03/25/19 09:52 am	HOUSE RESEARCH	SS/JF	H0616A2
13//5/19 119:5/ am	HUILSE KESEAKUH	>>/ IF	HUNINA

..... moves to amend H.F. No. 616 as follows:

"Sec. 2. Minnesota Statutes 2018, section 256.478, is amended to read:

Page 3, delete section 2 and insert:

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1.4	256.478 HOME AND COMMUNITY-BASED SERVICES TRANSITIONS
1.5	GRANTS TRANSITION TO COMMUNITY INITIATIVE.
1.6	Subdivision 1. Eligibility. (a) An individual is eligible for the transition to community
1.7	initiative if the individual meets the following criteria:
1.8	(1) without the additional resources available through the transitions to community
1.9	initiative, the individual would otherwise remain at the Anoka-Metro Regional Treatment
1.10	Center, a state-operated community behavioral health hospital, or the Minnesota Security
1.11	Hospital;
1.12	(2) the individual's discharge would be significantly delayed without the additional
1.13	resources available through the transitions to community initiative; and
1.14	(3) the individual met treatment objectives and no longer needs hospital-level care or a
1.15	secure treatment setting.
1.16	(b) An individual who is in a community hospital and on the waiting list for the
1.17	Anoka-Metro Regional Treatment Center, but for whom alternative community placement
1.18	would be appropriate is eligible for the transition to community initiative upon the
1.19	commissioner's approval.
1.20	Subd. 2. Transition grants. The commissioner shall make available home and
1.21	community-based services transition to community grants to serve assist individuals who
1.22	do not meet eligibility criteria for the medical assistance program under section 256B.056
1.23	or 256B.057, but who otherwise meet the criteria under section 256B.092, subdivision 13,
1.24	or 256B.49, subdivision 24 met the criteria under subdivision 1.
	Sec. 2. 1

03/25/19 09·52 am	HOUSE RESEARCH	SS/JF	H0616A2
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2.1	EFFECTIVE DATE. This section is effective July 1, 2019."
2.2	Page 4, line 21, after "facility" insert "or another eligible facility"
2.3	Page 5, line 1, strike "256B.438" and insert "256R.17"
2.4	Page 6, after line 8, insert:
2.5	"Sec. 4. Minnesota Statutes 2018, section 256B.092, subdivision 13, is amended to read:
2.6	Subd. 13. Waiver allocations for transition populations. (a) The commissioner shall
2.7	make available additional waiver allocations and additional necessary resources to assure
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2.8	Security Heavital in St. Peter for in dividuals and a most the fall and a dividual sector.
2.9	Security Hospital in St. Peter for individuals who meet the following eligibility criteria:
2.10	established under section 256.478, subdivision 1.
2.11	(1) are otherwise eligible for the developmental disabilities waiver under this section;
2.12	(2) who would otherwise remain at the Anoka-Metro Regional Treatment Center or the
2.13	Minnesota Security Hospital;
2.14	(3) whose discharge would be significantly delayed without the available waiver
2.15	allocation; and
2.16	(4) who have met treatment objectives and no longer meet hospital level of care.
2.17	(b) Additional waiver allocations under this subdivision must meet cost-effectiveness
2.18	requirements of the federal approved waiver plan.
2.19	(c) Any corporate foster care home developed under this subdivision must be considered
2.20	an exception under section 245A.03, subdivision 7, paragraph (a).
2.21	EFFECTIVE DATE. This section is effective July 1, 2019.
2.22	Sec. 5. Minnesota Statutes 2018, section 256B.49, subdivision 24, is amended to read:
2.23	Subd. 24. Waiver allocations for transition populations. (a) The commissioner shall
2.24	make available additional waiver allocations and additional necessary resources to assure
2.25	timely discharges from the Anoka-Metro Regional Treatment Center and the Minnesota
2.26	Security Hospital in St. Peter for individuals who meet the following eligibility criteria:
2.27	established under section 256.478, subdivision 1.
2.28	(1) are otherwise eligible for the brain injury, community access for disability inclusion,
2.29	or community alternative care waivers under this section;

Sec. 5. 2

03/25/19 09:52 am	HOUSE RESEARCH	SS/JF	H0616A2

(2) who would otherwise remain at the Anoka-Metro Regional Treatment Center or the
Minnesota Security Hospital;
(3) whose discharge would be significantly delayed without the available waiver
allocation; and
(4) who have met treatment objectives and no longer meet hospital level of care.
(b) Additional waiver allocations under this subdivision must meet cost-effectiveness
requirements of the federal approved waiver plan.
(c) Any corporate foster care home developed under this subdivision must be considered
an exception under section 245A.03, subdivision 7, paragraph (a).
EFFECTIVE DATE. This section is effective July 1, 2019.
COMMUNITY MODEL AND INTENSIVE NONRESIDENTIAL REHABILITATIVE
MENTAL HEALTH SERVICE STANDARDS.
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The commissioner of human services, in consultation with stakeholders, shall develop
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The commissioner of human services, in consultation with stakeholders, shall develop recommendations for service standards and a payment methodology to implement the
The commissioner of human services, in consultation with stakeholders, shall develop recommendations for service standards and a payment methodology to implement the flexible assertive community treatment model in Minnesota. The commissioner shall also
The commissioner of human services, in consultation with stakeholders, shall develop recommendations for service standards and a payment methodology to implement the flexible assertive community treatment model in Minnesota. The commissioner shall also make recommendations for changes to the service standards and eligibility restriction on
The commissioner of human services, in consultation with stakeholders, shall develop recommendations for service standards and a payment methodology to implement the flexible assertive community treatment model in Minnesota. The commissioner shall also make recommendations for changes to the service standards and eligibility restriction on age for intensive nonresidential rehabilitative mental health services under Minnesota
The commissioner of human services, in consultation with stakeholders, shall develop recommendations for service standards and a payment methodology to implement the flexible assertive community treatment model in Minnesota. The commissioner shall also make recommendations for changes to the service standards and eligibility restriction on age for intensive nonresidential rehabilitative mental health services under Minnesota Statutes, section 256B.0957, to improve the consistency of the service and ensure the service
The commissioner of human services, in consultation with stakeholders, shall develop recommendations for service standards and a payment methodology to implement the flexible assertive community treatment model in Minnesota. The commissioner shall also make recommendations for changes to the service standards and eligibility restriction on age for intensive nonresidential rehabilitative mental health services under Minnesota Statutes, section 256B.0957, to improve the consistency of the service and ensure the service effectively meets the needs of youth and adults in Minnesota. The commissioner shall report
The commissioner of human services, in consultation with stakeholders, shall develop recommendations for service standards and a payment methodology to implement the flexible assertive community treatment model in Minnesota. The commissioner shall also make recommendations for changes to the service standards and eligibility restriction on age for intensive nonresidential rehabilitative mental health services under Minnesota Statutes, section 256B.0957, to improve the consistency of the service and ensure the service effectively meets the needs of youth and adults in Minnesota. The commissioner shall report a summary of recommendations, including any necessary statutory changes, to the chairs
The commissioner of human services, in consultation with stakeholders, shall develop recommendations for service standards and a payment methodology to implement the flexible assertive community treatment model in Minnesota. The commissioner shall also make recommendations for changes to the service standards and eligibility restriction on age for intensive nonresidential rehabilitative mental health services under Minnesota Statutes, section 256B.0957, to improve the consistency of the service and ensure the service effectively meets the needs of youth and adults in Minnesota. The commissioner shall report a summary of recommendations, including any necessary statutory changes, to the chairs and ranking minority members of the legislative committees with jurisdiction over mental

Sec. 6. 3