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1.2	Page 3, line 13, delete the new language and strike "grant amounts for this page 1.0".	ourpose"	
1.3	Page 3, strike lines 14 and 15		
1.4	Page 3, line 16, strike "costs."		
1.5	Page 4, delete section 2, and insert:		
1.6	"Sec. 2. Laws 2009, chapter 79, article 13, section 3, subdivision 8, is amended	d to read	
1.7	Subd. 8. Continuing Care Grants		
1.8	The amounts that may be spent from the		
1.9	appropriation for each purpose are as follows:		
1.10	(a) Aging and Adult Services Grants		
1.11	Appropriations by Fund		
1.12	General 13,488,000 15,779,000		
1.13	Federal 500,000 0		
1.14	Base Adjustment. The general fund base is		
1.15	increased by \$5,751,000 in fiscal year 2012		
1.16	and \$6,705,000 in fiscal year 2013.		
1.17	Information and Assistance		
1.18	Reimbursement. Federal administrative		
1.19	reimbursement obtained from information		
1.20	and assistance services provided by the		
1.21	Senior LinkAge or Disability Linkage lines		
1.22	to people who are identified as eligible for		
1.23	medical assistance shall be appropriated to		
1.24	the commissioner for this activity.		

..... moves to amend H.F. No. 3250 as follows:

1.1

2.1	<b>Community Service Development Grant</b>		
2.2	Reduction. Of this appropriation, \$154,000		
2.3	in fiscal year 2011 and \$139,000 in fiscal year		
2.4	2012 shall be used to complete the actuarial		
2.5	and administrative work necessary to begin		
2.6	the operation of PACE under Minnesota		
2.7	Statutes, section 256B.69, subdivision 23,		
2.8	paragraph (e). Funding for community		
2.9	service development grants must be reduced		
2.10	by \$251,000 for fiscal year 2010; \$266,000 in		
2.11	fiscal year 2011; \$25,000 in fiscal year 2012;		
2.12	and \$25,000 in fiscal year 2013. Base level		
2.13	funding shall be restored in fiscal year 2014.		
2.14	Senior Nutrition Use of Federal Funds.		
2.15	For fiscal year 2010, general fund grants		
2.16	for home-delivered meals and congregate		
2.17	dining shall be reduced by \$500,000. The		
2.18	commissioner must replace these general		
2.19	fund reductions with equal amounts from		
2.20	federal funding for senior nutrition from the		
2.21	American Recovery and Reinvestment Act		
2.22	of 2009.		
2.23	(b) Alternative Care Grants	50,234,000	48,576,000
2.24	Pasa Adjustment. The general fund base is		
2.24	Base Adjustment. The general fund base is		
2.25	decreased by \$3,598,000 in fiscal year 2012		
2.26	and \$3,470,000 in fiscal year 2013.		
2.27	Alternative Care Transfer. Any money		
2.28	allocated to the alternative care program that		
2.29	is not spent for the purposes indicated does		
2.30	not cancel but must be transferred to the		
2.31	medical assistance account.		
2.32	(c) Medical Assistance Grants; Long-Term		
2.33	Care Facilities.	367,444,000	419,749,000
2.34 2.35	(d) Medical Assistance Long-Term Care Waivers and Home Care Grants	854,373,000	1,043,411,000

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3.1	Manage Growth in TBI and CADI
3.2	Waivers. During the fiscal years beginning
3.3	on July 1, 2009, and July 1, 2010, the
3.4	commissioner shall allocate money for home
3.5	and community-based waiver programs
3.6	under Minnesota Statutes, section 256B.49,
3.7	to ensure a reduction in state spending that is
3.8	equivalent to limiting the caseload growth of
3.9	the TBI waiver to 12.5 allocations per month
3.10	each year of the biennium and the CADI
3.11	waiver to 95 allocations per month each year
3.12	of the biennium. Limits do not apply: (1)
3.13	when there is an approved plan for nursing
3.14	facility bed closures for individuals under
3.15	age 65 who require relocation due to the
3.16	bed closure; (2) to fiscal year 2009 waiver
3.17	allocations delayed due to unallotment; or (3)
3.18	to transfers authorized by the commissioner
3.19	from the personal care assistance program
3.20	of individuals having a home care rating
3.21	of "CS," "MT," or "HL." Priorities for the
3.22	allocation of funds must be for individuals
3.23	anticipated to be discharged from institutional
3.24	settings or who are at imminent risk of a
3.25	placement in an institutional setting.
3.26	Manage Growth in DD Waiver. The
3.27	commissioner shall manage the growth in
3.28	the DD waiver by limiting the allocations
3.29	included in the February 2009 forecast to 15
3.30	additional diversion allocations each month
3.31	for the calendar years that begin on January
3.32	1, 2010, and January 1, 2011. Additional
3.33	allocations must be made available for
3.34	transfers authorized by the commissioner
3.35	from the personal care program of individuals

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4.1	having a home care rat	ing of "CS." "M	T."		
4.2	or "HL."		,		
	01 1121				
4.3	Adjustment to Lead A	Agency Waiver			
4.4	Allocations. Prior to the	ne availability of	f the		
4.5	alternative license defin	ned in Minnesot	a		
4.6	Statutes, section 245A.	11, subdivision	8,		
4.7	the commissioner shall	reduce lead age	ency		
4.8	waiver allocations for	the purposes of			
4.9	implementing a morato	orium on corpora	ate		
4.10	foster care.				
4.11	Alternatives to Person				
4.12	<b>Services.</b> Base level fu		7,000		
4.13	in fiscal year 2012 and \$4,856,000 in				
4.14	fiscal year 2013 is to implement alternative				
4.15	services to personal care assistance services				
4.16	for persons with mental health and other				
4.17	behavioral challenges who can benefit				
4.18	from other services that more appropriately				
4.19	meet their needs and assist them in living				
4.20	independently in the community. These				
4.21	services may include, but not be limited to, a				
4.22	1915(i) state plan option	n.			
4.23	(e) Mental Health Gra	ants			
4.24	Appropri	ations by Fund			
4.25	General	77,739,000	77,739,000		
4.26	Health Care Access	750,000	750,000		
4.27	Lottery Prize	1,508,000	1,508,000		
4.28	Funding Usage. Up to	•			
4.29	year's appropriation for				
4.30	grants may be used to f				
4.31	portion of the fiscal year	ar ending Decen	nber		
4.32	31.				
4.33	(f) Deaf and Hard-of-	Hearing Grants	S	1,930,000	1,917,000

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111,303,000

122,822,000

(g) Chemical Dependency Entitlement Grants

4.34

5.1	Payments for Substance Abuse Treatment.		
5.2	For services provided during fiscal years		
5.3	2010 and 2011, county-negotiated rates and		
5.4	provider claims to the consolidated chemical		
5.5	dependency fund must not exceed rates		
5.6	charged for these services on January 1, 2009.		
5.7	For services provided in fiscal years 2012		
5.8	and 2013, statewide average rates under the		
5.9	new rate methodology to be developed under		
5.10	Minnesota Statutes, section 254B.12, must		
5.11	not exceed the average rates charged for these		
5.12	services on January 1, 2009, plus \$3,787,000		
5.13	for fiscal year 2012 and \$5,023,000 for fiscal		
5.14	year 2013. Notwithstanding any provision		
5.15	to the contrary in this article, this provision		
5.16	expires on June 30, 2013.		
5.17	<b>Chemical Dependency Special Revenue</b>		
5.18	Account. For fiscal year 2010, \$750,000		
5.19	must be transferred from the consolidated		
5.20	chemical dependency treatment fund		
5.21	administrative account and deposited into the		
5.22	general fund.		
5.23	County CD Share of MA Costs for		
5.24	ARRA Compliance. Notwithstanding the		
5.25	provisions of Minnesota Statutes, chapter		
5.26	254B, for chemical dependency services		
5.27	provided during the period July 1, 2009,		
5.28	to December 31, 2010, and reimbursed by		
5.29	medical assistance at the enhanced federal		
5.30	matching rate provided under the American		
5.31	Recovery and Reinvestment Act of 2009, the		
5.32	county share is 30 percent of the nonfederal		
5.33	share.		
5.34 5.35	(h) Chemical Dependency Nonentitlement Grants	1,729,000	1,729,000

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6.1	Base Adjustment. The general fund base is
6.2	decreased by \$3,000 in each of fiscal years
6.3	2012 and 2013.
6.4	(i) Other Continuing Care Grants 18,272,000 13,139,000
6.5	Base Adjustment. The general fund base is
6.6	increased by \$7,028,000 in fiscal year 2012
6.7	and increased by \$8,243,000 in fiscal year
6.8	2013.
6.9	Technology Grants. \$650,000 in fiscal
6.10	year 2010 and \$1,000,000 in fiscal year
6.11	2011 are for technology grants, case
6.12	consultation, evaluation, and consumer
6.13	information grants related to developing and
6.14	supporting alternatives to shift-staff foster
6.15	care residential service models.
6.16	Other Continuing Care Grants; HIV
6.17	Grants. Money appropriated for the HIV
6.18	drug and insurance grant program in fiscal
6.19	year 2010 may be used in either year of the
6.20	biennium."
6.21	Renumber the sections in sequence and correct the internal references
6.22	Amend the title accordingly

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