in the recipient's
2.6 functioning for at least 12 months. Upon federal approval, if the recipient is able to
2.7 have his or her needs met through alternative services in a less restrictive setting, the
2.8 case manager shall help the recipient develop a plan to transition to an appropriate less
2.9 restrictive setting. After there has been no significant change in the recipient's functioning
2.10 for at least 12 months, reassessments of the recipient's strengths, informal support systems,
2.11 and need for services shall be conducted at least every 12 months and at other times
2.12 when there has been a significant change in the recipient's functioning. Counties, case
2.13 managers, and service providers are responsible for conducting these reassessments and
2.14 shall complete the reassessments out of existing funds.

2.15 **EFFECTIVE DATE.** This section if effective January 1, 2014."