1.1 .................... moves to amend H.F. No. 2614, the first engrossment, as follows:

1.2 Page 2, line 13, strike everything after "hearing" and delete the new language

1.3 Page 2, line 14, delete the new language and strike the existing language

1.4 Page 2, line 15, strike "section 245C.22" and insert "(a) An individual"

1.5 Page 2, line 21, after "256.045" insert "following a reconsideration decision issued
1.6 under section 245C.23"

1.7 Page 3, line 9, after "hearing" insert "following a reconsideration decision"

1.8 Page 3, line 12, strike everything after "disqualification"

1.9 Page 3, line 13, delete the new language and before the comma, insert "following a
1.10 reconsideration decision under section 245C.23"

1.11 Page 3, line 21, strike everything after "(a)"

1.12 Page 3, line 22, delete the new language and strike everything before "individual"
1.13 and insert "A disqualified"

1.14 Page 3, line 23, strike "the individual"

1.15 Page 3, line 24, after "14" insert "following a reconsideration determination under
1.16 section 245C.23"

1.17 Page 3, line 26, strike "that the"

1.18 Page 3, line 27, delete "rescinded" and strike everything before the period and insert "
1.19 of the reconsideration decision"

1.20 Page 3, line 31, delete "rescind" and strike everything before "based" and insert "
1.21 (b) When an individual is disqualified"

1.22 Page 3, line 32, after "hearing" insert "under paragraph (a),"

1.23 Page 4, delete lines 1 to 5

1.24 Page 4, line 6, reinstate the stricken language and delete the new language

1.25 Page 4, line 9, reinstate the stricken language and delete the new language

1.26 Page 4, line 10, strike everything before the comma

1.27 Page 4, line 13, delete "rescinded" and strike "which were not"

2.1 Page 4, line 14, reinstate the stricken language and delete the new language
2.2 Page 5, line 14, delete the new language and strike everything after the comma
2.3 Page 5, line 15, strike "245C.22 and" and insert "following a reconsideration
2.4 decision under section"
2.5 Page 5, line 21, delete "rescinded" and strike everything before the comma and insert "
2.6 and the individual remains disqualified following a reconsideration decision"
2.7 Page 11, line 5, strike everything after "denied"
2.8 Page 11, line 6, delete "rescinded" and strike everything before the comma and insert "
2.9 and the individual remains disqualified following a reconsideration decision"
2.10 Page 14, delete section 2 and insert

2.11 "Sec. 2. Minnesota Statutes 2008, section 256.01, is amended by adding a subdivision
2.12 to read:
2.13 Subd. 30. **Review and evaluation of ongoing studies.** The commissioner
2.14 shall review all ongoing studies, reports, and program evaluations completed by the
2.15 Department of Human Services for state fiscal years 2006 through 2010. For each item,
2.16 the commissioner shall report the legislature's appropriation for that work, if any, and the
2.17 actual reported cost of the completed work by the Department of Human Services. The
2.18 commissioner shall make recommendations to the legislature about which studies, reports,
2.19 and program evaluations required by law on an ongoing basis are duplicative, unnecessary,
2.20 or obsolete. The commissioner shall repeat this review every five fiscal years."
2.21 Page 18, line 15, after "2011" insert "through June 30, 2013,"
2.22 Page 18, line 19, after "2012" insert "through December 31, 2013," and delete
2.23 everything after the period
2.24 Page 18, delete lines 20 to 22
2.25 Page 19, line 19, delete "over" and insert "at least" and after "pregnant," insert "who
2.26 is not entitled to Medicare Part A or enrolled in Medicare Part B under Title XVIII of the
2.27 Social Security Act, who is not an adult in a family with children as defined in section
2.28 256L.01, subdivision 3a,"
2.29 Page 19, line 20, delete "subdivision 4, 7, or"
2.30 Page 19, line 21, after "effective" insert "January 1, 2011, or" and delete "and is"
2.31 and insert a period
2.32 Page 19, delete line 22
2.33 Page 20, line 7, after "have" insert "gross countable"
2.34 Page 20, line 9, after "effective" insert "January 1, 2011, or" and delete "and is"
2.35 and insert a period
2.36 Page 20, delete line 10

3.1 Page 25, line 12, after "for" insert "face-to-face"

3.2 Page 30, line 28, delete "September 1, 2010" and insert "January 1, 2011"

3.3 Page 31, lines 25 to 26, delete "January 1, 2011" and insert "July 1, 2011"

3.4 Page 32, delete section 22

3.5 Page 33, after line 8, insert:

3.6 "Sec. .... Minnesota Statutes 2009 Supplement, section 256B.69, subdivision 5a, is
3.7 amended to read:

3.8 Subd. 5a. **Managed care contracts.** (a) Managed care contracts under this section
3.9 and sections 256L.12 and 256D.03, shall be entered into or renewed on a calendar year
3.10 basis beginning January 1, 1996. Managed care contracts which were in effect on June
3.11 30, 1995, and set to renew on July 1, 1995, shall be renewed for the period July 1, 1995
3.12 through December 31, 1995 at the same terms that were in effect on June 30, 1995. The
3.13 commissioner may issue separate contracts with requirements specific to services to
3.14 medical assistance recipients age 65 and older.

3.15 (b) A prepaid health plan providing covered health services for eligible persons
3.16 pursuant to chapters 256B, 256D, and 256L, is responsible for complying with the terms
3.17 of its contract with the commissioner. Requirements applicable to managed care programs
3.18 under chapters 256B, 256D, and 256L, established after the effective date of a contract
3.19 with the commissioner take effect when the contract is next issued or renewed.

3.20 (c) Effective for services rendered on or after January 1, 2003, the commissioner
3.21 shall withhold five percent of managed care plan payments under this section and
3.22 county-based purchasing plan's payment rate under section 256B.692 for the prepaid
3.23 medical assistance and general assistance medical care programs pending completion of
3.24 performance targets. Each performance target must be quantifiable, objective, measurable,
3.25 and reasonably attainable, except in the case of a performance target based on a federal
3.26 or state law or rule. Criteria for assessment of each performance target must be outlined
3.27 in writing prior to the contract effective date. The managed care plan must demonstrate,
3.28 to the commissioner's satisfaction, that the data submitted regarding attainment of
3.29 the performance target is accurate. The commissioner shall periodically change the
3.30 administrative measures used as performance targets in order to improve plan performance
3.31 across a broader range of administrative services. The performance targets must include
3.32 measurement of plan efforts to contain spending on health care services and administrative
3.33 activities. The commissioner may adopt plan-specific performance targets that take into
3.34 account factors affecting only one plan, including characteristics of the plan's enrollee
3.35 population. The withheld funds must be returned no sooner than July of the following

4.1 year if performance targets in the contract are achieved. The commissioner may exclude
4.2 special demonstration projects under subdivision 23.

4.3 (d) Effective for services rendered on or after January 1, 2009, through December 31,
4.4 2009, the commissioner shall withhold three percent of managed care plan payments under
4.5 this section and county-based purchasing plan payments under section 256B.692 for the
4.6 prepaid medical assistance and general assistance medical care programs. The withheld
4.7 funds must be returned no sooner than July 1 and no later than July 31 of the following
4.8 year. The commissioner may exclude special demonstration projects under subdivision 23.

4.9 The return of the withhold under this paragraph is not subject to the requirements of
4.10 paragraph (c).

4.11 (e) Effective for services provided on or after January 1, 2010, the commissioner
4.12 shall require that managed care plans use the assessment and authorization processes,
4.13 forms, timelines, standards, documentation, and data reporting requirements, protocols,
4.14 billing processes, and policies consistent with medical assistance fee-for-service or the
4.15 Department of Human Services contract requirements consistent with medical assistance
4.16 fee-for-service or the Department of Human Services contract requirements for all
4.17 personal care assistance services under section 256B.0659.

4.18 (f) Effective for services rendered on or after January 1, 2010, through December
4.19 31, 2010, the commissioner shall withhold 3.5 percent of managed care plan payments
4.20 under this section and county-based purchasing plan payments under section 256B.692
4.21 for the prepaid medical assistance program. The withheld funds must be returned no
4.22 sooner than July 1 and no later than July 31 of the following year. The commissioner may
4.23 exclude special demonstration projects under subdivision 23.

4.24 (g) Effective for services rendered on or after January 1, 2011, through December
4.25 31, 2011, the commissioner shall withhold four percent of managed care plan payments
4.26 under this section and county-based purchasing plan payments under section 256B.692
4.27 for the prepaid medical assistance program. The withheld funds must be returned no
4.28 sooner than July 1 and no later than July 31 of the following year. The commissioner may
4.29 exclude special demonstration projects under subdivision 23.

4.30 (h) Effective for services rendered on or after January 1, 2012, through December
4.31 31, 2012, the commissioner shall withhold 4.5 percent of managed care plan payments
4.32 under this section and county-based purchasing plan payments under section 256B.692
4.33 for the prepaid medical assistance program. The withheld funds must be returned no
4.34 sooner than July 1 and no later than July 31 of the following year. The commissioner may
4.35 exclude special demonstration projects under subdivision 23.

5.1 (i) Effective for services rendered on or after January 1, 2013, through December 31,
5.2 2013, the commissioner shall withhold 4.5 percent of managed care plan payments under
5.3 this section and county-based purchasing plan payments under section 256B.692 for the
5.4 prepaid medical assistance program. The withheld funds must be returned no sooner than
5.5 July 1 and no later than July 31 of the following year. The commissioner may exclude
5.6 special demonstration projects under subdivision 23.

5.7 (j) Effective for services rendered on or after January 1, 2014, the commissioner
5.8 shall withhold three percent of managed care plan payments under this section and
5.9 county-based purchasing plan payments under section 256B.692 for the prepaid medical
5.10 assistance and prepaid general assistance medical care programs. The withheld funds must
5.11 be returned no sooner than July 1 and no later than July 31 of the following year. The
5.12 commissioner may exclude special demonstration projects under subdivision 23.

5.13 (k) A managed care plan or a county-based purchasing plan under section 256B.692
5.14 may include as admitted assets under section 62D.044 any amount withheld under this
5.15 section that is reasonably expected to be returned.

5.16 (l) Contracts between the commissioner and a prepaid health plan are exempt from
5.17 the set-aside and preference provisions of section 16C.16, subdivisions 6, paragraph
5.18 (a), and 7.

5.19 (m) Effective for services rendered on or after January 1, 2011, the commissioner
5.20 shall include as part of the performance targets described in paragraph (c) a reduction in
5.21 the health plan's emergency room utilization rate for state health care program enrollees
5.22 by a measurable rate of five percent from the plan's utilization rate for state health care
5.23 program enrollees for the previous calendar year.

5.24 The withheld funds must be returned no sooner than July 1 and no later than July
5.25 31 of the following calendar year if the managed care plan or county-based purchasing
5.26 plan demonstrates to the satisfaction of the commissioner that a reduction in the utilization
5.27 rate was achieved.

5.28 The withhold described in this paragraph shall continue for each consecutive contract
5.29 period until the managed care plan's emergency room utilization rate for state health care
5.30 program enrollees is reduced by 25 percent of the managed care plan's emergency room
5.31 utilization rate for state health care program enrollees for calendar year 2009."

5.32 Page 33, lines 11 to 12 delete "August 1, 2010," and insert "July 1, 2011,"

5.33 Page 33, line 15, delete "August 1, 2010" and insert "July 1, 2011"

5.34 Page 33, after line 15, insert:

5.35 "Sec. 24. Minnesota Statutes 2008, section 256.969, subdivision 21, is amended to read:

6.1 Subd. 21. **Mental health or chemical dependency admissions; rates.** (a)
6.2 Admissions under the general assistance medical care program occurring on or after
6.3 July 1, 1990, and admissions under medical assistance, excluding general assistance
6.4 medical care, occurring on or after July 1, 1990, and on or before September 30, 1992,
6.5 that are classified to a diagnostic category of mental health or chemical dependency
6.6 shall have rates established according to the methods of subdivision 14, except the per
6.7 day rate shall be multiplied by a factor of 2, provided that the total of the per day rates
6.8 shall not exceed the per admission rate. This methodology shall also apply when a hold
6.9 or commitment is ordered by the court for the days that inpatient hospital services are
6.10 medically necessary. Stays which are medically necessary for inpatient hospital services
6.11 and covered by medical assistance shall not be billable to any other governmental entity.
6.12 Medical necessity shall be determined under criteria established to meet the requirements
6.13 of section 256B.04, subdivision 15, or 256D.03, subdivision 7, paragraph (b).

6.14 (b) Payment rates for fee-for-service medical assistance admissions occurring on
6.15 or after July 1, 2011, through June 30, 2013, for diagnosis-related groups admissions
6.16 related to children's mental health specified by the commissioner, shall be increased for
6.17 these diagnosis-related groups at a percentage calculated to cost not more than a total
6.18 of $7,200,000 per fiscal year, including state and federal shares. For purposes of this
6.19 paragraph, medical assistance does not include general assistance medical care. The
6.20 commissioner shall adjust rates paid to a prepaid health plan under contract with the
6.21 commissioner on a temporary basis to reflect payments provided in this paragraph, and
6.22 prepaid health plans are required to increase rates to providers under contract on a
6.23 temporary basis to reflect payments provided in this paragraph.

6.24 **EFFECTIVE DATE.** This section is effective July 1, 2011."

6.25 Page 33, line 20, delete ", general assistance medical care,"

6.26 Page 33, line 21, delete "from their current statutory rates"

6.27 Page 36, delete line 10 and insert "for the specified"

6.28 Page 42, line 2, after the period insert "The commissioner shall implement this
6.29 section after any other rate adjustment that is effective July 1, 2010, and shall reduce rates
6.30 under this section by first reducing or eliminating provider rate add-ons."

6.31 Page 42, after line 28, insert:

6.32 "Sec. 37. Minnesota Statutes 2008, section 256D.03, subdivision 3b, is amended to
6.33 read:

6.34 Subd. 3b. **Cooperation.** (a) General assistance or general assistance medical care
6.35 applicants and recipients must cooperate with the state and local agency to identify

7.1 potentially liable third-party payors and assist the state in obtaining third-party payments.
7.2 Cooperation includes identifying any third party who may be liable for care and services
7.3 provided under this chapter to the applicant, recipient, or any other family member for
7.4 whom application is made and providing relevant information to assist the state in pursuing
7.5 a potentially liable third party. ~~General assistance medical care applicants and recipients~~
7.6 ~~must cooperate by providing information about any group health plan in which they may~~
7.7 ~~be eligible to enroll. They must cooperate with the state and local agency in determining~~
7.8 ~~if the plan is cost-effective. For purposes of this subdivision, coverage provided by the~~
7.9 ~~Minnesota Comprehensive Health Association under chapter 62E shall not be considered~~
7.10 ~~group health plan coverage or cost-effective by the state and local agency. If the plan is~~
7.11 ~~determined cost-effective and the premium will be paid by the state or local agency or is~~
7.12 ~~available at no cost to the person, they must enroll or remain enrolled in the group health~~
7.13 ~~plan. Cost-effective insurance premiums approved for payment by the state agency and~~
7.14 ~~paid by the local agency are eligible for reimbursement according to subdivision 6.~~
7.15 (b) Effective for all premiums due on or after June 30, 1997, general assistance
7.16 medical care does not cover premiums that a recipient is required to pay under a qualified
7.17 or Medicare supplement plan issued by the Minnesota Comprehensive Health Association.
7.18 General assistance medical care shall continue to cover premiums for recipients who are
7.19 covered under a plan issued by the Minnesota Comprehensive Health Association on June
7.20 30, 1997, for a period of six months following receipt of the notice of termination or
7.21 until December 31, 1997, whichever is later.

7.22 **EFFECTIVE DATE.** This section is effective June 1, 2010."
7.23 Page 44, line 16, delete "January" and insert "July"
7.24 Page 44, line 17, after the period, insert "The commissioner of human services shall
7.25 notify the revisor of statutes when federal approval is obtained."
7.26 Page 44, line 20, delete "Effective January 1, 2011, or upon"
7.27 Page 44, line 21, delete everything before "the"
7.28 Page 44, after line 34, insert:

7.29 "**EFFECTIVE DATE.** This section is effective July 1, 2011, or upon federal
7.30 approval, whichever is later. The commissioner of human services shall notify the revisor
7.31 of statutes when federal approval is obtained."
7.32 Page 45, after line 35, insert:

7.33 "Sec. 41. Minnesota Statutes 2008, section 256L.04, subdivision 7, is amended to read:

8.1 Subd. 7. **Single adults and households with no children.** ~~(a) The definition of~~
8.2 ~~eligible persons includes all individuals and households with no children who have gross~~
8.3 ~~family incomes that are equal to or less than 200 percent of the federal poverty guidelines.~~
8.4 ~~(b) Effective July 1, 2009,~~ The definition of eligible persons includes all individuals
8.5 and households with no children who have gross family incomes that are above 75 percent
8.6 and equal to or less than 250 percent of the federal poverty guidelines.

8.7 **EFFECTIVE DATE.** This section is effective January 1, 2011, or upon
8.8 implementation of medical assistance for adults without children under section 256B.055,
8.9 subdivision 15, and 256B.056, subdivision 4, whichever is later."
8.10 Page 46, after line 10, insert:

8.11 "Sec. 42. Minnesota Statutes 2008, section 256L.07, subdivision 1, is amended to read:
8.12 Subdivision 1. **General requirements.** (a) Children enrolled in the original
8.13 children's health plan as of September 30, 1992, children who enrolled in the
8.14 MinnesotaCare program after September 30, 1992, pursuant to Laws 1992, chapter 549,
8.15 article 4, section 17, and children who have family gross incomes that are equal to or
8.16 less than 150 percent of the federal poverty guidelines are eligible without meeting
8.17 the requirements of subdivision 2 and the four-month requirement in subdivision 3, as
8.18 long as they maintain continuous coverage in the MinnesotaCare program or medical
8.19 assistance. Children who apply for MinnesotaCare on or after the implementation date
8.20 of the employer-subsidized health coverage program as described in Laws 1998, chapter
8.21 407, article 5, section 45, who have family gross incomes that are equal to or less than 150
8.22 percent of the federal poverty guidelines, must meet the requirements of subdivision 2 to
8.23 be eligible for MinnesotaCare.
8.24 (b) Families enrolled in MinnesotaCare under section 256L.04, subdivision 1, whose
8.25 income increases above 275 percent of the federal poverty guidelines, are no longer
8.26 eligible for the program and shall be disenrolled by the commissioner.
8.27 (c) ~~Beginning January 1, 2008,~~ Individuals enrolled in MinnesotaCare under section
8.28 256L.04, subdivision 7, whose income decreases to 75 percent of the federal poverty
8.29 guidelines or less, or increases above ~~200 percent of the federal poverty guidelines or~~
8.30 250 percent of the federal poverty guidelines ~~on or after July 1, 2009~~, are no longer
8.31 eligible for the program and shall be disenrolled by the commissioner. For persons
8.32 disenrolled under this subdivision due to income above the income limits, MinnesotaCare
8.33 coverage terminates the last day of the calendar month following the month in which the
8.34 commissioner determines that the income of a family or individual exceeds program
8.35 income limits. Persons disenrolled under this subdivision due to income at or above 75

9.1 percent of the federal poverty guidelines shall have eligibility redetermined for medical
9.2 assistance under section 256B.055, subdivision 15.
9.3 ~~(b)~~ (d) Notwithstanding paragraph (a), children may remain enrolled in
9.4 MinnesotaCare if ten percent of their gross individual or gross family income as defined in
9.5 section 256L.01, subdivision 4, is less than the annual premium for a policy with a $500
9.6 deductible available through the Minnesota Comprehensive Health Association. Children
9.7 who are no longer eligible for MinnesotaCare under this clause shall be given a 12-month
9.8 notice period from the date that ineligibility is determined before disenrollment. The
9.9 premium for children remaining eligible under this clause shall be the maximum premium
9.10 determined under section 256L.15, subdivision 2, paragraph (b).
9.11 ~~(c)~~ (e) Notwithstanding paragraphs (a) and (b), parents are not eligible for
9.12 MinnesotaCare if gross household income exceeds $57,500 for the 12-month period
9.13 of eligibility.

9.14 **EFFECTIVE DATE.** This section is effective January 1, 2011, or upon
9.15 implementation of medical assistance for adults without children under section 256B.055,
9.16 subdivision 15, and section 256B.056, subdivision 4, whichever is later."
9.17 Page 46, after line 24, insert:

9.18 "**EFFECTIVE DATE.** This section is effective April 1, 2011."
9.19 Page 47, line 30, delete "January" and insert "July"
9.20 Page 47, line 31, after the period, insert "The commissioner of human services shall
9.21 notify the revisor of statutes when federal approval is obtained."
9.22 Page 49, line 24, delete "June 30" and insert "August 31" and delete "December
9.23 31, 2011" and insert "February 28, 2012"
9.24 Page 50, line 30, delete "upon" and insert "to"
9.25 Page 52, line 11, strike everything after "system" and insert a period
9.26 Page 52, strike lines 12 and 13
9.27 Page 54, line 13, delete ", or until medical assistance"
9.28 Page 54, line 14, delete the new language
9.29 Page 54, line 26, after "that" insert "subdivision 3, paragraph (e) regarding
9.30 MinnesotaCare eligibility, and" and delete "is" and insert "are"
9.31 Page 54, after line 27, insert:

9.32 "Sec. 53. Laws 2010, chapter 200, article 1, section 13, subdivision 1b, is amended to
9.33 read:
9.34 Subd. 1b. **MinnesotaCare enrollment by county agencies.** Beginning September
9.35 1, 2006, county agencies shall enroll single adults and households with no children

10.1 formerly enrolled in general assistance medical care in MinnesotaCare according to
10.2 Minnesota Statutes 2009 Supplement, section 256D.03, subdivision 3. County agencies
10.3 shall perform all duties necessary to administer the MinnesotaCare program ongoing for
10.4 these enrollees, including the redetermination of MinnesotaCare eligibility at renewal,
10.5 through January 1, 2011, or implementation of medical assistance for adults without
10.6 children under section 256B.055, subdivision 15, whichever is later.

10.7 **EFFECTIVE DATE.** This section is effective January 1, 2011."
10.8 Page 57, line 6, after "effective" insert "January 1, 2011, or" and delete "and is"
10.9 and insert a period
10.10 Page 57, delete line 7
10.11 Page 63, delete line 5 and insert:

10.12 "**EFFECTIVE DATE.** The amendments to paragraph (e) are effective July 1, 2011.
10.13 The amendments to all other paragraphs in this section are effective January 1, 2011."
10.14 Page 67, line 26, strike "for,"
10.15 Page 67, line 27, strike "contract years starting in 2012,"
10.16 Page 67, line 31, strike "years" and insert "year" and strike "and 2011"
10.17 Page 67, line 34, after the period insert "Effective December 31, 2010, enrollment
10.18 and operation of the MnDHO program in effect during calendar year 2010 will close. The
10.19 commissioner may reopen the program provided all applicable conditions of this section
10.20 are met."
10.21 Page 68, line 2, strike "further expansion of"
10.22 Page 68, line 4, strike "by February 1, 2007" and insert "prior to any further
10.23 implementation or expansion"
10.24 Page 68, after line 24, insert:

10.25 "Sec. .... Laws 2009, chapter 79, article 8, section 51, the effective date, is amended to
10.26 read:

10.27 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2011."
10.28 Page 69, after line 19, insert:

10.29 "Sec. 9. **ICF/DD RATE INCREASE.**
10.30 The daily rate at an intermediate care facility for the developmentally disabled
10.31 located in Clearwater County and classified as a Class A facility with 15 beds shall be
10.32 increased from $112.73 to $138.23 beginning July 1, 2010."
10.33 Page 70, delete lines 23 to 31
10.34 Page 72, after line 11, insert:

11.1 "**EFFECTIVE DATE.** This section is effective November 1, 2010."
11.2 Page 74, line 11, delete "October 1, 2010" and insert "March 1, 2011"
11.3 Page 75, line 21, delete "October 1, 201" and insert "February 1, 2011"
11.4 Page 76, after line 29, insert:

11.5 "Sec. 9. Minnesota Statutes 2008, section 256I.05, is amended by adding a subdivision
11.6 to read:
11.7 Subd. 1n. **Supplemental rate; Mahnomen County.** Notwithstanding the
11.8 provisions of this section, beginning July 1, 2009, a county agency shall negotiate a
11.9 supplemental service rate in addition to the rate specified in subdivision 1, not to exceed
11.10 $753 per month or the existing rate, including any legislative authorized inflationary
11.11 adjustments, for a group residential provider located in Mahnomen County that operates
11.12 a 28-bed facility providing 24-hour care to individuals who are homeless, disabled,
11.13 chemically dependent, mentally ill, or chronically homeless."
11.14 Page 83, delete section 4 and insert:

11.15 "Sec. 4. **[62Q.545] COVERAGE OF PRIVATE DUTY NURSING SERVICES.**
11.16 (a) Private duty nursing services, as provided under section 256B.0625, subdivision
11.17 7, with the exception of section 256B.0654, subdivision 4, shall be provided by a
11.18 health plan company for persons who require private duty nursing services and who
11.19 are concurrently covered by a health plan, as defined in section 62Q.01, and enrolled in
11.20 medical assistance under chapter 256B.
11.21 (b) For purposes of this section, a period of private duty nursing services may
11.22 be subject to the co-payment, coinsurance, deductible, or other enrollee cost-sharing
11.23 requirements that apply under the health plan. Cost-sharing requirements for private
11.24 duty nursing services must not place a greater financial burden on the insured or enrollee
11.25 than those requirements applied by the health plan to other similar services or benefits.
11.26 Nothing in this section is intended to prevent a health plan company from requiring
11.27 prior authorization by the health plan company for services required under 256B.0625,
11.28 subdivision 7, or using contracted providers under the applicable provisions of the plan.

11.29 **EFFECTIVE DATE.** This section is effective July 1, 2010, and applies to health
11.30 plans offered, sold, issued, or renewed on or after that date."
11.31 Page 86, line 17, delete everything after "illness" and insert a period
11.32 Page 86, delete line 18 and insert "Remaining beds shall be converted into
11.33 community-based transitional intensive treatment foster homes in the Cambridge area
11.34 and staffed by state employees."
11.35 Page 112, after line 26, insert:

12.1 "Sec. 11. Minnesota Statutes 2008, section 144.293, subdivision 4, is amended to read:
12.2 Subd. 4. **Duration of consent.** Except as provided in this section, a consent is
12.3 valid for one year or for a ~~lesser~~ period specified in the consent or for a different period
12.4 provided by law.

12.5 Sec. 12. Minnesota Statutes 2008, section 144.293, subdivision 5, is amended to read:
12.6 Subd. 5. **Exceptions to consent requirement.** This section does not prohibit the
12.7 release of health records:
12.8 (1) for a medical emergency when the provider is unable to obtain the patient's
12.9 consent due to the patient's condition or the nature of the medical emergency;
12.10 (2) to other providers within related health care entities when necessary for the
12.11 current treatment of the patient; ~~or~~
12.12 (3) to a health care facility licensed by this chapter, chapter 144A, or to the same
12.13 types of health care facilities licensed by this chapter and chapter 144A that are licensed
12.14 in another state when a patient:
12.15 (i) is returning to the health care facility and unable to provide consent; or
12.16 (ii) who resides in the health care facility, has services provided by an outside
12.17 resource under Code of Federal Regulations, title 42, section 483.75(h), and is unable to
12.18 provide consent~~.~~; or
12.19 (4) among providers who have or had a treatment relationship with the patient for
12.20 purposes of treatment and care coordination."
12.21 Page 118, delete subdivision 4
12.22 Renumber the subdivisions in sequence
12.23 Page 121, line 22, after the period insert "Prescription drug coverage shall not be
12.24 provided through accountable care organizations and shall instead be provided through a
12.25 delivery method that qualifies for federal prescription drug rebates."
12.26 Page 124, lines 13 and 14, delete "at least"
12.27 Page 124, line 14, after "organization" insert "and one from the business community"
12.28 Page 141, after line 7, insert:

12.29 "**SNAP Enhanced Administrative**
12.30 **Funding.** The funds available for
12.31 administration of the Supplemental Nutrition
12.32 Assistance Program under the Department
12.33 of Defense Appropriations Act of 2010
12.34 (Public Law 111-118) are appropriated
12.35 to the commissioner to pay the actual

13.1 costs of providing for increased eligibility
13.2 determinations, caseload-related cost, timely
13.3 application processing, and quality control.
13.4 Of these funds, 20 percent shall be allocated
13.5 ot the commissioner and 80 percent shall
13.6 be allocated to counties. The commissioner
13.7 shall allocate the county portion based
13.8 on recent caseload. Reimbursement shall
13.9 be based on actual costs reported by
13.10 counties through existing processes. Tribal
13.11 reimbursement must be made from the state
13.12 portion, based on a caseload factor equivalent
13.13 to that of a county."

13.14 Page 141, line 13, delete "(7,500,000)" and insert "11,222,000" and delete "
13.15 35,500,000" and insert "26,457,000"

13.16 Page 141, line 19, delete "$18,689,000" and insert "$18,957,000"

13.17 Page 141, line 21, after "the" insert "general fund for the"

13.18 Page 141, line 23, after "families" insert ", with respect to the amounts appropriated
13.19 for fiscal year 2010, the commissioner shall reimburse the general fund by June 30, 2010,
13.20 with respect to the funds appropriated for fiscal year 2011," and delete ". Beginning" and
13.21 insert "beginning"

13.22 Page 141, line 27, delete "20" and insert "30"

13.23 Page 141, delete lines 33 and 34 and insert:

13.24 "This appropriation reduction is from the
13.25 federal TANF fund."

13.26 Page 142, delete lines 1 and 2

13.27 Page 142, line 8, after the period, insert "$4,000,000 of the amounts earned in the
13.28 TANF emergency fund (TEF) subsidized employment category under the American
13.29 Recovery and Reinvestment Act (ARRA) of 2009, Public Law 111-5, are available for
13.30 reimbursement in the working family credit in fiscal year 2011."

13.31 Page 142, delete lines 13 to 16

13.32 Page 142, line 33, delete "(9,900,000)" and insert "(5,900,000)"

13.33 Page 143, line 7, delete "$9,900,000" and insert "$5,900,000" and delete everything
13.34 after the period

13.35 Page 143, delete line 8 and insert "The ongoing reduction shall be $9,900,000 in
13.36 each of fiscal years 2012 and 2013."

14.1 Page 143, line 9, delete "(8,028,000)" and insert "(5,980,000)"

14.2 Page 143, delete lines 10 to 19

14.3 Page 143, line 20, delete "(3)" and insert "(1)"

14.4 Page 143, line 23, delete "(4)" and insert "(2)"

14.5 Page 144, delete lines 1 to 5

14.6 Page 144, line 6, delete everything before "The"

14.7 Page 144, after line 10, insert:

14.8 "The federal TANF fund appropriation is
14.9 reduced by $172,000 in fiscal year 2010, and
14.10 by $176,000 in fiscal year 2011."

14.11 Page 144, delete lines 19 to 21

14.12 Page 146, delete lines 5 to 17

14.13 Page 148, line 4, delete "(154,000)" and insert "-0-" and delete "(139,000)" and
14.14 insert "(154,000)"

14.15 Page 148, after line 21, insert:

14.16 "$84,000 is appropriated in fiscal year 2011
14.17 from the general fund to the commissioner of
14.18 human services for the purposes of article 3,
14.19 section 9. This appropriation is onetime.

14.20 **Intermediate Care Facilities for the**
14.21 **Developmentally Disabled Payment Rates.**
14.22 $36,000 is appropriated from the general
14.23 fund in fiscal year 2011 and $4,000 in fiscal
14.24 year 2012 to increase payment rates for an
14.25 ICF/MR licensed for six beds and located in
14.26 Kandiyohi County to serve persons with high
14.27 behavioral needs. The payment rate increase
14.28 shall be effective for services provided from
14.29 July 1, 2010, through June 30, 2011. These
14.30 appropriations are onetime.

14.31 **Crisis Center Services.** Of this
14.32 appropriation, $400,000 in fiscal year
14.33 2011 is to a community collaborative to
14.34 continue crisis center services provided in
14.35 the Mankato are."

15.1 Page 151, delete lines 19 to 29

15.2 Page 152, delete lines 32 to 35

15.3 Page 153, delete subdivision 12

15.4 Page 153, delete lines 1 to 2 and insert:

15.5 "**State-Operated Services.** Of this
15.6 appropriation, $12,854,000 in fiscal year
15.7 2011 is for the commissioner to maintain
15.8 dental clinics, the METO program, and other
15.9 residential adult mental health services."

15.10 Page 154, delete lines 15 to 27

15.11 Page 184, line 14, strike "services provided" and insert "placements beginning"

15.12 Page 184, line 22, after the period insert "For services provided during fiscal year
15.13 2011, all payment rates are reduced by five percent from the rates in effect on June
15.14 1, 2010."

15.15 Page ..., after line ..., insert:

15.16 "**MnDHO Transition.** $250,000 is
15.17 appropriated from the general fund in fiscal
15.18 year 2011 to the commissioner of human
15.19 services to be made available to county
15.20 agencies to assist in the proactive transition
15.21 of the approximately 1,290 current MnDHO
15.22 members to the fee-for-service Medicaid
15.23 program or another managed care option
15.24 by January 1, 2011. County agencies shall
15.25 work with the department of human services,
15.26 health plans, and MnDHO members and
15.27 their legal representatives to develop and
15.28 implement transition plans that include:

15.29 (1) identification of service needs of MnDHO
15.30 members based on the current assessment or
15.31 through the completion of a new assessment;

15.32 (2) identification of services currently
15.33 provided to MnDHO members and which
15.34 of those services will continue to be
15.35 reimbursable through fee-for-service or

16.1 another managed care option under the
16.2 Medicaid state plan or a Title XIX home and
16.3 community-based waiver program;

16.4 (3) identification of service providers who do
16.5 not have a contract with the county or who
16.6 are currently reimbursed at a different rate
16.7 than the county contracted rate; and

16.8 (4) development of an individual service
16.9 plan that is within allowable home and
16.10 community-based service waiver funding
16.11 limits."

16.12 Page ..., after line ..., insert:

16.13 "**Group Residential Housing; Mahnomen**
16.14 **County.** $48,000 is appropriated from
16.15 the general fund in fiscal year 2011 to the
16.16 commissioner of human services for the
16.17 purposes of Minnesota Statutes, section
16.18 256I.05, subdivision 1n. This appropriation
16.19 is onetime."

16.20 Correct the subdivision and section totals and the appropriations by fund

16.21 Renumber the sections in sequence and correct the internal references

16.22 Amend the title accordingly