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

Page 171, after line 30, insert:

"Sec. .... Minnesota Statutes 2012, section 256.01, is amended by adding a subdivision to read:

Subd. 35. **Commissioner must annually report certain prepaid medical assistance plan data.** (a) The commissioner of human services and the commissioner of education may share private or nonpublic data to allow the commissioners to analyze the screening, diagnosis, and treatment of children with autism spectrum disorder and other developmental conditions. The commissioners may share the individual-level data necessary to:

(1) measure the prevalence of autism spectrum disorder and other developmental conditions;

(2) analyze the effectiveness of existing policies and procedures in the early identification of children with autism spectrum disorder and other developmental conditions;

(3) assess the effectiveness of screening, diagnosis, and treatment to allow children with autism spectrum disorder and other developmental conditions to meet developmental and social-emotional milestones;

(4) identify and address disparities in screening, diagnosis, and treatment related to the native language or race and ethnicity of the child;

(5) measure the effectiveness of public health care programs in addressing the medical needs of children with autism spectrum disorder and other developmental conditions; and

(6) determine the capacity of educational systems and health care systems to meet the needs of children with autism spectrum disorder and other developmental conditions.

(b) The commissioner of human services shall use the data shared with the commissioner of education under this subdivision to improve public health care program

performance in early screening, diagnosis, and treatment for children once data are available and shall report on the results and any summary data, as defined in section 13.02, subdivision 19, on the department's public Web site by each September 30."

Page 176, delete section 8, and insert:

"Sec. .... **[256B.0949] AUTISM EARLY INTENSIVE INTERVENTION BENEFIT.**

Subdivision 1. **Purpose.** This section creates a new benefit available under the medical assistance state plan when federal approval consistent with the provisions in subdivision 11 is obtained for a 1915(i) waiver pursuant to the Affordable Care Act, section 2402(c), amending United States Code, title 42, section 1396n(i)(1), or other option to provide early intensive intervention to a child with an autism spectrum disorder diagnosis. This benefit must provide coverage for diagnosis, multidisciplinary assessment, ongoing progress evaluation, and medically necessary treatment of autism spectrum disorder.

Subd. 2. **Definitions.** (a) For the purposes of this section, the terms defined in this subdivision have the meanings given.

(b) "Autism spectrum disorder diagnosis" is defined by diagnostic code 299 in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

(c) "Child" means a person under the age of 7, or for two years at any age under age 18 if the person was not diagnosed with autism spectrum disorder before age 5, or a person under age 18 pursuant to subdivision 12.

(d) "Commissioner" means the commissioner of human services, unless otherwise specified.

(e) "Early intensive intervention benefit" means autism treatment options based in behavioral and developmental science, which may include modalities such as applied behavior analysis, developmental treatment approaches, and naturalistic and parent training models.

(f) "Generalizable goals" means results or gains that are observed during a variety of activities with different people, such as providers, family members, other adults, and children and in different environments including, but not limited to, clinics, homes, schools, and the community.

Subd. 3. **Initial eligibility.** This benefit is available to a child enrolled in medical assistance who:

(1) has an autism spectrum disorder diagnosis;

(2) has had a diagnostic assessment described in subdivision 5, which recommends early intensive intervention services;

(3) meets the criteria for medically necessary autism early intensive intervention services; and

(4) declines to enroll in the state services described in section 252.27.

Subd. 4. **Diagnosis.** (a) A diagnosis must:

(1) be based upon current DSM criteria including direct observations of the child and reports from parents, or primary caregivers;

(2) be completed by a professional who has expertise and training in autism spectrum disorder and child development and who is a licensed physician, nurse practitioner, or a licensed mental health professional until the commissioner's assessment required in subdivision 8, clause (7), shows there are adequate professionals to avoid access problems or delays in diagnosis for young children if two professionals are required for a diagnosis pursuant to clause (3); and

(3) be completed by both a medical and mental health professional who have expertise and training in autism spectrum disorder and child development when the assessment in subdivision 8, clause (7), demonstrates that there are sufficient professionals available.

(b) Additional diagnostic assessment information including from special education evaluations and licensed school personnel, and from professionals licensed in the fields of medicine, speech and language, psychology, occupational therapy, and physical therapy may be considered.

Subd. 5. **Diagnostic assessment.** The following information and assessments must be performed, reviewed, and relied upon for the eligibility determination, treatment and services recommendations, and treatment plan development for the child:

(1) an assessment of the child's developmental skills, functional behavior, needs, and capacities based on direct observation of the child which must be administered by a licensed mental health professional and may also include observations from family members, licensed school personnel, childcare providers, or other caregivers, as well as any medical or assessment information from other licensed professionals such as the child's physician, rehabilitation therapists, or mental health professionals; and

(2) an assessment of parental or caregiver capacity to participate in therapy including the type and level of parental or caregiver involvement and training recommended.

Subd. 6. **Treatment plan.** (a) Each child's treatment plan must be:

(1) based on the diagnostic assessment information specified in subdivisions 4 and 5;

(2) coordinated with medically necessary occupational, physical, and speech and language therapies, special education and other services the child and family are receiving;

(3) family centered;

(4) culturally sensitive; and

(5) individualized based on the child's developmental status and the child's and family's identified needs.

(b) The treatment plan must specify the:

(1) child's goals which are developmentally appropriate, functional, generalizable;

(2) treatment modality;

(3) treatment intensity;

(4) setting; and

(5) level and type of parental or caregiver involvement.

(c) The treatment must be supervised by a professional with expertise and training in autism and child development who is a licensed physician, nurse practitioner, or mental health professional.

(d) The treatment plan must be submitted to the commissioner for approval in a manner determined by the commissioner for this purpose.

(e) Services authorized must be consistent with the child's approved treatment plan.

Subd. 7. **Ongoing eligibility.** (a) An independent progress evaluation conducted by a licensed mental health professional with expertise and training in autism spectrum disorder and child development must be completed after each six months of treatment, or more frequently as determined by the commissioner, to determine if progress is being made toward achieving generalizable gains and meeting functional goals contained in the treatment plan.

(b) The progress evaluation must include:

(1) the treating provider's report;

(2) parental or caregiver input;

(3) an independent observation of the child which can be performed by the child's licensed special education staff;

(4) any treatment plan modifications; and

(5) recommendations for continued treatment services.

(c) Progress evaluations must be submitted to the commissioner in a manner determined by the commissioner for this purpose.

(d) A child who continues to achieve generalizable gains and treatment goals as specified in the treatment plan is eligible to continue receiving this benefit.

(e) A child's treatment shall continue during the progress evaluation and during an appeal if continuation of services pending appeal have been requested pursuant to section 256.045 subdivision 10.

Subd. 8. **Refining the benefit with stakeholders.** The commissioner must develop the implementation details of the benefit in consultation with stakeholders and consider recommendations from the Health Services Advisory Council, the Department of Human Services Autism Spectrum Disorder Advisory Council, the Legislative Autism Spectrum

Disorder Task Force, and the Interagency Task Force of the Departments of Health, Education, and Human Services. The commissioner must release these details for a 30-day public comment period prior to submission to the federal government for approval. The implementation details include, but are not limited to, the following components:

(1) a definition of the qualifications, standards, and roles of the treatment team, including recommendations after stakeholder consultation on whether board certified behavior analysts and other types of professionals trained in autism spectrum disorder and child development should be added as a mental health or other professional for treatment supervision or other function under medical assistance;

(2) development of initial, uniform parameters for comprehensive multidisciplinary diagnostic assessment information and progress evaluation standards;

(3) the design of an effective and consistent process for assessing parent and caregiver capacity to participate in the child's early intervention treatment and methods of involving the parents in the treatment of the child;

(4) formulation of a collaborative process in which professionals have opportunities to collectively inform the comprehensive, multidisciplinary diagnostic assessment, and progress evaluation processes and standards and to support quality improvement of early intensive intervention services;

(5) coordination of this benefit and its interaction with other services provided by the Departments of Human Services, Health and Education;

(6) evaluation, on an ongoing basis, of research regarding the program and treatment modalities provided to children under this benefit; and

(7) determination of the availability of licensed medical and mental health professionals with expertise and training in autism spectrum disorder throughout the state in order to assess whether there are sufficient professionals to require involvement of both a medical and mental health professional to provide access and prevent delay in the diagnosis and treatment of young children so as to implement subdivision 4, paragraph (a), and to ensure treatment is effective, timely, and accessible.

Subd. 9. **Revision of treatment options.** (a) The commissioner may revise covered treatment options as needed based on outcome data and other evidence.

(b) Before the changes become effective, the commissioner must provide public notice of the changes, the reasons for the change, and a 30-day public comment period to those who request notice through an electronic list accessible to the public on the department's Web site.

Subd. 10. **Coordination between agencies.** The commissioners of human services and education must develop the capacity to coordinate services and information including

diagnostic, functional, developmental, medical, and educational assessments, service delivery, and progress evaluations across health and education sectors.

Subd. 11. **Federal approval of the autism benefit.** The provisions of subdivision 9 shall apply to state plan services under Title XIX of the Social Security Act when federal approval is granted under 1915(i) or other authority which allows children eligible for medical assistance through the TEFRA option under section 256B.055, subdivision 12, to qualify and includes children eligible for medical assistance in families over 150 percent of the federal poverty guidelines.

Subd. 12. **Local school districts option to continue treatment.** (a) A local school district may contract with the commissioner of human services to pay the state share of the benefits described under this section to continue this treatment as part of the special education services offered to all students in the district diagnosed with an autism spectrum disorder.

(b) A local school district may utilize third party billing to seek reimbursement for the district for any services paid by the district under this section for which private insurance coverage was available to the child.

**EFFECTIVE DATE.** The autism benefit under subdivisions 1 to 7, 9, and 12, is effective upon federal approval for the benefit under 1915(i) or other federal authority needed to meet the requirements of subdivision 11, but no earlier than March 1, 2014. Subdivisions 8, 10 and 11 are effective July 1, 2013."

Page 190, after line 24, insert:

"Sec. .... Minnesota Statutes 2012, section 256B.69, is amended by adding a subdivision to read:

Subd. 32a. **Initiatives to improve early screening, diagnosis, and treatment of children with autism spectrum disorder and other developmental conditions.** (a) The commissioner shall require managed care plans and county-based purchasing plans, as a condition of contract, to implement strategies that facilitate access for young children between the ages of one and three years to periodic developmental and social-emotional screenings, as recommended by the Minnesota Interagency Developmental Screening Task Force, and that those children who do not meet milestones are provided access to appropriate evaluation and assessment, including treatment recommendations, expected to improve the child's functioning, with the goal of meeting milestones by age five.

(b) The managed care plans must report the following data annually:

(1) the number of children who received a diagnostic assessment;

(2) the total number of children ages one to six with a diagnosis of autism spectrum disorder who received treatments;

(3) the number of children identified under clause (2) reported by each 12-month age group beginning with age one and ending with age six;

(4) the types of treatments provided to children identified under clause (2) listed by billing code, including the number of units billed for each child;

(5) barriers to providing screening, diagnosis, and treatment of young children between the ages of one and three years and any strategies implemented to address those barriers; and

(6) recommendations on how to measure and report on the effectiveness of the strategies implemented to facilitate access for young children to provide developmental and social-emotional screenings, diagnoses, and treatment."

Page 197, after line 15, insert:

"Sec. 24. **TRAINING OF AUTISM SERVICE PROVIDERS.**

The commissioners of health and human services shall ensure that the departments' autism-related service providers receive training in culturally appropriate approaches to serving the Somali, Latino, Hmong, and Indigenous American Indian communities, and other cultural groups experiencing a disproportionate incidence of autism.

Sec. 25. **DIRECTION TO COMMISSIONER.**

By January 1, 2014, the commissioner of human services shall apply to the federal Centers for Medicare and Medicaid Services for a waiver or other authority to provide applied behavioral analysis services to children with autism spectrum disorder and related conditions under the medical assistance program.

**EFFECTIVE DATE.** This section is effective the day following final enactment."

Page 381, after line 9, insert:

"Sec. ... **[62A.3094] COVERAGE FOR AUTISM SPECTRUM DISORDERS.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in paragraphs (b) to (e) have the meanings given.

(b) "Autism spectrum disorders" means the conditions as determined by criteria set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

(c) "Health plan" has the meaning given in section 62Q.01, subdivision 3.

(d) "Medically necessary care" means health care services appropriate, in terms of type, frequency, level, setting, and duration, to the enrollee's condition, and diagnostic testing and preventative services. Medically necessary care must be consistent with

generally accepted practice parameters as determined by physicians and licensed psychologists who typically manage patients who have autism spectrum disorders.

(e) "Mental health professional" has the meaning given in section 245.4871, subdivision 27.

Subd. 2. **Optional coverage required.** (a) A health plan must provide:

(1) all health benefits related to the treatment of autism spectrum disorders required by the essential health benefits required under section 1302 of the Affordable Care Act;

(2) all health benefits required by this or any other section of state law as of December 31, 2012; and

(3) an offer of one or more options for the purchase of supplemental autism coverage for young children for children under age 18 for the diagnosis, evaluation, assessment, and medically necessary care of autism spectrum disorders, including but not limited to the following:

(i) early intensive behavioral and developmental therapy based in behavioral and developmental science, including but not limited to applied behavior analysis, intensive early intervention behavior therapy, intensive behavior intervention, and Lovaas therapy and developmental approaches;

(ii) neuro-developmental and behavioral health treatments and management;

(iii) speech therapy;

(iv) occupational therapy;

(v) physical therapy; and

(vi) medications.

(b) The diagnosis, evaluation, and assessment must include an assessment of the child's developmental skills, functional behavior, needs, and capacities.

(c) The coverage option required under this section shall include treatment that is in accordance with an individualized treatment plan prescribed by the insured's treating physician or mental health professional.

(d) A health plan may not refuse to renew or reissue, or otherwise terminate or restrict, coverage of an individual solely because the individual is diagnosed with an autism spectrum disorder.

(e) A health plan may request an updated treatment plan only once every six months, unless the health plan and the treating physician or mental health professional agree that a more frequent review is necessary due to emerging circumstances.

(f) An independent progress evaluation conducted by a mental health professional with expertise and training in autism spectrum disorder and child development must be

completed to determine progress toward functional and generalizable gains, as determined in the treatment plan, are being made.

(g) A health plan may cap the dollar value of the supplemental coverage offered under this subdivision, but may not cap the value at less than $50,000 per calendar year per individual receiving a diagnosis of autism spectrum disorder.

Subd. 3. **No effect on other law.** Nothing in this section limits in any way the coverage required under section 62Q.47.

Subd. 4. **State health care programs.** This section does not affect benefits available under the medical assistance and MinnesotaCare programs and does not limit, restrict, or otherwise reduce coverage under these programs.

**EFFECTIVE DATE.** This section is effective January 1, 2014, and sunsets effective December 31, 2015, and applies to coverage offered; issued; sold; renewed; or continued as defined in Minnesota Statutes, section 60A.02, subdivision 2a; on or after that date."

Page 443, after line 31, insert:

"Sec. .... **ASSESSMENT OF QUALITY METRICS FOR MEASURING THE SCREENING, DIAGNOSIS, AND TREATMENT OF YOUNG CHILDREN WITH AUTISM SPECTRUM DISORDER.**

As part of the annual review and on-going development of quality measures under Minnesota Statutes, section 62U.02, the commissioner of health shall assess the medical evidence and feasibility of adding a set of quality metrics for measuring the screening, diagnosis, and treatment of young children with autism spectrum disorder."

Page 459, after line 27, insert:

"**Premium subsidy.** $3,000,000 is appropriated from the general fund in both fiscal year 2014 and fiscal year 2015 to the commissioner of human services for the purpose of providing a premium subsidy to families purchasing supplemental autism coverage for young children on the private market if a family has an income below 400 percent of the federal poverty level. The commissioner may utilize the existing eligibility and enrollment system described in section 252.27 to determine a family's eligibility for subsidies under this section.

This appropriation is available until expended

and does not become part of the base."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly