

- 1.1 ..... moves to amend H.F. No. 1406 as follows:
- 1.2 Page 2, after line 17, insert:
- 1.3 "Subd. 4b. **Deafblind.** "Deafblind" means any combination of vision and hearing
- 1.4 loss which interferes with acquiring information from the environment to the extent that
- 1.5 compensatory strategies and skills are necessary to access that or other information."
- 1.6 Page 7, line 10, delete "has both"
- 1.7 Page 7, line 11, delete "hearing and vision loss" and insert "is deafblind"
- 1.8 Page 12, delete section 5
- 1.9 Page 13, delete sections 6 and 7
- 1.10 Page 14, delete section 8
- 1.11 Page 15, delete section 9
- 1.12 Page 16, delete sections 10 and 11
- 1.13 Page 17, delete sections 12 and 13
- 1.14 Page 23, strike line 32
- 1.15 Page 23, line 33, delete the new language and strike the existing language
- 1.16 Page 23, line 34, delete "with the recipient present" and strike the semicolon
- 1.17 Page 23, line 35, strike "(10)" and insert "(9)"
- 1.18 Page 24, line 8, delete "legal guardians," and strike "and" and after "stepparents"
- 1.19 insert ", and legal guardians"
- 1.20 Page 25, line 33, after "recipient" insert ", or sooner as determined by the qualified
- 1.21 professional,"
- 1.22 Page 26, line 1, after the period, insert "The qualified professional may conduct
- 1.23 additional training and evaluation visits, based upon the needs of the recipient and the
- 1.24 personal care assistant's ability to meet those needs."
- 1.25 Page 34, line 32, delete "(a)"
- 1.26 Page 35, delete lines 13 to 16
- 1.27 Page 35, line 26, delete "(a)"

2.1 Page 35, delete lines 32 to 35

2.2 Page 36, delete lines 30 to 35 and insert:

2.3 "Subd. 7. **Recommendations to the legislature.** The commissioner shall consult  
2.4 with existing advisory groups on rate-setting methodologies, provider qualifications, and  
2.5 home and community-based service administrator roles and responsibilities to develop  
2.6 and test processes, roles, and rate-setting methodologies described in this section. The  
2.7 commissioner shall recommend by January 15, 2012, to the chairs of the legislative  
2.8 committees with jurisdiction over health and human services policy and funding,  
2.9 statutory changes that define the processes, roles, and rate-setting methodologies for  
2.10 full implementation by January 1, 2013."

2.11 Page 37, delete section 33

2.12 Page 38, delete section 36

2.13 Page 39, line 17, delete "physical" and insert a colon

2.14 Page 39, line 18, delete the new language and strike the existing language

2.15 Page 39, delete lines 19 to 24 and insert:

2.16 "(i) constant oversight, cueing, or monitoring throughout the activity; or

2.17 (ii) hands-on assistance at some time during the activity of daily living.

2.18 A dependency in an activity of daily living is determined to be needed on a daily  
2.19 basis or on the days of the week the activity is performed. Dependencies in activities of  
2.20 daily living for positioning, transfers, and mobility are established by meeting item (ii)  
2.21 only."

2.22 Page 40, line 24, after "injection" insert ", nebulizer,"

2.23 Page 41, lines 11 and 12 delete the new language

2.24 Page 41, lines 15 to 24, delete the new language and reinstate the stricken language

2.25 Page 41, lines 27 and 28, reinstate the stricken language

2.26 Page 42, line 30, delete the new language

2.27 Page 42, delete line 31

2.28 Page 42, line 32, delete "is later." and insert "This subdivision is effective until  
2.29 notification is given by the commissioner as described under section 256B.0911,  
2.30 subdivision 3a."

2.31 Page 45, line 5, delete "affecting daily functioning"

2.32 Page 46, line 21, delete "256B.092,"

2.33 Page 46, line 23, strike "or 256B.092,"

2.34 Page 46, after line 28, insert:

2.35 "(8) providing recommendations for nursing facility institutional placement when  
2.36 there are no cost-effective community services available; and

3.1 (9) providing access to assistance to transition people back to community settings  
3.2 after facility institutional admission.

3.3 (b) Upon statewide implementation of lead agency requirements in subdivisions 2b,  
3.4 2c, and 3a, "long-term care consultation services" also means:"

3.5 Page 46, line 29, delete "(8)" and insert "(1)"

3.6 Page 46, line 33, delete "(9)" and insert "(2)"

3.7 Page 47, line 3, delete "(10)" and insert "(3)" and after "of" insert "institutional level  
3.8 of care, waiver, and other service" and after "eligibility" insert "as required under section  
3.9 256B.092, determination of eligibility" and delete "and" and insert a comma

3.10 Page 47, line 6, delete "(11)" and insert "(4)"

3.11 Page 47, line 8, delete "(12)" and insert "(5)"

3.12 Page 47, line 10, strike "(b)" and insert "(c)"

3.13 Page 47, line 14, strike "(c)" and insert "(d)"

3.14 Page 47, line 16, strike "(d)" and insert "(e)" and after "counties" insert "  
3.15 administering" and strike "a collaboration of counties," and strike the second comma

3.16 Page 47, line 17, strike "administering" and insert "under contract with the  
3.17 commissioner to administer"

3.18 Page 47, line 20, strike "Beginning January 1," and delete "2012" and strike the  
3.19 second comma and insert "This section is effective upon completion of the training and  
3.20 certification process identified in subdivision 2c."

3.21 Page 48, line 5, after "develop" insert "and implement"

3.22 Page 48, line 8, after "certified" insert "within timelines specified by the  
3.23 commissioner, but no sooner than six months after statewide availability of the training  
3.24 and certification process. The commissioner must establish the timelines for training and  
3.25 certification in such a manner that allows lead agencies to most efficiently adopt the  
3.26 automated process established in subdivision 5." and strike "by" and delete "January  
3.27 1, 2012"

3.28 Page 48, line 13, strike "Until January 1, 2011,"

3.29 Page 48, after line 31, insert:

3.30 "(d) Tribes and health plans under contract with the commissioner must provide  
3.31 long-term care consultation services as specified in the contract."

3.32 Page 49, line 6, strike "After January 1," and delete "2012" and insert "Upon  
3.33 statewide implementation of subdivisions 2b, 2c, and 5"

3.34 Page 49, line 8, after the period, insert "The commissioner shall provide at least a 90  
3.35 day notice to lead agencies prior to the effective date of this requirement."

4.1 Page 49, line 11, strike "After January 1," and delete "2012" and insert "Upon  
4.2 implementation of subdivisions 2b, 2c, and 5"

4.3 Page 50, line 9, delete "clauses" and insert "clause" and delete "to (10)" and insert "  
4.4 and paragraph (b)"

4.5 Page 50, line 11, delete "(a)" and insert "(b)" and delete "(8)" and insert "(1)"

4.6 Page 50, line 34, delete the second "and" and insert a comma and after "management"  
4.7 insert ", and other"

4.8 Page 50, line 35, delete "clauses" and insert "clause" and delete "to (10)" and insert "  
4.9 and paragraph (b)"

4.10 Page 51, lines 8 and 11, delete "clauses" and insert "clause" and delete "to (10)" and  
4.11 insert "and paragraph (b)"

4.12 Page 51, line 23, after the period insert "Notwithstanding retroactive medical  
4.13 assistance coverage of state plan services," and strike "program" and strike "in this case"  
4.14 and insert "for programs included in this item"

4.15 Page 51, line 24, after the second "the" insert "most recent"

4.16 Page 55, line 26, delete the first comma and strike "according to section 256B.431,  
4.17 subdivision 2b, paragraph (g)"

4.18 Page 57, line 29, strike "Elderly" and insert "Except as provided to individuals under  
4.19 prepaid medical assistance programs as described in paragraph (h),"

4.20 Page 57, line 32, strike "elderly"

4.21 Page 58, line 19, after "(f)" insert "Except as described in paragraph (h),"

4.22 Page 58, line 25, delete "(d)" and insert "(e)"

4.23 Page 58, after line 35, insert:

4.24 "(h) For individuals enrolled in prepaid medical assistance programs under section  
4.25 256B.69, subdivisions 6b and 23, the health plan will provide or arrange to provide elderly  
4.26 waiver case management services in paragraph (g), as part of an integrated delivery  
4.27 system as described in section 256B.69, subdivision 23, and in accordance with contract  
4.28 requirements established by the commissioner."

4.29 Page 59, line 3, after the third period, insert "(a)"

4.30 Page 59, line 4, strike "elderly"

4.31 Page 59, line 8, strike "An elderly" and insert "A"

4.32 Page 59, after line 27, insert:

4.33 "(b) A health plan shall provide or arrange to provide elderly waiver case  
4.34 management services in subdivision 1a, paragraph (g), as part of an integrated delivery  
4.35 system as described in section 256B.69, subdivision 23, and in accordance with

5.1 contract requirements established by the commissioner related to provider standards  
 5.2 and qualifications."

5.3 Page 60, after line 29, insert:

5.4 "Sec. .... Minnesota Statutes 2010, section 256B.0915, subdivision 10, is amended to  
 5.5 read:

5.6 Subd. 10. **Waiver payment rates; managed care organizations.** The  
 5.7 commissioner shall adjust the elderly waiver capitation payment rates for managed  
 5.8 care organizations paid under section 256B.69, subdivisions ~~6a~~ 6b and 23, to reflect the  
 5.9 maximum service rate limits for customized living services and 24-hour customized  
 5.10 living services under subdivisions 3e and 3h for the contract period beginning October  
 5.11 1, 2009. Medical assistance rates paid to customized living providers by managed  
 5.12 care organizations under this section shall not exceed the maximum service rate limits  
 5.13 determined by the commissioner under subdivisions 3e and 3h."

5.14 Page 63, delete lines 4 to 6

5.15 Page 72, delete lines 32 to 34

5.16 Page 75, delete lines 32 to 34

5.17 Page 76, delete lines 1 to 9 and insert:

5.18 "(1) a low number of beds per thousand in a specified area using as a standard the  
 5.19 beds per thousand people age 65 and older, in five year age groups, using data from the  
 5.20 most recent census and population projections, weighted by each groups' most recent  
 5.21 nursing home utilization, of the county at the 20th percentile, as determined by the  
 5.22 commissioner of human services;

5.23 (2) a high level of out-migration for nursing facility services associated with a  
 5.24 described area from the county or counties of residence to other Minnesota counties, as  
 5.25 determined by the commissioner of human services, using as a standard an amount greater  
 5.26 than the out-migration of the county ranked at the 50th percentile;

5.27 (3) an adequate level of availability of noninstitutional long-term care services  
 5.28 measured as public spending for home and community-based long-term care services per  
 5.29 individual age 65 and older, in five year age groups, using data from the most recent  
 5.30 census and population projections, weighted by each groups' most recent nursing home  
 5.31 utilization, as determined by the commissioner of human services, using as a standard an  
 5.32 amount greater than the 50th percentile of counties;

5.33 (4) there must be a declaration of hardship resulting from insufficient access to  
 5.34 nursing home beds by local county agencies and area agencies on aging; and"

5.35 Page 78, delete section 4

5.36 Page 80, delete section 5

6.1 Page 81, after line 10, insert:

6.2 "Sec. 4. Minnesota Statutes 2010, section 144D.08, is amended to read:

6.3 **144D.08 UNIFORM CONSUMER INFORMATION GUIDE.**

6.4 All housing with services establishments shall make available to all prospective  
6.5 and current residents information consistent with the uniform format and the required  
6.6 components adopted by the commissioner under section 144G.06. This section does not  
6.7 apply to an establishment registered under section 144D.025, serving the homeless."

6.8 Page 81, delete lines 33 and 34 and insert "the month following the month in which  
6.9 such notice was mailed. In the event of revocation, any amounts paid by private residents  
6.10 under this subdivision for days of service on or after the first day of the month following  
6.11 the month in which such notice was mailed must be refunded."

6.12 Page 96, delete sections 3 and 4

6.13 Page 97, delete sections 5 and 6

6.14 Page 101, delete section 8

6.15 Page 102, delete sections 9 and 10

6.16 Renumber the sections in sequence and correct the internal references

6.17 Amend the title accordingly