...... moves to amend H.F. No. 2294, the first engrossment, as follows:

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.2	Page 3, line 23, after the period, insert "The commissioner, or the commissioner's
.3	designee, shall attend all advisory committee meetings."
.4	Page 4, line 3, after the period, insert "The chair of the advisory committee, or the
.5	chair's designee, shall attend all meetings of the Minnesota Council on Transportation
.6	Access."
.7	Page 4, line 31, after the period, insert "Members of the advisory committee shall
.8	receive no compensation."
.9	Page 4, after line 31, insert:
.10	"Sec. 4. Minnesota Statutes 2010, section 256B.0625, is amended by adding a
.11	subdivision to read:
.12	Subd. 18e. Single administrative structure and delivery system. (a) The
.13	commissioner shall implement a single administrative structure and delivery system for
.14	nonemergency medical transportation, beginning July 1, 2013. The single administrative
.15	structure and delivery system must:
.16	(1) eliminate the distinction between access transportation services and special
.17	transportation services;
.18	(2) enable all medical assistance recipients to follow the same process to obtain
.19	nonemergency medical transportation, regardless of their level of need;
.20	(3) provide a single oversight framework for all providers of nonemergency medical
.21	transportation; and
.22	(4) provide flexibility in service delivery, recognizing that clients fall along a
.23	continuum of needs and resources.
.24	(b) The commissioner shall present to the legislature, by January 15, 2013, any draft
.25	legislation necessary to implement the single administrative structure and delivery system
.26	for nonemergency medical transportation.

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2.1	(c) In developing the single administrative structure and delivery system and
2.2	the draft legislation, the commissioner shall consult with the Nonemergency Medical
2.3	<u>Transportation Advisory Committee.</u>
2.4	Sec. 5. Minnesota Statutes 2010, section 256B.0625, is amended by adding a
2.5	subdivision to read:
2.6	Subd. 18f. Enrollee assessment process. (a) The commissioner, in consultation
2.7	with the Nonemergency Medical Transportation Advisory Committee, shall develop and
2.8	implement, by July 1, 2013, a comprehensive, statewide, standard assessment process
2.9	for medical assistance enrollees seeking nonemergency medical transportation services.
2.10	The assessment process must identify a client's level of needs, abilities, and resources,
2.11	and match the client with the mode of transportation in the client's service area that best
2.12	meets those needs.
2.13	(b) The assessment process must:
2.14	(1) address mental health diagnoses when determining the most appropriate mode of
2.15	transportation;
2.16	(2) base decisions on clearly defined criteria that are available to clients, providers,
2.17	and counties;
2.18	(3) be standardized across the state and be aligned with other similar existing
2.19	processes;
2.20	(4) allow for extended periods of eligibility for certain types of nonemergency
2.21	transportation, when a client's condition is unlikely to change; and
2.22	(5) increase the use of public transportation when appropriate and cost-effective,
2.23	including offering monthly bus passes to clients.
2.24	Sec. 6. Minnesota Statutes 2010, section 256B.0625, is amended by adding a
2.25	subdivision to read:
2.26	Subd. 18g. Use of standardized measures. The commissioner, in consultation
2.27	with the Nonemergency Medical Transportation Advisory Committee, shall establish
2.28	performance measures to assess the cost-effectiveness and quality of nonemergency
2.29	medical transportation. At a minimum, performance measures should include the
2.30	number of unique participants served by type of transportation provider, number of trips
2.31	provided by type of transportation provider, and cost per trip by type of transportation
2.32	provider. The commissioner must also consider the measures identified in the January
2.33	2012 Department of Human Services report to the legislature on nonemergency medical
2.34	transportation. Beginning in calendar year 2013, the commissioner shall collect, audit, and

Sec. 6. 2

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analyze performance data on nonemergency medical transportation annually and report		
this information on the agency's website. The commissioner shall periodically supplement		
this information with the results of consumer surveys of the quality of services, and shall		
make these survey findings available to the public on the agency website."		
Page 18, after line 20, insert:		
"Sec. 17. NONEMERGENCY MEDICAL TRANSPORTATION SERVICES		
REQUEST FOR INFORMATION.		
(a) The commissioner of human services shall issue a request for information		
from vendors about potential solutions for the management of nonemergency medical		
transportation (NEMT) services provided to recipients of Minnesota health care programs.		
The request for information must require vendors to submit responses by November 1,		
2012. The request for information shall seek information from vendors, including but not		
limited to, the following aspects:		
(1) administration of the NEMT program within a single administrative structure,		
that may include a statewide or regionalized solution;		
(2) oversight of transportation services;		
(3) a process for assessing an individual's level of need;		
(4) methods that promote the appropriate use of public transportation; and		
(5) an electronic system that assists providers in managing services to clients and is		
consistent with the recommendations in the 2011 evaluation report by the Office of the		
Legislative Auditor on NEMT, related to the use of data to inform decision-making and		
reduce waste and fraud.		
(b) The commissioner shall provide the information obtained from the request for		
information to the chairs and ranking minority members of the legislative committees with		
jurisdiction over health and human services policy and financing by November 15, 2012."		
Renumber the sections in sequence and correct the internal references		

Sec. 17. 3

Amend the title accordingly