

1.1 ..... moves to amend H.F. No. 2294, the delete everything amendment  
1.2 (H2294DE2), as follows:

1.3 Page 1, after line 4, insert:

1.4 "Section 1. Minnesota Statutes 2010, section 256B.0625, is amended by adding a  
1.5 subdivision to read:

1.6 Subd. 18c. **Nonemergency Medical Transportation Advisory Committee.** (a)

1.7 The commissioner shall establish a 17-member Nonemergency Medical Transportation  
1.8 Advisory Committee. The advisory committee shall advise the commissioner on the  
1.9 administration of nonemergency medical transportation covered under medical assistance.  
1.10 The advisory committee shall meet at least quarterly, and may meet more frequently  
1.11 as required by the commissioner. The advisory committee shall annually elect a chair  
1.12 from among its members, who shall work with the commissioner or the commissioner's  
1.13 designee to establish the agenda for each meeting.

1.14 (b) The Nonemergency Medical Transportation Advisory Committee shall advise  
1.15 and make recommendations to the commissioner on:

1.16 (1) the development of, and periodic updates to, a policy manual for nonemergency  
1.17 medical transportation services;

1.18 (2) policies and a funding source for reimbursing no-load miles;

1.19 (3) policies to prevent waste, fraud, and abuse, and to improve the efficiency of the  
1.20 nonemergency medical transportation system;

1.21 (4) other issues identified in the 2011 evaluation report by the Office of the  
1.22 Legislative Auditor on medical nonemergency transportation; and

1.23 (5) other aspects of the nonemergency medical transportation system, as requested  
1.24 by the commissioner.

1.25 (c) The Nonemergency Medical Transportation Advisory Committee shall  
1.26 coordinate its activities with the Minnesota Council on Transportation Access established  
1.27 under section 174.285.

2.1 Sec. 2. Minnesota Statutes 2010, section 256B.0625, is amended by adding a  
2.2 subdivision to read:

2.3 Subd. 18d. **Advisory committee members.** (a) The Nonemergency Medical  
2.4 Transportation Advisory Committee consists of:

2.5 (1) two voting members who represent counties, at least one of whom must represent  
2.6 a county or counties other than Anoka, Carver, Chisago, Dakota, Hennepin, Isanti,  
2.7 Ramsey, Scott, Sherburne, Washington, and Wright;

2.8 (2) four voting members who represent medical assistance recipients, including  
2.9 persons with physical and developmental disabilities, persons with mental illness, seniors,  
2.10 children, and low-income individuals;

2.11 (3) four voting members who represent providers that deliver nonemergency medical  
2.12 transportation services to medical assistance enrollees;

2.13 (4) two voting members of the house of representatives, one from the majority party  
2.14 and one from the minority party, appointed by the speaker, and two voting members from  
2.15 the senate, one from the majority party and one from the minority party, appointed by the  
2.16 Subcommittee on Committees of the Committee on Rules and Administration;

2.17 (5) one voting member who represents demonstration providers, as defined in  
2.18 section 256B.69, subdivision 2;

2.19 (6) one voting member who represents an organization that contracts with state or  
2.20 local governments to coordinate transportation services for medical assistance enrollees;  
2.21 and

2.22 (7) The commissioner of transportation or the commissioner's designee, who shall  
2.23 serve as a voting member.

2.24 (b) Members of the advisory committee shall not be employed by the Department  
2.25 of Human Services.

2.26 Sec. 3. Minnesota Statutes 2010, section 256B.0625, is amended by adding a  
2.27 subdivision to read:

2.28 Subd. 18e. **Advisory committee terms; compensation; expiration.** (a) The terms  
2.29 of members of the Nonemergency Medical Transportation Advisory Committee shall  
2.30 expire December 1, 2014. Members shall receive reimbursement only for expenses.

2.31 (b) The Nonemergency Medical Transportation Advisory Committee shall expire  
2.32 December 1, 2014.

2.33 Sec. 4. Minnesota Statutes 2010, section 256B.0625, is amended by adding a  
2.34 subdivision to read:

3.1 Subd. 18f. **Single administrative structure and delivery system.** (a) The  
3.2 commissioner shall implement a single administrative structure and delivery system for  
3.3 nonemergency medical transportation, beginning July 1, 2013. The single administrative  
3.4 structure and delivery system must:

3.5 (1) enable all medical assistance recipients to follow the same process to obtain  
3.6 nonemergency medical transportation, regardless of their level of need;

3.7 (2) provide a single oversight framework for all providers of nonemergency medical  
3.8 transportation; and

3.9 (3) provide flexibility in service delivery, recognizing that clients fall along a  
3.10 continuum of needs and resources.

3.11 (b) The commissioner shall present to the legislature, by January 15, 2013, any draft  
3.12 legislation necessary to implement the single administrative structure and delivery system  
3.13 for nonemergency medical transportation.

3.14 (c) In developing the single administrative structure and delivery system and  
3.15 the draft legislation, the commissioner shall consult with the Nonemergency Medical  
3.16 Transportation Advisory Committee.

3.17 Sec. 5. Minnesota Statutes 2010, section 256B.0625, is amended by adding a  
3.18 subdivision to read:

3.19 Subd. 18g. **Enrollee assessment process.** (a) The commissioner, in consultation  
3.20 with the Nonemergency Medical Transportation Advisory Committee, shall develop and  
3.21 implement, by July 1, 2013, a comprehensive, statewide, standard assessment process  
3.22 for medical assistance enrollees seeking nonemergency medical transportation services.  
3.23 The assessment process must identify a client's level of needs, abilities, and resources,  
3.24 and match the client with the mode of transportation in the client's service area that best  
3.25 meets those needs.

3.26 (b) The assessment process must:

3.27 (1) address mental health diagnoses when determining the most appropriate mode of  
3.28 transportation;

3.29 (2) base decisions on clearly defined criteria that are available to clients, providers,  
3.30 and counties;

3.31 (3) be standardized across the state and be aligned with other similar existing  
3.32 processes;

3.33 (4) allow for extended periods of eligibility for certain types of nonemergency  
3.34 transportation, when a client's condition is unlikely to change; and

4.1 (5) increase the use of public transportation when appropriate and cost-effective,  
 4.2 including offering monthly bus passes to clients.

4.3 Sec. 6. Minnesota Statutes 2010, section 256B.0625, is amended by adding a  
 4.4 subdivision to read:

4.5 Subd. 18h. **Use of standardized measures.** The commissioner, in consultation  
 4.6 with the Nonemergency Medical Transportation Advisory Committee, shall establish  
 4.7 performance measures to assess the cost-effectiveness and quality of nonemergency  
 4.8 medical transportation. At a minimum, performance measures should include the  
 4.9 number of unique participants served by type of transportation provider, number of trips  
 4.10 provided by type of transportation provider, and cost per trip by type of transportation  
 4.11 provider. The commissioner must also consider the measures identified in the January  
 4.12 2012 Department of Human Services report to the legislature on nonemergency medical  
 4.13 transportation. Beginning in calendar year 2013, the commissioner shall collect, audit, and  
 4.14 analyze performance data on nonemergency medical transportation annually and report  
 4.15 this information on the agency's website. The commissioner shall periodically supplement  
 4.16 this information with the results of consumer surveys of the quality of services, and shall  
 4.17 make these survey findings available to the public on the agency website."

4.18 Page 7, after line 32, insert:

4.19 "Sec. .... **NONEMERGENCY MEDICAL TRANSPORTATION SERVICES**  
 4.20 **REQUEST FOR INFORMATION.**

4.21 (a) The commissioner of human services shall issue a request for information  
 4.22 from vendors about potential solutions for the management of nonemergency medical  
 4.23 transportation (NEMT) services provided to recipients of Minnesota health care programs.  
 4.24 The request for information must require vendors to submit responses by November 1,  
 4.25 2012. The request for information shall seek information from vendors that includes, at a  
 4.26 minimum, the following aspects:

4.27 (1) administration of the NEMT program within a single administrative structure,  
 4.28 the may include a statewide or regionalized solution;

4.29 (2) oversight of transportation services;

4.30 (3) a process for assessing an individual's level of need;

4.31 (4) methods that promote the appropriate use of public transportation; and

4.32 (5) an electronic system that assists providers in managing services to clients and is  
 4.33 consistent with the recommendations in the 2011 evaluation report by the Office of the  
 4.34 Legislative Auditor on NEMT, related to the use of data to inform decision-making and  
 4.35 reduce waste and fraud.

5.1           (b) The commissioner shall use the information obtained from the request for  
5.2 information, and recommendations from the Nonemergency Medical Transportation  
5.3 Advisory Committee, to develop and issue a request for proposals for a contract to  
5.4 administer NEMT services for Minnesota health care programs."

5.5           Renumber the sections in sequence and correct the internal references

5.6           Amend the title accordingly