

Bill Summary Comparison of Health and Human Services

UEH1233-1
Article 7: Continuing Care

House File 1233, 3rd Engrossment
Article 7: Continuing Care

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SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
1	Section 1 (144.0724, subdivision 6) allows nursing facilities to apply for a reduction in their penalty amount (for not submitting assessment data, or submitting it late) if the penalty is 1 percent or more of the facility's total operating costs.	Technical differences in structure and punctuation. Staff recommends the Senate language.	House article 12, section 8. Penalties for late or nonsubmission. Amends § 144.0724, subd. 6. Permits facilities in certain circumstances to apply for a reduction in penalty amounts. Permits the commissioner of human services to limit a penalty for residents enrolled in medical assistance.
2	Section 2 (144A.071, subdivision 4b) modifies the time period for nursing facilities to place beds on layaway status from one year to six months.	Senate-only provision.	
3	Section 2 (245A.03, subdivision 7) modifies the exceptions to the corporate foster care moratorium and removes obsolete language; authorizes DHS to manage statewide capacity, including adjusting the capacity available to each county, and adjusting statewide available capacity to meet statewide needs; changes the annual due date of certain information regarding overall capacity DHS is required to provide; modifies exemptions from decreased licensed capacity for certain residential settings.	The Senate authorizes the commissioner to manage statewide capacity and the House does not. The Senate exempts beds occupied by residents whose primary diagnosis is mental illness from the moratorium, the House does not. Technical structural differences due to the additional Senate language.	Section 1. Licensing moratorium. Amends § 245A.03, subd. 7. Modifies the exceptions to the corporate foster care moratorium. Removes obsolete language. Authorizes the commissioner to manage statewide capacity, including adjusting the capacity available to each county, and adjusting statewide available capacity to meet statewide needs. Changes the annual due date of certain information regarding overall capacity the commissioner is required to provide. Modifies exemptions from decreased licensed capacity for certain residential settings.
4	Section 3 (252.291, subdivision 2b) adds a new subdivision directing the Minnesota Department of Health (MDH) to certify one additional bed in an ICF/DD in Nicollet County.	Senate-only provision.	
		House-only provision.	Section 2. Commissioner must annually report certain prepaid medical assistance plan data. Amends § 256.01, by adding subd. 35. Allows the commissioner of education to share certain data with the commissioner of human services to allow the commissioners to analyze the screening, diagnosis, and treatment of children with autism spectrum disorder and other developmental conditions. Requires the commissioner to use this data to improve public health care program performance in early screening, diagnosis, and treatment for children and to report any summary data on the DHS website

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
			by September 30, of each year.
		House-only provision.	Section 3. Nursing home license surcharge. Amends § 256.9657, subd. 1. Effective July 15, 2015, decreases the nursing home license surcharge.
		House-only provision.	Section 4. ICF/DD license surcharge. Amends § 256.9657, subd. 3a. Modifies the ICF/DD license surcharge effective July 1, 2013.
		Identical; Senate provision located in Contingency Article.	Section 5. Preadmission screening of individuals under 65 years of age. Amends § 256B.0911, subd. 4d. Specifies payments for individuals under age 65 shall be made until September 30, 2013.
5	Section 5 (256B.0915, subdivision 3a) makes a cross-reference change and modifies the monthly cost limit of waiver services for ventilator-dependent individuals.	Identical.	House article 2, section 25. Elderly waiver cost limits. Amends § 256B.0915, subd. 3a. Makes conforming cross-reference changes and specifies the monthly cost limit of elderly waiver services for individuals who are ventilator-dependent. Requires this monthly limit to be increased annually.
6	Section 6 (256B.0915, subdivision 3j) creates the Individual Community Living Support (ICLS) service for the Elderly Waiver.	Identical.	House article 2, section 26. Individual community living support. Amends § 256B.0915, by adding subd. 3j. Establishes a new service under the elderly waiver called individual community living support (ICLS). Specifies where services may be delivered. Requires case managers or care coordinators to develop individual ICLS plans with the client using a tool developed by the commissioner. Requires the commissioner to establish payment rates and mechanisms to align payments with the type and amount of service provided, assure statewide uniformity for payment rates, and assure cost-effectiveness. Requires licensing standards for ICLS to be reviewed to avoid conflict with provider regulatory standards.

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
7	Section 7 (256B.0916, subdivision 11) creates a new subdivision making county and tribal agencies responsible for spending in excess of the home and community-based waiver allocation made by DHS; requiring agencies that spend in excess of the allocation made by the commissioner to submit a corrective action plan to DHS; and specifying the information that must be included in the plan.	Identical.	Section 7. Excess spending. Amends § 256B.0916, by adding subd. 11. Makes county and tribal agencies responsible for spending in excess of the home and community-based waiver allocation made by the commissioner. Requires agencies that spend in excess of the allocation made by the commissioner to submit a corrective action plan to the commissioner. Specifies the information that must be included in the plan.
8	Section 8 (256B.092, subdivision 11) makes a cross-reference change.	Identical.	Section 8. Residential support services. Amends § 256B.092, subd. 11. Corrects a cross-reference.
9	Section 9 (256B.092, subdivision 12) modifies the statewide priorities for the developmental disabilities home and community-based waiver; authorizes DHS to transfer funds between counties, groups of counties, and tribes to accommodate statewide priorities and resource needs while accounting for a necessary base level reserve amount for each county, group of counties, or tribe; removes obsolete language.	The Senate modifies statewide priorities for waived services and the House does not.	Section 9. Waivered services statewide priorities. Amends § 256B.092, subd. 12. Modifies the statewide priorities for the developmental disabilities home and community-based waiver. Authorizes the commissioner to transfer funds between counties, groups of counties, and tribes to accommodate statewide priorities and resource needs while accounting for a necessary base level reserve amount for each county, group of counties, or tribe. Removes obsolete language.
10	Section 10 (256B.092, subdivision 14) adds a new subdivision providing certain home and community-based services (HCBS) recipients to receive a consultation with a mental health professional or a behavioral professional within 30 days of discharge; and listing the duties of the mental health or behavioral professional.	Technical phrasing differences. Staff recommends the Senate language.	House article 2, section 34. Reduce avoidable behavioral crisis emergency room, psychiatric inpatient hospitalizations, and commitments to institutions. Amends § 256B.092, by adding subd. 14. Requires certain HCBS recipients to receive a consultation with a mental health professional or a behavioral professional within 30 days of discharge. Lists duties of the mental health or behavioral professional. Defines “institution.”
		House-only provision.	Autism early intensive intervention benefit. Creates § 256B.0949. Subd. 1. Purpose. Creates a new benefit under the MA state plan to provide early intensive intervention to

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
			<p>a child with an ASD diagnosis. Specifies the coverage that must be provided under this benefit.</p> <p>Subd. 2. Definitions. Defines the terms “autism spectrum disorder diagnosis,” “child,” “early intensive intervention benefit,” “commissioner,” and “generalizable goals.”</p> <p>Subd. 3. Initial eligibility. Specifies eligibility criteria for the autism early intensive intervention benefit.</p> <p>Subd. 4. Diagnosis. Specifies the requirements for an ASD diagnosis.</p> <p>Subd. 5. Diagnostic assessment. Lists the information and assessments that must be relied upon for the eligibility determination, treatment, and treatment plan development.</p> <p>Subd. 6. Treatment plan. Specifies requirements related to a child’s treatment plan.</p> <p>Subd. 7. Ongoing eligibility. Requires a child receiving this benefit to receive an independent progress evaluation by a licensed mental health professional every six months, or more frequently as determined by the commissioner, to determine if progress is being made toward goals contained in the treatment plan. Specifies the information to be included in the progress evaluation, allows the observation component of the progress evaluation to be performed by a child’s special education teacher, and requires progress evaluations to be submitted to the commissioner in a manner determined by the commissioner. Makes children who continue to</p>

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
			<p>achieve treatment plan goals eligible to continue receiving this benefit.</p> <p>Subd. 8. Refining the benefit with stakeholders. Requires the commissioner to develop the implementation details of the benefit in consultation with stakeholders and to consider recommendations of specified councils and task forces. Requires the commissioner to release the implementation details for a 30-day public comment period prior to submission to the federal government for approval. Lists items that must be included in the implementation details.</p> <p>Subd. 9. Revision of treatment options. Allows the commissioner to revise covered treatment options based on outcome data and other evidence.</p> <p>Subd. 10. Coordination between agencies. Requires the commissioners of human services and education to coordinate diagnostic and educational assessments, service delivery, and progress evaluations across health and education sectors.</p> <p>Subd. 11. Federal approval of the autism benefit. Requires federal approval to allow children eligible for MA to qualify.</p> <p>Makes this option available upon federal approval, but not earlier than March 1, 2014.</p>
11	<p>Section 11 (256B.095) removes the expiration date of June 30, 2014 for the quality assurance system for persons with developmental disabilities in Dodge, Fillmore, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, and Winona counties.</p>	<p>Technical punctuation difference.</p>	<p>Section 11. Quality assurance system established. Amends § 256B.095. Removes the June 30, 2014 expiration date for the quality assurance system. Effective July 1, 2013, allows a provider of service located in a non-opted-in county to opt-in to the quality assurance system provided the county where services are provided indicates its agreement with a county</p>

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
			with an agreement with DHS. Makes this section effective July 1, 2013.
12	Section 12 (256B.0951, subdivision 1) removes the expiration date of June 30, 2014, for the Quality Assurance Commission.	Identical.	Section 12. Membership. Amends § 256B.0951, subd. 1. Removes language making the quality assurance commission expire on June 30, 2014.
13	Section 13 (256B.0951, subdivision 4) applies the scope of the alternative quality assurance licensing system for those with all disabilities, not just developmental disabilities.	Identical.	Section 13. Commission’s authority to recommend variances of licensing standards. Amends § 256B.0951, subd. 4. Expands the alternative licensing system from programs for persons with developmental disabilities to programs for persons with disabilities.
14	Section 14 (256B.092, subdivision 1) requires providers, not just counties, to notify MDH and the Department of Human Services (DHS) of intent to join the alternative quality assurance licensing system.	Identical.	Section 14. Notification. Amends § 256B.0952, subd. 1. Makes conforming changes related to allowing providers to opt-in to the quality assurance system.
15	Section 15 (256B.0952, subdivision 5) modifies language to allow noncounty members of quality assurance teams to receive compensation for serving on the teams.	Identical.	Section 15. Quality assurance teams. Amends § 256B.0952, subd. 5. Modifies phrasing and removes language specifying counties will pay team members for time spent on quality assurance.
16	Section 16 (256B.0955) applies the scope of the alternative quality assurance licensing system for those with all disabilities, not just developmental disabilities, effective July 1, 2013.	Senate-only provision.	
17	Section 17 (256B.097, subdivision 1) adds conforming language to include home and community-based service providers licensed under chapter 245D.	Identical.	Section 16. Scope. Amends § 256B.097, subd. 1. Modifies the list of disability services eligible to be part of the quality assurance system by including services licensed under section 245D (home and community-based services standards).
18	Section 18 (256B.097, subdivision 3) extends certain requirements for the State Quality Council from its first two years (2011 to 2013) to its first four years.	Identical.	Section 17. State quality council. Amends § 256B.097, subd. 3. Modifies provisions related to the State Quality Council.

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
19	<p>Section 19 (256B.431, subdivision 44) corrects calculation errors involving property rate increases for nursing facility construction projects in Dakota and McLeod counties.</p>	<p>Paragraphs (a) and (b) are identical.</p> <p>Paragraph (c) is different. The Senate corrects a property rate increase calculation error for a facility in Dakota county. The House allows a facility in Hennepin county to receive a property rate adjustment for an elevator project.</p>	<p>Section 18. Property rate increases for certain nursing facilities. Amends § 256B.431, subd. 44. Paragraph (b) increases the replacement-cost-new limit by \$1.13 million for a nursing facility in McLeod County licensed for 110 beds. Specifies that money available from expired and cancelled nursing facility moratorium exception projects shall be used to reduce the fiscal impact to the MA budget for the increase in the replacement-cost-new limit. Makes paragraph (b) effective retroactively from June 1, 2012.</p> <p>Paragraph (c) allows a boarding care facility in Hennepin County to qualify for nursing facility moratorium exception funding for an elevator upgrade project.</p>
20	<p>Section 20 (256B.434, subdivision 4) continues the suspension of inflation adjustments through October 1, 2016, under the alternative payment system for nursing facilities.</p>	<p>Identical.</p>	<p>Section 19. Alternate rates for nursing facilities. Amends § 256B.434, subd. 4. Suspends the nursing facility property-related payment rate adjustments for rate years beginning on October 1, 2013, October 1, 2014, October 1, 2015, and October 1, 2016.</p>
		<p>House-only provision.</p>	<p>Section 20. Nursing facility rate adjustments beginning October 1, 2013. Amends § 256B.434, by adding subd. 19a. Requires the commissioner to provide a 3 percent operating payment rate increase to nursing facilities for the rate year beginning October 1, 2013. Requires nursing facilities to use 75 percent of the money resulting from the rate adjustments for increases in compensation-related costs for employees directly employed by the nursing facility on or after the effective date of the rate adjustment, with certain exceptions. Specifies the items included in compensation-related costs. Specifies the process for nursing facilities to apply for the rate adjustments. Requires the commissioner to ensure that cost increases comply with certain requirements. Specifies how the increases shall be applied to operating payment rates in</p>

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
			effect on September 30, 2013.
21	Section 21 (256B.437, subdivision 6) reinstates the planned closure rate adjustment, providing an incentive for nursing facilities to decertify beds.	Identical	Section 21. Planned closure rate adjustment. Amends § 256B.437, subd. 6. Reinstates planned closure rate adjustments beginning July 1, 2013, and makes the rate adjustment part of a facility’s external fixed payment rate (previously it was part of a facility’s total operating payment rate).
22	Section 22 (256B.441, subdivision 55) reinstates the rebasing of nursing facility payment rates on October 1, 2013, and on October 1, 2015.	Senate-only provision.	
23	Section 23 (256B.441, subdivision 56) removes conflicting language holding nursing facilities harmless under rebasing, ensuring that no facility receives a rate decrease with the implementation of rebasing.	Senate-only provision.	
24	Section 24 (256B.441, subdivision 62) makes conforming language changes to reinstate rebasing of nursing facility payment rates.	Senate-only provision.	
25	Section 25 (256B.49, subdivision 11a) allows DHS to transfer funds between counties, groups of counties, and tribes to accommodate statewide priorities and resource needs while accounting for a necessary base level reserve amount for each county, group of counties, and tribe; and removes obsolete language.	Similar; Senate adds two criteria to the waiver priority list.	Section 24. Waivered services statewide priorities. Amends § 256B.49, subd. 11a. Allows the commissioner to transfer funds between counties, groups of counties, and tribes to accommodate statewide priorities and resource needs while accounting for a necessary base level reserve amount for each county, group of counties, and tribe. Removes obsolete language.
		House-only provision.	Section 25. Assessment and reassessment. Amends § 256B.49, subd. 14. Requires the case manager to help the recipient develop a plan to transition to an appropriate less restrictive setting if the recipient is able. Makes this section effective January 1, 2014.

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
26	Section 26 (256B.49, subdivision 15) makes a cross-reference change.	Identical	Section 26. Coordinated service and support plan; comprehensive transitional service plan; maintenance service plan. Amends § 256B.49, subd. 15. Updates a cross-reference.
27	Section 27 (256B.49, subdivision 25) adds a new subdivision providing certain HCBS recipients to receive a consultation with a mental health professional or a behavioral professional within 30 days of discharge; and listing the duties of the mental health or behavioral professional.	Identical, though the House has this section in the Contingency Article.	House article 2, section 42. Reduce avoidable behavioral crisis emergency room, psychiatric inpatient hospitalizations, and commitments to institutions. Amends § 256B.49, by adding subd. 25. Requires certain HCBS recipients to receive a consultation with a mental health professional or a behavioral professional within 30 days of discharge. Lists duties of the mental health or behavioral professional. Defines “institution.”
28	Section 28 (246B.49, subdivision 26) adds a subdivision making county and tribal agencies responsible for spending in excess of the home and community-based waiver allocation made by DHS; requiring agencies that spend in excess of the allocation made by DHS to submit a corrective action plan to DHS; and specifying the information that must be included in the plan.	Similar; minor language difference. Staff recommends the Senate language.	Section 27. Excess allocations. Amends § 256B.49, by adding subd. 25. Makes county and tribal agencies responsible for spending in excess of the home and community-based waiver allocation made by the commissioner. Requires agencies that spend in excess of the allocation made by the commissioner to submit a corrective action plan to the commissioner. Specifies the information that must be included in the plan.
29	Section 29 (256B.492) exempts individuals receiving waiver services who are in the Housing Opportunities for Persons with AIDS Program from residency ratio restrictions in community living settings.	Identical	Section 28. Home and community-based settings for people with disabilities. Amends § 256B.492. Modifies language limiting the number of individuals receiving home and community-based services that may live in the same community living setting.
30	Section 30 (256B.493) makes a cross-reference change.	Identical	Section 29. Planned closure process needs determination. Amends § 256B.493, subd. 2. Corrects cross-references.
31	Section 31 (256B.501, subdivision 14) adds a new subdivision decertifying three beds in an ICF/DD in Cottonwood County and providing for a rate increase.	Senate-only provision.	

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
		House-only provision.	Section 30. Rate increase effective June 1, 2013. Amends § 256B.5012, by adding subd. 14. Requires the commissioner to increase the total operating payment rate for each ICF/DD facility by \$7.81 per day. Prohibits the increase from being subject to any annual percentage increase. Makes this section effective June 1, 2013.
32	Section 32 (256B.5012, subdivision 15) provides for a one percent rate increase on January 1, 2015, and another one percent rate increase on July 1, 2015, for ICF/DDs.	Senate: 1% increase on January 1, 2015; another 1% increase on July 1, 2015. House: 2% increase on July 1, 2013.	Section 31. ICF/DD rate increases effective July 1, 2013. Amends § 256B.5012, by adding subdivision 15. Increases operating payment rates for ICFs/DD by 2 percent for the rate period beginning on July 1, 2013. Specifies the manner in which the commissioner must apply the rate increase.
		House-only provision.	Section 32. Initiatives to improve early screening, diagnosis, and treatment of children with ASD and other developmental conditions. Amends § 256B.69, by adding subd. 32a. Requires managed care plans and county-based purchasing plans, as a condition of contract under PMAP, to implement strategies that facilitate access for young children to have periodic developmental screenings and that those who do not meet milestones are provided access to appropriate evaluation and assessment, including treatment recommendations, with the goal of meeting milestones by age five. Specifies data the plans must report to the commissioner.
33	Section 33 (256D.44, subdivision 5) exempts individuals receiving general assistance who are in the Housing Opportunities for Persons with AIDS Program from residency ratio restrictions in community living settings.	Senate-only provision.	
34	Section 34 (Laws 2011, First Special Session chapter 9, article 7, section 39, subdivision 14) removes a paragraph yet to take effect requiring assessments and reassessments for waiver recipients meeting certain criteria.	Senate-only provision; technical amendment is needed.	

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
		House-only provision.	Section 33. Forecasted programs. Amends Laws 2011, First Special Session, ch. 9, art. 10, § 3, subd. 3, as amended by Laws 2012, ch. 247, art. 4, § 43. Specifies that a provision reducing rates for congregate living for individuals with lower needs does not apply to individuals whose primary diagnosis is mental illness and who are living in foster care settings where the license holder is also (1) a provider of assertive community treatment or adult rehabilitative mental health services, (2) a certified mental health center or a certified mental health clinic, or (3) a provider of intensive residential treatment services. Makes this section effective August 1, 2013.
35	Section 35 (Laws 2012, chapter 247, article 6, section 4) adds language stating that an appropriation to the Board of Nursing Home Administrators was onetime.	Senate-only provision.	
36	Section 36 directs DHS to seek a federal approval to allow HCBS waiver recipients under age 65 to continue to use the disregard of the nonassisted spouse’s income and assets, instead of the spousal impoverishment provisions in the Affordable Care Act.	Senate-only provision.	
37	Section 37 requires DHS to meet with stakeholders to develop recommendations to seek federal approval to increase the asset limit for individuals eligible for medical assistance not living in an institution, with recommendations due to the Legislature by February 1, 2014.	Similar; language differences. Staff recommends the Senate language.	Section 38. Recommendations on raising the asset limits for seniors and persons with disabilities. Requires the commissioner to develop recommendations and a request for a federal waiver to increase the asset limit for individuals and homeowners eligible for MA due to disability or age who are not residing in a nursing facility or an institution whose costs for room and board are covered by MA or state funds. Requires recommendations to be provided to the legislature by February 1, 2014.

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
38	<p>Section 38 requires DHS to produce reports to the Legislature—a preliminary report on October 1, 2014, and a final report on February 15, 2015—on the impact of the nursing facility level of care changes to be implemented on January 1, 2014.</p>	<p>Similar; minor language differences. Staff recommends the Senate language.</p>	<p>Section 39. Nursing home level of care report. Requires the commissioner of human services to report on the impact of the nursing facility level of care to be implemented January 1, 2014. Specifies the information that must be included in the report. Requires the commissioner to report to the legislative committees with jurisdiction over health and human services policy and finance with a preliminary report on October 1, 2014, and a final report on February 15, 2015.</p>
39	<p>Section 39 requires DHS to develop recommendations for assistive technology equipment funding, due to the Legislature on February 1, 2014.</p>	<p>Senate-only provision.</p>	
40	<p>Section 40 provides for a one percent rate increase on January 1, 2015, and another one percent rate increase on July 1, 2015, for the following providers: HCBS waivers, nursing services and home health services, personal care services, private duty nursing, day training and habilitation services, alternative care services, living skills training providers, and semi-independent living services; and the following grants: consumer support, family support, housing access, self-advocacy, and technology.</p>	<p>Senate: 1% increase on January 1, 2015; another 1% increase on July 1, 2015. House: 2% increase on July 1, 2013. Technical amendment is needed to codify the language.</p>	<p>Section 35. Provider rate and grant increases effective July 1, 2013. Increases reimbursement rates, grants, allocations, individual limits, and rate limits, as applicable, by 2 percent on July 1, 2013, for a variety of continuing care providers. Requires managed care plans receiving state payments for the services in this section to include these increases in their payments to providers. Requires counties to increase the budget for each recipient of consumer-directed community supports by 2 percent on July 1, 2013.</p>
41	<p>Section 41 requires DHS to submit for federal approval by December 31, 2013, permission to modify the financial management of HCBS waivers to provide a state-administered safety net when costs for an individual increase above an identified threshold.</p>	<p>Senate-only provision.</p>	
42	<p>Section 42 requires DHS to develop and promote a shared living model for HCBS waiver recipients, with any required federal approval submitted December 31, 2013.</p>	<p>Senate-only provision.</p>	
43	<p>Section 43 requires DHS to seek federal approval to implement the Money Follows the Person federal grant by December 1, 2013.</p>	<p>Senate-only provision.</p>	

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
	House-only provision.		Section 34. Recommendations for concentration limits on home and community-based settings. Requires the commissioner to consult with specified stakeholders to develop recommendations on concentration limits on HCBS settings. Requires the recommendations to be consistent with Minnesota’s Olmstead Plan. Requires the recommendations and proposed legislation to be submitted to the legislative committees with jurisdiction over health and human services policy and finance by February 1, 2014.
	House-only provision.		Section 36. Training of autism service providers. Requires the commissioners of health and human services to ensure that autism service providers receive training in culturally appropriate approaches to serving certain minority communities, and other cultural groups experiencing a disproportionate incidence of autism.
	House-only provision.		Section 37. Direction to commissioner. Requires the commissioner of human services to apply to CMS, by January 1, 2014, for a waiver to provide applied behavioral analysis services to children with ASD and related conditions under the MA program. Makes this section effective the day following final enactment.
	House-only provision.		Section 40. HCBS report card. Requires the commissioner of human services to work with existing advisory groups to develop recommendations for a home and community-based services report card. Lists items to be considered by the advisory group in developing recommendations. Requires a report to the legislature by August 1, 2014.

SENATE

HOUSE

Section	Article 7: Continuing Care		Article 7: Continuing Care
44	<p>Section 44 repeals section 256B.096, subdivisions 1 (scope), 2 (stakeholder advisory group), 3 (annual survey of service recipients), and 4 (improvements for incident reporting, investigation, analysis, and follow-up); and Laws 2011, First Special Session ch. 9, art. 7, section 54, as amended by Laws 2012, ch. 247, art. 4, section 42, and Laws 2012, ch. 298, section 3, a 1.67 percent rate cut for ICF/DDs and following providers: HCBS waivers, nursing services and home health services, personal care services, private duty nursing, day training and habilitation services, alternative care services, living skills training providers, and semi-independent living services; and the following grants: consumer support, family support, housing access, self-advocacy, and technology.</p>	<p>Identical, except House repeals the MA spousal contribution subdivision.</p>	<p>Section 41. Repealer. (a) Repeals Minnesota Statutes, sections 256B.14, subd. 3a (spousal contribution); 256B.5012, subd. 13 (ICF/DD rate decrease effective July 1, 2013); and Laws 2011, First Special Session ch. 9, art. 7, section 54, as amended by Laws 2012, ch. 247, art. 4, section 42, and Laws 2012, ch. 298, section 3 (contingency provider rate and grant reductions).</p> <p>(b) Repeals Minnesota Statutes, section 256B.096, subs. 1 (scope), 2 (stakeholder advisory group), 3 (annual survey of service recipients), and 4 (improvements for incident reporting, investigation, analysis, and follow-up).</p>