

1.1 CONFERENCE COMMITTEE REPORT ON S.F. No. 2702

1.2 A bill for an act
 1.3 relating to health; establishing licensure for birth centers; appropriating money;
 1.4 amending Minnesota Statutes 2008, sections 62Q.19, subdivision 1; 144.651,
 1.5 subdivision 2; 144A.51, subdivision 5; 256B.0625, by adding a subdivision;
 1.6 proposing coding for new law in Minnesota Statutes, chapter 144.

1.7 May 16, 2010

1.8 The Honorable James P. Metzen
 1.9 President of the Senate

1.10 The Honorable Margaret Anderson Kelliher
 1.11 Speaker of the House of Representatives

1.12 We, the undersigned conferees for S.F. No. 2702 report that we have agreed upon
 1.13 the items in dispute and recommend as follows:

1.14 That the House recede from its amendments and that S.F. No. 2702 be further
 1.15 amended as follows:

1.16 Delete everything after the enacting clause and insert:

1.17 "ARTICLE 1

1.18 SUMMARY

1.19 Section 1. **GENERAL FUND SUMMARY.**

1.20 The amounts shown in this section summarize general fund direct and open
 1.21 appropriations, and transfers into the general fund from other funds, made in articles 2 to
 1.22 14, after forecast adjustments and after voiding certain allotment reductions.

	<u>2010</u>		<u>2011</u>		<u>Total</u>
1.24 <u>E-12 Education</u>	\$ (1,069,361,000)	\$	(893,834,000)	\$	(1,963,195,000)
1.25 <u>Higher Education</u>	(77,000)		(100,077,000)		(100,154,000)
1.26 <u>Environment and Natural</u>					
1.27 <u>Resources</u>	(1,571,000)		(1,564,000)		(3,135,000)
1.28 <u>Energy</u>	(247,000)		(247,000)		(494,000)
1.29 <u>Agriculture</u>	(493,000)		(492,000)		(985,000)
1.30 <u>Economic Development</u>	(489,000)		(745,000)		(1,234,000)

3.1 A district may appeal the payment schedule established by this section according to
3.2 the procedures established in section 127A.45, subdivision 4.

3.3 Sec. 2. Minnesota Statutes 2009 Supplement, section 137.025, subdivision 1, is
3.4 amended to read:

3.5 Subdivision 1. **Monthly payments.** The commissioner of management and budget
3.6 shall pay 1/12 of the annual appropriation to the University of Minnesota ~~on~~ by the ~~21st~~
3.7 25th day of each month. If the ~~21st~~ 25th day of the month falls on a Saturday or Sunday,
3.8 the monthly payment must be made ~~on~~ by the first business day immediately following
3.9 the ~~21st~~ 25th day of the month.

3.10 Sec. 3. Minnesota Statutes 2008, section 276.112, is amended to read:

3.11 **276.112 STATE PROPERTY TAXES; COUNTY TREASURER.**

3.12 ~~On or before January 25 each year, for the period ending December 31 of the~~
3.13 ~~prior year, and on or before June 28 each year, for the period ending on the most recent~~
3.14 ~~settlement day determined in section 276.09, and on or before December 2 each year, for~~
3.15 ~~the period ending November 20~~ the estimated payment and settlement dates provided in
3.16 this chapter for the settlement of taxes levied by school districts, the county treasurer must
3.17 make full settlement with the county auditor ~~according to sections 276.09, 276.10, and~~
3.18 ~~276.111~~ for all receipts of state property taxes levied under section 275.025, and must
3.19 transmit those receipts to the commissioner of revenue by electronic means on the dates
3.20 and according to the provisions applicable to distributions to school districts.

3.21 **EFFECTIVE DATE.** This section is effective for distributions beginning October
3.22 1, 2010, and thereafter.

3.23 Sec. 4. Minnesota Statutes 2009 Supplement, section 289A.20, subdivision 4, is
3.24 amended to read:

3.25 Subd. 4. **Sales and use tax.** (a) The taxes imposed by chapter 297A are due and
3.26 payable to the commissioner monthly on or before the 20th day of the month following
3.27 the month in which the taxable event occurred, or following another reporting period
3.28 as the commissioner prescribes or as allowed under section 289A.18, subdivision 4,
3.29 paragraph (f) or (g), except that:

3.30 (1) use taxes due on an annual use tax return as provided under section 289A.11,
3.31 subdivision 1, are payable by April 15 following the close of the calendar year; and

4.1 (2) except as provided in paragraph (f), for a vendor having a liability of \$120,000
4.2 or more during a fiscal year ending June 30, 2009, and fiscal years thereafter, the taxes
4.3 imposed by chapter 297A, except as provided in paragraph (b), are due and payable to the
4.4 commissioner monthly in the following manner:

4.5 (i) On or before the 14th day of the month following the month in which the taxable
4.6 event occurred, the vendor must remit to the commissioner 90 percent of the estimated
4.7 liability for the month in which the taxable event occurred.

4.8 (ii) On or before the 20th day of the month in which the taxable event occurs, the
4.9 vendor must remit to the commissioner a prepayment for the month in which the taxable
4.10 event occurs equal to 67 percent of the liability for the previous month.

4.11 (iii) On or before the 20th day of the month following the month in which the taxable
4.12 event occurred, the vendor must pay any additional amount of tax not previously remitted
4.13 under either item (i) or (ii) or, if the payment made under item (i) or (ii) was greater than
4.14 the vendor's liability for the month in which the taxable event occurred, the vendor may
4.15 take a credit against the next month's liability in a manner prescribed by the commissioner.

4.16 (iv) Once the vendor first pays under either item (i) or (ii), the vendor is required to
4.17 continue to make payments in the same manner, as long as the vendor continues having a
4.18 liability of \$120,000 or more during the most recent fiscal year ending June 30.

4.19 (v) Notwithstanding items (i), (ii), and (iv), if a vendor fails to make the required
4.20 payment in the first month that the vendor is required to make a payment under either item
4.21 (i) or (ii), then the vendor is deemed to have elected to pay under item (ii) and must make
4.22 subsequent monthly payments in the manner provided in item (ii).

4.23 (vi) For vendors making an accelerated payment under item (ii), for the first month
4.24 that the vendor is required to make the accelerated payment, on the 20th of that month, the
4.25 vendor will pay 100 percent of the liability for the previous month and a prepayment for
4.26 the first month equal to 67 percent of the liability for the previous month.

4.27 (b) Notwithstanding paragraph (a), a vendor having a liability of \$120,000 or more
4.28 during a fiscal year ending June 30 must remit the June liability for the next year in the
4.29 following manner:

4.30 (1) Two business days before June 30 of the year, the vendor must remit 90 percent
4.31 of the estimated June liability to the commissioner.

4.32 (2) On or before August 20 of the year, the vendor must pay any additional amount
4.33 of tax not remitted in June.

4.34 (c) A vendor having a liability of:

4.35 ~~(1) \$20,000 or more in the fiscal year ending June 30, 2005; or~~

5.1 ~~(2) (1) \$10,000 or more in the, but less than \$120,000 during a fiscal year ending~~
5.2 ~~June 30, 2006 2009, and fiscal years thereafter, must remit by electronic means all~~
5.3 ~~liabilities on returns due for periods beginning in the subsequent calendar year by~~
5.4 ~~electronic means on or before the 20th day of the month following the month in which the~~
5.5 ~~taxable event occurred, or on or before the 20th day of the month following the month in~~
5.6 ~~which the sale is reported under section 289A.18, subdivision 4, except for 90 percent of~~
5.7 ~~the estimated June liability, which is due two business days before June 30. The remaining~~
5.8 ~~amount of the June liability is due on August 20.; or~~

5.9 (2) \$120,000 or more, during a fiscal year ending June 30, 2009, and fiscal years
5.10 thereafter, must remit by electronic means all liabilities in the manner provided in
5.11 paragraph (a), clause (2), on returns due for periods beginning in the subsequent calendar
5.12 year, except for 90 percent of the estimated June liability, which is due two business days
5.13 before June 30. The remaining amount of the June liability is due on August 20.

5.14 (d) Notwithstanding paragraph (b) or (c), a person prohibited by the person's
5.15 religious beliefs from paying electronically shall be allowed to remit the payment by mail.
5.16 The filer must notify the commissioner of revenue of the intent to pay by mail before
5.17 doing so on a form prescribed by the commissioner. No extra fee may be charged to a
5.18 person making payment by mail under this paragraph. The payment must be postmarked
5.19 at least two business days before the due date for making the payment in order to be
5.20 considered paid on a timely basis.

5.21 (e) Whenever the liability is \$120,000 or more separately for: (1) the tax imposed
5.22 under chapter 297A; (2) a fee that is to be reported on the same return as and paid with the
5.23 chapter 297A taxes; or (3) any other tax that is to be reported on the same return as and
5.24 paid with the chapter 297A taxes, then the payment of all the liabilities on the return must
5.25 be accelerated as provided in this subdivision.

5.26 (f) At the start of the first calendar quarter at least 90 days after the cash flow
5.27 account established in section 16A.152, subdivision 1, and the budget reserve account
5.28 established in section 16A.152, subdivision 1a, reach the amounts listed in section
5.29 16A.152, subdivision 2, paragraph (a), the remittance of the accelerated payments required
5.30 under paragraph (a), clause (2), must be suspended. The commissioner of management
5.31 and budget shall notify the commissioner of revenue when the accounts have reached
5.32 the required amounts. Beginning with the suspension of paragraph (a), clause (2), for a
5.33 vendor with a liability of \$120,000 or more during a fiscal year ending June 30, 2009,
5.34 and fiscal years thereafter, the taxes imposed by chapter 297A are due and payable to the
5.35 commissioner on the 20th day of the month following the month in which the taxable

6.1 event occurred. Payments of tax liabilities for taxable events occurring in June under
6.2 paragraph (b) are not changed.

6.3 **EFFECTIVE DATE.** This section is effective for taxes due and payable after
6.4 September 1, 2010.

6.5 Sec. 5. Minnesota Statutes 2008, section 289A.60, is amended by adding a subdivision
6.6 to read:

6.7 Subd. 31. **Accelerated payment of monthly sales tax liability; penalty for**
6.8 **underpayment.** For payments made after September 1, 2010, if a vendor is required
6.9 by section 289A.20, subdivision 4, paragraph (a), clause (2), item (i) or (ii), to make
6.10 accelerated payments, then the penalty for underpayment is as follows:

6.11 (a) For those vendors that must remit a 90 percent payment by the 14th day of
6.12 the month following the month in which the taxable event occurred, as an estimation
6.13 of monthly sales tax liabilities, including the liability of any fee or other tax that is to
6.14 be reported on the same return as and paid with the chapter 297A taxes, for the month
6.15 in which the taxable event occurred, the vendor shall pay a penalty equal to ten percent
6.16 of the amount of liability that was required to be paid by the 14th day of the month, less
6.17 the amount remitted by the 14th day of the month. The penalty must not be imposed,
6.18 however, if the amount remitted by the 14th day of the month equals the least of: (1) 90
6.19 percent of the liability for the month preceding the month in which the taxable event
6.20 occurred; (2) 90 percent of the liability for the same month in the previous calendar year
6.21 as the month in which the taxable event occurred; or (3) 90 percent of the average monthly
6.22 liability for the previous calendar year.

6.23 (b) For those vendors that, on or before the 20th day of the month in which the
6.24 taxable event occurs, must remit to the commissioner a prepayment of sales tax liabilities
6.25 for the month in which the taxable event occurs equal to 67 percent of the liabilities for the
6.26 previous month, including the liability of any fee or other tax that is to be reported on the
6.27 same return as and paid with the chapter 297A taxes, for the month in which the taxable
6.28 event occurred, the vendor shall pay a penalty equal to ten percent of the amount of liability
6.29 that was required to be paid by the 20th of the month, less the amount remitted by the 20th
6.30 of the month. The penalty must not be imposed, however, if the amount remitted by the
6.31 20th of the month equals the lesser of 67 percent of the liability for the month preceding
6.32 the month in which the taxable event occurred or 67 percent of the liability of the same
6.33 month in the previous calendar year as the month in which the taxable event occurred.

7.1 **EFFECTIVE DATE.** This section is effective for taxes due and payable after
7.2 September 1, 2010.

7.3 Sec. 6. **PAYMENT OF REFUNDS.**

7.4 (a) In paying refunds during fiscal year 2011 of overpayments of corporate
7.5 franchise tax and of sales tax, including but not limited to capital equipment refunds,
7.6 the commissioner of revenue shall delay paying a sufficient number of these refunds
7.7 until fiscal year 2012 so that \$166,000,000 less in refunds is paid in fiscal year 2011
7.8 than otherwise would have been paid. This amount is in addition to any amount that the
7.9 commissioner delays pursuant to administrative actions undertaken in connection with the
7.10 unallotment announced in June 2009. Refunds delayed by the commissioner under this
7.11 section are deemed to be due on July 1, 2011, for budget purposes, if the law otherwise
7.12 would provide an earlier date. Any refunds paid after June 30, 2011, and before the close
7.13 of fiscal year 2011 are deemed to be paid in fiscal year 2012 for budget purposes.

7.14 (b) In carrying out the requirement of paragraph (a), the commissioner shall, to the
7.15 extent possible, minimize delaying the payment of refunds that would result in payment of
7.16 additional interest by the state. The commissioner may select refunds for delayed payment
7.17 under this section or exempt refunds from this section in the manner that the commissioner
7.18 determines, in the commissioner's sole discretion, has the least adverse effect on tax
7.19 administration and taxpayer compliance.

7.20 **ARTICLE 3**

7.21 **E-12 EDUCATION**

7.22 Section 1. Minnesota Statutes 2008, section 123B.75, is amended by adding a
7.23 subdivision to read:

7.24 Subd. 1a. **Definition.** For the purposes of this section, "school district tax settlement
7.25 revenue" means the current, delinquent, and manufactured home property tax receipts
7.26 collected by the county and distributed to the school district.

7.27 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2009.

7.28 Sec. 2. Minnesota Statutes 2008, section 123B.75, subdivision 5, is amended to read:

7.29 Subd. 5. **Levy recognition.** (a) "School district tax settlement revenue" means the
7.30 current, delinquent, and manufactured home property tax receipts collected by the county
7.31 and distributed to the school district.

8.1 ~~(b)~~ For fiscal year ~~2004 and later~~ years 2009 and 2010, in June of each year, the
8.2 school district must recognize as revenue, in the fund for which the levy was made, the
8.3 lesser of:

8.4 (1) the sum of May, June, and July school district tax settlement revenue received in
8.5 that calendar year, plus general education aid according to section 126C.13, subdivision
8.6 4, received in July and August of that calendar year; or

8.7 (2) the sum of:

8.8 (i) 31 percent of the referendum levy certified according to section 126C.17, in
8.9 calendar year 2000; and

8.10 (ii) the entire amount of the levy certified in the prior calendar year according to
8.11 section 124D.86, subdivision 4, for school districts receiving revenue under sections
8.12 124D.86, subdivision 3, clauses (1), (2), and (3); 126C.41, subdivisions 1, 2, paragraph
8.13 (a), and 3, paragraphs (b), (c), and (d); 126C.43, subdivision 2; 126C.457; and 126C.48,
8.14 subdivision 6; plus

8.15 (iii) zero percent of the amount of the levy certified in the prior calendar year for the
8.16 school district's general and community service funds, plus or minus auditor's adjustments,
8.17 not including the levy portions that are assumed by the state, that remains after subtracting
8.18 the referendum levy certified according to section 126C.17 and the amount recognized
8.19 according to item (ii).

8.20 (b) For fiscal year 2011 and later years, in June of each year, the school district must
8.21 recognize as revenue, in the fund for which the levy was made, the lesser of:

8.22 (1) the sum of May, June, and July school district tax settlement revenue received in
8.23 that calendar year, plus general education aid according to section 126C.13, subdivision
8.24 4, received in July and August of that calendar year; or

8.25 (2) the sum of:

8.26 (i) the greater of 48.6 percent of the referendum levy certified according to section
8.27 126C.17 in the prior calendar year, or 31 percent of the referendum levy certified
8.28 according to section 126C.17 in calendar year 2000; plus

8.29 (ii) the entire amount of the levy certified in the prior calendar year according to
8.30 section 124D.86, subdivision 4, for school districts receiving revenue under sections
8.31 124D.86, subdivision 3, clauses (1), (2), and (3); 126C.41, subdivisions 1, 2, paragraph
8.32 (a), and 3, paragraphs (b), (c), and (d); 126C.43, subdivision 2; 126C.457; and 126C.48,
8.33 subdivision 6; plus

8.34 (iii) 48.6 percent of the amount of the levy certified in the prior calendar year for the
8.35 school district's general and community service funds, plus or minus auditor's adjustments,
8.36 not including the levy portions that are assumed by the state, that remains after subtracting

9.1 the referendum levy certified according to section 126C.17 and the amount recognized
9.2 according to item (ii).

9.3 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2009.

9.4 Sec. 3. Minnesota Statutes 2008, section 123B.75, subdivision 9, is amended to read:

9.5 Subd. 9. **Commissioner shall specify fiscal year.** The commissioner shall specify
9.6 the fiscal year or years to which the revenue from any aid or tax levy is applicable if
9.7 Minnesota Statutes do not so specify. The commissioner must report to the chairs and
9.8 ranking minority members of the house of representatives and senate committees with
9.9 jurisdiction over education finance by January 15 of each year any adjustments under this
9.10 subdivision in the previous year.

9.11 Sec. 4. Minnesota Statutes 2008, section 126C.48, subdivision 7, is amended to read:

9.12 Subd. 7. **Reporting.** For each tax settlement, the county auditor shall report to each
9.13 school district by fund, the district tax settlement revenue defined in section 123B.75,
9.14 subdivision ~~5, paragraph (a)~~ 1a, on the form specified in section 276.10. The county auditor
9.15 shall send to the district a copy of the spread levy report specified in section 275.124.

9.16 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2009.

9.17 Sec. 5. Minnesota Statutes 2008, section 127A.441, is amended to read:

9.18 **127A.441 AID REDUCTION; LEVY REVENUE RECOGNITION CHANGE.**

9.19 Each year, the state aids payable to any school district for that fiscal year that are
9.20 recognized as revenue in the school district's general and community service funds shall
9.21 be adjusted by an amount equal to (1) the amount the district recognized as revenue for the
9.22 prior fiscal year pursuant to section 123B.75, subdivision 5, paragraph (a) or (b), minus (2)
9.23 the amount the district recognized as revenue for the current fiscal year pursuant to section
9.24 123B.75, subdivision 5, paragraph (a) or (b). For purposes of making the aid adjustments
9.25 under this section, the amount the district recognizes as revenue for either the prior fiscal
9.26 year or the current fiscal year pursuant to section 123B.75, subdivision 5, paragraph (b),
9.27 shall not include any amount levied pursuant to section 124D.86, subdivision 4, for school
9.28 districts receiving revenue under sections 124D.86, subdivision 3, clauses (1), (2), and (3);
9.29 126C.41, subdivisions 1, 2, and 3, paragraphs (b), (c), and (d); 126C.43, subdivision 2;
9.30 126C.457; and 126C.48, subdivision 6. Payment from the permanent school fund shall not
9.31 be adjusted pursuant to this section. The school district shall be notified of the amount of
9.32 the adjustment made to each payment pursuant to this section.

10.1 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2009.

10.2 Sec. 6. Minnesota Statutes 2008, section 127A.45, subdivision 2, is amended to read:

10.3 Subd. 2. **Definitions.** (a) ~~The term~~ "Other district receipts" means payments by
10.4 county treasurers pursuant to section 276.10, apportionments from the school endowment
10.5 fund pursuant to section 127A.33, apportionments by the county auditor pursuant to
10.6 section 127A.34, subdivision 2, and payments to school districts by the commissioner of
10.7 revenue pursuant to chapter 298.

10.8 (b) ~~The term~~ "Cumulative amount guaranteed" means the product of

10.9 (1) the cumulative disbursement percentage shown in subdivision 3; times

10.10 (2) the sum of

10.11 (i) the current year aid payment percentage of the estimated aid and credit
10.12 entitlements paid according to subdivision 13; plus

10.13 (ii) 100 percent of the entitlements paid according to subdivisions 11 and 12; plus

10.14 (iii) the other district receipts.

10.15 (c) ~~The term~~ "Payment date" means the date on which state payments to districts
10.16 are made by the electronic funds transfer method. If a payment date falls on a Saturday,
10.17 a Sunday, or a weekday which is a legal holiday, the payment shall be made on the
10.18 immediately preceding business day. The commissioner may make payments on dates
10.19 other than those listed in subdivision 3, but only for portions of payments from any
10.20 preceding payment dates which could not be processed by the electronic funds transfer
10.21 method due to documented extenuating circumstances.

10.22 (d) The current year aid payment percentage equals ~~90~~ 73 in fiscal year 2010, 70
10.23 in fiscal year 2011, and 90 in fiscal years 2012 and later.

10.24 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2009.

10.25 Sec. 7. Minnesota Statutes 2008, section 127A.45, subdivision 3, is amended to read:

10.26 Subd. 3. **Payment dates and percentages.** (a) ~~For fiscal year 2004 and later,~~ The
10.27 commissioner shall pay to a district on the dates indicated an amount computed as follows:
10.28 the cumulative amount guaranteed minus the sum of ~~(a)~~ (1) the district's other district
10.29 receipts through the current payment, and ~~(b)~~ (2) the aid and credit payments through the
10.30 immediately preceding payment. For purposes of this computation, the payment dates and
10.31 the cumulative disbursement percentages are as follows:

	Payment date	Percentage
10.32		
10.33	Payment 1 July 15:	5.5
10.34	Payment 2 July 30:	8.0

11.1	Payment 3	August 15:	17.5
11.2	Payment 4	August 30:	20.0
11.3	Payment 5	September 15:	22.5
11.4	Payment 6	September 30:	25.0
11.5	Payment 7	October 15:	27.0
11.6	Payment 8	October 30:	30.0
11.7	Payment 9	November 15:	32.5
11.8	Payment 10	November 30:	36.5
11.9	Payment 11	December 15:	42.0
11.10	Payment 12	December 30:	45.0
11.11	Payment 13	January 15:	50.0
11.12	Payment 14	January 30:	54.0
11.13	Payment 15	February 15:	58.0
11.14	Payment 16	February 28:	63.0
11.15	Payment 17	March 15:	68.0
11.16	Payment 18	March 30:	74.0
11.17	Payment 19	April 15:	78.0
11.18	Payment 20	April 30:	85.0
11.19	Payment 21	May 15:	90.0
11.20	Payment 22	May 30:	95.0
11.21	Payment 23	June 20:	100.0

11.22 ~~(b) In addition to the amounts paid under paragraph (a), for fiscal year 2004, the~~
 11.23 ~~commissioner shall pay to a district on the dates indicated an amount computed as follows:~~

11.24	Payment 3	August 15: the final adjustment for the prior fiscal year for the state paid
11.25		property tax credits established in section 273.1392
11.26	Payment 4	August 30: one-third of the final adjustment for the prior fiscal year for
11.27		all aid entitlements except state paid property tax credits
11.28	Payment 6	September 30: one-third of the final adjustment for the prior fiscal year
11.29		for all aid entitlements except state paid property tax credits
11.30	Payment 8	October 30: one-third of the final adjustment for the prior fiscal year for
11.31		all aid entitlements except state paid property tax credits

11.32 ~~(c)~~ (b) In addition to the amounts paid under paragraph (a), ~~for fiscal year 2005 and~~
 11.33 ~~later,~~ the commissioner shall pay to a district on the dates indicated an amount computed
 11.34 as follows:

11.35	Payment 3	August 15: the final adjustment for the prior fiscal year for the state paid
11.36		property tax credits established in section 273.1392
11.37	Payment 4	August 30: 30 percent of the final adjustment for the prior fiscal year for
11.38		all aid entitlements except state paid property tax credits
11.39	Payment 6	September 30: 40 percent of the final adjustment for the prior fiscal year
11.40		for all aid entitlements except state paid property tax credits
11.41	Payment 8	October 30: 30 percent of the final adjustment for the prior fiscal year
11.42		for all aid entitlements except state paid property tax credits

12.1 **EFFECTIVE DATE.** This section is effective the day following final enactment
12.2 and applies to fiscal years 2010 and later.

12.3 Sec. 8. Minnesota Statutes 2008, section 127A.45, is amended by adding a subdivision
12.4 to read:

12.5 Subd. 7b. **Advance final payment.** (a) Notwithstanding subdivisions 3 and 7, if the
12.6 current year aid payment percentage, under subdivision 2, is less than 90, then a school
12.7 district or charter school exceeding its expenditure limitations under section 123B.83 as of
12.8 June 30 of the prior fiscal year may receive a portion of its final payment for the current
12.9 fiscal year on June 20, if requested by the district or charter school. The amount paid
12.10 under this subdivision must not exceed the lesser of:

12.11 (1) the difference between 90 percent and the current year payment percentage in
12.12 subdivision 2, paragraph (d), in the current fiscal year times the sum of the district or
12.13 charter school's general education aid plus the aid adjustment in section 127A.50 for
12.14 the current fiscal year; or

12.15 (2) the amount by which the district's or charter school's net negative unreserved
12.16 general fund balance as of June 30 of the prior fiscal year exceeds 2.5 percent of the
12.17 district or charter school's expenditures for that fiscal year.

12.18 (b) The state total advance final payment under this subdivision for any year must
12.19 not exceed \$7,500,000. If the amount request exceeds \$7,500,000, the advance final
12.20 payment for each eligible district must be reduced proportionately.

12.21 **EFFECTIVE DATE.** This section is effective the day following final enactment
12.22 and applies to fiscal years 2010 and later.

12.23 Sec. 9. Minnesota Statutes 2008, section 127A.45, subdivision 13, is amended to read:

12.24 Subd. 13. **Aid payment percentage.** Except as provided in subdivisions 11, 12, 12a,
12.25 and 14, each fiscal year, all education aids and credits in this chapter and chapters 120A,
12.26 120B, 121A, 122A, 123A, 123B, 124D, 125A, 125B, 126C, 134, and section 273.1392,
12.27 shall be paid at the current year aid payment percentage of the estimated entitlement during
12.28 the fiscal year of the entitlement. ~~For the purposes of this subdivision, a district's estimated~~
12.29 ~~entitlement for special education excess cost aid under section 125A.79 for fiscal year~~
12.30 ~~2005 equals 70 percent of the district's entitlement for the second prior fiscal year.~~ For the
12.31 purposes of this subdivision, a district's estimated entitlement for special education excess
12.32 cost aid under section 125A.79 for fiscal year 2006 and later equals 74.0 percent of the
12.33 district's entitlement for the current fiscal year. The final adjustment payment, according

13.1 to subdivision 9, must be the amount of the actual entitlement, after adjustment for actual
13.2 data, minus the payments made during the fiscal year of the entitlement.

13.3 Sec. 10. Laws 2009, chapter 96, article 1, section 24, subdivision 2, is amended to read:

13.4 Subd. 2. **General education aid.** For general education aid under Minnesota
13.5 Statutes, section 126C.13, subdivision 4:

13.6 ~~5,195,504,000~~
13.7 \$ 4,291,422,000 2010
13.8 ~~5,626,994,000~~
13.9 \$ 4,776,884,000 2011

13.10 The 2010 appropriation includes ~~\$555,864,000~~ \$553,591,000 for 2009 and
13.11 ~~\$4,639,640,000~~ \$3,737,831,000 for 2010.

13.12 The 2011 appropriation includes ~~\$500,976,000~~ \$1,363,306,000 for 2010 and
13.13 ~~\$5,126,018,000~~ \$3,413,578,000 for 2011.

13.14 Sec. 11. Laws 2009, chapter 96, article 6, section 11, subdivision 6, is amended to read:

13.15 Subd. 6. **Educate parents partnership.** For the educate parents partnership under
13.16 Minnesota Statutes, section 124D.129:

13.17 \$ ~~50,000~~ 49,000 2010
13.18 \$ ~~50,000~~ 49,000 2011

13.19 Any balance in the first year does not cancel but is available in the second year.

13.20 Sec. 12. Laws 2009, chapter 96, article 6, section 11, subdivision 7, is amended to read:

13.21 Subd. 7. **Kindergarten entrance assessment initiative and intervention**
13.22 **program.** For the kindergarten entrance assessment initiative and intervention program
13.23 under Minnesota Statutes, section 124D.162:

13.24 \$ ~~287,000~~ 281,000 2010
13.25 \$ ~~287,000~~ 281,000 2011

13.26 Any balance in the first year does not cancel but is available in the second year.

13.27 Sec. 13. Laws 2009, chapter 96, article 7, section 3, subdivision 2, is amended to read:

13.28 Subd. 2. **Department.** (a) For the Department of Education:

13.29 ~~20,943,000~~
13.30 \$ 20,147,600 2010
13.31 ~~20,943,000~~
13.32 \$ 19,811,000 2011

13.33 Any balance in the first year does not cancel but is available in the second year.

14.1 (b) \$260,000 each year is for the Minnesota Children's Museum.

14.2 (c) \$41,000 each year is for the Minnesota Academy of Science.

14.3 (d) ~~\$632,000~~ \$618,000 each year is for the Board of Teaching. Any balance in the
14.4 first year does not cancel but is available in the second year.

14.5 (e) ~~\$171,000~~ \$167,000 each year is for the Board of School Administrators. Any
14.6 balance in the first year does not cancel but is available in the second year.

14.7 (f) ~~\$40,000 each year~~ \$10,000 is for an early hearing loss intervention coordinator
14.8 under Minnesota Statutes, section 125A.63, subdivision 5. This appropriation is for
14.9 fiscal year 2010 only. If the department expends federal funds to employ a hearing
14.10 loss coordinator under Minnesota Statutes, section 125A.63, subdivision 5, then the
14.11 appropriation under this paragraph is reallocated for purposes of employing a world
14.12 languages coordinator.

14.13 (g) \$50,000 each year is for the Duluth Children's Museum.

14.14 (h) None of the amounts appropriated under this subdivision may be used for
14.15 Minnesota's Washington, D.C., office.

14.16 (i) The expenditures of federal grants and aids as shown in the biennial budget
14.17 document and its supplements are approved and appropriated and shall be spent as
14.18 indicated. The commissioner must provide, to the K-12 Education Finance Division in
14.19 the house of representatives and the E-12 Budget Division in the senate, details about the
14.20 distribution of state incentive grants, education technology state grants, teacher incentive
14.21 funds, and statewide data system funds as outlined in the supplemental federal funds
14.22 submission dated March 25, 2009.

14.23 ARTICLE 4

14.24 E-12 EDUCATION FORECAST ADJUSTMENTS

14.25 Section 1. Minnesota Statutes 2009 Supplement, section 123B.54, is amended to read:

14.26 123B.54 DEBT SERVICE APPROPRIATION.

14.27 (a) ~~\$9,109,000 in fiscal year 2009, \$7,948,000 in fiscal year 2010, \$9,275,000 in~~
14.28 ~~fiscal year 2011, \$9,574,000~~ \$17,161,000 in fiscal year 2012, and ~~\$8,904,000~~ \$19,175,000
14.29 in fiscal year 2013 and later are appropriated from the general fund to the commissioner of
14.30 education for payment of debt service equalization aid under section 123B.53.

14.31 (b) The appropriations in paragraph (a) must be reduced by the amount of any
14.32 money specifically appropriated for the same purpose in any year from any state fund.

14.33 Sec. 2. Laws 2009, chapter 96, article 1, section 24, subdivision 4, is amended to read:

15.1 Subd. 4. **Abatement revenue.** For abatement aid under Minnesota Statutes, section
15.2 127A.49:

15.3 ~~1,175,000~~
15.4 \$ 1,000,000 2010
15.5 ~~1,034,000~~
15.6 \$ 1,132,000 2011

15.7 The 2010 appropriation includes \$140,000 for 2009 and ~~\$1,035,000~~ \$860,000 for
15.8 2010.

15.9 The 2011 appropriation includes ~~\$115,000~~ \$317,000 for 2010 and ~~\$919,000~~
15.10 \$815,000 for 2011.

15.11 Sec. 3. Laws 2009, chapter 96, article 1, section 24, subdivision 5, is amended to read:

15.12 Subd. 5. **Consolidation transition.** For districts consolidating under Minnesota
15.13 Statutes, section 123A.485:

15.14 \$ ~~854,000~~ 684,000 2010
15.15 \$ ~~927,000~~ 576,000 2011

15.16 The 2010 appropriation includes \$0 for 2009 and ~~\$854,000~~ \$684,000 for 2010.

15.17 The 2011 appropriation includes ~~\$94,000~~ \$252,000 for 2010 and ~~\$833,000~~ \$324,000
15.18 for 2011.

15.19 Sec. 4. Laws 2009, chapter 96, article 1, section 24, subdivision 6, is amended to read:

15.20 Subd. 6. **Nonpublic pupil education aid.** For nonpublic pupil education aid under
15.21 Minnesota Statutes, sections 123B.40 to 123B.43 and 123B.87:

15.22 ~~17,250,000~~
15.23 \$ 12,861,000 2010
15.24 ~~17,889,000~~
15.25 \$ 16,157,000 2011

15.26 The 2010 appropriation includes ~~\$1,647,000~~ \$1,067,000 for 2009 and ~~\$15,603,000~~
15.27 \$11,794,000 for 2010.

15.28 The 2011 appropriation includes ~~\$1,733,000~~ \$4,362,000 for 2010 and ~~\$16,156,000~~
15.29 \$11,795,000 for 2011.

15.30 Sec. 5. Laws 2009, chapter 96, article 1, section 24, subdivision 7, is amended to read:

15.31 Subd. 7. **Nonpublic pupil transportation.** For nonpublic pupil transportation aid
15.32 under Minnesota Statutes, section 123B.92, subdivision 9:

16.1 ~~22,159,000~~
 16.2 \$ 17,297,000 2010
 16.3 ~~22,712,000~~
 16.4 \$ 19,729,000 2011

16.5 The 2010 appropriation includes \$2,077,000 for 2009 and ~~\$20,082,000~~ \$15,220,000
 16.6 for 2010.

16.7 The 2011 appropriation includes ~~\$2,231,000~~ \$5,629,000 for 2010 and ~~\$20,481,000~~
 16.8 \$14,100,000 for 2011.

16.9 Sec. 6. Laws 2009, chapter 96, article 2, section 67, subdivision 2, is amended to read:
 16.10 Subd. 2. **Charter school building lease aid.** For building lease aid under Minnesota
 16.11 Statutes, section 124D.11, subdivision 4:

16.12 ~~40,453,000~~
 16.13 \$ 34,833,000 2010
 16.14 ~~44,775,000~~
 16.15 \$ 44,938,000 2011

16.16 The 2010 appropriation includes \$3,704,000 for 2009 and ~~\$36,749,000~~ \$31,129,000
 16.17 for 2010.

16.18 The 2011 appropriation includes ~~\$4,083,000~~ \$11,513,000 for 2010 and ~~\$40,692,000~~
 16.19 \$33,425,000 for 2011.

16.20 Sec. 7. Laws 2009, chapter 96, article 2, section 67, subdivision 3, is amended to read:
 16.21 Subd. 3. **Charter school startup aid.** For charter school startup cost aid under
 16.22 Minnesota Statutes, section 124D.11:

16.23 ~~1,488,000~~
 16.24 \$ 1,218,000 2010
 16.25 ~~1,064,000~~
 16.26 \$ 743,000 2011

16.27 The 2010 appropriation includes \$202,000 for 2009 and ~~\$1,286,000~~ \$1,016,000
 16.28 for 2010.

16.29 The 2011 appropriation includes ~~\$142,000~~ \$375,000 for 2010 and ~~\$922,000~~
 16.30 \$368,000 for 2011.

16.31 Sec. 8. Laws 2009, chapter 96, article 2, section 67, subdivision 4, is amended to read:
 16.32 Subd. 4. **Integration aid.** For integration aid under Minnesota Statutes, section
 16.33 124D.86, subdivision 5:

17.1 ~~65,358,000~~
17.2 \$ 50,812,000 2010
17.3 ~~65,484,000~~
17.4 \$ 61,782,000 2011

17.5 The 2010 appropriation includes ~~\$6,110,000~~ \$5,832,000 for 2009 and ~~\$59,248,000~~
17.6 \$44,980,000 for 2010.

17.7 The 2011 appropriation includes ~~\$6,583,000~~ \$16,636,000 for 2010 and ~~\$58,901,000~~
17.8 \$45,146,000 for 2011.

17.9 Sec. 9. Laws 2009, chapter 96, article 2, section 67, subdivision 7, is amended to read:

17.10 Subd. 7. **Success for the future.** For American Indian success for the future grants
17.11 under Minnesota Statutes, section 124D.81:

17.12 ~~2,137,000~~
17.13 \$ 1,774,000 2010
17.14 ~~2,137,000~~
17.15 \$ 2,072,000 2011

17.16 The 2010 appropriation includes \$213,000 for 2009 and ~~\$1,924,000~~ \$1,561,000
17.17 for 2010.

17.18 The 2011 appropriation includes ~~\$213,000~~ \$576,000 for 2010 and ~~\$1,924,000~~
17.19 \$1,496,000 for 2011.

17.20 Sec. 10. Laws 2009, chapter 96, article 2, section 67, subdivision 9, is amended to read:

17.21 Subd. 9. **Tribal contract schools.** For tribal contract school aid under Minnesota
17.22 Statutes, section 124D.83:

17.23 ~~2,030,000~~
17.24 \$ 1,702,000 2010
17.25 ~~2,211,000~~
17.26 \$ 2,119,000 2011

17.27 The 2010 appropriation includes \$191,000 for 2009 and ~~\$1,839,000~~ \$1,511,000
17.28 for 2010.

17.29 The 2011 appropriation includes ~~\$204,000~~ \$558,000 for 2010 and ~~\$2,007,000~~
17.30 \$1,561,000 for 2011.

17.31 Sec. 11. Laws 2009, chapter 96, article 3, section 21, subdivision 2, is amended to read:

17.32 Subd. 2. **Special education; regular.** For special education aid under Minnesota
17.33 Statutes, section 125A.75:

18.1 ~~734,071,000~~
18.2 \$ 609,003,000 2010
18.3 ~~781,497,000~~
18.4 \$ 749,248,000 2011

18.5 The 2010 appropriation includes \$71,947,000 for 2009 and ~~\$662,124,000~~
18.6 \$537,056,000 for 2010.

18.7 The 2011 appropriation includes ~~\$73,569,000~~ \$198,637,000 for 2010 and
18.8 ~~\$707,928,000~~ \$550,611,000 for 2011.

18.9 Sec. 12. Laws 2009, chapter 96, article 3, section 21, subdivision 4, is amended to read:

18.10 Subd. 4. **Travel for home-based services.** For aid for teacher travel for home-based
18.11 services under Minnesota Statutes, section 125A.75, subdivision 1:

18.12 \$ ~~258,000~~ 224,000 2010
18.13 \$ ~~282,000~~ 282,000 2011

18.14 The 2010 appropriation includes \$24,000 for 2009 and ~~\$234,000~~ \$200,000 for 2010.

18.15 The 2011 appropriation includes ~~\$26,000~~ \$73,000 for 2010 and ~~\$256,000~~ \$209,000
18.16 for 2011.

18.17 Sec. 13. Laws 2009, chapter 96, article 3, section 21, subdivision 5, is amended to read:

18.18 Subd. 5. **Special education; excess costs.** For excess cost aid under Minnesota
18.19 Statutes, section 125A.79, subdivision 7:

18.20 ~~110,871,000~~
18.21 \$ 96,926,000 2010
18.22 ~~110,877,000~~
18.23 \$ 108,410,000 2011

18.24 The 2010 appropriation includes \$37,046,000 for 2009 and ~~\$73,825,000~~ \$59,880,000
18.25 for 2010.

18.26 The 2011 appropriation includes ~~\$37,022,000~~ \$50,967,000 for 2010 and ~~\$73,855,000~~
18.27 \$57,443,000 for 2011.

18.28 Sec. 14. Laws 2009, chapter 96, article 4, section 12, subdivision 2, is amended to read:

18.29 Subd. 2. **Health and safety revenue.** For health and safety aid according to
18.30 Minnesota Statutes, section 123B.57, subdivision 5:

18.31 \$ ~~161,000~~ 132,000 2010
18.32 \$ ~~160,000~~ 135,000 2011

18.33 The 2010 appropriation includes \$10,000 for 2009 and ~~\$151,000~~ \$122,000 for 2010.

19.1 The 2011 appropriation includes ~~\$16,000~~ \$44,000 for 2010 and ~~\$144,000~~ \$91,000
19.2 for 2011.

19.3 Sec. 15. Laws 2009, chapter 96, article 4, section 12, subdivision 3, is amended to read:

19.4 Subd. 3. **Debt service equalization.** For debt service aid according to Minnesota
19.5 Statutes, section 123B.53, subdivision 6:

19.6		7,948,000		
19.7	\$	<u>6,608,000</u>	.....	2010
19.8		9,275,000		
19.9	\$	<u>8,204,000</u>	.....	2011

19.10 The 2010 appropriation includes \$851,000 for 2009 and ~~\$7,097,000~~ \$5,757,000
19.11 for 2010.

19.12 The 2011 appropriation includes ~~\$788,000~~ \$2,128,000 for 2010 and ~~\$8,487,000~~
19.13 \$6,076,000 for 2011.

19.14 Sec. 16. Laws 2009, chapter 96, article 4, section 12, subdivision 4, is amended to read:

19.15 Subd. 4. **Alternative facilities bonding aid.** For alternative facilities bonding aid,
19.16 according to Minnesota Statutes, section 123B.59, subdivision 1:

19.17		19,287,000		
19.18	\$	<u>16,008,000</u>	.....	2010
19.19		19,287,000		
19.20	\$	<u>18,708,000</u>	.....	2011

19.21 The 2010 appropriation includes \$1,928,000 for 2009 and ~~\$17,359,000~~ \$14,080,000
19.22 for 2010.

19.23 The 2011 appropriation includes ~~\$1,928,000~~ \$5,207,000 for 2010 and ~~\$17,359,000~~
19.24 \$13,501,000 for 2011.

19.25 Sec. 17. Laws 2009, chapter 96, article 4, section 12, subdivision 6, is amended to read:

19.26 Subd. 6. **Deferred maintenance aid.** For deferred maintenance aid, according to
19.27 Minnesota Statutes, section 123B.591, subdivision 4:

19.28		2,302,000		
19.29	\$	<u>1,918,000</u>	.....	2010
19.30		2,073,000		
19.31	\$	<u>2,146,000</u>	.....	2011

19.32 The 2010 appropriation includes \$260,000 for 2009 and ~~\$2,042,000~~ \$1,658,000
19.33 for 2010.

19.34 The 2011 appropriation includes ~~\$226,000~~ \$613,000 for 2010 and ~~\$1,847,000~~
19.35 \$1,533,000 for 2011.

20.1 Sec. 18. Laws 2009, chapter 96, article 5, section 13, subdivision 4, is amended to read:

20.2 Subd. 4. **Kindergarten milk.** For kindergarten milk aid under Minnesota Statutes,
 20.3 section 124D.118:

20.4		1,098,000		
20.5	\$	<u>1,104,000</u>	.....	2010
20.6		1,120,000		
20.7	\$	<u>1,126,000</u>	.....	2011

20.8 Sec. 19. Laws 2009, chapter 96, article 5, section 13, subdivision 6, is amended to read:

20.9 Subd. 6. **Basic system support.** For basic system support grants under Minnesota
 20.10 Statutes, section 134.355:

20.11		13,570,000		
20.12	\$	<u>11,264,000</u>	.....	2010
20.13		13,570,000		
20.14	\$	<u>13,162,000</u>	.....	2011

20.15 The 2010 appropriation includes \$1,357,000 for 2009 and ~~\$12,213,000~~ \$9,907,000
 20.16 for 2010.

20.17 The 2011 appropriation includes ~~\$1,357,000~~ \$3,663,000 for 2010 and ~~\$12,213,000~~
 20.18 \$9,499,000 for 2011.

20.19 Sec. 20. Laws 2009, chapter 96, article 5, section 13, subdivision 7, is amended to read:

20.20 Subd. 7. **Multicounty, multitype library systems.** For grants under Minnesota
 20.21 Statutes, sections 134.353 and 134.354, to multicounty, multitype library systems:

20.22		1,300,000		
20.23	\$	<u>1,079,000</u>	.....	2010
20.24		1,300,000		
20.25	\$	<u>1,261,000</u>	.....	2011

20.26 The 2010 appropriation includes \$130,000 for 2009 and ~~\$1,170,000~~ \$949,000 for
 20.27 2010.

20.28 The 2011 appropriation includes ~~\$130,000~~ \$351,000 for 2010 and ~~\$1,170,000~~
 20.29 \$910,000 for 2011.

20.30 Sec. 21. Laws 2009, chapter 96, article 5, section 13, subdivision 9, is amended to read:

20.31 Subd. 9. **Regional library telecommunications aid.** For regional library
 20.32 telecommunications aid under Minnesota Statutes, section 134.355:

20.33		2,300,000		
20.34	\$	<u>1,909,000</u>	.....	2010
20.35		2,300,000		
20.36	\$	<u>2,231,000</u>	.....	2011

21.1 The 2010 appropriation includes \$230,000 for 2009 and ~~\$2,070,000~~ \$1,679,000
21.2 for 2010.

21.3 The 2011 appropriation includes ~~\$230,000~~ \$621,000 for 2010 and ~~\$2,070,000~~
21.4 \$1,610,000 for 2011.

21.5 Sec. 22. Laws 2009, chapter 96, article 6, section 11, subdivision 2, is amended to read:

21.6 Subd. 2. **School readiness.** For revenue for school readiness programs under
21.7 Minnesota Statutes, sections 124D.15 and 124D.16:

21.8 ~~10,095,000~~
21.9 \$ 8,379,000 2010

21.10 ~~10,095,000~~
21.11 \$ 9,792,000 2011

21.12 The 2010 appropriation includes \$1,009,000 for 2009 and ~~\$9,086,000~~ \$7,370,000
21.13 for 2010.

21.14 The 2011 appropriation includes ~~\$1,009,000~~ \$2,725,000 for 2010 and ~~\$9,086,000~~
21.15 \$7,067,000 for 2011.

21.16 Sec. 23. Laws 2009, chapter 96, article 6, section 11, subdivision 3, is amended to read:

21.17 Subd. 3. **Early childhood family education aid.** For early childhood family
21.18 education aid under Minnesota Statutes, section 124D.135:

21.19 ~~22,955,000~~
21.20 \$ 19,005,000 2010

21.21 ~~22,547,000~~
21.22 \$ 21,460,000 2011

21.23 The 2010 appropriation includes \$3,020,000 for 2009 and ~~\$19,935,000~~ \$15,985,000
21.24 for 2010.

21.25 The 2011 appropriation includes ~~\$2,214,000~~ \$5,911,000 for 2010 and ~~\$20,333,000~~
21.26 \$15,549,000 for 2011.

21.27 Sec. 24. Laws 2009, chapter 96, article 6, section 11, subdivision 4, is amended to read:

21.28 Subd. 4. **Health and developmental screening aid.** For health and developmental
21.29 screening aid under Minnesota Statutes, sections 121A.17 and 121A.19:

21.30 ~~3,694,000~~
21.31 \$ 2,922,000 2010

21.32 ~~3,800,000~~
21.33 \$ 3,425,000 2011

21.34 The 2010 appropriation includes \$367,000 for 2009 and ~~\$3,327,000~~ \$2,555,000
21.35 for 2010.

22.1 The 2011 appropriation includes ~~\$369,000~~ \$945,000 for 2010 and ~~\$3,431,000~~
22.2 \$2,480,000 for 2011.

22.3 Sec. 25. Laws 2009, chapter 96, article 6, section 11, subdivision 8, is amended to read:

22.4 Subd. 8. **Community education aid.** For community education aid under
22.5 Minnesota Statutes, section 124D.20:

22.6 \$ ~~585,000~~ 476,000 2010

22.7 \$ ~~467,000~~ 473,000 2011

22.8 The 2010 appropriation includes \$73,000 for 2009 and ~~\$512,000~~ \$403,000 for 2010.

22.9 The 2011 appropriation included ~~\$56,000~~ \$148,000 for 2010 and ~~\$411,000~~ \$325,000
22.10 for 2011.

22.11 Sec. 26. Laws 2009, chapter 96, article 6, section 11, subdivision 9, is amended to read:

22.12 Subd. 9. **Adults with disabilities program aid.** For adults with disabilities
22.13 programs under Minnesota Statutes, section 124D.56:

22.14 \$ ~~710,000~~ 588,000 2010

22.15 \$ ~~710,000~~ 688,000 2011

22.16 The 2010 appropriation includes ~~\$71,000~~ \$69,000 for 2009 and ~~\$639,000~~ \$519,000
22.17 for 2010.

22.18 The 2011 appropriation includes ~~\$71,000~~ \$191,000 for 2010 and ~~\$639,000~~ \$497,000
22.19 for 2011.

22.20 Sec. 27. Laws 2009, chapter 96, article 6, section 11, subdivision 12, is amended to
22.21 read:

22.22 Subd. 12. **Adult basic education aid.** For adult basic education aid under
22.23 Minnesota Statutes, section 124D.531:

22.24 ~~42,975,000~~
22.25 \$ 35,671,000 2010

22.26 ~~44,258,000~~
22.27 \$ 42,732,000 2011

22.28 The 2010 appropriation includes \$4,187,000 for 2009 and ~~\$38,788,000~~ \$31,484,000
22.29 for 2010.

22.30 The 2011 appropriation includes ~~\$4,309,000~~ \$11,644,000 for 2010 and ~~\$39,949,000~~
22.31 \$31,088,000 for 2011.

ARTICLE 5

HIGHER EDUCATION

Section 1. SUMMARY OF APPROPRIATIONS.

The amounts shown in this section summarize direct appropriations, by fund, made in this article.

	<u>2010</u>	<u>2011</u>	<u>Total</u>
<u>General</u>	\$ (77,000)	\$ (100,077,000)	\$ (100,154,000)

Sec. 2. APPROPRIATIONS.

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2009, chapter 95, article 1, to the agencies and for the purposes specified in this article. The appropriations are from the general fund, or another named fund, and are available for the fiscal years indicated for each purpose. The figures "2010" and "2011" used in this article mean that the addition to or subtraction from the appropriation listed under them is available for the fiscal year ending June 30, 2010, or June 30, 2011, respectively. Supplemental appropriations and reductions to appropriations for the fiscal year ending June 30, 2010, are effective the day following final enactment.

<u>APPROPRIATIONS</u>
<u>Available for the Year</u>
<u>Ending June 30</u>
<u>2010</u> <u>2011</u>

Sec. 3. MINNESOTA OFFICE OF HIGHER EDUCATION

\$	(77,000)	\$	(77,000)
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This reduction is from the appropriation for agency administration.

If an extension of the enhanced federal medical assistance percentage (FMAP) under Public Law 111-5, section 5001, to at least June 30, 2011, is enacted by June 15, 2010, \$35,000,000 is appropriated from the general fund to the Minnesota Office of Higher Education for the state grant program, to be available for the fiscal year ending June 30, 2011.

24.1	Sec. 4. <u>BOARD OF TRUSTEES OF THE</u>			
24.2	<u>MINNESOTA STATE COLLEGES AND</u>			
24.3	<u>UNIVERSITIES</u>	<u>\$</u>	<u>-0-</u>	<u>\$ (50,000,000)</u>
24.4	<u>\$2,079,000 of the reduction in 2011 is from</u>			
24.5	<u>the central offices and shared services unit</u>			
24.6	<u>appropriation. None of these reductions may</u>			
24.7	<u>be charged back or allocated to the campuses.</u>			
24.8	<u>\$47,921,000 of the reduction in 2011</u>			
24.9	<u>is from the operations and maintenance</u>			
24.10	<u>appropriation.</u>			
24.11	<u>For fiscal years 2012 and 2013, the base for</u>			
24.12	<u>operations and maintenance is \$580,802,000</u>			
24.13	<u>each year.</u>			
24.14	Sec. 5. <u>BOARD OF REGENTS OF THE</u>			
24.15	<u>UNIVERSITY OF MINNESOTA</u>			
24.16	<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>-0-</u>	<u>\$ (50,000,000)</u>
24.17	<u>The appropriation reductions for each</u>			
24.18	<u>purpose are shown in the following</u>			
24.19	<u>subdivisions.</u>			
24.20	<u>Subd. 2. Operations and Maintenance</u>		<u>-0-</u>	<u>(44,606,000)</u>
24.21	<u>For fiscal years 2012 and 2013, the base for</u>			
24.22	<u>operations and maintenance is \$578,370,000</u>			
24.23	<u>each year.</u>			
24.24	<u>Subd. 3. Special Appropriations</u>			
24.25	<u>(a) Agriculture and Extension Service</u>		<u>-0-</u>	<u>(3,858,000)</u>
24.26	<u>(b) Health Sciences</u>		<u>-0-</u>	<u>(389,000)</u>
24.27	<u>\$26,000 of the 2011 reduction is from the St.</u>			
24.28	<u>Cloud family practice residency program.</u>			
24.29	<u>(c) Institute of Technology</u>		<u>-0-</u>	<u>(102,000)</u>
24.30	<u>(d) System Special</u>		<u>-0-</u>	<u>(454,000)</u>
24.31	<u>(e) University of Minnesota and Mayo</u>			
24.32	<u>Foundation Partnership</u>		<u>-0-</u>	<u>(591,000)</u>

ARTICLE 6

ENVIRONMENT AND NATURAL RESOURCES

Section 1. SUMMARY OF APPROPRIATIONS.

The amounts shown in this section summarize changes to direct appropriations, by fund, made in this article.

	<u>2010</u>	<u>2011</u>	<u>Total</u>
<u>General</u>	\$ (1,571,000)	\$ (1,564,000)	\$ (3,135,000)

Sec. 2. APPROPRIATIONS.

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2009, chapter 37, article 1, to the agencies and for the purposes specified in this article. The appropriations are from the general fund, or another named fund, and are available for the fiscal years indicated for each purpose. The figures "2010" and "2011" used in this article mean that the addition to or subtraction from the appropriation listed under them are available for the fiscal year ending June 30, 2010, or June 30, 2011, respectively. Supplemental appropriations and reductions to appropriations for the fiscal year ending June 30, 2010, are effective the day following final enactment.

<u>APPROPRIATIONS</u>
<u>Available for the Year</u>
<u>Ending June 30</u>
<u>2010</u>
<u>2011</u>

Sec. 3. POLLUTION CONTROL AGENCY

<u>Subdivision 1. Total Appropriation</u>	\$ (110,000)	\$ (99,000)
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The appropriation reductions for each purpose are shown in the following subdivisions.

<u>Subd. 2. Water</u>	(98,000)	(38,000)
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The \$98,000 reduction in fiscal year 2010 is from the agency's activities to develop minimal impact design standards for urban stormwater runoff.

<u>Subd. 3. Land</u>	-0-	(30,000)
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26.1 The \$30,000 reduction in the second year is
 26.2 from the environmental health tracking and
 26.3 biomonitoring activities of the agency.

26.4	<u>Subd. 4. Environmental</u>		
26.5	<u>Assistance and Cross Media</u>	<u>-0-</u>	<u>(16,000)</u>

26.6	<u>Subd. 5. Administrative</u>		
26.7	<u>Support</u>	<u>(12,000)</u>	<u>(15,000)</u>

26.8 Sec. 4. **NATURAL RESOURCES**

26.9	<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>(1,375,000)</u>	<u>\$</u>	<u>(1,379,000)</u>
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26.10 The appropriation reductions for each
 26.11 purpose are shown in the following
 26.12 subdivisions.

26.13	<u>Subd. 2. Lands and</u>		
26.14	<u>Minerals</u>	<u>(30,000)</u>	<u>(30,000)</u>

26.15	<u>Subd. 3. Water Resources</u>		
26.16	<u>Management</u>	<u>(84,000)</u>	<u>(84,000)</u>

26.17	<u>Subd. 4. Forest</u>		
26.18	<u>Management</u>	<u>(188,000)</u>	<u>(188,000)</u>

26.19 \$53,000 of the reduction each year is from
 26.20 activities supporting the Forest Resources
 26.21 Council with implementation of the
 26.22 Sustainable Forest Resources Act.

26.23	<u>Subd. 5. Parks and Trails</u>		
26.24	<u>Management</u>	<u>(420,000)</u>	<u>(422,000)</u>

26.25	<u>Subd. 6. Fish and Wildlife</u>		
26.26	<u>Management</u>	<u>(265,000)</u>	<u>(265,000)</u>

26.27 \$265,000 of the reduction each year is from
 26.28 activities for preserving, restoring, and
 26.29 enhancing grassland/wetland complexes on
 26.30 public or private land.

26.31	<u>Subd. 7. Ecological Services</u>	<u>(46,000)</u>	<u>(47,000)</u>
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26.32	<u>Subd. 8. Enforcement</u>	<u>(230,000)</u>	<u>(230,000)</u>
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26.33	<u>Subd. 9. Operations</u>		
26.34	<u>Support</u>	<u>(112,000)</u>	<u>(113,000)</u>

27.1 Sec. 5. METROPOLITAN COUNCIL § (86,000) § (86,000)

27.2 Sec. 6. Laws 2010, chapter 215, article 3, section 3, subdivision 6, is amended to read:

27.3 Subd. 6. **Transfers In**

27.4 (a) The amounts appropriated from the
27.5 agency indirect costs account in the special
27.6 revenue fund are reduced by \$328,000 in
27.7 fiscal year 2010 and \$462,000 in fiscal year
27.8 2011, and those amounts must be transferred
27.9 to the general fund by June 30, 2011. The
27.10 appropriation reductions are onetime.

27.11 (b) The commissioner of management and
27.12 budget shall transfer ~~\$8,000,000~~ \$48,000,000
27.13 in fiscal year 2011 from the closed landfill
27.14 investment fund in Minnesota Statutes,
27.15 section 115B.421, to the general fund. The
27.16 commissioner shall transfer ~~\$4,000,000~~
27.17 \$12,000,000 on July 1, ~~2013,~~ and ~~\$4,000,000~~
27.18 ~~on July 1,~~ in each of the years 2014, 2015,
27.19 2016, and 2017 from the general fund to the
27.20 closed landfill investment fund. For ~~the July~~
27.21 ~~1, 2014,~~ each transfer to the closed landfill
27.22 investment fund, the commissioner shall
27.23 determine the total amount of interest and
27.24 other earnings that would have accrued to
27.25 the fund if the transfers to the general fund
27.26 under this paragraph had not been made and
27.27 add this amount to the transfer. The amounts
27.28 necessary for these transfers are appropriated
27.29 from the general fund in the fiscal years
27.30 specified for the transfers.

27.31 **ARTICLE 7**

27.32 **ENERGY**

27.33 Section 1. SUMMARY OF APPROPRIATIONS.

28.1 The amounts shown in this section summarize direct appropriations, by fund, made
 28.2 in this article.

28.3	<u>2010</u>	<u>2011</u>	<u>Total</u>
28.4 <u>General</u>	\$ <u>(247,000)</u>	\$ <u>(247,000)</u>	\$ <u>(494,000)</u>

28.5 **Sec. 2. APPROPRIATIONS.**

28.6 The sums shown in the columns marked "Appropriations" are added to or, if shown
 28.7 in parentheses, subtracted from the appropriations in Laws 2009, chapter 37, article 2, to
 28.8 the agencies and for the purposes specified in this article. The appropriations are from the
 28.9 general fund, or another named fund, and are available for the fiscal years indicated for
 28.10 each purpose. The figures "2010" and "2011" used in this article mean that the addition
 28.11 to or subtraction from the appropriation listed under them is available for the fiscal year
 28.12 ending June 30, 2010, or June 30, 2011, respectively. Supplemental appropriations and
 28.13 reductions to appropriations for the fiscal year ending June 30, 2010, are effective the
 28.14 day following final enactment.

28.15	<u>APPROPRIATIONS</u>	
28.16	<u>Available for the Year</u>	
28.17	<u>Ending June 30</u>	
28.18	<u>2010</u>	<u>2011</u>

28.19 **Sec. 3. DEPARTMENT OF COMMERCE**

28.20 <u>Subdivision 1. Total Appropriation</u>	\$ <u>(247,000)</u>	\$ <u>(247,000)</u>
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28.21 The appropriation reductions for each
 28.22 purpose are shown in the following
 28.23 subdivisions.

28.24 <u>Subd. 2. Administrative Services</u>	<u>(97,000)</u>	<u>(97,000)</u>
28.25 <u>Subd. 3. Market Assurance</u>	<u>(150,000)</u>	<u>(150,000)</u>

28.26 **ARTICLE 8**

28.27 **AGRICULTURE**

28.28 **Section 1. SUMMARY OF APPROPRIATIONS.**

28.29 The amounts shown in this section summarize direct appropriations, by fund, made
 28.30 in this article.

28.31	<u>2010</u>	<u>2011</u>	<u>Total</u>
28.32 <u>General</u>	\$ <u>(493,000)</u>	\$ <u>(492,000)</u>	\$ <u>(985,000)</u>

29.1 **Sec. 2. AGRICULTURAL APPROPRIATIONS.**

29.2 The sums shown in the columns marked "Appropriations" are added to or, if shown
 29.3 in parentheses, subtracted from the appropriations in Laws 2009, chapter 94, article 1, to
 29.4 the agencies and for the purposes specified in this article. The appropriations are from the
 29.5 general fund, or another named fund, and are available for the fiscal years indicated for
 29.6 each purpose. The figures "2010" and "2011" used in this article mean that the addition to
 29.7 or subtraction from the appropriations listed under them are available for the fiscal year
 29.8 ending June 30, 2010, or June 30, 2011, respectively. Supplemental appropriations and
 29.9 reductions to appropriations for the fiscal year ending June 30, 2010, are effective the
 29.10 day following final enactment.

29.11		<u>APPROPRIATIONS</u>	
29.12		<u>Available for the Year</u>	
29.13		<u>Ending June 30</u>	
29.14		<u>2010</u>	<u>2011</u>

29.15 **Sec. 3. DEPARTMENT OF AGRICULTURE**

29.16	<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>(493,000)</u>	<u>\$</u>	<u>(492,000)</u>
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29.17 The appropriation reductions for each
 29.18 purpose are shown in the following
 29.19 subdivisions.

29.20	<u>Subd. 2. Protection Services</u>		<u>(228,000)</u>		<u>(228,000)</u>
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29.21 \$13,000 in fiscal year 2010 and \$13,000 in
 29.22 fiscal year 2011 are reductions from plant
 29.23 pest surveys.

29.24	<u>Subd. 3. Agricultural Marketing and</u>				
29.25	<u>Development</u>		<u>(127,000)</u>		<u>(127,000)</u>

29.26 \$77,000 in fiscal year 2010 and \$77,000 in
 29.27 fiscal year 2011 are reductions for integrated
 29.28 pest management activities.

29.29	<u>Subd. 4. Administration and Financial</u>				
29.30	<u>Assistance</u>		<u>(138,000)</u>		<u>(137,000)</u>

29.31 \$69,000 in fiscal year 2010 and \$69,000 in
 29.32 fiscal year 2011 are reductions from the dairy
 29.33 and profitability enhancement and dairy
 29.34 business planning grant programs established

30.1 under Laws 1997, chapter 216, section 7,
 30.2 subdivision 2, and Laws 2001, First Special
 30.3 Session chapter 2, section 9, subdivision 2.
 30.4 \$1,000 in fiscal year 2010 is a reduction from
 30.5 the appropriation for the administration of
 30.6 the Feeding Minnesota Task Force.

30.7 **ARTICLE 9**

30.8 **ECONOMIC DEVELOPMENT**

30.9 Section 1. **SUMMARY OF APPROPRIATIONS.**

30.10 The amounts shown in this section summarize direct appropriations, by fund, made
 30.11 in this article.

	<u>2010</u>	<u>2011</u>	<u>Total</u>
30.12 <u>General</u>	\$ <u>(489,000)</u>	\$ <u>(745,000)</u>	\$ <u>(1,234,000)</u>

30.14 Sec. 2. **APPROPRIATIONS.**

30.15 The sums shown in the columns marked "Appropriations" are added to, or if shown
 30.16 in parentheses, subtracted from the appropriations in Laws 2009, chapter 78, article 1, to
 30.17 the agencies and for the purposes specified in this article. The appropriations are from the
 30.18 general fund, or another named fund, and are available for the fiscal years indicated for
 30.19 each purpose. The figures "2010" and "2011" used in this article mean that the addition
 30.20 to or subtraction from the appropriation listed under them is available for the fiscal year
 30.21 ending June 30, 2010, or June 30, 2011, respectively. Supplemental appropriations and
 30.22 reductions to appropriations for the fiscal year ending June 30, 2010, are effective the
 30.23 day following final enactment.

<u>APPROPRIATIONS</u>	
<u>Available for the Year</u>	
<u>Ending June 30</u>	
<u>2010</u>	<u>2011</u>

30.28 Sec. 3. **EMPLOYMENT AND ECONOMIC**
 30.29 **DEVELOPMENT**

30.30 <u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>(285,000)</u>	<u>\$</u>	<u>(285,000)</u>
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30.31 The appropriation reductions for each
 30.32 purpose are shown in the following
 30.33 subdivisions.

31.1	<u>Subd. 2. Business and Community</u>		
31.2	<u>Development</u>	<u>(87,000)</u>	<u>(87,000)</u>
31.3	<u>\$25,000 in 2010 and \$25,000 in 2011 are</u>		
31.4	<u>from the appropriation for the Office of</u>		
31.5	<u>Science and Technology.</u>		
31.6	<u>Subd. 3. Workforce Development</u>	<u>(115,000)</u>	<u>(115,000)</u>
31.7	<u>\$15,000 in 2010 and \$15,000 in 2011 are</u>		
31.8	<u>from the appropriation for the Minnesota job</u>		
31.9	<u>skills partnership program under Minnesota</u>		
31.10	<u>Statutes, sections 116L.01 to 116L.17.</u>		
31.11	<u>\$11,000 in 2010 and \$11,000 in 2011 are from</u>		
31.12	<u>the appropriation for administrative expenses</u>		
31.13	<u>to programs that provide employment</u>		
31.14	<u>support services to persons with mental</u>		
31.15	<u>illness under Minnesota Statutes, sections</u>		
31.16	<u>268A.13 and 268A.14.</u>		
31.17	<u>\$89,000 in 2010 and \$89,000 in 2011 are</u>		
31.18	<u>from the appropriation for state services for</u>		
31.19	<u>the blind activities.</u>		
31.20	<u>Subd. 4. State-Funded Administration</u>	<u>(83,000)</u>	<u>(83,000)</u>
31.21	<u>Sec. 4. HOUSING FINANCE AGENCY</u>	<u>\$</u>	<u>-0- \$</u>
31.22	<u>This reduction is from the appropriation to</u>		
31.23	<u>the Housing Finance Agency for the housing</u>		
31.24	<u>rehabilitation program under Minnesota</u>		
31.25	<u>Statutes, section 462A.05, subdivision 14,</u>		
31.26	<u>for rental housing developments.</u>		
31.27	<u>On or before June 30, 2010, the Housing</u>		
31.28	<u>Finance Agency shall transfer \$256,000</u>		
31.29	<u>from the housing rehabilitation program in</u>		
31.30	<u>the housing development fund to the general</u>		
31.31	<u>fund.</u>		

32.1 Sec. 5. **DEPARTMENT OF LABOR AND**
 32.2 **INDUSTRY** \$ (20,000) \$ (20,000)

32.3 This reduction is from the general
 32.4 fund appropriation for labor
 32.5 standards/apprenticeship.

32.6 Sec. 6. **BUREAU OF MEDIATION**
 32.7 **SERVICES** \$ (16,000) \$ (16,000)

32.8 This reduction is from the general fund
 32.9 appropriation for mediation services.

32.10 Sec. 7. **MINNESOTA HISTORICAL**
 32.11 **SOCIETY**

32.12 Subdivision 1. Total Appropriation \$ (168,000) \$ (168,000)

32.13 The appropriation reductions for each
 32.14 purpose are shown in the following
 32.15 subdivisions.

32.16 Subd. 2. Education and Outreach (96,000) (96,000)

32.17 Subd. 3. Preservation and Access (72,000) (72,000)

32.18 **ARTICLE 10**

32.19 **TRANSPORTATION**

32.20 Section 1. **SUMMARY OF APPROPRIATIONS.**

32.21 The amounts shown in this section summarize direct appropriations, by fund, made
 32.22 in this article.

		<u>2010</u>		<u>2011</u>		<u>Total</u>	
32.23							
32.24	<u>General</u>	\$	<u>(1,649,000)</u>	\$	<u>(11,649,000)</u>	\$	<u>(13,298,000)</u>

32.25 Sec. 2. **APPROPRIATIONS.**

32.26 The sums shown in the columns marked "Appropriations" are added to or, if shown
 32.27 in parentheses, subtracted from the appropriations in Laws 2009, chapter 36, article 1, to
 32.28 the agencies and for the purposes specified in this article. The appropriations are from the
 32.29 general fund, or another named fund, and are available for the fiscal years indicated for
 32.30 each purpose. The figures "2010" and "2011" used in this article mean that the addition to
 32.31 or subtraction from the appropriation listed under them are available for the fiscal year
 32.32 ending June 30, 2010, or June 30, 2011, respectively. Supplemental appropriations and

33.1 reductions to appropriations for the fiscal year ending June 30, 2010, are effective the
 33.2 day following final enactment.

33.3		<u>APPROPRIATIONS</u>	
33.4		<u>Available for the Year</u>	
33.5		<u>Ending June 30</u>	
33.6		<u>2010</u>	<u>2011</u>

33.7 **Sec. 3. TRANSPORTATION**

33.8	<u>Subdivision 1. Total Appropriation</u>	\$	<u>(24,000)</u>	\$	<u>(1,474,000)</u>
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33.9 The appropriation reductions for each
 33.10 purpose are shown in the following
 33.11 subdivisions.

33.12 **Subd. 2. Multimodal Systems**

33.13	<u>(a) Transit</u>		<u>(9,000)</u>		<u>(1,459,000)</u>
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33.14 This reduction is to the Transit Improvement
 33.15 Administration appropriation.

33.16 The base appropriation from the general fund
 33.17 for fiscal years 2012 and 2013 is \$16,292,000
 33.18 each year.

33.19	<u>(b) Freight</u>		<u>(9,000)</u>		<u>(9,000)</u>
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33.20 This reduction is to the rail service plan
 33.21 appropriation.

33.22	<u>(c) Electronic Communication</u>		<u>(6,000)</u>		<u>(6,000)</u>
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33.23 This reduction is to the Roosevelt Tower
 33.24 appropriation.

33.25 **Sec. 4. METROPOLITAN COUNCIL**

33.26	<u>Subdivision 1. Total Appropriation</u>	\$	<u>(1,625,000)</u>	\$	<u>(10,175,000)</u>
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33.27 The appropriation reductions for each
 33.28 purpose are shown in the following
 33.29 subdivisions.

33.30	<u>Subd. 2. Bus Transit</u>		<u>(1,506,000)</u>		<u>(10,056,000)</u>
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34.1 This reduction is to the appropriation for bus
 34.2 system operations.

34.3 The base appropriation for fiscal years 2012
 34.4 and 2013 is \$59,796,000 each year.

34.5 Subd. 3. Rail Operations (119,000) (119,000)

34.6 This reduction is to the appropriation for rail
 34.7 systems.

34.8 The base appropriation for fiscal years 2012
 34.9 and 2013 is \$5,174,000 each year.

34.10 **ARTICLE 11**

34.11 **PUBLIC SAFETY**

34.12 Section 1. **SUMMARY OF APPROPRIATIONS.**

34.13 The amounts shown in this section summarize direct appropriations, by fund, made
 34.14 in this article.

		<u>2010</u>		<u>2011</u>		<u>Total</u>
34.15						
34.16	<u>General</u>	\$	<u>(79,000)</u>	\$	<u>(79,000)</u>	<u>(158,000)</u>

34.17 Sec. 2. **APPROPRIATIONS.**

34.18 The sums shown in the columns marked "Appropriations" are added to or, if shown
 34.19 in parentheses, subtracted from the appropriations in Laws 2009, chapter 83, article 1, to
 34.20 the agencies and for the purposes specified in this article. The appropriations are from the
 34.21 general fund, or another named fund, and are available for the fiscal years indicated for
 34.22 each purpose. The figures "2010" and "2011" used in this article mean that the addition
 34.23 to or subtraction from the appropriation listed under them is available for the fiscal year
 34.24 ending June 30, 2010, or June 30, 2011, respectively. Supplemental appropriations and
 34.25 reductions to appropriations for the fiscal year ending June 30, 2010, are effective the
 34.26 day following final enactment.

APPROPRIATIONS
Available for the Year
Ending June 30
2010 2011

34.27

34.28

34.29

34.30

34.31 Sec. 3. **HUMAN RIGHTS** \$ (79,000) \$ (79,000)

ARTICLE 12

STATE GOVERNMENT

Section 1. SUMMARY OF APPROPRIATIONS.

The amounts shown in this section summarize direct appropriations, by fund, made in this article.

	<u>2010</u>	<u>2011</u>	<u>Total</u>
<u>General</u>	\$ (1,694,000)	\$ (15,820,000)	\$ (17,514,000)

Sec. 2. APPROPRIATIONS.

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from, the appropriations in Laws 2009, chapter 101, article 1, to the agencies and for the purposes specified in this article. The appropriations are from the general fund, or another named fund, and are available for the fiscal years indicated for each purpose. The figures "2010" and "2011" used in this article mean that the addition to or subtraction from the appropriation listed under them is available for the fiscal year ending June 30, 2010, or June 30, 2011, respectively. Supplemental appropriations and reductions to appropriations for the fiscal year ending June 30, 2010, are effective the day following final enactment.

<u>APPROPRIATIONS</u>
<u>Available for the Year</u>
<u>Ending June 30</u>
<u>2010</u>
<u>2011</u>

Sec. 3. GOVERNOR AND LIEUTENANT GOVERNOR

\$	(81,000)	\$	(81,000)
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\$13,000 of the reduction in each of fiscal years 2010 and 2011 are from the appropriation for necessary expenses in the normal performance of the governor's and lieutenant governor's duties for which no other reimbursement is provided.

Sec. 4. OFFICE OF ENTERPRISE TECHNOLOGY

\$	(130,000)	\$	(130,000)
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\$96,000 of the reduction in each of fiscal years 2010 and 2011 are from the

36.1 appropriation for information technology
36.2 security.

36.3 Sec. 5. **ADMINISTRATION** **\$** **(100,000)** **\$** **(200,000)**

36.4 These reductions are from the Government
36.5 and Citizen Services Program.

36.6 \$162,000 of the balance in the central stores
36.7 fund is transferred to the general fund on
36.8 or before June 30, 2010. This is a onetime
36.9 transfer.

36.10 The base appropriation from the general fund
36.11 for the Government and Citizen Services
36.12 Program for fiscal years 2012 and 2013 is
36.13 \$17,116,000 each year.

36.14 Sec. 6. **MANAGEMENT AND BUDGET** **\$** **(459,000)** **\$** **(459,000)**

36.15 **Health Care Access Fund Loan**

36.16 (a) By June 30, 2011, the commissioner of
36.17 management and budget shall transfer up to
36.18 \$40,000,000 from the balance of the health
36.19 care access fund to the general fund.

36.20 (b) By June 30, 2012, the commissioner of
36.21 management and budget shall transfer the
36.22 amount transferred in paragraph (a) from the
36.23 general fund to the health care access fund.

36.24 (c) The amounts necessary to complete
36.25 these transfers are appropriated to the
36.26 commissioner from each fund.

36.27 Sec. 7. **REVENUE** **\$** **(924,000)** **\$** **(950,000)**

36.28 These reductions are from the tax system
36.29 management program.

37.1 **ARTICLE 13**

37.2 **AIDS, CREDITS, REFUNDS**

37.3 Section 1. Minnesota Statutes 2008, section 273.1384, subdivision 6, as added by Laws
37.4 2010, chapter 215, article 13, section 2, is amended to read:

37.5 Subd. 6. **Credit reduction.** In 2011 and each year thereafter, the market value
37.6 credit reimbursement amount for each taxing jurisdiction determined under this section
37.7 is reduced by the dollar amount of the reduction in market value credit reimbursements
37.8 for that taxing jurisdiction in 2010 due to ~~unallotment~~ the reductions announced prior
37.9 ~~to February 28, 2010, under section 16A.152~~ under section 477A.0132. No taxing
37.10 jurisdiction's market value credit reimbursements are reduced to less than zero under
37.11 this subdivision. The commissioner of revenue shall pay the annual market value credit
37.12 reimbursement amounts, after reduction under this subdivision, to the affected taxing
37.13 jurisdictions as provided in this section.

37.14 **EFFECTIVE DATE.** This section is effective for taxes payable in 2011 and
37.15 thereafter.

37.16 Sec. 2. **[477A.0132] 2009 AND 2010 AID REDUCTIONS.**

37.17 **Subdivision 1. Definitions.** (a) For the purposes of this section, the following terms
37.18 have the meanings given them in this subdivision.

37.19 (b) The "2009 revenue base" for a statutory or home rule charter city is the sum of
37.20 the city's certified property tax levy for taxes payable in 2009, plus the amount of local
37.21 government aid under section 477A.013, subdivision 9, that the city was certified to
37.22 receive in 2009, plus the amount of taconite aids under sections 298.28 and 298.282 that
37.23 the city was certified to receive in 2009, including any amounts required to be placed in a
37.24 special fund for distribution in a later year.

37.25 (c) The "2009 revenue base" for a county is the sum of the county's certified property
37.26 tax levy for taxes payable in 2009, plus the amount of county program aid under section
37.27 477A.0124 that the county was certified to receive in 2009, plus the amount of taconite
37.28 aids under sections 298.28 and 298.282 that the county was certified to receive in 2009,
37.29 including any amounts required to be placed in a special fund for distribution in a later year.

37.30 (d) The "2009 revenue base" for a town is the sum of the town's certified property
37.31 tax levy for taxes payable in 2009, plus the amount of aid under section 477A.013 that
37.32 the town was certified to receive in 2009, plus the amount of taconite aids under sections
37.33 298.28 and 298.282 that the town was certified to receive in 2009, including any amounts
37.34 required to be placed in a special fund for distribution in a later year.

38.1 (e) "Population" means the population of the county, city, or town for 2007 based on
38.2 information available to the commissioner of revenue in July 2009.

38.3 (f) "Adjusted net tax capacity" means the amount of net tax capacity for the county,
38.4 city, or town, computed using equalized market values according to section 477A.011,
38.5 subdivision 20, for aid payable in 2009.

38.6 (g) "Adjusted net tax capacity per capita" means the jurisdiction's adjusted net tax
38.7 capacity divided by its population.

38.8 Subd. 2. 2009 aid reductions. (a) The commissioner of revenue must compute a
38.9 2009 aid reduction amount for each county.

38.10 The aid reduction amount is zero for a county with a population of less than 5,000,
38.11 and is zero for a county containing the Shooting Star Casino property that was removed
38.12 from the tax rolls in 2009.

38.13 For all other counties, the aid reduction amount is equal to 1.188968672 percent of
38.14 the county's 2009 revenue base.

38.15 The reduction amount is limited to the sum of the amount of county program aid
38.16 under section 477A.0124 that the county was certified to receive in 2009, plus the amount
38.17 of market value credit reimbursements under section 273.1384 payable to the county in
38.18 2009 before the reductions in this section.

38.19 The reduction amount is applied first to reduce the amount payable to the county
38.20 in 2009 as county program aid under section 477A.013 and then, if necessary, to reduce
38.21 the amount payable to the county in 2009 as market value credit reimbursements under
38.22 section 273.1384.

38.23 No county's aid or reimbursements are reduced to less than zero under this section.

38.24 (b) The commissioner of revenue must compute a 2009 aid reduction amount for
38.25 each city.

38.26 The aid reduction amount is zero for any city with a population of less than 1,000 that
38.27 has an adjusted net tax capacity per capita amount less than the statewide average adjusted
38.28 net tax capacity amount per capita for all cities. The aid reduction amount is also zero for
38.29 a city located outside the seven-county metropolitan area, with a 2006 population greater
38.30 than 3,500, a pre-1940 housing percentage greater than 29 percent, a commercial-industrial
38.31 percentage less than nine percent, and a population decline percentage of zero based on the
38.32 data used to certify the 2009 local government aid distribution under section 477A.013.

38.33 For all other cities, the aid reduction amount is equal to 3.3127634 percent of the
38.34 city's 2009 revenue base.

38.35 The reduction amount is limited to the sum of the amount of local government aid
38.36 under section 477A.013, subdivision 9, that the city was certified to receive in 2009, plus

39.1 the amount of market value credit reimbursements under section 273.1384 payable to the
39.2 city in 2009 before the reductions in this section.

39.3 The reduction amount for a city is further limited to \$22 per capita.

39.4 The reduction amount is applied first to reduce the amount payable to the city in
39.5 2009 as local government aid under section 477A.013 and then, if necessary, to reduce
39.6 the amount payable to the city in 2009 as market value credit reimbursements under
39.7 section 273.1384.

39.8 No city's aid or reimbursements are reduced to less than zero under this section.

39.9 (c) The commissioner of revenue must compute a 2009 aid reduction amount for
39.10 each town.

39.11 The aid reduction amount is zero for any town with a population of less than 1,000
39.12 that has an adjusted net tax capacity per capita amount less than the statewide average
39.13 adjusted net tax capacity amount per capita for all towns.

39.14 For all other towns, the aid reduction amount is equal to 1.735103 percent of the
39.15 town's 2009 revenue base.

39.16 The reduction amount is limited to \$5 per capita.

39.17 The reduction amount is applied to reduce the amount payable to the town in 2009
39.18 as market value credit reimbursements under section 273.1384.

39.19 No town's reimbursements are reduced to less than zero under this section.

39.20 Subd. 3. **2010 aid reductions.** (a) The commissioner of revenue must compute a
39.21 2010 aid reduction amount for each county.

39.22 The aid reduction amount is zero for a county with a population of less than 5,000,
39.23 and is zero for a county containing the Shooting Star Casino property that was removed
39.24 from the tax rolls in 2009.

39.25 For all other counties, the aid reduction amount is equal to 2.41396687 percent of
39.26 the county's 2009 revenue base.

39.27 The reduction amount is limited to the sum of the amount of county program aid
39.28 under section 477A.0124 that the county was certified to receive in 2009, plus the amount
39.29 of market value credit reimbursements under section 273.1384 payable to the county in
39.30 2009 before the reductions in this section.

39.31 The reduction amount is applied first to reduce the amount payable to the county
39.32 in 2010 as county program aid under section 477A.013 and then, if necessary, to reduce
39.33 the amount payable to the county in 2010 as market value credit reimbursements under
39.34 section 273.1384.

39.35 No county's aid or reimbursements are reduced to less than zero under this section.

40.1 (b) The commissioner of revenue must compute a 2010 aid reduction amount for
40.2 each city.

40.3 The aid reduction amount is zero for any city with a population of less than 1,000
40.4 that has an adjusted net tax capacity per capita amount less than the statewide average
40.5 adjusted net tax capacity amount per capita for all cities.

40.6 For all other cities, the aid reduction amount is equal to 7.643803025 percent of the
40.7 city's 2009 revenue base.

40.8 The reduction amount is limited to the sum of the amount of local government aid
40.9 under section 477A.013, subdivision 9, that the city was certified to receive in 2010, plus
40.10 the amount of market value credit reimbursements under section 273.1384 payable to the
40.11 city in 2010 before the reductions in this section.

40.12 The reduction amount for a city is further limited to \$55 per capita.

40.13 The reduction amount is applied first to reduce the amount payable to the city in
40.14 2010 as local government aid under section 477A.013 and then, if necessary, to reduce
40.15 the amount payable to the city in 2010 as market value credit reimbursements under
40.16 section 273.1384.

40.17 No city's aid or reimbursements are reduced to less than zero under this section.

40.18 (c) The commissioner of revenue must compute a 2010 aid reduction amount for
40.19 each town.

40.20 The aid reduction amount is zero for any town with a population of less than 1,000
40.21 that has an adjusted net tax capacity per capita amount less than the statewide average
40.22 adjusted net tax capacity amount per capita for all towns.

40.23 For all other towns, the aid reduction amount is equal to 3.660798 percent of the
40.24 town's 2009 revenue base.

40.25 The reduction amount is limited to \$10 per capita.

40.26 The reduction amount is applied to reduce the amount payable to the town in 2010
40.27 as market value credit reimbursements under section 273.1384.

40.28 No town's reimbursements are reduced to less than zero under this section.

40.29 **EFFECTIVE DATE.** This section is effective the day following final enactment
40.30 and is retroactive for aids and credit reimbursements payable in 2009.

40.31 Sec. 3. Laws 2010, chapter 215, article 13, section 6, is amended to read:

40.32 Sec. 6. **477A.0133 ADDITIONAL 2010 AID AND CREDIT REDUCTIONS.**

40.33 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms
40.34 have the meanings given them in this subdivision.

41.1 (b) The "2010 revenue base" for a county is the sum of the county's certified property
41.2 tax levy for taxes payable in 2010, plus the amount of county program aid under section
41.3 477A.0124 that the county was certified to receive in 2010, plus the amount of taconite
41.4 aids under sections 298.28 and 298.282 that the county was certified to receive in 2010
41.5 including any amounts required to be placed in a special fund for distribution in a later year.

41.6 (c) The "2010 revenue base" for a statutory or home rule charter city is the sum of
41.7 the city's certified property tax levy for taxes payable in 2010, plus the amount of local
41.8 government aid under section 477A.013, subdivision 9, that the city was certified to
41.9 receive in 2010, plus the amount of taconite aids under sections 298.28 and 298.282 that
41.10 the city was certified to receive in 2010 including any amounts required to be placed in a
41.11 special fund for distribution in a later year.

41.12 Subd. 2. **2010 reductions; counties and cities.** The commissioner of revenue
41.13 must compute additional 2010 aid and credit reimbursement reduction amounts for each
41.14 county and city under this section, after implementing any reduction of county program
41.15 aid under section 477A.0124, local government aid under section 477A.013, or market
41.16 value credit reimbursements under section 273.1384, to reflect the ~~reduction of allotments~~
41.17 ~~under section 16A.152~~ reductions under section 477A.0132.

41.18 The additional reduction amounts under this section are limited to the sum of the
41.19 amount of county program aid under section 477A.0124, local government aid under
41.20 section 477A.013, and market value credit reimbursements under section 273.1384
41.21 payable to the county or city in 2010 before the reductions in this section, but after the
41.22 reductions ~~for unallotments~~ under section 477A.0132.

41.23 The reduction amount under this section is applied first to reduce the amount
41.24 payable to the county or city in 2010 as market value credit reimbursements under section
41.25 273.1384, and then if necessary, to reduce the amount payable as either county program
41.26 aid under section 477A.0124 in the case of a county, or local government aid under section
41.27 477A.013 in the case of a city.

41.28 No aid or reimbursement amount is reduced to less than zero under this section.

41.29 The additional 2010 aid reduction amount for a county is equal to 1.82767 percent
41.30 of the county's 2010 revenue base. The additional 2010 aid reduction amount for a city
41.31 is equal to the lesser of (1) 3.4287 percent of the city's 2010 revenue base or (2) \$28
41.32 multiplied by the city's 2008 population.

41.33 **EFFECTIVE DATE.** This section is effective the day following final enactment.

41.34 Sec. 4. **REFUNDS AND CREDITS.**

42.1 Subdivision 1. **Political contribution credit.** Notwithstanding the provisions of
42.2 Minnesota Statutes, section 290.06, subdivision 23, or any other law to the contrary, the
42.3 political contribution refund does not apply to contributions made after June 30, 2009,
42.4 and before July 1, 2011.

42.5 Subd. 2. **Property tax refund.** For property tax refunds based on rent paid during
42.6 calendar year 2009 only, but also applying to refunds based on property taxes payable in
42.7 2010 that include gross rent paid in 2009, the following rules apply:

42.8 (1) "rent constituting property taxes" must be calculated by substituting "15 percent"
42.9 for "19 percent" under Minnesota Statutes, section 290A.03, subdivision 11; and

42.10 (2) "property taxes payable" must be calculated under Minnesota Statutes, section
42.11 290A.03, subdivision 13, by substituting "15 percent" for "19 percent" in determining the
42.12 portion of gross rent paid that is included in property taxes payable.

42.13 Subd. 3. **Sustainable forest incentive program.** The maximum sustainable forest
42.14 incentive program payments under Minnesota Statutes, section 290C.07, per each Social
42.15 Security number or state or federal business tax identification number must not exceed
42.16 \$100,000. The provisions of this subdivision apply only to payments made during fiscal
42.17 year 2011.

42.18 **EFFECTIVE DATE.** This section is effective the day following final enactment.

42.19 Sec. 5. **LEVY VALIDATION.**

42.20 Any special levy under Minnesota Statutes, section 275.70, subdivision 5, clause
42.21 (22), approved by the commissioner of revenue for taxes payable in 2010, is validated
42.22 notwithstanding a later judicial decision that may affect the validity of unallotments that
42.23 were announced in 2009. A local government may not levy under Minnesota Statutes,
42.24 section 275.70, subdivision 5, clause (22), for taxes payable in 2011 for any retroactive
42.25 reduction in aid and credit reimbursements for aids and credits payable in 2008 or 2009.

42.26 **EFFECTIVE DATE.** This section is effective the day following final enactment.

42.27 **ARTICLE 14**

42.28 **SPECIAL REVENUE FUND**

42.29 Section 1. Minnesota Statutes 2008, section 3.9741, subdivision 2, is amended to read:

42.30 Subd. 2. **Postsecondary Education Board.** The legislative auditor may enter into
42.31 an interagency agreement with the Board of Trustees of the Minnesota State Colleges and
42.32 Universities to conduct financial audits, in addition to audits conducted under section

43.1 3.972, subdivision 2. All payments received for audits requested by the board shall be
43.2 ~~added to the appropriation for~~ deposited in the special revenue fund and appropriated to
43.3 the legislative auditor to pay audit expenses.

43.4 Sec. 2. Minnesota Statutes 2008, section 8.15, subdivision 3, is amended to read:

43.5 Subd. 3. **Agreements.** (a) To facilitate the delivery of legal services, the attorney
43.6 general may:

43.7 (1) enter into agreements with executive branch agencies, political subdivisions, or
43.8 quasi-state agencies to provide legal services for the benefit of the citizens of Minnesota;
43.9 and

43.10 (2) in addition to funds otherwise appropriated by the legislature, accept and spend
43.11 funds received under any agreement authorized in clause (1) for the purpose set forth in
43.12 clause (1), subject to a report of receipts to the chairs of the senate Finance Committee and
43.13 the house of representatives Ways and Means Committee by October 15 each year.

43.14 (b) When entering into an agreement for legal services, the attorney general must
43.15 notify the committees responsible for funding the Office of the Attorney General. When
43.16 the attorney general enters into an agreement with a state agency, the attorney general
43.17 must also notify the committees responsible for funding that agency.

43.18 Funds received under this subdivision must be deposited in ~~the general~~ an account in
43.19 the special revenue fund and are appropriated to the attorney general for the purposes set
43.20 forth in this subdivision.

43.21 Sec. 3. Minnesota Statutes 2008, section 13.03, subdivision 10, is amended to read:

43.22 Subd. 10. **Costs for providing copies of data.** Money may be collected by a
43.23 responsible authority in a state agency for the actual cost to the agency of providing
43.24 copies or electronic transmittal of government data ~~is appropriated to the agency and~~
43.25 ~~added to the appropriations from which the costs were paid.~~ When money collected for
43.26 purposes of this section is of a magnitude sufficient to warrant a separate account in the
43.27 state treasury, that money must be deposited in a fund other than the general fund and is
43.28 appropriated to the agency.

43.29 Sec. 4. Minnesota Statutes 2008, section 16C.23, subdivision 6, is amended to read:

43.30 Subd. 6. **State surplus property.** The commissioner may do any of the following to
43.31 dispose of state surplus property:

43.32 (1) transfer it to or between state agencies;

43.33 (2) transfer it to a governmental unit or nonprofit organization in Minnesota; or

44.1 (3) sell it and charge a fee to cover expenses incurred by the commissioner in the
44.2 disposal of the surplus property.

44.3 The proceeds of the sale less the fee must be deposited in an account in a fund other
44.4 than the general fund and are appropriated to the agency for whose account the sale was
44.5 made, to be used and expended by that agency to purchase similar state property.

44.6 Sec. 5. Minnesota Statutes 2008, section 103B.101, subdivision 9, is amended to read:

44.7 Subd. 9. **Powers and duties.** In addition to the powers and duties prescribed
44.8 elsewhere, the board shall:

44.9 (1) coordinate the water and soil resources planning activities of counties, soil and
44.10 water conservation districts, watershed districts, watershed management organizations,
44.11 and any other local units of government through its various authorities for approval of
44.12 local plans, administration of state grants, and by other means as may be appropriate;

44.13 (2) facilitate communication and coordination among state agencies in cooperation
44.14 with the Environmental Quality Board, and between state and local units of government,
44.15 in order to make the expertise and resources of state agencies involved in water and soil
44.16 resources management available to the local units of government to the greatest extent
44.17 possible;

44.18 (3) coordinate state and local interests with respect to the study in southwestern
44.19 Minnesota under United States Code, title 16, section 1009;

44.20 (4) develop information and education programs designed to increase awareness
44.21 of local water and soil resources problems and awareness of opportunities for local
44.22 government involvement in preventing or solving them;

44.23 (5) provide a forum for the discussion of local issues and opportunities relating
44.24 to water and soil resources management;

44.25 (6) adopt an annual budget and work program that integrate the various functions
44.26 and responsibilities assigned to it by law; and

44.27 (7) report to the governor and the legislature by October 15 of each even-numbered
44.28 year with an assessment of board programs and recommendations for any program
44.29 changes and board membership changes necessary to improve state and local efforts
44.30 in water and soil resources management.

44.31 The board may accept grants, gifts, donations, or contributions in money, services,
44.32 materials, or otherwise from the United States, a state agency, or other source to achieve
44.33 an authorized purpose. The board may enter into a contract or agreement necessary or
44.34 appropriate to accomplish the transfer. The board may receive and expend money to
44.35 acquire conservation easements, as defined in chapter 84C, on behalf of the state and

45.1 federal government consistent with the Camp Ripley's Army Compatible Use Buffer
45.2 Project.

45.3 Any money received is hereby deposited in an account in a fund other than the
45.4 general fund and appropriated and dedicated for the purpose for which it is granted.

45.5 Sec. 6. Minnesota Statutes 2008, section 103I.681, subdivision 11, is amended to read:

45.6 Subd. 11. **Permit fee schedule.** (a) The commissioner of natural resources shall
45.7 adopt a permit fee schedule under chapter 14. The schedule may provide minimum fees
45.8 for various classes of permits, and additional fees, which may be imposed subsequent
45.9 to the application, based on the cost of receiving, processing, analyzing, and issuing
45.10 the permit, and the actual inspecting and monitoring of the activities authorized by the
45.11 permit, including costs of consulting services.

45.12 (b) A fee may not be imposed on a state or federal governmental agency applying
45.13 for a permit.

45.14 (c) The fee schedule may provide for the refund of a fee, in whole or in part, under
45.15 circumstances prescribed by the commissioner of natural resources. Fees received must
45.16 be deposited in the state treasury and credited to ~~the general~~ an account in the natural
45.17 resources fund. Permit fees received are appropriated annually from the ~~general~~ natural
45.18 resources fund to the commissioner of natural resources for the costs of inspecting and
45.19 monitoring the activities authorized by the permit, including costs of consulting services.

45.20 Sec. 7. Minnesota Statutes 2008, section 116J.551, subdivision 1, is amended to read:

45.21 Subdivision 1. **Grant account.** A contaminated site cleanup and development grant
45.22 account is created in the ~~general~~ special revenue fund. Money in the account may be used,
45.23 as appropriated by law, to make grants as provided in section 116J.554 and to pay for the
45.24 commissioner's costs in reviewing applications and making grants. Notwithstanding
45.25 section 16A.28, money appropriated to the account for this program from any source
45.26 is available until spent.

45.27 Sec. 8. Minnesota Statutes 2008, section 190.32, is amended to read:

45.28 **190.32 FEDERAL REIMBURSEMENT RECEIPTS.**

45.29 The Department of Military Affairs may deposit federal reimbursement receipts into
45.30 ~~the general fund~~ an account in the special revenue fund, maintenance of military training
45.31 facilities. These receipts are for services, supplies, and materials initially purchased by the
45.32 Camp Ripley maintenance account.

46.1 Sec. 9. Minnesota Statutes 2008, section 257.69, subdivision 2, is amended to read:

46.2 Subd. 2. **Guardian; legal fees.** (a) The court may order expert witness and guardian
46.3 ad litem fees and other costs of the trial and pretrial proceedings, including appropriate
46.4 tests, to be paid by the parties in proportions and at times determined by the court. The
46.5 court shall require a party to pay part of the fees of court-appointed counsel according
46.6 to the party's ability to pay, but if counsel has been appointed the appropriate agency
46.7 shall pay the party's proportion of all other fees and costs. The agency responsible for
46.8 child support enforcement shall pay the fees and costs for blood or genetic tests in a
46.9 proceeding in which it is a party, is the real party in interest, or is acting on behalf of the
46.10 child. However, at the close of a proceeding in which paternity has been established under
46.11 sections 257.51 to 257.74, the court shall order the adjudicated father to reimburse the
46.12 public agency, if the court finds he has sufficient resources to pay the costs of the blood or
46.13 genetic tests. When a party bringing an action is represented by the county attorney, no
46.14 filing fee shall be paid to the court administrator.

46.15 (b) In each fiscal year, the commissioner of management and budget shall deposit
46.16 guardian ad litem reimbursements in the ~~general~~ special revenue fund and credit them to a
46.17 separate account with the trial courts. The balance of this account is appropriated to the
46.18 trial courts and does not cancel but is available until expended. Expenditures by the state
46.19 court administrator's office from this account must be based on the amount of the guardian
46.20 ad litem reimbursements received by the state from the courts in each judicial district.

46.21 Sec. 10. Minnesota Statutes 2008, section 260C.331, subdivision 6, is amended to read:

46.22 Subd. 6. **Guardian ad litem fees.** (a) In proceedings in which the court appoints a
46.23 guardian ad litem pursuant to section 260C.163, subdivision 5, clause (a), the court may
46.24 inquire into the ability of the parents to pay for the guardian ad litem's services and,
46.25 after giving the parents a reasonable opportunity to be heard, may order the parents to
46.26 pay guardian fees.

46.27 (b) In each fiscal year, the commissioner of management and budget shall deposit
46.28 guardian ad litem reimbursements in the ~~general~~ special revenue fund and credit them to a
46.29 separate account with the trial courts. The balance of this account is appropriated to the
46.30 trial courts and does not cancel but is available until expended. Expenditures by the state
46.31 court administrator's office from this account must be based on the amount of the guardian
46.32 ad litem reimbursements received by the state from the courts in each judicial district.

46.33 Sec. 11. Minnesota Statutes 2009 Supplement, section 270.97, is amended to read:

46.34 **270.97 DEPOSIT OF REVENUES.**

47.1 The commissioner shall deposit all revenues derived from the tax, interest, and
47.2 penalties received from the county in the contaminated site cleanup and development
47.3 account in the ~~general~~ special revenue fund and is annually appropriated to the
47.4 commissioner of the Department of Employment and Economic Development, for the
47.5 purposes of section 116J.551.

47.6 Sec. 12. Minnesota Statutes 2008, section 299C.48, is amended to read:

47.7 **299C.48 CONNECTION BY AUTHORIZED AGENCY; FEE,**
47.8 **APPROPRIATION.**

47.9 (a) An agency authorized under section 299C.46, subdivision 3, may connect with
47.10 and participate in the criminal justice data communications network upon approval
47.11 of the commissioner of public safety; provided, that the agency shall first agree to pay
47.12 installation charges as may be necessary for connection and monthly operational charges
47.13 as may be established by the commissioner of public safety. Before participation by a
47.14 criminal justice agency may be approved, the agency must have executed an agreement
47.15 with the commissioner providing for security of network facilities and restrictions on
47.16 access to data supplied to and received through the network.

47.17 (b) In addition to any fee otherwise authorized, the commissioner of public safety
47.18 shall impose a fee for providing secure dial-up or Internet access for criminal justice
47.19 agencies and noncriminal justice agencies. The following monthly fees apply:

47.20 (1) criminal justice agency accessing via Internet, \$15;

47.21 (2) criminal justice agency accessing via dial-up, \$35;

47.22 (3) noncriminal justice agency accessing via Internet, \$35; and

47.23 (4) noncriminal justice agency accessing via dial-up, \$35.

47.24 (c) The installation and monthly operational charges collected by the commissioner
47.25 of public safety under paragraphs (a) and (b) must be deposited in an account in the special
47.26 revenue fund and are annually appropriated to the commissioner to administer sections
47.27 299C.46 to 299C.50.

47.28 Sec. 13. Minnesota Statutes 2008, section 299E.02, is amended to read:

47.29 **299E.02 CONTRACT SERVICES; APPROPRIATION.**

47.30 Fees charged for contracted security services provided by the Capitol Complex
47.31 Security Division of the Department of Public Safety must be deposited in an account in
47.32 the special revenue fund and are annually appropriated to the commissioner of public
47.33 safety to administer and provide these services.

48.1 Sec. 14. Minnesota Statutes 2008, section 446A.086, subdivision 2, as amended by
48.2 Laws 2010, chapter 290, section 14, is amended to read:

48.3 Subd. 2. **Application.** (a) This section provides a state guarantee of the payment of
48.4 principal and interest on debt obligations if:

48.5 (1) the obligations are issued for new projects and are not issued for the purposes of
48.6 refunding previous obligations;

48.7 (2) application to the Public Facilities Authority is made before issuance; and

48.8 (3) the obligations are covered by an agreement meeting the requirements of
48.9 subdivision 3.

48.10 (b) Applications to be covered by the provisions of this section must be made in a
48.11 form and contain the information prescribed by the authority. Applications are subject to
48.12 either a fee of \$500 for each bond issue requested by a county or governmental unit or the
48.13 applicable fees under section 446A.087.

48.14 (c) Application fees paid under this section must be deposited in a separate credit
48.15 enhancement bond guarantee account in the ~~general~~ special revenue fund. Money in the
48.16 credit enhancement bond guarantee account is appropriated to the authority for purposes
48.17 of administering this section.

48.18 (d) Neither the authority nor the commissioner is required to promulgate
48.19 administrative rules under this section and the procedures and requirements established by
48.20 the authority or commissioner under this section are not subject to chapter 14.

48.21 Sec. 15. Minnesota Statutes 2008, section 469.177, subdivision 11, is amended to read:

48.22 Subd. 11. **Deduction for enforcement costs; appropriation.** (a) The county
48.23 treasurer shall deduct an amount equal to 0.25 percent of any increment distributed to an
48.24 authority or municipality. The county treasurer shall pay the amount deducted to the
48.25 commissioner of management and budget for deposit in ~~the state general~~ an account in
48.26 the special revenue fund.

48.27 (b) The amounts deducted and paid under paragraph (a) are appropriated to the state
48.28 auditor for the cost of (1) the financial reporting of tax increment financing information
48.29 and (2) the cost of examining and auditing of authorities' use of tax increment financing
48.30 as provided under section 469.1771, subdivision 1. Notwithstanding section 16A.28 or
48.31 any other law to the contrary, this appropriation does not cancel and remains available
48.32 until spent.

48.33 (c) For taxes payable in 2002 and thereafter, the commissioner of revenue shall
48.34 increase the percent in paragraph (a) to a percent equal to the product of the percent in
48.35 paragraph (a) and the amount that the statewide tax increment levy for taxes payable in

49.1 2002 would have been without the class rate changes in this act and the elimination of
49.2 the general education levy in this act divided by the statewide tax increment levy for
49.3 taxes payable in 2002.

49.4 Sec. 16. Minnesota Statutes 2008, section 518.165, subdivision 3, is amended to read:

49.5 Subd. 3. **Fees.** (a) A guardian ad litem appointed under either subdivision 1 or 2
49.6 may be appointed either as a volunteer or on a fee basis. If a guardian ad litem is appointed
49.7 on a fee basis, the court shall enter an order for costs, fees, and disbursements in favor
49.8 of the child's guardian ad litem. The order may be made against either or both parties,
49.9 except that any part of the costs, fees, or disbursements which the court finds the parties
49.10 are incapable of paying shall be borne by the state courts. The costs of court-appointed
49.11 counsel to the guardian ad litem shall be paid by the county in which the proceeding is
49.12 being held if a party is incapable of paying for them. Until the recommendations of the
49.13 task force created in Laws 1999, chapter 216, article 7, section 42, are implemented, the
49.14 costs of court-appointed counsel to a guardian ad litem in the Eighth Judicial District shall
49.15 be paid by the state courts if a party is incapable of paying for them. In no event may the
49.16 court order that costs, fees, or disbursements be paid by a party receiving public assistance
49.17 or legal assistance or by a party whose annual income falls below the poverty line as
49.18 established under United States Code, title 42, section 9902(2).

49.19 (b) In each fiscal year, the commissioner of management and budget shall deposit
49.20 guardian ad litem reimbursements in the ~~general~~ special revenue fund and credit them to a
49.21 separate account with the trial courts. The balance of this account is appropriated to the
49.22 trial courts and does not cancel but is available until expended. Expenditures by the state
49.23 court administrator's office from this account must be based on the amount of the guardian
49.24 ad litem reimbursements received by the state from the courts in each judicial district.

49.25 Sec. 17. Minnesota Statutes 2008, section 609.3241, is amended to read:

49.26 **609.3241 PENALTY ASSESSMENT AUTHORIZED.**

49.27 When a court sentences an adult convicted of violating section 609.322 or 609.324,
49.28 while acting other than as a prostitute, the court shall impose an assessment of not less
49.29 than \$250 and not more than \$500 for a violation of section 609.324, subdivision 2, or a
49.30 misdemeanor violation of section 609.324, subdivision 3; otherwise the court shall impose
49.31 an assessment of not less than \$500 and not more than \$1,000. The mandatory minimum
49.32 portion of the assessment is to be used for the purposes described in section 626.558,
49.33 subdivision 2a, and is in addition to the surcharge required by section 357.021, subdivision
49.34 6. Any portion of the assessment imposed in excess of the mandatory minimum amount

50.1 shall be ~~forwarded to the general~~ deposited in an account in the special revenue fund and
50.2 is appropriated annually to the commissioner of public safety. The commissioner, with the
50.3 assistance of the General Crime Victims Advisory Council, shall use money received under
50.4 this section for grants to agencies that provide assistance to individuals who have stopped
50.5 or wish to stop engaging in prostitution. Grant money may be used to provide these
50.6 individuals with medical care, child care, temporary housing, and educational expenses.

50.7 Sec. 18. Minnesota Statutes 2008, section 611.20, subdivision 3, is amended to read:

50.8 Subd. 3. **Reimbursement.** In each fiscal year, the commissioner of management
50.9 and budget shall deposit the payments in the ~~general~~ special revenue fund and credit them
50.10 to a separate account with the Board of Public Defense. The amount credited to this
50.11 account is appropriated to the Board of Public Defense.

50.12 The balance of this account does not cancel but is available until expended.
50.13 Expenditures by the board from this account for each judicial district public defense office
50.14 must be based on the amount of the payments received by the state from the courts in
50.15 each judicial district. A district public defender's office that receives money under this
50.16 subdivision shall use the money to supplement office overhead payments to part-time
50.17 attorneys providing public defense services in the district. By January 15 of each year,
50.18 the Board of Public Defense shall report to the chairs and ranking minority members of
50.19 the senate and house of representatives divisions having jurisdiction over criminal justice
50.20 funding on the amount appropriated under this subdivision, the number of cases handled
50.21 by each district public defender's office, the number of cases in which reimbursements
50.22 were ordered, the average amount of reimbursement ordered, and the average amount of
50.23 money received by part-time attorneys under this subdivision.

50.24 Sec. 19. Laws 1994, chapter 531, section 1, is amended to read:

50.25 Section 1. **SALE OF WILDLIFE LANDS.**

50.26 Notwithstanding Minnesota Statutes, sections 84.027, subdivision 10; 92.45; 94.09
50.27 to 94.165; 97A.135; 103F.535, or any other law, the commissioner of administration may
50.28 sell lands located in the Gordy Yaeger wildlife management area in Olmsted county. The
50.29 consideration for the lands described in sections 2 and 3 shall be \$950 per acre. The
50.30 conveyances shall be by ~~quitclaim~~ quitclaim deed in a form approved by the attorney
50.31 general and shall reserve to the state all minerals and mineral rights. The proceeds received
50.32 from the sales are to be deposited in an account in the ~~general~~ natural resources fund and
50.33 are appropriated to the commissioner of natural resources for acquisition of replacement

51.1 wildlife management area lands. These sales are pursuant to the recommendation of the
 51.2 Gordy Yaeger wildlife management area advisory committee.

51.3 **ARTICLE 15**

51.4 **HEALTH AND HUMAN SERVICES**

51.5 Section 1. **SUMMARY OF APPROPRIATIONS.**

51.6 The amounts shown in this section summarize direct appropriations, by fund, made
 51.7 in this article.

	<u>2010</u>	<u>2011</u>	<u>Total</u>
51.9 <u>General</u>	\$ (74,704,000)	\$ (83,052,000)	\$ (157,756,000)

51.10 Sec. 2. **APPROPRIATIONS.**

51.11 The sums shown in the columns marked "Appropriations" are added to or, if shown
 51.12 in parentheses, subtracted from the appropriations in Laws 2009, chapter 79, article 13,
 51.13 as amended by Laws 2009, chapter 173, article 2, to the agencies and for the purposes
 51.14 specified in this article. The appropriations are from the general fund and are available
 51.15 for the fiscal years indicated for each purpose. The figures "2010" and "2011" used in
 51.16 this article mean that the addition to or subtraction from the appropriation listed under
 51.17 them is available for the fiscal year ending June 30, 2010, or June 30, 2011, respectively.
 51.18 Supplemental appropriations and reductions to appropriations for the fiscal year ending
 51.19 June 30, 2010, are effective the day following final enactment unless a different effective
 51.20 date is explicit. All reductions in this article are onetime, unless otherwise stated.

51.21	<u>APPROPRIATIONS</u>
51.22	<u>Available for the Year</u>
51.23	<u>Ending June 30</u>
51.24	<u>2010</u> <u>2011</u>

51.25 Sec. 3. **DEPARTMENT OF HUMAN**
 51.26 **SERVICES**

51.27 <u>Subdivision 1. Total Appropriation</u>	\$ (74,177,000)	\$ (82,527,000)
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51.28 The appropriation reductions for each
 51.29 purpose are shown in the following
 51.30 subdivisions.

51.31 <u>Subd. 2. Agency Management; Financial</u>		
51.32 <u>Operations</u>	(3,289,000)	(3,282,000)

51.33 Subd. 3. **Children and Economic Assistance**
 51.34 **Grants**

52.1	<u>(a) Child Support Enforcement Grants</u>	<u>(3,400,000)</u>	<u>(1,249,000)</u>
52.2	<u>(b) Children's Services Grants</u>	<u>(600,000)</u>	<u>-0-</u>
52.3	<u>American Indian Child Welfare Projects.</u>		
52.4	<u>Notwithstanding Laws 2009, chapter 79,</u>		
52.5	<u>article 2, section 35, \$600,000 of the fiscal</u>		
52.6	<u>year 2009 funds extended in fiscal year 2010</u>		
52.7	<u>cancel to the general fund.</u>		
52.8	<u>(c) Children and Community Services Grants</u>	<u>(16,900,000)</u>	<u>(1,500,000)</u>
52.9	<u>(d) General Assistance Grants</u>	<u>(5,267,000)</u>	<u>-0-</u>
52.10	<u>(e) Minnesota Supplemental Aid Grants</u>	<u>(733,000)</u>	<u>-0-</u>
52.11	<u>(f) Group Residential Housing Grants</u>	<u>(467,000)</u>	<u>(706,000)</u>
52.12	<u>Subd. 4. Basic Health Care Grants</u>		
52.13	<u>(a) Medical Assistance Basic Health Care</u>		
52.14	<u>Grants - Families and Children</u>	<u>(5,599,000)</u>	<u>(30,585,000)</u>
52.15	<u>(b) Medical Assistance Basic Health Care</u>		
52.16	<u>Grants - Elderly and Disabled</u>	<u>(2,331,000)</u>	<u>(24,062,000)</u>
52.17	<u>Hospital Fee-for-Service Payment Delay.</u>		
52.18	<u>Payments from the Medicaid Management</u>		
52.19	<u>Information System that would otherwise</u>		
52.20	<u>have been made for inpatient hospital</u>		
52.21	<u>services for Minnesota health care program</u>		
52.22	<u>enrollees must be delayed as follows: for</u>		
52.23	<u>fiscal year 2011, June payments must be</u>		
52.24	<u>included in the first payments in fiscal</u>		
52.25	<u>year 2012. The provisions of Minnesota</u>		
52.26	<u>Statutes, section 16A.124, do not apply</u>		
52.27	<u>to these delayed payments. This payment</u>		
52.28	<u>delay includes, and is not in addition to, the</u>		
52.29	<u>payment delay for inpatient hospital services</u>		
52.30	<u>in Laws 2009, chapter 79, article 13, section</u>		
52.31	<u>3, subdivision 6, paragraph (c).</u>		
52.32	<u>Nonhospital Fee-for-Service Payment</u>		
52.33	<u>Delay.</u> <u>Payments from the Medicaid</u>		

53.1 Management Information System that would
 53.2 otherwise have been made for nonhospital
 53.3 acute care services for Minnesota health
 53.4 care program enrollees must be delayed as
 53.5 follows: for fiscal year 2011, June payments
 53.6 must be included in the first payments in
 53.7 fiscal year 2012. This payment delay must
 53.8 not include nursing facilities, intermediate
 53.9 care facilities for persons with developmental
 53.10 disabilities, home and community-based
 53.11 services, prepaid health plans, personal care
 53.12 provider organizations, and home health
 53.13 agencies. The provisions of Minnesota
 53.14 Statutes, section 16A.124, do not apply
 53.15 to these delayed payments. This payment
 53.16 delay includes, and is not in addition to, the
 53.17 payment delay for nonhospital acute care
 53.18 services in Laws 2009, chapter 79, article 13,
 53.19 section 3, subdivision 6, paragraph (c).

53.20	<u>(c) General Assistance Medical Care Grants</u>	<u>(15,879,000)</u>	<u>-0-</u>
53.21	<u>Subd. 5. Health Care Management;</u>		
53.22	<u>Administration</u>	<u>(180,000)</u>	<u>(360,000)</u>
53.23	<u>Incentive Program and Outreach Grants.</u>		
53.24	<u>The general fund appropriation for the</u>		
53.25	<u>incentive program under Laws 2008, chapter</u>		
53.26	<u>358, article 5, section 3, subdivision 4,</u>		
53.27	<u>paragraph (b), is canceled. This paragraph is</u>		
53.28	<u>effective retroactively from January 1, 2010.</u>		
53.29	<u>Subd. 6. Continuing Care Grants</u>		
53.30	<u>(a) Aging and Adult Services Grants</u>	<u>(3,600,000)</u>	<u>(3,600,000)</u>
53.31	<u>Community Service/Service Development</u>		
53.32	<u>Grants Reduction.</u> Effective retroactively		
53.33	<u>from July 1, 2009, funding for grants made</u>		
53.34	<u>under Minnesota Statutes, sections 256.9754</u>		
53.35	<u>and 256B.0917, subdivision 13, is reduced</u>		

54.1 by \$5,807,000 for each year of the biennium.
 54.2 Grants made during the biennium under
 54.3 Minnesota Statutes, section 256.9754, shall
 54.4 not be used for new construction or building
 54.5 renovation.

54.6 **Aging Grants Delay.** Aging grants must be
 54.7 reduced by \$917,000 in fiscal year 2011 and
 54.8 increased by \$917,000 in fiscal year 2012.
 54.9 These adjustments are onetime and must not
 54.10 be applied to the base. This provision expires
 54.11 June 30, 2012.

54.12 **(b) Medical Assistance Long-Term Care**
 54.13 **Facilities Grants** (3,827,000) (2,745,000)

54.14 **ICF/MR Variable Rates Suspension.**
 54.15 Effective retroactively from July 1, 2009,
 54.16 to June 30, 2010, no new variable rates
 54.17 shall be authorized for intermediate care
 54.18 facilities for persons with developmental
 54.19 disabilities under Minnesota Statutes, section
 54.20 256B.5013, subdivision 1.

54.21 **ICF/MR Occupancy Rate Adjustment**
 54.22 **Suspension.** Effective retroactively from
 54.23 July 1, 2009, to June 30, 2011, approval
 54.24 of new applications for occupancy rate
 54.25 adjustments for unoccupied short-term
 54.26 beds under Minnesota Statutes, section
 54.27 256B.5013, subdivision 7, is suspended.

54.28 **(c) Medical Assistance Long-Term Care** (2,318,000) (5,807,000)
 54.29 **Waivers and Home Care Grants**

54.30 **Developmental Disability Waiver Acuity**
 54.31 **Factor.** Effective retroactively from January
 54.32 1, 2010, the January 1, 2010, one percent
 54.33 growth factor in the developmental disability
 54.34 waiver allocations under Minnesota Statutes,
 54.35 section 256B.092, subdivisions 4 and 5,

55.1	<u>that is attributable to changes in acuity, is</u>		
55.2	<u>suspended to June 30, 2011.</u>		
55.3	<u>(d) Deaf and Hard-of-Hearing Grants</u>	<u>-0-</u>	<u>(169,000)</u>
55.4	<u>Deaf and Hard-of-Hearing Services</u>		
55.5	<u>Grants Delay.</u> Deaf and hard-of-hearing		
55.6	<u>services grants must be reduced by \$169,000</u>		
55.7	<u>in fiscal year 2011 and increased by \$169,000</u>		
55.8	<u>in fiscal year 2012. These adjustments are</u>		
55.9	<u>onetime and must not be applied to the base.</u>		
55.10	<u>This provision expires June 30, 2012.</u>		
55.11	<u>(e) Adult Mental Health Grants</u>	<u>(5,000,000)</u>	<u>-0-</u>
55.12	<u>(f) Chemical Dependency Entitlement Grants</u>	<u>(3,622,000)</u>	<u>(3,622,000)</u>
55.13	<u>(g) Chemical Dependency Nonentitlement</u>		
55.14	<u>Grants</u>	<u>(393,000)</u>	<u>(393,000)</u>
55.15	<u>(h) Other Continuing Care Grants</u>	<u>-0-</u>	<u>(1,414,000)</u>
55.16	<u>Other Continuing Care Grants Delay.</u>		
55.17	<u>Other continuing care grants must be reduced</u>		
55.18	<u>by \$1,414,000 in fiscal year 2011 and</u>		
55.19	<u>increased by \$1,414,000 in fiscal year 2012.</u>		
55.20	<u>These adjustments are onetime and must not</u>		
55.21	<u>be applied to the base. This provision expires</u>		
55.22	<u>June 30, 2012.</u>		
55.23	<u>Subd. 7. Continuing Care Management</u>	<u>(350,000)</u>	<u>-0-</u>
55.24	<u>County Maintenance of Effort.</u> The general		
55.25	<u>fund appropriation for the State-County</u>		
55.26	<u>Results Accountability and Service Delivery</u>		
55.27	<u>Reform under Minnesota Statutes, chapter</u>		
55.28	<u>402A, is canceled. This paragraph is</u>		
55.29	<u>effective retroactively from July 1, 2009.</u>		
55.30	<u>Subd. 8. State-Operated Services; Adult</u>		
55.31	<u>Mental Health Services</u>	<u>(422,000)</u>	<u>(4,588,000)</u>
55.32	Sec. 4. <u>DEPARTMENT OF HEALTH</u>		
55.33	Subdivision. 1. <u>Total Appropriation</u>	<u>\$ (527,000)</u>	<u>\$ (525,000)</u>

56.1 The appropriation reductions for each
 56.2 purpose are shown in the following
 56.3 subdivisions.

56.4	<u>Subd. 2. Community and Family Health</u>		
56.5	<u>Promotion</u>	<u>(53,000)</u>	<u>(355,000)</u>
56.6	<u>Subd. 3. Policy Quality and Compliance</u>	<u>(118,000)</u>	<u>(74,000)</u>
56.7	<u>Office of Unlicensed Health Care Practice.</u>		
56.8	<u>Of the general fund reduction \$74,000</u>		
56.9	<u>in fiscal year 2011 is from the Office of</u>		
56.10	<u>Unlicensed Complementary and Alternative</u>		
56.11	<u>Health Care Practice.</u>		
56.12	<u>Subd. 4. Health Protection</u>	<u>(225,000)</u>	<u>(74,000)</u>
56.13	<u>Subd. 5. Administrative Support Services</u>	<u>(131,000)</u>	<u>(22,000)</u>

56.14 Sec. 5. Laws 2009, chapter 79, article 13, section 3, subdivision 8, as amended by
 56.15 Laws 2009, chapter 173, article 2, section 1, subdivision 8, is amended to read:

56.16 **Subd. 8. Continuing Care Grants**

56.17 The amounts that may be spent from the
 56.18 appropriation for each purpose are as follows:

56.19	(a) Aging and Adult Services Grants	13,499,000	15,805,000
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56.20 **Base Adjustment.** The general fund base is
 56.21 increased by \$5,751,000 in fiscal year 2012
 56.22 and \$6,705,000 in fiscal year 2013.

56.23 **Information and Assistance**

56.24 **Reimbursement.** Federal administrative
 56.25 reimbursement obtained from information
 56.26 and assistance services provided by the
 56.27 Senior LinkAge or Disability Linkage lines
 56.28 to people who are identified as eligible for
 56.29 medical assistance shall be appropriated to
 56.30 the commissioner for this activity.

56.31 **Community Service Development Grant**
 56.32 **Reduction.** Funding for community service

57.1 development grants must be reduced by
 57.2 \$260,000 for fiscal year 2010; \$284,000 in
 57.3 fiscal year 2011; \$43,000 in fiscal year 2012;
 57.4 and \$43,000 in fiscal year 2013. Base level
 57.5 funding shall be restored in fiscal year 2014.

57.6 **Community Service Development Grant**

57.7 **Community Initiative.** Funding for
 57.8 community service development grants shall
 57.9 be used to offset the cost of aging support
 57.10 grants. Base level funding shall be restored
 57.11 in fiscal year 2014.

57.12 **Senior Nutrition Use of Federal Funds.**

57.13 For fiscal year 2010, general fund grants
 57.14 for home-delivered meals and congregate
 57.15 dining shall be reduced by \$500,000. The
 57.16 commissioner must replace these general
 57.17 fund reductions with equal amounts from
 57.18 federal funding for senior nutrition from the
 57.19 American Recovery and Reinvestment Act
 57.20 of 2009.

57.21 **(b) Alternative Care Grants** 50,234,000 48,576,000

57.22 **Base Adjustment.** The general fund base is
 57.23 decreased by \$3,598,000 in fiscal year 2012
 57.24 and \$3,470,000 in fiscal year 2013.

57.25 **Alternative Care Transfer.** Any money
 57.26 allocated to the alternative care program that
 57.27 is not spent for the purposes indicated does
 57.28 not cancel but must be transferred to the
 57.29 medical assistance account.

57.30 **(c) Medical Assistance Grants; Long-Term**
 57.31 **Care Facilities.** 367,444,000 419,749,000

57.32 **(d) Medical Assistance Long-Term Care**
 57.33 **Waivers and Home Care Grants** 853,567,000 1,039,517,000

58.1 **Manage Growth in TBI and CADI**

58.2 **Waivers.** During the fiscal years beginning
58.3 on July 1, 2009, and July 1, 2010, the
58.4 commissioner shall allocate money for home
58.5 and community-based waiver programs
58.6 under Minnesota Statutes, section 256B.49,
58.7 to ensure a reduction in state spending that is
58.8 equivalent to limiting the caseload growth of
58.9 the TBI waiver to 12.5 allocations per month
58.10 each year of the biennium and the CADI
58.11 waiver to 95 allocations per month each year
58.12 of the biennium. Limits do not apply: (1)
58.13 when there is an approved plan for nursing
58.14 facility bed closures for individuals under
58.15 age 65 who require relocation due to the
58.16 bed closure; (2) to fiscal year 2009 waiver
58.17 allocations delayed due to unallotment; or (3)
58.18 to transfers authorized by the commissioner
58.19 from the personal care assistance program
58.20 of individuals having a home care rating
58.21 of "CS," "MT," or "HL." Priorities for the
58.22 allocation of funds must be for individuals
58.23 anticipated to be discharged from institutional
58.24 settings or who are at imminent risk of a
58.25 placement in an institutional setting.

58.26 **Manage Growth in DD Waiver.** The
58.27 commissioner shall manage the growth in
58.28 the DD waiver by limiting the allocations
58.29 included in the February 2009 forecast to 15
58.30 additional diversion allocations each month
58.31 for the calendar years that begin on January
58.32 1, 2010, and January 1, 2011. Additional
58.33 allocations must be made available for
58.34 transfers authorized by the commissioner
58.35 from the personal care program of individuals

59.1 having a home care rating of "CS," "MT,"
 59.2 or "HL."

59.3 **Adjustment to Lead Agency Waiver**

59.4 **Allocations.** Prior to the availability of the
 59.5 alternative license defined in Minnesota
 59.6 Statutes, section 245A.11, subdivision 8,
 59.7 the commissioner shall reduce lead agency
 59.8 waiver allocations for the purposes of
 59.9 implementing a moratorium on corporate
 59.10 foster care.

59.11 **Alternatives to Personal Care Assistance**

59.12 **Services.** Base level funding of \$3,237,000
 59.13 in fiscal year 2012 and \$4,856,000 in
 59.14 fiscal year 2013 is to implement alternative
 59.15 services to personal care assistance services
 59.16 for persons with mental health and other
 59.17 behavioral challenges who can benefit
 59.18 from other services that more appropriately
 59.19 meet their needs and assist them in living
 59.20 independently in the community. These
 59.21 services may include, but not be limited to, a
 59.22 1915(i) state plan option.

59.23 **(e) Mental Health Grants**

59.24	Appropriations by Fund		
59.25	General	77,739,000	77,739,000
59.26	Health Care Access	750,000	750,000
59.27	Lottery Prize	1,508,000	1,508,000

59.28 **Funding Usage.** Up to 75 percent of a fiscal
 59.29 year's appropriation for adult mental health
 59.30 grants may be used to fund allocations in that
 59.31 portion of the fiscal year ending December
 59.32 31.

59.33	(f) Deaf and Hard-of-Hearing Grants	1,930,000	1,917,000
59.34	(g) Chemical Dependency Entitlement Grants	111,303,000	122,822,000

60.1 **Payments for Substance Abuse Treatment.**

60.2 For services provided during fiscal years
60.3 2010 and 2011, county-negotiated rates and
60.4 provider claims to the consolidated chemical
60.5 dependency fund must not exceed rates
60.6 charged for these services on January 1,
60.7 2009; and rates for fiscal years 2010 and
60.8 2011 must not exceed 160 percent of the
60.9 average rate on January 1, 2009, for each
60.10 group of vendors with similar attributes.

60.11 For services provided in fiscal years 2012
60.12 and 2013, statewide average rates under
60.13 the new rate methodology to be developed
60.14 under Minnesota Statutes, section 254B.12,
60.15 must not exceed the average rates charged
60.16 for these services on January 1, 2009, plus a
60.17 state share increase of \$3,787,000 for fiscal
60.18 year 2012 and \$5,023,000 for fiscal year
60.19 2013. Notwithstanding any provision to the
60.20 contrary in this article, this provision expires
60.21 on June 30, 2013.

60.22 **Chemical Dependency Special Revenue**

60.23 **Account.** For fiscal year 2010, \$750,000
60.24 must be transferred from the consolidated
60.25 chemical dependency treatment fund
60.26 administrative account and deposited into the
60.27 general fund.

60.28 **County CD Share of MA Costs for**

60.29 **ARRA Compliance.** Notwithstanding the
60.30 provisions of Minnesota Statutes, chapter
60.31 254B, for chemical dependency services
60.32 provided during the period October 1, 2008,
60.33 to December 31, 2010, and reimbursed by
60.34 medical assistance at the enhanced federal
60.35 matching rate provided under the American
60.36 Recovery and Reinvestment Act of 2009, the

61.1 county share is 30 percent of the nonfederal
 61.2 share. This provision is effective the day
 61.3 following final enactment.

61.4	(h) Chemical Dependency Nonentitlement		
61.5	Grants	1,729,000	1,729,000
61.6	(i) Other Continuing Care Grants	19,201,000	17,528,000

61.7 **Base Adjustment.** The general fund base is
 61.8 increased by \$2,639,000 in fiscal year 2012
 61.9 and increased by \$3,854,000 in fiscal year
 61.10 2013.

61.11 **Technology Grants.** \$650,000 in fiscal
 61.12 year 2010 and \$1,000,000 in fiscal year
 61.13 2011 are for technology grants, case
 61.14 consultation, evaluation, and consumer
 61.15 information grants related to developing and
 61.16 supporting alternatives to shift-staff foster
 61.17 care residential service models.

61.18 **Other Continuing Care Grants; HIV**
 61.19 **Grants.** Money appropriated for the HIV
 61.20 drug and insurance grant program in fiscal
 61.21 year 2010 may be used in either year of the
 61.22 biennium.

61.23 **Quality Assurance Commission.** Effective
 61.24 July 1, 2009, state funding for the quality
 61.25 assurance commission under Minnesota
 61.26 Statutes, section 256B.0951, is canceled.

61.27 Sec. 6. Laws 2009, chapter 79, article 13, section 4, subdivision 4, as amended by
 61.28 Laws 2009, chapter 173, article 2, section 2, subdivision 4, is amended to read:

61.29 Subd. 4. **Health Protection**

61.30	Appropriations by Fund		
61.31	General	9,871,000	9,780,000
61.32	State Government		
61.33	Special Revenue	30,209,000	30,209,000

62.1 **Base Adjustment.** The general fund base is
62.2 reduced by \$50,000 in each of fiscal years
62.3 2012 and 2013.

62.4 **Health Protection Appropriations.** (a)
62.5 \$163,000 each year is for the lead abatement
62.6 grant program.

62.7 (b) \$100,000 each year is for emergency
62.8 preparedness and response activities.

62.9 (c) \$50,000 each year is for tuberculosis
62.10 prevention and control. This is a onetime
62.11 appropriation.

62.12 ~~(d) \$55,000 in fiscal year 2010 is for~~
62.13 ~~pentachlorophenol.~~

62.14 ~~(e) \$20,000 in fiscal year 2010 is for a PFC~~
62.15 ~~Citizens Advisory Group.~~

62.16 **American Recovery and Reinvestment**
62.17 **Act Funds.** Federal funds received
62.18 by the commissioner for immunization
62.19 operations from the American Recovery
62.20 and Reinvestment Act of 2009, Public Law
62.21 111-5, are appropriated to the commissioner
62.22 for the purposes of the grant.

62.23 Sec. 7. Minnesota Statutes 2009 Supplement, section 256B.0659, subdivision 11,
62.24 is amended to read:

62.25 Subd. 11. **Personal care assistant; requirements.** (a) A personal care assistant
62.26 must meet the following requirements:

62.27 (1) be at least 18 years of age with the exception of persons who are 16 or 17 years
62.28 of age with these additional requirements:

62.29 (i) supervision by a qualified professional every 60 days; and

62.30 (ii) employment by only one personal care assistance provider agency responsible
62.31 for compliance with current labor laws;

62.32 (2) be employed by a personal care assistance provider agency;

63.1 (3) enroll with the department as a personal care assistant after clearing a background
63.2 study. Before a personal care assistant provides services, the personal care assistance
63.3 provider agency must initiate a background study on the personal care assistant under
63.4 chapter 245C, and the personal care assistance provider agency must have received a
63.5 notice from the commissioner that the personal care assistant is:

63.6 (i) not disqualified under section 245C.14; or

63.7 (ii) is disqualified, but the personal care assistant has received a set aside of the
63.8 disqualification under section 245C.22;

63.9 (4) be able to effectively communicate with the recipient and personal care
63.10 assistance provider agency;

63.11 (5) be able to provide covered personal care assistance services according to the
63.12 recipient's personal care assistance care plan, respond appropriately to recipient needs,
63.13 and report changes in the recipient's condition to the supervising qualified professional
63.14 or physician;

63.15 (6) not be a consumer of personal care assistance services;

63.16 (7) maintain daily written records including, but not limited to, time sheets under
63.17 subdivision 12;

63.18 (8) effective January 1, 2010, complete standardized training as determined by the
63.19 commissioner before completing enrollment. Personal care assistant training must include
63.20 successful completion of the following training components: basic first aid, vulnerable
63.21 adult, child maltreatment, OSHA universal precautions, basic roles and responsibilities of
63.22 personal care assistants including information about assistance with lifting and transfers
63.23 for recipients, emergency preparedness, orientation to positive behavioral practices, fraud
63.24 issues, and completion of time sheets. Upon completion of the training components,
63.25 the personal care assistant must demonstrate the competency to provide assistance to
63.26 recipients;

63.27 (9) complete training and orientation on the needs of the recipient within the first
63.28 seven days after the services begin; and

63.29 (10) be limited to providing and being paid for up to 310 hours per month, except
63.30 that this limit shall be 275 hours per month for the period July 1, 2009, through June 30,
63.31 2011, of personal care assistance services regardless of the number of recipients being
63.32 served or the number of personal care assistance provider agencies enrolled with.

63.33 (b) A legal guardian may be a personal care assistant if the guardian is not being paid
63.34 for the guardian services and meets the criteria for personal care assistants in paragraph (a).

63.35 (c) Effective January 1, 2010, persons who do not qualify as a personal care assistant
63.36 include parents and stepparents of minors, spouses, paid legal guardians, family foster

64.1 care providers, except as otherwise allowed in section 256B.0625, subdivision 19a, or
64.2 staff of a residential setting.

64.3 **EFFECTIVE DATE.** This section is effective July 1, 2009.

64.4 Sec. 8. Minnesota Statutes 2009 Supplement, section 256B.441, subdivision 55,
64.5 is amended to read:

64.6 Subd. 55. **Phase-in of rebased operating payment rates.** (a) For the rate years
64.7 beginning October 1, 2008, to October 1, 2015, the operating payment rate calculated
64.8 under this section shall be phased in by blending the operating rate with the operating
64.9 payment rate determined under section 256B.434. For purposes of this subdivision, the
64.10 rate to be used that is determined under section 256B.434 shall not include the portion of
64.11 the operating payment rate related to performance-based incentive payments under section
64.12 256B.434, subdivision 4, paragraph (d). For the rate year beginning October 1, 2008, the
64.13 operating payment rate for each facility shall be 13 percent of the operating payment rate
64.14 from this section, and 87 percent of the operating payment rate from section 256B.434.
64.15 ~~For the rate year beginning October 1, 2009, the operating payment rate for each facility~~
64.16 ~~shall be 14 percent of the operating payment rate from this section, and 86 percent of the~~
64.17 ~~operating payment rate from section 256B.434.~~ For rate years beginning October 1, 2009;
64.18 October 1, 2010; October 1, 2011; and October 1, 2012, no rate adjustments shall be
64.19 implemented under this section, but shall be determined under section 256B.434. For the
64.20 rate year beginning October 1, 2013, the operating payment rate for each facility shall be
64.21 65 percent of the operating payment rate from this section, and 35 percent of the operating
64.22 payment rate from section 256B.434. For the rate year beginning October 1, 2014, the
64.23 operating payment rate for each facility shall be 82 percent of the operating payment rate
64.24 from this section, and 18 percent of the operating payment rate from section 256B.434. For
64.25 the rate year beginning October 1, 2015, the operating payment rate for each facility shall
64.26 be the operating payment rate determined under this section. The blending of operating
64.27 payment rates under this section shall be performed separately for each RUG's class.

64.28 (b) For the rate year beginning October 1, 2008, the commissioner shall apply limits
64.29 to the operating payment rate increases under paragraph (a) by creating a minimum
64.30 percentage increase and a maximum percentage increase.

64.31 (1) Each nursing facility that receives a blended October 1, 2008, operating payment
64.32 rate increase under paragraph (a) of less than one percent, when compared to its operating
64.33 payment rate on September 30, 2008, computed using rates with RUG's weight of 1.00,
64.34 shall receive a rate adjustment of one percent.

65.1 (2) The commissioner shall determine a maximum percentage increase that will
65.2 result in savings equal to the cost of allowing the minimum increase in clause (1). Nursing
65.3 facilities with a blended October 1, 2008, operating payment rate increase under paragraph
65.4 (a) greater than the maximum percentage increase determined by the commissioner, when
65.5 compared to its operating payment rate on September 30, 2008, computed using rates with
65.6 a RUG's weight of 1.00, shall receive the maximum percentage increase.

65.7 (3) Nursing facilities with a blended October 1, 2008, operating payment rate
65.8 increase under paragraph (a) greater than one percent and less than the maximum
65.9 percentage increase determined by the commissioner, when compared to its operating
65.10 payment rate on September 30, 2008, computed using rates with a RUG's weight of 1.00,
65.11 shall receive the blended October 1, 2008, operating payment rate increase determined
65.12 under paragraph (a).

65.13 (4) The October 1, 2009, through October 1, 2015, operating payment rate for
65.14 facilities receiving the maximum percentage increase determined in clause (2) shall be
65.15 the amount determined under paragraph (a) less the difference between the amount
65.16 determined under paragraph (a) for October 1, 2008, and the amount allowed under clause
65.17 (2). This rate restriction does not apply to rate increases provided in any other section.

65.18 (c) A portion of the funds received under this subdivision that are in excess of
65.19 operating payment rates that a facility would have received under section 256B.434, as
65.20 determined in accordance with clauses (1) to (3), shall be subject to the requirements in
65.21 section 256B.434, subdivision 19, paragraphs (b) to (h).

65.22 (1) Determine the amount of additional funding available to a facility, which shall be
65.23 equal to total medical assistance resident days from the most recent reporting year times
65.24 the difference between the blended rate determined in paragraph (a) for the rate year being
65.25 computed and the blended rate for the prior year.

65.26 (2) Determine the portion of all operating costs, for the most recent reporting year,
65.27 that are compensation related. If this value exceeds 75 percent, use 75 percent.

65.28 (3) Subtract the amount determined in clause (2) from 75 percent.

65.29 (4) The portion of the fund received under this subdivision that shall be subject to
65.30 the requirements in section 256B.434, subdivision 19, paragraphs (b) to (h), shall equal
65.31 the amount determined in clause (1) times the amount determined in clause (3).

65.32 **EFFECTIVE DATE.** This section is effective retroactively from October 1, 2009.

65.33 Sec. 9. Minnesota Statutes 2009 Supplement, section 256B.69, subdivision 5a, is
65.34 amended to read:

66.1 Subd. 5a. **Managed care contracts.** (a) Managed care contracts under this section
66.2 and sections 256L.12 and 256D.03, shall be entered into or renewed on a calendar year
66.3 basis beginning January 1, 1996. Managed care contracts which were in effect on June
66.4 30, 1995, and set to renew on July 1, 1995, shall be renewed for the period July 1, 1995
66.5 through December 31, 1995 at the same terms that were in effect on June 30, 1995. The
66.6 commissioner may issue separate contracts with requirements specific to services to
66.7 medical assistance recipients age 65 and older.

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

66.13 (c) Effective for services rendered on or after January 1, 2003, the commissioner
66.14 shall withhold five percent of managed care plan payments under this section and
66.15 county-based purchasing plan's payment rate under section 256B.692 for the prepaid
66.16 medical assistance and general assistance medical care programs pending completion of
66.17 performance targets. Each performance target must be quantifiable, objective, measurable,
66.18 and reasonably attainable, except in the case of a performance target based on a federal
66.19 or state law or rule. Criteria for assessment of each performance target must be outlined
66.20 in writing prior to the contract effective date. The managed care plan must demonstrate,
66.21 to the commissioner's satisfaction, that the data submitted regarding attainment of
66.22 the performance target is accurate. The commissioner shall periodically change the
66.23 administrative measures used as performance targets in order to improve plan performance
66.24 across a broader range of administrative services. The performance targets must include
66.25 measurement of plan efforts to contain spending on health care services and administrative
66.26 activities. The commissioner may adopt plan-specific performance targets that take into
66.27 account factors affecting only one plan, including characteristics of the plan's enrollee
66.28 population. The withheld funds must be returned no sooner than July of the following
66.29 year if performance targets in the contract are achieved. The commissioner may exclude
66.30 special demonstration projects under subdivision 23.

66.31 (d) Effective for services rendered on or after January 1, 2009, through December 31,
66.32 2009, the commissioner shall withhold three percent of managed care plan payments under
66.33 this section and county-based purchasing plan payments under section 256B.692 for the
66.34 prepaid medical assistance and general assistance medical care programs. The withheld
66.35 funds must be returned no sooner than July 1 and no later than July 31 of the following
66.36 year. The commissioner may exclude special demonstration projects under subdivision 23.

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

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

67.10 (f) Effective for services rendered on or after January 1, 2010, through December
67.11 31, 2010, the commissioner shall withhold ~~3.5~~ 4.5 percent of managed care plan payments
67.12 under this section and county-based purchasing plan payments under section 256B.692
67.13 for the prepaid medical assistance program. The withheld funds must be returned no
67.14 sooner than July 1 and no later than July 31 of the following year. The commissioner may
67.15 exclude special demonstration projects under subdivision 23.

67.16 (g) Effective for services rendered on or after January 1, 2011, through December 31,
67.17 2011, the commissioner shall withhold ~~four~~ 4.5 percent of managed care plan payments
67.18 under this section and county-based purchasing plan payments under section 256B.692
67.19 for the prepaid medical assistance program. The withheld funds must be returned no
67.20 sooner than July 1 and no later than July 31 of the following year. The commissioner
67.21 may exclude special demonstration projects under subdivision 23. If an extension of the
67.22 enhanced federal medical assistance percentage (FMAP) under Public Law 111-5, section
67.23 5001, is enacted before June 15, 2010, the withhold percentage stated in this paragraph
67.24 shall be 4.0 percent.

67.25 (h) Effective for services rendered on or after January 1, 2012, through December
67.26 31, 2012, the commissioner shall withhold 4.5 percent of managed care plan payments
67.27 under this section and county-based purchasing plan payments under section 256B.692
67.28 for the prepaid medical assistance program. The withheld funds must be returned no
67.29 sooner than July 1 and no later than July 31 of the following year. The commissioner may
67.30 exclude special demonstration projects under subdivision 23.

67.31 (i) Effective for services rendered on or after January 1, 2013, through December 31,
67.32 2013, the commissioner shall withhold 4.5 percent of managed care plan payments under
67.33 this section and county-based purchasing plan payments under section 256B.692 for the
67.34 prepaid medical assistance program. The withheld funds must be returned no sooner than
67.35 July 1 and no later than July 31 of the following year. The commissioner may exclude
67.36 special demonstration projects under subdivision 23.

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

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

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

68.13 **EFFECTIVE DATE.** The additional withhold percentage in paragraph (f) is
68.14 effective retroactively from January 1, 2010.

68.15 Sec. 10. Minnesota Statutes 2009 Supplement, section 256B.76, subdivision 1, is
68.16 amended to read:

68.17 Subdivision 1. **Physician reimbursement.** (a) Effective for services rendered on
68.18 or after October 1, 1992, the commissioner shall make payments for physician services
68.19 as follows:

68.20 (1) payment for level one Centers for Medicare and Medicaid Services' common
68.21 procedural coding system codes titled "office and other outpatient services," "preventive
68.22 medicine new and established patient," "delivery, antepartum, and postpartum care,"
68.23 "critical care," cesarean delivery and pharmacologic management provided to psychiatric
68.24 patients, and level three codes for enhanced services for prenatal high risk, shall be paid
68.25 at the lower of (i) submitted charges, or (ii) 25 percent above the rate in effect on June
68.26 30, 1992. If the rate on any procedure code within these categories is different than the
68.27 rate that would have been paid under the methodology in section 256B.74, subdivision 2,
68.28 then the larger rate shall be paid;

68.29 (2) payments for all other services shall be paid at the lower of (i) submitted charges,
68.30 or (ii) 15.4 percent above the rate in effect on June 30, 1992; and

68.31 (3) all physician rates shall be converted from the 50th percentile of 1982 to the 50th
68.32 percentile of 1989, less the percent in aggregate necessary to equal the above increases
68.33 except that payment rates for home health agency services shall be the rates in effect
68.34 on September 30, 1992.

69.1 (b) Effective for services rendered on or after January 1, 2000, payment rates for
69.2 physician and professional services shall be increased by three percent over the rates
69.3 in effect on December 31, 1999, except for home health agency and family planning
69.4 agency services. The increases in this paragraph shall be implemented January 1, 2000,
69.5 for managed care.

69.6 (c) Effective for services rendered on or after July 1, 2009, payment rates for
69.7 physician and professional services shall be reduced by five percent, except that for the
69.8 period July 1, 2009, through June 30, 2010, payments rates shall be reduced by 6.5 percent
69.9 for the medical assistance and general assistance medical care programs, over the rates
69.10 in effect on June 30, 2009. The additional 1.5 percent reduction in effect for the period
69.11 from July 1, 2010, through June 30, 2010, does not apply to physician services billed by a
69.12 psychiatrist or an advanced practice registered nurse with a specialty in mental health.
69.13 This reduction does not apply to office or other outpatient visits, preventive medicine visits
69.14 and family planning visits billed by physicians, advanced practice nurses, or physician
69.15 assistants in a family planning agency or in one of the following primary care practices:
69.16 general practice, general internal medicine, general pediatrics, general geriatrics, and
69.17 family medicine. This reduction does not apply to federally qualified health centers,
69.18 rural health centers, and Indian health services. Effective October 1, 2009, payments
69.19 made to managed care plans and county-based purchasing plans under sections 256B.69,
69.20 256B.692, and 256L.12 shall reflect the payment reduction described in this paragraph.

69.21 **EFFECTIVE DATE.** The additional rate reductions in this section are effective
69.22 retroactively from July 1, 2009.

69.23 Sec. 11. Minnesota Statutes 2008, section 256B.76, subdivision 4, is amended to read:

69.24 Subd. 4. **Critical access dental providers.** (a) Effective for dental services rendered
69.25 on or after January 1, 2002, the commissioner shall increase reimbursements to dentists
69.26 and dental clinics deemed by the commissioner to be critical access dental providers.
69.27 For dental services rendered on or after July 1, 2007, the commissioner shall increase
69.28 reimbursement by 30 percent above the reimbursement rate that would otherwise be paid to
69.29 the critical access dental provider. The commissioner shall pay the health plan companies
69.30 in amounts sufficient to reflect increased reimbursements to critical access dental providers
69.31 as approved by the commissioner. In determining which dentists and dental clinics shall
69.32 be deemed critical access dental providers, the commissioner shall review:

69.33 (1) the utilization rate in the service area in which the dentist or dental clinic operates
69.34 for dental services to patients covered by medical assistance, general assistance medical
69.35 care, or MinnesotaCare as their primary source of coverage;

70.1 (2) the level of services provided by the dentist or dental clinic to patients covered
70.2 by medical assistance, general assistance medical care, or MinnesotaCare as their primary
70.3 source of coverage; and

70.4 (3) whether the level of services provided by the dentist or dental clinic is critical to
70.5 maintaining adequate levels of patient access within the service area.

70.6 In the absence of a critical access dental provider in a service area, the commissioner may
70.7 designate a dentist or dental clinic as a critical access dental provider if the dentist or
70.8 dental clinic is willing to provide care to patients covered by medical assistance, general
70.9 assistance medical care, or MinnesotaCare at a level which significantly increases access
70.10 to dental care in the service area.

70.11 (b) Notwithstanding paragraph (a), critical access payments must not be made for
70.12 dental services provided from April 1, 2010, through June 30, 2010.

70.13 **EFFECTIVE DATE.** This section is effective retroactively from April 1, 2010.

70.14 Sec. 12. Minnesota Statutes 2009 Supplement, section 256B.766, is amended to read:

70.15 **256B.766 REIMBURSEMENT FOR BASIC CARE SERVICES.**

70.16 (a) Effective for services provided on or after July 1, 2009, total payments for basic
70.17 care services, shall be reduced by three percent, except that for the period July 1, 2009,
70.18 through June 30, 2011, total payments shall be reduced by 4.5 percent for the medical
70.19 assistance and general assistance medical care programs, prior to third-party liability
70.20 and spenddown calculation. Payments made to managed care plans and county-based
70.21 purchasing plans shall be reduced for services provided on or after October 1, 2009,
70.22 to reflect this reduction.

70.23 (b) This section does not apply to physician and professional services, inpatient
70.24 hospital services, family planning services, mental health services, dental services,
70.25 prescription drugs, medical transportation, federally qualified health centers, rural health
70.26 centers, Indian health services, and Medicare cost-sharing.

70.27 **EFFECTIVE DATE.** The additional rate reductions in this section are effective
70.28 retroactively from July 1, 2009.

70.29 Sec. 13. **REDUCTION OF GROUP RESIDENTIAL HOUSING**
70.30 **SUPPLEMENTAL SERVICE RATE.**

70.31 Effective retroactively from November 1, 2009, through June 30, 2011, the
70.32 commissioner of human services shall decrease the group residential housing (GRH)
70.33 supplementary service rate under Minnesota Statutes, section 256I.05, subdivision 1a, by

71.1 five percent for services rendered on or after that date, except that reimbursement rates
71.2 for a GRH facility reimbursed as a nursing facility shall not be reduced. The reduction
71.3 in this paragraph is in addition to the reduction under Laws 2009, chapter 79, article
71.4 8, section 79, paragraph (b), clause (11).

71.5 **EFFECTIVE DATE.** This section is effective retroactively from November 1, 2009.

71.6 Sec. 14. **ARTICLE EFFECTIVE DATE.**

71.7 This article is effective the day following final enactment.

71.8 **ARTICLE 16**

71.9 **HEALTH CARE**

71.10 Section 1. Minnesota Statutes 2008, section 256.01, is amended by adding a
71.11 subdivision to read:

71.12 Subd. 30. **Review and evaluation of ongoing studies.** The commissioner
71.13 shall review all ongoing studies, reports, and program evaluations completed by the
71.14 Department of Human Services for state fiscal years 2006 through 2010. For each item,
71.15 the commissioner shall report the legislature's appropriation for that work, if any, and the
71.16 actual reported cost of the completed work by the Department of Human Services. The
71.17 commissioner shall make recommendations to the legislature about which studies, reports,
71.18 and program evaluations required by law on an ongoing basis are duplicative, unnecessary,
71.19 or obsolete. The commissioner shall repeat this review every five fiscal years.

71.20 Sec. 2. Minnesota Statutes 2009 Supplement, section 256.969, subdivision 2b, is
71.21 amended to read:

71.22 Subd. 2b. **Operating payment rates.** In determining operating payment rates for
71.23 admissions occurring on or after the rate year beginning January 1, 1991, and every two
71.24 years after, or more frequently as determined by the commissioner, the commissioner shall
71.25 obtain operating data from an updated base year and establish operating payment rates
71.26 per admission for each hospital based on the cost-finding methods and allowable costs of
71.27 the Medicare program in effect during the base year. Rates under the general assistance
71.28 medical care, medical assistance, and MinnesotaCare programs shall not be rebased to
71.29 more current data on January 1, 1997, January 1, 2005, for the first 24 months of the
71.30 rebased period beginning January 1, 2009. For the first ~~three~~ 24 months of the rebased
71.31 period beginning January 1, 2011, rates shall not be rebased ~~at 74.25 percent of the full~~
71.32 ~~value of the rebasing percentage change. From April 1, 2011, to March 31, 2012, rates~~
71.33 ~~shall be rebased at 39.2 percent of the full value of the rebasing percentage change, except~~

72.1 that a Minnesota long-term hospital shall be rebased effective January 1, 2011, based on
72.2 its most recent Medicare cost report ending on or before September 1, 2008, with the
72.3 provisions under subdivisions 9 and 23, based on the rates in effect on December 31, 2010.
72.4 For subsequent rate setting periods in which the base years are updated, a Minnesota
72.5 long-term hospital's base year shall remain within the same period as other hospitals.
72.6 Effective ~~April 1, 2012~~ January 1, 2013, rates shall be rebased at full value. The base year
72.7 operating payment rate per admission is standardized by the case mix index and adjusted
72.8 by the hospital cost index, relative values, and disproportionate population adjustment.
72.9 The cost and charge data used to establish operating rates shall only reflect inpatient
72.10 services covered by medical assistance and shall not include property cost information
72.11 and costs recognized in outlier payments.

72.12 **EFFECTIVE DATE.** This section is effective July 1, 2010.

72.13 Sec. 3. Minnesota Statutes 2008, section 256B.04, subdivision 14a, is amended to read:

72.14 Subd. 14a. **Level of need determination.** Nonemergency medical transportation
72.15 level of need determinations must be performed by a physician, a registered nurse working
72.16 under direct supervision of a physician, a physician's assistant, a nurse practitioner, a
72.17 licensed practical nurse, or a discharge planner. Nonemergency medical transportation
72.18 level of need determinations must not be performed more than ~~semiannually~~ annually on
72.19 any individual, unless the individual's circumstances have sufficiently changed so as
72.20 to require a new level of need determination. Individuals residing in licensed nursing
72.21 facilities are exempt from a level of need determination and are eligible for special
72.22 transportation services until the individual no longer resides in a licensed nursing facility.
72.23 If a person authorized by this subdivision to perform a level of need determination
72.24 determines that an individual requires stretcher transportation, the individual is presumed
72.25 to maintain that level of need until otherwise determined by a person authorized to
72.26 perform a level of need determination, or for six months, whichever is sooner.

72.27 Sec. 4. Minnesota Statutes 2008, section 256B.055, is amended by adding a
72.28 subdivision to read:

72.29 **Subd. 15. Adults without children.** Medical assistance may be paid for a person
72.30 who is:

72.31 (1) at least age 21 and under age 65;

72.32 (2) not pregnant;

72.33 (3) not entitled to Medicare Part A or enrolled in Medicare Part B under Title XVIII
72.34 of the Social Security Act;

73.1 (4) not an adult in a family with children as defined in section 256L.01, subdivision
73.2 3a; and
73.3 (5) not described in another subdivision of this section.

73.4 Sec. 5. Minnesota Statutes 2008, section 256B.056, subdivision 3, is amended to read:

73.5 Subd. 3. **Asset limitations for individuals and families.** (a) To be eligible for
73.6 medical assistance, a person must not individually own more than \$3,000 in assets, or if a
73.7 member of a household with two family members, husband and wife, or parent and child,
73.8 the household must not own more than \$6,000 in assets, plus \$200 for each additional
73.9 legal dependent. In addition to these maximum amounts, an eligible individual or family
73.10 may accrue interest on these amounts, but they must be reduced to the maximum at the
73.11 time of an eligibility redetermination. The accumulation of the clothing and personal
73.12 needs allowance according to section 256B.35 must also be reduced to the maximum at
73.13 the time of the eligibility redetermination. The value of assets that are not considered in
73.14 determining eligibility for medical assistance is the value of those assets excluded under
73.15 the supplemental security income program for aged, blind, and disabled persons, with
73.16 the following exceptions:

73.17 (1) household goods and personal effects are not considered;

73.18 (2) capital and operating assets of a trade or business that the local agency determines
73.19 are necessary to the person's ability to earn an income are not considered;

73.20 (3) motor vehicles are excluded to the same extent excluded by the supplemental
73.21 security income program;

73.22 (4) assets designated as burial expenses are excluded to the same extent excluded by
73.23 the supplemental security income program. Burial expenses funded by annuity contracts
73.24 or life insurance policies must irrevocably designate the individual's estate as contingent
73.25 beneficiary to the extent proceeds are not used for payment of selected burial expenses; and

73.26 (5) effective upon federal approval, for a person who no longer qualifies as an
73.27 employed person with a disability due to loss of earnings, assets allowed while eligible
73.28 for medical assistance under section 256B.057, subdivision 9, are not considered for 12
73.29 months, beginning with the first month of ineligibility as an employed person with a
73.30 disability, to the extent that the person's total assets remain within the allowed limits of
73.31 section 256B.057, subdivision 9, paragraph (c).

73.32 (b) No asset limit shall apply to persons eligible under section 256B.055, subdivision
73.33 15.

73.34 Sec. 6. Minnesota Statutes 2008, section 256B.056, subdivision 4, is amended to read:

74.1 Subd. 4. **Income.** (a) To be eligible for medical assistance, a person eligible under
74.2 section 256B.055, subdivisions 7, 7a, and 12, may have income up to 100 percent of
74.3 the federal poverty guidelines. Effective January 1, 2000, and each successive January,
74.4 recipients of supplemental security income may have an income up to the supplemental
74.5 security income standard in effect on that date.

74.6 (b) To be eligible for medical assistance, families and children may have an income
74.7 up to 133-1/3 percent of the AFDC income standard in effect under the July 16, 1996,
74.8 AFDC state plan. Effective July 1, 2000, the base AFDC standard in effect on July 16,
74.9 1996, shall be increased by three percent.

74.10 (c) Effective July 1, 2002, to be eligible for medical assistance, families and children
74.11 may have an income up to 100 percent of the federal poverty guidelines for the family size.

74.12 (d) To be eligible for medical assistance under section 256B.055, subdivision 15, a
74.13 person may have an income up to 75 percent of federal poverty guidelines for the family
74.14 size.

74.15 (e) In computing income to determine eligibility of persons under paragraphs (a) to
74.16 ~~(c)~~ (d) who are not residents of long-term care facilities, the commissioner shall disregard
74.17 increases in income as required by Public Law Numbers 94-566, section 503; 99-272;
74.18 and 99-509. Veterans aid and attendance benefits and Veterans Administration unusual
74.19 medical expense payments are considered income to the recipient.

74.20 Sec. 7. Minnesota Statutes 2008, section 256B.0625, subdivision 8, is amended to read:

74.21 Subd. 8. **Physical therapy.** Medical assistance covers physical therapy and related
74.22 services, including specialized maintenance therapy. Authorization by the commissioner
74.23 is required to provide medically necessary services to a recipient beyond any of the
74.24 following onetime service thresholds, or a lower threshold where one has been established
74.25 by the commissioner for a specified service: (1) 80 units of any approved CPT code other
74.26 than modalities; (2) 20 modality sessions; and (3) three evaluations or reevaluations.

74.27 Services provided by a physical therapy assistant shall be reimbursed at the same rate as
74.28 services performed by a physical therapist when the services of the physical therapy
74.29 assistant are provided under the direction of a physical therapist who is on the premises.
74.30 Services provided by a physical therapy assistant that are provided under the direction
74.31 of a physical therapist who is not on the premises shall be reimbursed at 65 percent of
74.32 the physical therapist rate.

74.33 **EFFECTIVE DATE.** This section is effective July 1, 2010, for services provided
74.34 through fee-for-service, and January 1, 2011, for services provided through managed care.

75.1 Sec. 8. Minnesota Statutes 2008, section 256B.0625, subdivision 8a, is amended to
75.2 read:

75.3 Subd. 8a. **Occupational therapy.** Medical assistance covers occupational therapy
75.4 and related services, including specialized maintenance therapy. Authorization by the
75.5 commissioner is required to provide medically necessary services to a recipient beyond
75.6 any of the following onetime service thresholds, or a lower threshold where one has been
75.7 established by the commissioner for a specified service: (1) 120 units of any combination
75.8 of approved CPT codes; and (2) two evaluations or reevaluations. Services provided by an
75.9 occupational therapy assistant shall be reimbursed at the same rate as services performed
75.10 by an occupational therapist when the services of the occupational therapy assistant are
75.11 provided under the direction of the occupational therapist who is on the premises. Services
75.12 provided by an occupational therapy assistant that are provided under the direction of an
75.13 occupational therapist who is not on the premises shall be reimbursed at 65 percent of
75.14 the occupational therapist rate.

75.15 **EFFECTIVE DATE.** This section is effective July 1, 2010, for services provided
75.16 through fee-for-service, and January 1, 2011, for services provided through managed care.

75.17 Sec. 9. Minnesota Statutes 2008, section 256B.0625, subdivision 8b, is amended to
75.18 read:

75.19 Subd. 8b. **Speech language pathology and audiology services.** Medical assistance
75.20 covers speech language pathology and related services, including specialized maintenance
75.21 therapy. Authorization by the commissioner is required to provide medically necessary
75.22 services to a recipient beyond any of the following onetime service thresholds, or a
75.23 lower threshold where one has been established by the commissioner for a specified
75.24 service: (1) 50 treatment sessions with any combination of approved CPT codes; and
75.25 (2) one evaluation. Medical assistance covers audiology services and related services.
75.26 Services provided by a person who has been issued a temporary registration under section
75.27 148.5161 shall be reimbursed at the same rate as services performed by a speech language
75.28 pathologist or audiologist as long as the requirements of section 148.5161, subdivision
75.29 3, are met.

75.30 **EFFECTIVE DATE.** This section is effective July 1, 2010, for services provided
75.31 through fee-for-service, and January 1, 2011, for services provided through managed care.

75.32 Sec. 10. Minnesota Statutes 2008, section 256B.0625, is amended by adding a
75.33 subdivision to read:

76.1 Subd. 8d. **Chiropractic services.** Payment for chiropractic services is limited to
76.2 one annual evaluation and 12 visits per year unless prior authorization of a greater number
76.3 of visits is obtained.

76.4 Sec. 11. Minnesota Statutes 2009 Supplement, section 256B.0625, subdivision 13h,
76.5 is amended to read:

76.6 Subd. 13h. **Medication therapy management services.** (a) Medical assistance
76.7 and general assistance medical care cover medication therapy management services for
76.8 a recipient taking four or more prescriptions to treat or prevent two or more chronic
76.9 medical conditions, or a recipient with a drug therapy problem that is identified or prior
76.10 authorized by the commissioner that has resulted or is likely to result in significant
76.11 nondrug program costs. The commissioner may cover medical therapy management
76.12 services under MinnesotaCare if the commissioner determines this is cost-effective. For
76.13 purposes of this subdivision, "medication therapy management" means the provision
76.14 of the following pharmaceutical care services by a licensed pharmacist to optimize the
76.15 therapeutic outcomes of the patient's medications:

76.16 (1) performing or obtaining necessary assessments of the patient's health status;

76.17 (2) formulating a medication treatment plan;

76.18 (3) monitoring and evaluating the patient's response to therapy, including safety
76.19 and effectiveness;

76.20 (4) performing a comprehensive medication review to identify, resolve, and prevent
76.21 medication-related problems, including adverse drug events;

76.22 (5) documenting the care delivered and communicating essential information to
76.23 the patient's other primary care providers;

76.24 (6) providing verbal education and training designed to enhance patient
76.25 understanding and appropriate use of the patient's medications;

76.26 (7) providing information, support services, and resources designed to enhance
76.27 patient adherence with the patient's therapeutic regimens; and

76.28 (8) coordinating and integrating medication therapy management services within the
76.29 broader health care management services being provided to the patient.

76.30 Nothing in this subdivision shall be construed to expand or modify the scope of practice of
76.31 the pharmacist as defined in section 151.01, subdivision 27.

76.32 (b) To be eligible for reimbursement for services under this subdivision, a pharmacist
76.33 must meet the following requirements:

76.34 (1) have a valid license issued under chapter 151;

77.1 (2) have graduated from an accredited college of pharmacy on or after May 1996, or
77.2 completed a structured and comprehensive education program approved by the Board of
77.3 Pharmacy and the American Council of Pharmaceutical Education for the provision and
77.4 documentation of pharmaceutical care management services that has both clinical and
77.5 didactic elements;

77.6 (3) be practicing in an ambulatory care setting as part of a multidisciplinary team or
77.7 have developed a structured patient care process that is offered in a private or semiprivate
77.8 patient care area that is separate from the commercial business that also occurs in the
77.9 setting, or in home settings, excluding long-term care and group homes, if the service is
77.10 ordered by the provider-directed care coordination team; and

77.11 (4) make use of an electronic patient record system that meets state standards.

77.12 (c) For purposes of reimbursement for medication therapy management services,
77.13 the commissioner may enroll individual pharmacists as medical assistance and general
77.14 assistance medical care providers. The commissioner may also establish contact
77.15 requirements between the pharmacist and recipient, including limiting the number of
77.16 reimbursable consultations per recipient.

77.17 (d) If there are no pharmacists who meet the requirements of paragraph (b) practicing
77.18 within a reasonable geographic distance of the patient, a pharmacist who meets the
77.19 requirements may provide the services via two-way interactive video. Reimbursement
77.20 shall be at the same rates and under the same conditions that would otherwise apply to
77.21 the services provided. To qualify for reimbursement under this paragraph, the pharmacist
77.22 providing the services must meet the requirements of paragraph (b), and must be located
77.23 within an ambulatory care setting approved by the commissioner. The patient must also
77.24 be located within an ambulatory care setting approved by the commissioner. Services
77.25 provided under this paragraph may not be transmitted into the patient's residence.

77.26 (e) The commissioner shall establish a pilot project for an intensive medication
77.27 therapy management program for patients identified by the commissioner with multiple
77.28 chronic conditions and a high number of medications who are at high risk of preventable
77.29 hospitalizations, emergency room use, medication complications, and suboptimal
77.30 treatment outcomes due to medication-related problems. For purposes of the pilot
77.31 project, medication therapy management services may be provided in a patient's home
77.32 or community setting, in addition to other authorized settings. The commissioner may
77.33 waive existing payment policies and establish special payment rates for the pilot project.
77.34 The pilot project must be designed to produce a net savings to the state compared to the
77.35 estimated costs that would otherwise be incurred for similar patients without the program.
77.36 The pilot project must begin by January 1, 2010, and end June 30, 2012.

78.1 **EFFECTIVE DATE.** This section is effective July 1, 2010.

78.2 Sec. 12. Minnesota Statutes 2008, section 256B.0625, subdivision 18a, is amended to
78.3 read:

78.4 Subd. 18a. **Access to medical services.** (a) Medical assistance reimbursement for
78.5 meals for persons traveling to receive medical care may not exceed \$5.50 for breakfast,
78.6 \$6.50 for lunch, or \$8 for dinner.

78.7 (b) Medical assistance reimbursement for lodging for persons traveling to receive
78.8 medical care may not exceed \$50 per day unless prior authorized by the local agency.

78.9 (c) Medical assistance direct mileage reimbursement to the eligible person or the
78.10 eligible person's driver may not exceed 20 cents per mile.

78.11 (d) Regardless of the number of employees that an enrolled health care provider
78.12 may have, medical assistance covers sign and oral language interpreter services when
78.13 provided by an enrolled health care provider during the course of providing a direct,
78.14 person-to-person covered health care service to an enrolled recipient with limited English
78.15 proficiency or who has a hearing loss and uses interpreting services. Coverage for
78.16 face-to-face oral language interpreter services shall be provided only if the oral language
78.17 interpreter used by the enrolled health care provider is listed in the registry or roster
78.18 established under section 144.058.

78.19 **EFFECTIVE DATE.** This section is effective January 1, 2011.

78.20 Sec. 13. Minnesota Statutes 2008, section 256B.0625, subdivision 31, is amended to
78.21 read:

78.22 Subd. 31. **Medical supplies and equipment.** Medical assistance covers medical
78.23 supplies and equipment. Separate payment outside of the facility's payment rate shall
78.24 be made for wheelchairs and wheelchair accessories for recipients who are residents
78.25 of intermediate care facilities for the developmentally disabled. Reimbursement for
78.26 wheelchairs and wheelchair accessories for ICF/MR recipients shall be subject to the same
78.27 conditions and limitations as coverage for recipients who do not reside in institutions. A
78.28 wheelchair purchased outside of the facility's payment rate is the property of the recipient.
78.29 The commissioner may set reimbursement rates for specified categories of medical
78.30 supplies at levels below the Medicare payment rate.

78.31 Sec. 14. Minnesota Statutes 2008, section 256B.0625, is amended by adding a
78.32 subdivision to read:

79.1 Subd. 54. Services provided in birth centers. (a) Medical assistance covers
79.2 services provided in a licensed birth center by a licensed health professional if the service
79.3 would otherwise be covered if provided in a hospital.

79.4 (b) Facility services provided by a birth center shall be paid at the lower of billed
79.5 charges or 70 percent of the statewide average for a facility payment rate made to a
79.6 hospital for an uncomplicated vaginal birth as determined using the most recent calendar
79.7 year for which complete claims data is available. If a recipient is transported from a birth
79.8 center to a hospital prior to the delivery, the payment for facility services to the birth center
79.9 shall be the lower of billed charges or 15 percent of the average facility payment made to a
79.10 hospital for the services provided for an uncomplicated vaginal delivery as determined
79.11 using the most recent calendar year for which complete claims data is available.

79.12 (c) Nursery care services provided by a birth center shall be paid the lower of billed
79.13 charges or 70 percent of the statewide average for a payment rate paid to a hospital for
79.14 nursery care as determined by using the most recent calendar year for which complete
79.15 claims data is available.

79.16 (d) Professional services provided by traditional midwives licensed under chapter
79.17 147D shall be paid at the lower of billed charges or 100 percent of the rate paid to a
79.18 physician performing the same services. If a recipient is transported from a birth center to
79.19 a hospital prior to the delivery, a licensed traditional midwife who does not perform the
79.20 delivery may not bill for any delivery services. Services are not covered if provided by an
79.21 unlicensed traditional midwife.

79.22 (e) The commissioner shall apply for any necessary waivers from the Centers for
79.23 Medicare and Medicaid Services to allow birth centers and birth center providers to be
79.24 reimbursed.

79.25 **EFFECTIVE DATE.** This section is effective July 1, 2010.

79.26 Sec. 15. Minnesota Statutes 2008, section 256B.0631, subdivision 1, is amended to
79.27 read:

79.28 Subdivision 1. **Co-payments.** (a) Except as provided in subdivision 2, the medical
79.29 assistance benefit plan shall include the following co-payments for all recipients, effective
79.30 for services provided on or after October 1, 2003, and before January 1, 2009:

79.31 (1) \$3 per nonpreventive visit. For purposes of this subdivision, a visit means an
79.32 episode of service which is required because of a recipient's symptoms, diagnosis, or
79.33 established illness, and which is delivered in an ambulatory setting by a physician or
79.34 physician ancillary, chiropractor, podiatrist, nurse midwife, advanced practice nurse,
79.35 audiologist, optician, or optometrist;

80.1 (2) \$3 for eyeglasses;
80.2 (3) \$6 for nonemergency visits to a hospital-based emergency room; and
80.3 (4) \$3 per brand-name drug prescription and \$1 per generic drug prescription,
80.4 subject to a \$12 per month maximum for prescription drug co-payments. No co-payments
80.5 shall apply to antipsychotic drugs when used for the treatment of mental illness.

80.6 (b) Except as provided in subdivision 2, the medical assistance benefit plan shall
80.7 include the following co-payments for all recipients, effective for services provided on
80.8 or after January 1, 2009:

80.9 (1) ~~\$6~~ \$3.50 for nonemergency visits to a hospital-based emergency room;

80.10 (2) \$3 per brand-name drug prescription and \$1 per generic drug prescription,
80.11 subject to a \$7 per month maximum for prescription drug co-payments. No co-payments
80.12 shall apply to antipsychotic drugs when used for the treatment of mental illness; and

80.13 (3) for individuals identified by the commissioner with income at or below 100
80.14 percent of the federal poverty guidelines, total monthly co-payments must not exceed five
80.15 percent of family income. For purposes of this paragraph, family income is the total
80.16 earned and unearned income of the individual and the individual's spouse, if the spouse is
80.17 enrolled in medical assistance and also subject to the five percent limit on co-payments.

80.18 (c) Recipients of medical assistance are responsible for all co-payments in this
80.19 subdivision.

80.20 **EFFECTIVE DATE.** This section is effective January 1, 2011.

80.21 Sec. 16. Minnesota Statutes 2008, section 256B.0631, subdivision 3, is amended to
80.22 read:

80.23 Subd. 3. **Collection.** (a) The medical assistance reimbursement to the provider
80.24 shall be reduced by the amount of the co-payment, except that reimbursements shall
80.25 not be reduced:

80.26 (1) once a recipient has reached the \$12 per month maximum or the \$7 per month
80.27 maximum effective January 1, 2009, for prescription drug co-payments; or

80.28 (2) for a recipient identified by the commissioner under 100 percent of the federal
80.29 poverty guidelines who has met their monthly five percent co-payment limit.

80.30 (b) The provider collects the co-payment from the recipient. Providers may not deny
80.31 services to recipients who are unable to pay the co-payment.

80.32 (c) Medical assistance reimbursement to fee-for-service providers and payments to
80.33 managed care plans shall not be increased as a result of the removal of ~~the~~ co-payments
80.34 effective on or after January 1, 2009.

81.1 Sec. 17. Minnesota Statutes 2008, section 256B.0644, as amended by Laws 2010,
81.2 chapter 200, article 1, section 6, is amended to read:

81.3 **256B.0644 REIMBURSEMENT UNDER OTHER STATE HEALTH CARE**
81.4 **PROGRAMS.**

81.5 (a) A vendor of medical care, as defined in section 256B.02, subdivision 7, and a
81.6 health maintenance organization, as defined in chapter 62D, must participate as a provider
81.7 or contractor in the medical assistance program, general assistance medical care program,
81.8 and MinnesotaCare as a condition of participating as a provider in health insurance plans
81.9 and programs or contractor for state employees established under section 43A.18, the
81.10 public employees insurance program under section 43A.316, for health insurance plans
81.11 offered to local statutory or home rule charter city, county, and school district employees,
81.12 the workers' compensation system under section 176.135, and insurance plans provided
81.13 through the Minnesota Comprehensive Health Association under sections 62E.01 to
81.14 62E.19. The limitations on insurance plans offered to local government employees shall
81.15 not be applicable in geographic areas where provider participation is limited by managed
81.16 care contracts with the Department of Human Services.

81.17 (b) For providers other than health maintenance organizations, participation in the
81.18 medical assistance program means that:

81.19 (1) the provider accepts new medical assistance, general assistance medical care,
81.20 and MinnesotaCare patients;

81.21 (2) for providers other than dental service providers, at least 20 percent of the
81.22 provider's patients are covered by medical assistance, general assistance medical care,
81.23 and MinnesotaCare as their primary source of coverage; or

81.24 (3) for dental service providers, at least ten percent of the provider's patients are
81.25 covered by medical assistance, general assistance medical care, and MinnesotaCare as
81.26 their primary source of coverage, or the provider accepts new medical assistance and
81.27 MinnesotaCare patients who are children with special health care needs. For purposes
81.28 of this section, "children with special health care needs" means children up to age 18
81.29 who: (i) require health and related services beyond that required by children generally;
81.30 and (ii) have or are at risk for a chronic physical, developmental, behavioral, or emotional
81.31 condition, including: bleeding and coagulation disorders; immunodeficiency disorders;
81.32 cancer; endocrinopathy; developmental disabilities; epilepsy, cerebral palsy, and other
81.33 neurological diseases; visual impairment or deafness; Down syndrome and other genetic
81.34 disorders; autism; fetal alcohol syndrome; and other conditions designated by the
81.35 commissioner after consultation with representatives of pediatric dental providers and
81.36 consumers.

82.1 (c) Patients seen on a volunteer basis by the provider at a location other than
82.2 the provider's usual place of practice may be considered in meeting the participation
82.3 requirement in this section. The commissioner shall establish participation requirements
82.4 for health maintenance organizations. The commissioner shall provide lists of participating
82.5 medical assistance providers on a quarterly basis to the commissioner of management and
82.6 budget, the commissioner of labor and industry, and the commissioner of commerce. Each
82.7 of the commissioners shall develop and implement procedures to exclude as participating
82.8 providers in the program or programs under their jurisdiction those providers who do
82.9 not participate in the medical assistance program. The commissioner of management
82.10 and budget shall implement this section through contracts with participating health and
82.11 dental carriers.

82.12 ~~(d) Any hospital or other provider that is participating in a coordinated care~~
82.13 ~~delivery system under section 256D.031, subdivision 6, or receives payments from the~~
82.14 ~~uncompensated care pool under section 256D.031, subdivision 8, shall not refuse to~~
82.15 ~~provide services to any patient enrolled in general assistance medical care regardless of~~
82.16 ~~the availability or the amount of payment.~~

82.17 ~~(e)~~ For purposes of paragraphs (a) and (b), participation in the general assistance
82.18 medical care program applies only to pharmacy providers.

82.19 **EFFECTIVE DATE.** This section is effective June 1, 2010.

82.20 Sec. 18. **[256B.0755] HEALTH CARE DELIVERY SYSTEMS**
82.21 **DEMONSTRATION PROJECT.**

82.22 Subdivision 1. **Implementation.** (a) The commissioner shall develop and
82.23 authorize a demonstration project to test alternative and innovative health care delivery
82.24 systems, including accountable care organizations that provide services to a specified
82.25 patient population for an agreed upon total cost of care or risk-gain sharing payment
82.26 arrangement. The commissioner shall develop a request for proposals for participation in
82.27 the demonstration project in consultation with hospitals, primary care providers, health
82.28 plans, and other key stakeholders.

82.29 (b) In developing the request for proposals, the commissioner shall:

82.30 (1) establish uniform statewide methods of forecasting utilization and cost of care
82.31 for the appropriate Minnesota public program populations, to be used by the commissioner
82.32 for the health care delivery system projects;

82.33 (2) identify key indicators of quality, access, patient satisfaction, and other
82.34 performance indicators that will be measured, in addition to indicators for measuring
82.35 cost savings;

- 83.1 (3) allow maximum flexibility to encourage innovation and variation so that a variety
83.2 of provider collaborations are able to become health care delivery systems;
- 83.3 (4) encourage and authorize different levels and types of financial risk;
- 83.4 (5) encourage and authorize projects representing a wide variety of geographic
83.5 locations, patient populations, provider relationships, and care coordination models;
- 83.6 (6) encourage projects that involve close partnerships between the health care
83.7 delivery system and counties and nonprofit agencies that provide services to patients
83.8 enrolled with the health care delivery system, including social services, public health,
83.9 mental health, community-based services, and continuing care;
- 83.10 (7) encourage projects established by community hospitals, clinics, and other
83.11 providers in rural communities;
- 83.12 (8) identify required covered services for a total cost of care model or services
83.13 considered in whole or partially in an analysis of utilization for a risk/gain sharing model;
- 83.14 (9) establish a mechanism to monitor enrollment;
- 83.15 (10) establish quality standards for the delivery system demonstrations;
- 83.16 (11) encourage participation of privately insured population so as to create sufficient
83.17 alignment in demonstration systems; and
- 83.18 (12) coordinate projects with any coordinated care delivery systems established
83.19 under section 256D.031.
- 83.20 (c) To be eligible to participate in the demonstration project, a health care delivery
83.21 system must:
- 83.22 (1) provide required covered services and care coordination to recipients enrolled in
83.23 the health care delivery system;
- 83.24 (2) establish a process to monitor enrollment and ensure the quality of care provided;
- 83.25 (3) in cooperation with counties and community social service agencies, coordinate
83.26 the delivery of health care services with existing social services programs;
- 83.27 (4) provide a system for advocacy and consumer protection; and
- 83.28 (5) adopt innovative and cost-effective methods of care delivery and coordination,
83.29 which may include the use of allied health professionals, telemedicine, patient educators,
83.30 care coordinators, and community health workers.
- 83.31 (d) A health care delivery system demonstration may be formed by the following
83.32 groups of providers of services and suppliers if they have established a mechanism for
83.33 shared governance:
- 83.34 (1) professionals in group practice arrangements;
- 83.35 (2) networks of individual practices of professionals;

84.1 (3) partnerships or joint venture arrangements between hospitals and health care
84.2 professionals;

84.3 (4) hospitals employing professionals; and

84.4 (5) other groups of providers of services and suppliers as the commissioner
84.5 determines appropriate.

84.6 A managed care plan or county-based purchasing plan may participate in this
84.7 demonstration in collaboration with one or more of the entities listed in clauses (1) to (5).

84.8 A health care delivery system may contract with a managed care plan or a
84.9 county-based purchasing plan to provide administrative services, including the
84.10 administration of a payment system using the payment methods established by the
84.11 commissioner for health care delivery systems.

84.12 (e) The commissioner may require a health care delivery system to enter into
84.13 additional third-party contractual relationships for the assessment of risk and purchase of
84.14 stop loss insurance or another form of insurance risk management related to the delivery
84.15 of care described in paragraph (c).

84.16 Subd. 2. **Enrollment.** (a) Individuals eligible for medical assistance or
84.17 MinnesotaCare shall be eligible for enrollment in a health care delivery system.

84.18 (b) Eligible applicants and recipients may enroll in a health care delivery system if
84.19 a system serves the county in which the applicant or recipient resides. If more than one
84.20 health care delivery system serves a county, the applicant or recipient shall be allowed
84.21 to choose among the delivery systems. The commissioner may assign an applicant or
84.22 recipient to a health care delivery system if a health care delivery system is available and
84.23 no choice has been made by the applicant or recipient.

84.24 Subd. 3. **Accountability.** (a) Health care delivery systems must accept responsibility
84.25 for the quality of care based on standards established under subdivision 1, paragraph (b),
84.26 clause (10), and the cost of care or utilization of services provided to its enrollees under
84.27 subdivision 1, paragraph (b), clause (1).

84.28 (b) A health care delivery system may contract and coordinate with providers and
84.29 clinics for the delivery of services and shall contract with community health clinics,
84.30 federally qualified health centers, community mental health centers or programs, and rural
84.31 clinics to the extent practicable.

84.32 Subd. 4. **Payment system.** (a) In developing a payment system for health care
84.33 delivery systems, the commissioner shall establish a total cost of care benchmark or a
84.34 risk/gain sharing payment model to be paid for services provided to the recipients enrolled
84.35 in a health care delivery system.

85.1 (b) The payment system may include incentive payments to health care delivery
85.2 systems that meet or exceed annual quality and performance targets realized through
85.3 the coordination of care.

85.4 (c) An amount equal to the savings realized to the general fund as a result of the
85.5 demonstration project shall be transferred each fiscal year to the health care access fund.

85.6 Subd. 5. **Outpatient prescription drug coverage.** Outpatient prescription drug
85.7 coverage may be provided through accountable care organizations only if the delivery
85.8 method qualifies for federal prescription drug rebates.

85.9 Subd. 6. **Federal approval.** The commissioner shall apply for any federal waivers
85.10 or other federal approval required to implement this section. The commissioner shall
85.11 also apply for any applicable grant or demonstration under the Patient Protection and
85.12 Affordable Health Care Act, Public Law 111-148, or the Health Care and Education
85.13 Reconciliation Act of 2010, Public Law 111-152, that would further the purposes of or
85.14 assist in the establishment of accountable care organizations.

85.15 Subd. 7. **Expansion.** The commissioner shall explore the expansion of the
85.16 demonstration project to include additional medical assistance and MinnesotaCare
85.17 enrollees, and shall seek participation of Medicare in demonstration projects. The
85.18 commissioner shall seek to include participation of privately insured persons and Medicare
85.19 recipients in the health care delivery demonstration.

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

85.21 Sec. 19. **[256B.0756] HENNEPIN AND RAMSEY COUNTIES PILOT**
85.22 **PROGRAM.**

85.23 (a) The commissioner, upon federal approval of a new waiver request or amendment
85.24 of an existing demonstration, may establish a pilot program in Hennepin County or
85.25 Ramsey County, or both, to test alternative and innovative integrated health care delivery
85.26 networks.

85.27 (b) Individuals eligible for the pilot program shall be individuals who are eligible for
85.28 medical assistance under Minnesota Statutes, section 256B.055, subdivision 15, and who
85.29 reside in Hennepin County or Ramsey County.

85.30 (c) Individuals enrolled in the pilot shall be enrolled in an integrated health care
85.31 delivery network in their county of residence. The integrated health care delivery network
85.32 in Hennepin County shall be a network, such as an accountable care organization or a
85.33 community-based collaborative care network, created by or including Hennepin County
85.34 Medical Center. The integrated health care delivery network in Ramsey County shall be

86.1 a network, such as an accountable care organization or community-based collaborative
86.2 care network, created by or including Regions Hospital.

86.3 (d) The commissioner shall cap pilot program enrollment at 7,000 enrollees for
86.4 Hennepin County and 3,500 enrollees for Ramsey County.

86.5 (e) In developing a payment system for the pilot programs, the commissioner shall
86.6 establish a total cost of care for the recipients enrolled in the pilot programs that equals
86.7 the cost of care that would otherwise be spent for these enrollees in the prepaid medical
86.8 assistance program.

86.9 (f) Counties may transfer funds necessary to support the nonfederal share of
86.10 payments for integrated health care delivery networks in their county. Such transfers per
86.11 county shall not exceed 15 percent of the expected expenses for county enrollees.

86.12 (g) The commissioner shall apply to the federal government for, or as appropriate,
86.13 cooperate with counties, providers, or other entities that are applying for any applicable
86.14 grant or demonstration under the Patient Protection and Affordable Health Care Act, Public
86.15 Law 111-148, or the Health Care and Education Reconciliation Act of 2010, Public Law
86.16 111-152, that would further the purposes of or assist in the creation of an integrated health
86.17 care delivery network for the purposes of this subdivision, including, but not limited to, a
86.18 global payment demonstration or the community-based collaborative care network grants.

86.19 Sec. 20. Minnesota Statutes 2009 Supplement, section 256B.69, subdivision 5a,
86.20 is amended to read:

86.21 Subd. 5a. **Managed care contracts.** (a) Managed care contracts under this section
86.22 and sections 256L.12 and 256D.03, shall be entered into or renewed on a calendar year
86.23 basis beginning January 1, 1996. Managed care contracts which were in effect on June
86.24 30, 1995, and set to renew on July 1, 1995, shall be renewed for the period July 1, 1995
86.25 through December 31, 1995 at the same terms that were in effect on June 30, 1995. The
86.26 commissioner may issue separate contracts with requirements specific to services to
86.27 medical assistance recipients age 65 and older.

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

86.33 (c) Effective for services rendered on or after January 1, 2003, the commissioner
86.34 shall withhold five percent of managed care plan payments under this section and
86.35 county-based purchasing ~~plan's payment rate~~ plan payments under section 256B.692 for

87.1 the prepaid medical assistance and general assistance medical care programs pending
87.2 completion of performance targets. Each performance target must be quantifiable,
87.3 objective, measurable, and reasonably attainable, except in the case of a performance target
87.4 based on a federal or state law or rule. Criteria for assessment of each performance target
87.5 must be outlined in writing prior to the contract effective date. The managed care plan
87.6 must demonstrate, to the commissioner's satisfaction, that the data submitted regarding
87.7 attainment of the performance target is accurate. The commissioner shall periodically
87.8 change the administrative measures used as performance targets in order to improve plan
87.9 performance across a broader range of administrative services. The performance targets
87.10 must include measurement of plan efforts to contain spending on health care services and
87.11 administrative activities. The commissioner may adopt plan-specific performance targets
87.12 that take into account factors affecting only one plan, including characteristics of the
87.13 plan's enrollee population. The withheld funds must be returned no sooner than July of the
87.14 following year if performance targets in the contract are achieved. The commissioner may
87.15 exclude special demonstration projects under subdivision 23.

87.16 (d) Effective for services rendered on or after January 1, 2009, through December 31,
87.17 2009, the commissioner shall withhold three percent of managed care plan payments under
87.18 this section and county-based purchasing plan payments under section 256B.692 for the
87.19 prepaid medical assistance and general assistance medical care programs. The withheld
87.20 funds must be returned no sooner than July 1 and no later than July 31 of the following
87.21 year. The commissioner may exclude special demonstration projects under subdivision 23.

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

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

87.31 (f) Effective for services rendered on or after January 1, 2010, through December
87.32 31, 2010, the commissioner shall withhold 3.5 percent of managed care plan payments
87.33 under this section and county-based purchasing plan payments under section 256B.692
87.34 for the prepaid medical assistance program. The withheld funds must be returned no
87.35 sooner than July 1 and no later than July 31 of the following year. The commissioner may
87.36 exclude special demonstration projects under subdivision 23.

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

88.6 The withheld funds must be returned no sooner than July 1 and no later than July 31
88.7 of the following calendar year if the managed care plan demonstrates to the satisfaction of
88.8 the commissioner that a reduction in the utilization rate was achieved.

88.9 The withhold described in this paragraph shall continue for each consecutive
88.10 contract period until the plan's emergency room utilization rate for state health care
88.11 program enrollees is reduced by 25 percent of the plan's emergency room utilization
88.12 rate for state health care program enrollees for calendar year 2009. Hospitals shall
88.13 cooperate with the health plans in meeting this performance target and shall accept
88.14 payment withholds that may be returned to the hospitals if the performance target is
88.15 achieved. The commissioner shall structure the withhold so that the commissioner returns
88.16 a portion of the withheld funds in amounts commensurate with achieved reductions in
88.17 utilization less than the targeted amount. The withhold in this paragraph does not apply to
88.18 county-based purchasing plans.

88.19 ~~(g)~~ (h) Effective for services rendered on or after January 1, 2011, through December
88.20 31, 2011, the commissioner shall withhold four percent of managed care plan payments
88.21 under this section and county-based purchasing plan payments under section 256B.692
88.22 for the prepaid medical assistance program. The withheld funds must be returned no
88.23 sooner than July 1 and no later than July 31 of the following year. The commissioner may
88.24 exclude special demonstration projects under subdivision 23.

88.25 ~~(h)~~ (i) Effective for services rendered on or after January 1, 2012, through December
88.26 31, 2012, the commissioner shall withhold 4.5 percent of managed care plan payments
88.27 under this section and county-based purchasing plan payments under section 256B.692
88.28 for the prepaid medical assistance program. The withheld funds must be returned no
88.29 sooner than July 1 and no later than July 31 of the following year. The commissioner may
88.30 exclude special demonstration projects under subdivision 23.

88.31 ~~(i)~~ (j) Effective for services rendered on or after January 1, 2013, through December
88.32 31, 2013, the commissioner shall withhold 4.5 percent of managed care plan payments
88.33 under this section and county-based purchasing plan payments under section 256B.692
88.34 for the prepaid medical assistance program. The withheld funds must be returned no
88.35 sooner than July 1 and no later than July 31 of the following year. The commissioner may
88.36 exclude special demonstration projects under subdivision 23.

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

89.7 ~~(k)~~ (l) A managed care plan or a county-based purchasing plan under section
89.8 256B.692 may include as admitted assets under section 62D.044 any amount withheld
89.9 under this section that is reasonably expected to be returned.

89.10 ~~(l)~~ (m) Contracts between the commissioner and a prepaid health plan are exempt
89.11 from the set-aside and preference provisions of section 16C.16, subdivisions 6, paragraph
89.12 (a), and 7.

89.13 **EFFECTIVE DATE.** This section is effective July 1, 2010.

89.14 Sec. 21. Minnesota Statutes 2008, section 256B.69, is amended by adding a
89.15 subdivision to read:

89.16 Subd. 51. Actuarial soundness. (a) Rates paid to managed care plans and
89.17 county-based purchasing plans shall satisfy requirements for actuarial soundness. In order
89.18 to comply with this subdivision, the rates must:

89.19 (1) be neither inadequate nor excessive;

89.20 (2) satisfy federal requirements;

89.21 (3) in the case of contracts with incentive arrangements, not exceed 105 percent of
89.22 the approved capitation payments attributable to the enrollees or services covered by
89.23 the incentive arrangement;

89.24 (4) be developed in accordance with generally accepted actuarial principles and
89.25 practices;

89.26 (5) be appropriate for the populations to be covered and the services to be furnished
89.27 under the contract; and

89.28 (6) be certified as meeting the requirements of federal regulations by actuaries who
89.29 meet the qualification standards established by the American Academy of Actuaries and
89.30 follow the practice standards established by the Actuarial Standards Board.

89.31 (b) Each year within 30 days of the establishment of plan rates, the commissioner
89.32 shall report to the chairs and ranking minority members of the senate Health and Human
89.33 Services Budget Division and the house of representatives Health Care and Human
89.34 Services Finance Division to certify how each of these conditions have been met by
89.35 the new payment rates.

90.1 Sec. 22. Minnesota Statutes 2008, section 256B.69, subdivision 20, as amended by
90.2 Laws 2010, chapter 200, article 1, section 10, is amended to read:

90.3 Subd. 20. **Ombudsperson.** ~~(a)~~ The commissioner shall designate an ombudsperson
90.4 to advocate for persons required to enroll in prepaid health plans under this section. The
90.5 ombudsperson shall advocate for recipients enrolled in prepaid health plans through
90.6 complaint and appeal procedures and ensure that necessary medical services are provided
90.7 either by the prepaid health plan directly or by referral to appropriate social services. At
90.8 the time of enrollment in a prepaid health plan, the local agency shall inform recipients
90.9 about the ombudsperson program and their right to a resolution of a complaint by the
90.10 prepaid health plan if they experience a problem with the plan or its providers.

90.11 ~~(b) The commissioner shall designate an ombudsperson to advocate for persons~~
90.12 ~~enrolled in a care coordination delivery system under section 256D.031. The~~
90.13 ~~ombudsperson shall advocate for recipients enrolled in a care coordination delivery~~
90.14 ~~system through the state appeal process and assist enrollees in accessing necessary~~
90.15 ~~medical services through the care coordination delivery systems directly or by referral to~~
90.16 ~~appropriate services. At the time of enrollment in a care coordination delivery system, the~~
90.17 ~~local agency shall inform recipients about the ombudsperson program.~~

90.18 Sec. 23. Minnesota Statutes 2008, section 256B.69, subdivision 27, is amended to read:

90.19 Subd. 27. **Information for persons with limited English-language proficiency.**
90.20 Managed care contracts entered into under this section and ~~sections 256D.03, subdivision~~
90.21 ~~4, paragraph (c), and section 256L.12~~ must require demonstration providers to provide
90.22 language assistance to enrollees that ensures meaningful access to its programs and
90.23 services according to Title VI of the Civil Rights Act and federal regulations adopted
90.24 under that law or any guidance from the United States Department of Health and Human
90.25 Services.

90.26 **EFFECTIVE DATE.** This section is effective retroactively from April 1, 2010.

90.27 Sec. 24. Minnesota Statutes 2008, section 256B.692, subdivision 1, is amended to read:

90.28 Subdivision 1. **In general.** County boards or groups of county boards may elect
90.29 to purchase or provide health care services on behalf of persons eligible for medical
90.30 assistance ~~and general assistance medical care~~ who would otherwise be required to or may
90.31 elect to participate in the prepaid medical assistance ~~or prepaid general assistance medical~~
90.32 ~~care programs~~ according to ~~sections~~ section 256B.69 and 256D.03. Counties that elect to
90.33 purchase or provide health care under this section must provide all services included in
90.34 prepaid managed care programs according to ~~sections~~ section 256B.69, subdivisions 1

91.1 to 22, and 256D.03. County-based purchasing under this section is governed by section
91.2 256B.69, unless otherwise provided for under this section.

91.3 **EFFECTIVE DATE.** This section is effective retroactively from April 1, 2010.

91.4 Sec. 25. Minnesota Statutes 2009 Supplement, section 256B.76, subdivision 1, is
91.5 amended to read:

91.6 Subdivision 1. **Physician reimbursement.** (a) Effective for services rendered on
91.7 or after October 1, 1992, the commissioner shall make payments for physician services
91.8 as follows:

91.9 (1) payment for level one Centers for Medicare and Medicaid Services' common
91.10 procedural coding system codes titled "office and other outpatient services," "preventive
91.11 medicine new and established patient," "delivery, antepartum, and postpartum care,"
91.12 "critical care," cesarean delivery and pharmacologic management provided to psychiatric
91.13 patients, and level three codes for enhanced services for prenatal high risk, shall be paid
91.14 at the lower of (i) submitted charges, or (ii) 25 percent above the rate in effect on June
91.15 30, 1992. If the rate on any procedure code within these categories is different than the
91.16 rate that would have been paid under the methodology in section 256B.74, subdivision 2,
91.17 then the larger rate shall be paid;

91.18 (2) payments for all other services shall be paid at the lower of (i) submitted charges,
91.19 or (ii) 15.4 percent above the rate in effect on June 30, 1992; and

91.20 (3) all physician rates shall be converted from the 50th percentile of 1982 to the 50th
91.21 percentile of 1989, less the percent in aggregate necessary to equal the above increases
91.22 except that payment rates for home health agency services shall be the rates in effect
91.23 on September 30, 1992.

91.24 (b) Effective for services rendered on or after January 1, 2000, payment rates for
91.25 physician and professional services shall be increased by three percent over the rates
91.26 in effect on December 31, 1999, except for home health agency and family planning
91.27 agency services. The increases in this paragraph shall be implemented January 1, 2000,
91.28 for managed care.

91.29 (c) Effective for services rendered on or after July 1, 2009, payment rates for
91.30 physician and professional services shall be reduced by five percent over the rates in effect
91.31 on June 30, 2009. This reduction ~~does~~ and the reductions in paragraph (d) do not apply
91.32 to office or other outpatient visits, preventive medicine visits and family planning visits
91.33 billed by physicians, advanced practice nurses, or physician assistants in a family planning
91.34 agency or in one of the following primary care practices: general practice, general internal
91.35 medicine, general pediatrics, general geriatrics, and family medicine. This reduction ~~does~~

92.1 and the reductions in paragraph (d) do not apply to federally qualified health centers,
92.2 rural health centers, and Indian health services. Effective October 1, 2009, payments
92.3 made to managed care plans and county-based purchasing plans under sections 256B.69,
92.4 256B.692, and 256L.12 shall reflect the payment reduction described in this paragraph.

92.5 (d) Effective for services rendered on or after July 1, 2010, payment rates for
92.6 physician and professional services shall be reduced an additional seven percent over
92.7 the five percent reduction in rates described in paragraph (c). This additional reduction
92.8 does not apply to physical therapy services, occupational therapy services, and speech
92.9 pathology and related services provided on or after July 1, 2010. This additional reduction
92.10 does not apply to physician services billed by a psychiatrist or an advanced practice nurse
92.11 with a specialty in mental health. Effective October 1, 2010, payments made to managed
92.12 care plans and county-based purchasing plans under sections 256B.69, 256B.692, and
92.13 256L.12 shall reflect the payment reduction described in this paragraph.

92.14 **EFFECTIVE DATE.** This section is effective July 1, 2010.

92.15 Sec. 26. Minnesota Statutes 2008, section 256B.76, subdivision 2, is amended to read:

92.16 Subd. 2. **Dental reimbursement.** (a) Effective for services rendered on or after
92.17 October 1, 1992, the commissioner shall make payments for dental services as follows:

92.18 (1) dental services shall be paid at the lower of (i) submitted charges, or (ii) 25
92.19 percent above the rate in effect on June 30, 1992; and

92.20 (2) dental rates shall be converted from the 50th percentile of 1982 to the 50th
92.21 percentile of 1989, less the percent in aggregate necessary to equal the above increases.

92.22 (b) Beginning October 1, 1999, the payment for tooth sealants and fluoride treatments
92.23 shall be the lower of (1) submitted charge, or (2) 80 percent of median 1997 charges.

92.24 (c) Effective for services rendered on or after January 1, 2000, payment rates for
92.25 dental services shall be increased by three percent over the rates in effect on December
92.26 31, 1999.

92.27 (d) Effective for services provided on or after January 1, 2002, payment for
92.28 diagnostic examinations and dental x-rays provided to children under age 21 shall be the
92.29 lower of (1) the submitted charge, or (2) 85 percent of median 1999 charges.

92.30 (e) The increases listed in paragraphs (b) and (c) shall be implemented January 1,
92.31 2000, for managed care.

92.32 (f) Effective for dental services rendered on or after October 1, 2010, by a
92.33 state-operated dental clinic, payment shall be paid on a reasonable cost basis that is based
92.34 on the Medicare principles of reimbursement. This payment shall be effective for services

93.1 rendered on or after January 1, 2011, to recipients enrolled in managed care plans or
93.2 county-based purchasing plans.

93.3 (g) Beginning in fiscal year 2011, if the payments to state-operated dental clinics
93.4 in paragraph (f), including state and federal shares, are less than \$1,850,000 per fiscal
93.5 year, a supplemental state payment equal to the difference between the total payments
93.6 in paragraph (f) and \$1,850,000 shall be paid from the general fund to state-operated
93.7 services for the operation of the dental clinics.

93.8 (h) If the cost-based payment system for state-operated dental clinics described in
93.9 paragraph (f) does not receive federal approval, then state-operated dental clinics shall be
93.10 designated as critical access dental providers under subdivision 4, paragraph (b), and shall
93.11 receive the critical access dental reimbursement rate as described under subdivision 4,
93.12 paragraph (a).

93.13 **EFFECTIVE DATE.** This section is effective July 1, 2010.

93.14 Sec. 27. Minnesota Statutes 2008, section 256B.76, subdivision 4, is amended to read:

93.15 Subd. 4. **Critical access dental providers.** (a) Effective for dental services
93.16 rendered on or after January 1, 2002, the commissioner shall increase reimbursements
93.17 to dentists and dental clinics deemed by the commissioner to be critical access dental
93.18 providers. For dental services rendered on or after July 1, 2007, the commissioner shall
93.19 increase reimbursement by 30 percent above the reimbursement rate that would otherwise
93.20 be paid to the critical access dental provider. The commissioner shall pay the ~~health plan~~
93.21 ~~companies~~ managed care plans and county-based purchasing plans in amounts sufficient
93.22 to reflect increased reimbursements to critical access dental providers as approved by the
93.23 commissioner. ~~In determining which dentists and dental clinics shall be deemed critical~~
93.24 ~~access dental providers, the commissioner shall review:~~

93.25 (b) The commissioner shall designate the following dentists and dental clinics as
93.26 critical access dental providers:

93.27 (1) ~~the utilization rate in the service area in which the dentist or dental clinic operates~~
93.28 ~~for dental services to patients covered by medical assistance, general assistance medical~~
93.29 ~~care, or MinnesotaCare as their primary source of coverage~~ nonprofit community clinics
93.30 that:

93.31 (i) have nonprofit status in accordance with chapter 317A;

93.32 (ii) have tax exempt status in accordance with the Internal Revenue Code, section
93.33 501(c)(3);

93.34 (iii) are established to provide oral health services to patients who are low income,
93.35 uninsured, have special needs, and are underserved;

94.1 (iv) have professional staff familiar with the cultural background of the clinic's
94.2 patients;

94.3 (v) charge for services on a sliding fee scale designed to provide assistance to
94.4 low-income patients based on current poverty income guidelines and family size;

94.5 (vi) do not restrict access or services because of a patient's financial limitations
94.6 or public assistance status; and

94.7 (vii) have free care available as needed;

94.8 ~~(2) the level of services provided by the dentist or dental clinic to patients covered~~
94.9 ~~by medical assistance, general assistance medical care, or MinnesotaCare as their primary~~
94.10 ~~source of coverage~~ federally qualified health centers, rural health clinics, and public
94.11 health clinics; and

94.12 ~~(3) whether the level of services provided by the dentist or dental clinic is critical~~
94.13 ~~to maintaining adequate levels of patient access within the service area~~ county owned
94.14 and operated hospital-based dental clinics;

94.15 (4) a dental clinic or dental group owned and operated by a nonprofit corporation in
94.16 accordance with chapter 317A with more than 10,000 patient encounters per year with
94.17 patients who are uninsured or covered by medical assistance, general assistance medical
94.18 care, or MinnesotaCare; and

94.19 (5) a dental clinic associated with an oral health or dental education program
94.20 operated by the University of Minnesota or an institution within the Minnesota State
94.21 Colleges and Universities system.

94.22 ~~In the absence of a critical access dental provider in a service area, (c) The~~
94.23 commissioner may designate a dentist or dental clinic as a critical access dental provider
94.24 if the dentist or dental clinic is willing to provide care to patients covered by medical
94.25 assistance, general assistance medical care, or MinnesotaCare at a level which significantly
94.26 increases access to dental care in the service area.

94.27 **EFFECTIVE DATE.** This section is effective July 1, 2010.

94.28 Sec. 28. Minnesota Statutes 2009 Supplement, section 256B.766, is amended to read:

94.29 **256B.766 REIMBURSEMENT FOR BASIC CARE SERVICES.**

94.30 (a) Effective for services provided on or after July 1, 2009, total payments for
94.31 basic care services, shall be reduced by three percent, prior to third-party liability and
94.32 spenddown calculation. Effective July 1, 2010, the commissioner shall classify physical
94.33 therapy services, occupational therapy services, and speech language pathology and
94.34 related services as basic care services. The reduction in this paragraph shall apply to

95.1 physical therapy services, occupational therapy services, and speech language pathology
95.2 and related services provided on or after July 1, 2010.

95.3 (b) Payments made to managed care plans and county-based purchasing plans shall
95.4 be reduced for services provided on or after October 1, 2009, to reflect ~~this~~ the reduction
95.5 effective July 1, 2009, and payments made to the plans shall be reduced effective October
95.6 1, 2010, to reflect the reduction effective July 1, 2010.

95.7 ~~(b)~~ (c) This section does not apply to physician and professional services, inpatient
95.8 hospital services, family planning services, mental health services, dental services,
95.9 prescription drugs, medical transportation, federally qualified health centers, rural health
95.10 centers, Indian health services, and Medicare cost-sharing.

95.11 Sec. 29. **[256B.767] MEDICARE PAYMENT LIMIT.**

95.12 (a) Effective for services rendered on or after July 1, 2010, fee-for-service payment
95.13 rates for physician and professional services under section 256B.76, subdivision 1, and
95.14 basic care services subject to the rate reduction specified in section 256B.766, shall not
95.15 exceed the Medicare payment rate for the applicable service, as adjusted for any changes
95.16 in Medicare payment rates after July 1, 2010. The commissioner shall implement this
95.17 section after any other rate adjustment that is effective July 1, 2010, and shall reduce rates
95.18 under this section by first reducing or eliminating provider rate add-ons.

95.19 (b) This section does not apply to services provided by advanced practice certified
95.20 nurse midwives licensed under chapter 148 or traditional midwives licensed under chapter
95.21 147D. Notwithstanding this exemption, medical assistance fee-for-service payment rates
95.22 for advanced practice certified nurse midwives and licensed traditional midwives shall
95.23 equal and shall not exceed the medical assistance payment rate to physicians for the
95.24 applicable service.

95.25 (c) This section does not apply to mental health services or physician services billed
95.26 by a psychiatrist or an advanced practice registered nurse with a specialty in mental health.

95.27 Sec. 30. Minnesota Statutes 2009 Supplement, section 256D.03, subdivision 3, as
95.28 amended by Laws 2010, chapter 200, article 1, section 11, is amended to read:

95.29 Subd. 3. **General assistance medical care; eligibility.** (a) Beginning April 1, 2010,
95.30 the general assistance medical care program shall be administered according to section
95.31 256D.031, unless otherwise stated, except for outpatient prescription drug coverage,
95.32 which shall continue to be administered under this section and funded under section
95.33 256D.031, subdivision 9, beginning June 1, 2010.

96.1 (b) Outpatient prescription drug coverage under general assistance medical care is
96.2 limited to prescription drugs that:

96.3 (1) are covered under the medical assistance program as described in section
96.4 256B.0625, subdivisions 13 and 13d; and

96.5 (2) are provided by manufacturers that have fully executed general assistance
96.6 medical care rebate agreements with the commissioner and comply with the agreements.

96.7 Outpatient prescription drug coverage under general assistance medical care must conform
96.8 to coverage under the medical assistance program according to section 256B.0625,
96.9 subdivisions 13 to ~~13g~~ 13h.

96.10 (c) Outpatient prescription drug coverage does not include drugs administered in a
96.11 clinic or other outpatient setting.

96.12 (d) For the period beginning April 1, 2010, to May 31, 2010, general assistance
96.13 medical care covers the services listed in subdivision 4.

96.14 **EFFECTIVE DATE.** This section is effective retroactively from April 1, 2010.

96.15 Sec. 31. Minnesota Statutes 2008, section 256D.03, subdivision 3b, is amended to read:

96.16 Subd. 3b. **Cooperation.** ~~(a) General assistance or general assistance medical care~~
96.17 ~~applicants and recipients must cooperate with the state and local agency to identify~~
96.18 ~~potentially liable third-party payors and assist the state in obtaining third-party payments.~~
96.19 ~~Cooperation includes identifying any third party who may be liable for care and services~~
96.20 ~~provided under this chapter to the applicant, recipient, or any other family member for~~
96.21 ~~whom application is made and providing relevant information to assist the state in pursuing~~
96.22 ~~a potentially liable third party. General assistance medical care applicants and recipients~~
96.23 ~~must cooperate by providing information about any group health plan in which they may~~
96.24 ~~be eligible to enroll. They must cooperate with the state and local agency in determining~~
96.25 ~~if the plan is cost-effective. For purposes of this subdivision, coverage provided by the~~
96.26 ~~Minnesota Comprehensive Health Association under chapter 62E shall not be considered~~
96.27 ~~group health plan coverage or cost-effective by the state and local agency. If the plan is~~
96.28 ~~determined cost-effective and the premium will be paid by the state or local agency or is~~
96.29 ~~available at no cost to the person, they must enroll or remain enrolled in the group health~~
96.30 ~~plan. Cost-effective insurance premiums approved for payment by the state agency and~~
96.31 ~~paid by the local agency are eligible for reimbursement according to subdivision 6.~~

96.32 ~~(b) Effective for all premiums due on or after June 30, 1997, general assistance~~
96.33 ~~medical care does not cover premiums that a recipient is required to pay under a qualified~~
96.34 ~~or Medicare supplement plan issued by the Minnesota Comprehensive Health Association.~~
96.35 ~~General assistance medical care shall continue to cover premiums for recipients who are~~

97.1 ~~covered under a plan issued by the Minnesota Comprehensive Health Association on June~~
97.2 ~~30, 1997, for a period of six months following receipt of the notice of termination or~~
97.3 ~~until December 31, 1997, whichever is later.~~

97.4 **EFFECTIVE DATE.** This section is effective July 1, 2010.

97.5 Sec. 32. Minnesota Statutes 2009 Supplement, section 256L.03, subdivision 5, is
97.6 amended to read:

97.7 Subd. 5. **Co-payments and coinsurance.** (a) Except as provided in paragraphs (b)
97.8 and (c), the MinnesotaCare benefit plan shall include the following co-payments and
97.9 coinsurance requirements for all enrollees:

97.10 (1) ten percent of the paid charges for inpatient hospital services for adult enrollees,
97.11 subject to an annual inpatient out-of-pocket maximum of \$1,000 per individual;

97.12 (2) \$3 per prescription for adult enrollees;

97.13 (3) \$25 for eyeglasses for adult enrollees;

97.14 (4) \$3 per nonpreventive visit. For purposes of this subdivision, a "visit" means an
97.15 episode of service which is required because of a recipient's symptoms, diagnosis, or
97.16 established illness, and which is delivered in an ambulatory setting by a physician or
97.17 physician ancillary, chiropractor, podiatrist, nurse midwife, advanced practice nurse,
97.18 audiologist, optician, or optometrist; and

97.19 (5) \$6 for nonemergency visits to a hospital-based emergency room for services
97.20 provided through December 31, 2010, and \$3.50 effective January 1, 2011.

97.21 (b) Paragraph (a), clause (1), does not apply to parents and relative caretakers of
97.22 children under the age of 21.

97.23 (c) Paragraph (a) does not apply to pregnant women and children under the age of 21.

97.24 (d) Paragraph (a), clause (4), does not apply to mental health services.

97.25 (e) Adult enrollees with family gross income that exceeds 200 percent of the federal
97.26 poverty guidelines or 215 percent of the federal poverty guidelines on or after July 1, 2009,
97.27 and who are not pregnant shall be financially responsible for the coinsurance amount, if
97.28 applicable, and amounts which exceed the \$10,000 inpatient hospital benefit limit.

97.29 (f) When a MinnesotaCare enrollee becomes a member of a prepaid health plan,
97.30 or changes from one prepaid health plan to another during a calendar year, any charges
97.31 submitted towards the \$10,000 annual inpatient benefit limit, and any out-of-pocket
97.32 expenses incurred by the enrollee for inpatient services, that were submitted or incurred
97.33 prior to enrollment, or prior to the change in health plans, shall be disregarded.

98.1 (g) MinnesotaCare reimbursements to fee-for-service providers and payments to
98.2 managed care plans or county-based purchasing plans shall not be increased as a result of
98.3 the reduction of the co-payments in paragraph (a), clause (5), effective January 1, 2011.

98.4 **EFFECTIVE DATE.** This section is effective July 1, 2010.

98.5 Sec. 33. Minnesota Statutes 2008, section 256L.11, subdivision 6, is amended to read:

98.6 Subd. 6. **Enrollees 18 or older.** Payment by the MinnesotaCare program for
98.7 inpatient hospital services provided to MinnesotaCare enrollees eligible under section
98.8 256L.04, subdivision 7, or who qualify under section 256L.04, subdivisions 1 and 2,
98.9 with family gross income that exceeds 175 percent of the federal poverty guidelines
98.10 and who are not pregnant, who are 18 years old or older on the date of admission to the
98.11 inpatient hospital must be in accordance with paragraphs (a) and (b). Payment for adults
98.12 who are not pregnant and are eligible under section 256L.04, subdivisions 1 and 2, and
98.13 whose incomes are equal to or less than 175 percent of the federal poverty guidelines,
98.14 shall be as provided for under paragraph (c).

98.15 (a) If the medical assistance rate minus any co-payment required under section
98.16 256L.03, subdivision 4, is less than or equal to the amount remaining in the enrollee's
98.17 benefit limit under section 256L.03, subdivision 3, payment must be the medical
98.18 assistance rate minus any co-payment required under section 256L.03, subdivision 4. The
98.19 hospital must not seek payment from the enrollee in addition to the co-payment. The
98.20 MinnesotaCare payment plus the co-payment must be treated as payment in full.

98.21 (b) If the medical assistance rate minus any co-payment required under section
98.22 256L.03, subdivision 4, is greater than the amount remaining in the enrollee's benefit limit
98.23 under section 256L.03, subdivision 3, payment must be the lesser of:

98.24 (1) the amount remaining in the enrollee's benefit limit; or

98.25 (2) charges submitted for the inpatient hospital services less any co-payment
98.26 established under section 256L.03, subdivision 4.

98.27 The hospital may seek payment from the enrollee for the amount by which usual and
98.28 customary charges exceed the payment under this paragraph. If payment is reduced under
98.29 section 256L.03, subdivision 3, paragraph (b), the hospital may not seek payment from the
98.30 enrollee for the amount of the reduction.

98.31 ~~(c) For admissions occurring during the period of July 1, 1997, through June 30,~~
98.32 ~~1998, for adults who are not pregnant and are eligible under section 256L.04, subdivisions~~
98.33 ~~1 and 2, and whose incomes are equal to or less than 175 percent of the federal poverty~~
98.34 ~~guidelines, the commissioner shall pay hospitals directly, up to the medical assistance~~
98.35 ~~payment rate, for inpatient hospital benefits in excess of the \$10,000 annual inpatient~~

99.1 ~~benefit limit.~~ For admissions occurring on or after July 1, 2011, for single adults and
99.2 households without children who are eligible under section 256L.04, subdivision 7, the
99.3 commissioner shall pay hospitals directly, up to the medical assistance payment rate, for
99.4 inpatient hospital benefits up to the \$10,000 annual inpatient benefit limit, minus any
99.5 co-payment required under section 256L.03, subdivision 5.

99.6 Sec. 34. Minnesota Statutes 2008, section 256L.07, is amended by adding a subdivision
99.7 to read:

99.8 Subd. 9. **Firefighters; volunteer ambulance attendants.** (a) For purposes of this
99.9 subdivision, "qualified individual" means:

99.10 (1) a volunteer firefighter with a department as defined in section 299N.01,
99.11 subdivision 2, who has passed the probationary period; and

99.12 (2) a volunteer ambulance attendant as defined in section 144E.001, subdivision 15.

99.13 (b) A qualified individual who documents to the satisfaction of the commissioner
99.14 status as a qualified individual by completing and submitting a one-page form developed
99.15 by the commissioner is eligible for MinnesotaCare without meeting other eligibility
99.16 requirements of this chapter, but must pay premiums equal to the average expected
99.17 capitation rate for adults with no children paid under section 256L.12. Individuals eligible
99.18 under this subdivision shall receive coverage for the benefit set provided to adults with no
99.19 children.

99.20 **EFFECTIVE DATE.** This section is effective April 1, 2011.

99.21 Sec. 35. Minnesota Statutes 2008, section 256L.12, subdivision 5, is amended to read:

99.22 Subd. 5. **Eligibility for other state programs.** MinnesotaCare enrollees who
99.23 become eligible for medical assistance ~~or general assistance medical care~~ will remain in
99.24 the same managed care plan if the managed care plan has a contract for that population.
99.25 ~~Effective January 1, 1998,~~ MinnesotaCare enrollees who were formerly eligible for
99.26 general assistance medical care pursuant to section 256D.03, subdivision 3, within six
99.27 months of MinnesotaCare enrollment and were enrolled in a prepaid health plan pursuant
99.28 to section 256D.03, subdivision 4, paragraph (c), must remain in the same managed care
99.29 plan if the managed care plan has a contract for that population. Managed care plans must
99.30 participate in the MinnesotaCare ~~and general assistance medical care programs~~ program
99.31 under a contract with the Department of Human Services in service areas where they
99.32 participate in the medical assistance program.

99.33 **EFFECTIVE DATE.** This section is effective retroactively from April 1, 2010.

100.1 Sec. 36. Minnesota Statutes 2008, section 256L.12, subdivision 9, is amended to read:

100.2 Subd. 9. **Rate setting; performance withholds.** (a) Rates will be prospective,
100.3 per capita, where possible. The commissioner may allow health plans to arrange for
100.4 inpatient hospital services on a risk or nonrisk basis. The commissioner shall consult with
100.5 an independent actuary to determine appropriate rates.

100.6 ~~(b) For services rendered on or after January 1, 2003, to December 31, 2003, the~~
100.7 ~~commissioner shall withhold .5 percent of managed care plan payments under this section~~
100.8 ~~pending completion of performance targets. The withheld funds must be returned no~~
100.9 ~~sooner than July 1 and no later than July 31 of the following year if performance targets~~
100.10 ~~in the contract are achieved. A managed care plan may include as admitted assets under~~
100.11 ~~section 62D.044 any amount withheld under this paragraph that is reasonably expected~~
100.12 ~~to be returned.~~

100.13 ~~(c)~~ For services rendered on or after January 1, 2004, the commissioner shall
100.14 withhold five percent of managed care plan payments and county-based purchasing
100.15 plan payments under this section pending completion of performance targets. Each
100.16 performance target must be quantifiable, objective, measurable, and reasonably attainable,
100.17 except in the case of a performance target based on a federal or state law or rule. Criteria
100.18 for assessment of each performance target must be outlined in writing prior to the
100.19 contract effective date. The managed care plan must demonstrate, to the commissioner's
100.20 satisfaction, that the data submitted regarding attainment of the performance target is
100.21 accurate. The commissioner shall periodically change the administrative measures used
100.22 as performance targets in order to improve plan performance across a broader range of
100.23 administrative services. The performance targets must include measurement of plan
100.24 efforts to contain spending on health care services and administrative activities. The
100.25 commissioner may adopt plan-specific performance targets that take into account factors
100.26 affecting only one plan, such as characteristics of the plan's enrollee population. The
100.27 withheld funds must be returned no sooner than July 1 and no later than July 31 of the
100.28 following calendar year if performance targets in the contract are achieved. ~~A managed~~
100.29 ~~care plan or a county-based purchasing plan under section 256B.692 may include as~~
100.30 ~~admitted assets under section 62D.044 any amount withheld under this paragraph that is~~
100.31 ~~reasonably expected to be returned.~~

100.32 (c) For services rendered on or after January 1, 2011, the commissioner shall
100.33 withhold an additional three percent of managed care plan or county-based purchasing
100.34 plan payments under this section. The withheld funds must be returned no sooner than
100.35 July 1 and no later than July 31 of the following calendar year. The return of the withhold
100.36 under this paragraph is not subject to the requirements of paragraph (b).

101.1 (d) Effective for services rendered on or after January 1, 2011, the commissioner
101.2 shall include as part of the performance targets described in paragraph (b) a reduction in
101.3 the plan's emergency room utilization rate for state health care program enrollees by a
101.4 measurable rate of five percent from the plan's utilization rate for the previous calendar
101.5 year.

101.6 The withheld funds must be returned no sooner than July 1 and no later than July 31
101.7 of the following calendar year if the managed care plan demonstrates to the satisfaction of
101.8 the commissioner that a reduction in the utilization rate was achieved.

101.9 The withhold described in this paragraph shall continue for each consecutive
101.10 contract period until the plan's emergency room utilization rate for state health care
101.11 program enrollees is reduced by 25 percent of the plan's emergency room utilization rate
101.12 for state health care program enrollees for calendar year 2009. Hospitals shall cooperate
101.13 with the health plans in meeting this performance target and shall accept payment
101.14 withholds that may be returned to the hospitals if the performance target is achieved. The
101.15 commissioner shall structure the withhold so that the commissioner returns a portion of
101.16 the withheld funds in amounts commensurate with achieved reductions in utilization less
101.17 than the targeted amount. The withhold described in this paragraph does not apply to
101.18 county-based purchasing plans.

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

101.22 **EFFECTIVE DATE.** This section is effective July 1, 2010.

101.23 Sec. 37. Laws 2009, chapter 79, article 5, section 75, subdivision 1, is amended to read:

101.24 Subdivision 1. **Medical assistance coverage.** The commissioner of human services
101.25 shall establish a demonstration project to provide additional medical assistance coverage
101.26 for a maximum of 200 American Indian children in Minneapolis, St. Paul, and Duluth
101.27 who are burdened by health disparities associated with the cumulative health impact
101.28 of toxic environmental exposures. Under this demonstration project, the additional
101.29 medical assistance coverage for this population must include, but is not limited to, home
101.30 environmental assessments for triggers of asthma, and in-home asthma education on the
101.31 proper medical management of asthma by a certified asthma educator or public health
101.32 nurse with asthma management training, and must be limited to two visits per child. The
101.33 home visit payment rates must be based on a rate commensurate with a first-time visit rate
101.34 and follow-up visit rate. Coverage also includes the following durable medical equipment:
101.35 high efficiency particulate air (HEPA) cleaners, HEPA vacuum cleaners, allergy bed and

102.1 pillow encasements, high filtration filters for forced air gas furnaces, and dehumidifiers
102.2 with medical tubing to connect the appliance to a floor drain, if the listed item is ~~medically~~
102.3 ~~necessary~~ useful to reduce asthma symptoms. Provision of these items of durable medical
102.4 equipment must be preceded by a home environmental assessment for triggers of asthma
102.5 and in-home asthma education on the proper medical management of asthma by a Certified
102.6 Asthma Educator or public health nurse with asthma management training.

102.7 Sec. 38. Laws 2009, chapter 79, article 5, section 78, subdivision 5, is amended to read:

102.8 Subd. 5. **Expiration.** This section, with the exception of subdivision 4, expires
102.9 ~~December 31, 2010~~ August 31, 2011. Subdivision 4 expires February 28, 2012.

102.10 Sec. 39. Laws 2010, chapter 200, article 1, section 12, subdivision 6, is amended to
102.11 read:

102.12 Subd. 6. **Coordinated care delivery systems.** (a) Effective June 1, 2010, the
102.13 commissioner shall contract with hospitals or groups of hospitals that qualify under
102.14 paragraph (b) and agree to deliver services according to this subdivision. Contracting
102.15 hospitals shall develop and implement a coordinated care delivery system to provide
102.16 health care services to individuals who are eligible for general assistance medical care
102.17 under this section and who either choose to receive services through the coordinated
102.18 care delivery system or who are enrolled by the commissioner under paragraph (c). The
102.19 health care services provided by the system must include: (1) the services described in
102.20 subdivision 4 with the exception of outpatient prescription drug coverage but shall include
102.21 drugs administered in a clinic or other outpatient setting; or (2) a set of comprehensive
102.22 and medically necessary health services that the recipients might reasonably require to be
102.23 maintained in good health and that has been approved by the commissioner, including at a
102.24 minimum, but not limited to, emergency care, medical transportation services, inpatient
102.25 hospital and physician care, outpatient health services, preventive health services, mental
102.26 health services, and prescription drugs administered in a clinic or other outpatient setting.
102.27 Outpatient prescription drug coverage is covered on a fee-for-service basis in accordance
102.28 with section 256D.03, subdivision 3, and funded under subdivision 9. A hospital
102.29 establishing a coordinated care delivery system under this subdivision must ensure that the
102.30 requirements of this subdivision are met.

102.31 (b) A hospital or group of hospitals may contract with the commissioner to develop
102.32 and implement a coordinated care delivery system as follows:

102.33 (1) effective June 1, 2010, a hospital qualifies under this subdivision if: (i) during
102.34 calendar year 2008, it received fee-for-service payments for services to general assistance

103.1 medical care recipients (A) equal to or greater than \$1,500,000, or (B) equal to or greater
103.2 than 1.3 percent of net patient revenue; or (ii) a contract with the hospital is necessary to
103.3 provide geographic access or to ensure that at least 80 percent of enrollees have access to
103.4 a coordinated care delivery system; and

103.5 (2) effective December 1, 2010, a Minnesota hospital not qualified under clause
103.6 (1) may contract with the commissioner under this subdivision if it agrees to satisfy the
103.7 requirements of this subdivision.

103.8 Participation by hospitals shall become effective quarterly on June 1, September 1,
103.9 December 1, or March 1. Hospital participation is effective for a period of 12 months and
103.10 may be renewed for successive 12-month periods.

103.11 (c) Applicants and recipients may enroll in any available coordinated care delivery
103.12 system statewide. If more than one coordinated care delivery system is available, the
103.13 applicant or recipient shall be allowed to choose among the systems. The commissioner
103.14 may assign an applicant or recipient to a coordinated care delivery system if no choice
103.15 is made by the applicant or recipient. The commissioner shall consider a recipient's zip
103.16 code, city of residence, county of residence, or distance from a participating coordinated
103.17 care delivery system when determining default assignment. An applicant or recipient
103.18 may decline enrollment in a coordinated care delivery system. Upon enrollment into a
103.19 coordinated care delivery system, the recipient must agree to receive all nonemergency
103.20 services through the coordinated care delivery system. Enrollment in a coordinated care
103.21 delivery system is for six months and may be renewed for additional six-month periods,
103.22 except that initial enrollment is for six months or until the end of a recipient's period
103.23 of general assistance medical care eligibility, whichever occurs first. A recipient who
103.24 continues to meet the eligibility requirements of this section is not eligible to enroll in
103.25 MinnesotaCare during a period of enrollment in a coordinated care delivery system.
103.26 From June 1, 2010, to ~~November 30, 2010~~ February 28, 2011, applicants and recipients
103.27 not enrolled in a coordinated care delivery system may seek services from a hospital
103.28 eligible for reimbursement under the temporary uncompensated care pool established
103.29 under subdivision 8. After ~~November 30, 2010~~ February 28, 2011, services are available
103.30 only through a coordinated care delivery system.

103.31 (d) The hospital may contract and coordinate with providers and clinics for the
103.32 delivery of services and shall contract with essential community providers as defined
103.33 under section 62Q.19, subdivision 1, paragraph (a), clauses (1) and (2), to the extent
103.34 practicable. If a provider or clinic contracts with a hospital to provide services through the
103.35 coordinated care delivery system, the provider may not refuse to provide services to any

104.1 recipient enrolled in the system, and payment for services shall be negotiated with the
104.2 hospital and paid by the hospital from the system's allocation under subdivision 7.

104.3 (e) A coordinated care delivery system must:

104.4 (1) provide the covered services required under paragraph (a) to recipients enrolled
104.5 in the coordinated care delivery system, and comply with the requirements of subdivision
104.6 4, paragraphs (b) to (g);

104.7 (2) establish a process to monitor enrollment and ensure the quality of care provided;
104.8 and

104.9 (3) in cooperation with counties, coordinate the delivery of health care services with
104.10 existing homeless prevention, supportive housing, and rent subsidy programs and funding
104.11 administered by the Minnesota Housing Finance Agency under chapter 462A; and

104.12 (4) adopt innovative and cost-effective methods of care delivery and coordination,
104.13 which may include the use of allied health professionals, telemedicine, patient educators,
104.14 care coordinators, and community health workers.

104.15 (f) The hospital may require a recipient to designate a primary care provider or
104.16 a primary care clinic. The hospital may limit the delivery of services to a network of
104.17 providers who have contracted with the hospital to deliver services in accordance with
104.18 this subdivision, and require a recipient to seek services only within this network. The
104.19 hospital may also require a referral to a provider before the service is eligible for payment.
104.20 A coordinated care delivery system is not required to provide payment to a provider who
104.21 is not employed by or under contract with the system for services provided to a recipient
104.22 enrolled in the system, except in cases of an emergency. For purposes of this section,
104.23 emergency services are defined in accordance with Code of Federal Regulations, title
104.24 42, section 438.114 (a).

104.25 (g) A recipient enrolled in a coordinated care delivery system has the right to appeal
104.26 to the commissioner according to section 256.045.

104.27 (h) The state shall not be liable for the payment of any cost or obligation incurred
104.28 by the coordinated care delivery system.

104.29 (i) The hospital must provide the commissioner with data necessary for assessing
104.30 enrollment, quality of care, cost, and utilization of services. Each hospital must provide,
104.31 on a quarterly basis on a form prescribed by the commissioner for each recipient served by
104.32 the coordinated care delivery system, the services provided, the cost of services provided,
104.33 and the actual payment amount for the services provided and any other information the
104.34 commissioner deems necessary to claim federal Medicaid match. The commissioner must
104.35 provide this data to the legislature on a quarterly basis.

105.1 (j) Effective June 1, 2010, the provisions of section 256.9695, subdivision 2,
105.2 paragraph (b), do not apply to general assistance medical care provided under this section.

105.3 (k) Notwithstanding any other provision in this section to the contrary, for hospital
105.4 contracts for periods beginning on or after September 1, 2010, the commissioner shall
105.5 apply the enrollee threshold methodology and financial liability protections that were
105.6 applied to the hospital contracts effective June 1, 2010.

105.7 Sec. 40. Laws 2010, chapter 200, article 1, section 12, subdivision 7, is amended to
105.8 read:

105.9 **Subd. 7. Payments; rate setting for the hospital coordinated care delivery**
105.10 **system.** (a) Effective for general assistance medical care services, with the exception
105.11 of outpatient prescription drug coverage, provided on or after June 1, 2010, through a
105.12 coordinated care delivery system, the commissioner shall allocate the annual appropriation
105.13 for the coordinated care delivery system to hospitals participating under subdivision
105.14 6 in quarterly payments, beginning on the first scheduled warrant on or after June 1,
105.15 2010. The payment shall be allocated among all hospitals qualified to participate on the
105.16 allocation date. ~~Each hospital or group of hospitals shall receive a pro rata share of the~~
105.17 ~~allocation based on the hospital's or group of hospitals' calendar year 2008 payments for~~
105.18 ~~general assistance medical care services, provided that, for the purposes of this allocation,~~
105.19 ~~payments to Hennepin County Medical Center, Regions Hospital, Saint Mary's Medical~~
105.20 ~~Center, and University of Minnesota Medical Center, Fairview, shall be weighted at 110~~
105.21 ~~percent of the actual amount.~~ as follows:

105.22 (1) each hospital or group of hospitals shall be allocated an initial amount based on
105.23 the hospital's or group of hospitals' pro rata share of calendar year 2008 payments for
105.24 general assistance medical care services to all participating hospitals;

105.25 (2) the initial allocations to Hennepin County Medical Center; Regions Hospital;
105.26 Saint Mary's Medical Center; and the University of Minnesota Medical Center, Fairview,
105.27 shall be increased to 110 percent of the value determined in clause (1);

105.28 (3) the initial allocation to hospitals not listed in clause (2) shall be reduced a pro rata
105.29 amount in order to keep the allocations within the limit of available appropriations; and

105.30 (4) the amounts determined under clauses (1) to (3) shall be allocated to participating
105.31 hospitals.

105.32 The commissioner may prospectively reallocate payments to participating hospitals on
105.33 a biannual basis to ensure that final allocations reflect actual coordinated care delivery
105.34 system enrollment. The 2008 base year shall be updated by one calendar year each June 1,
105.35 beginning June 1, 2011.

106.1 (b) Beginning June 1, 2010, and every quarter beginning in June thereafter, the
106.2 commissioner shall make one-third of the quarterly payment in June and the remaining
106.3 two-thirds of the quarterly payment in July to each participating hospital or group of
106.4 hospitals.

106.5 (c) In order to be reimbursed under this section, nonhospital providers of health
106.6 care services shall contract with one or more hospitals described in paragraph (a) to
106.7 provide services to general assistance medical care recipients through the coordinated care
106.8 delivery system established by the hospital. The hospital shall reimburse bills submitted
106.9 by nonhospital providers participating under this paragraph at a rate negotiated between
106.10 the hospital and the nonhospital provider.

106.11 ~~(e)~~ (d) The commissioner shall apply for federal matching funds under section
106.12 256B.199, paragraphs (a) to (d), for expenditures under this subdivision.

106.13 ~~(d)~~ (e) Outpatient prescription drug coverage is provided in accordance with section
106.14 256D.03, subdivision 3, and paid on a fee-for-service basis under subdivision 9.

106.15 **EFFECTIVE DATE.** This section is effective retroactively from April 1, 2010.

106.16 Sec. 41. Laws 2010, chapter 200, article 1, section 12, subdivision 8, is amended to
106.17 read:

106.18 Subd. 8. **Temporary uncompensated care pool.** (a) The commissioner shall
106.19 establish a temporary uncompensated care pool, effective June 1, 2010. Payments from
106.20 the pool must be distributed, within the limits of the available appropriation, to hospitals
106.21 that are not part of a coordinated care delivery system established under subdivision 6.

106.22 (b) Hospitals seeking reimbursement from this pool must submit an invoice to
106.23 the commissioner in a form prescribed by the commissioner for payment for services
106.24 provided to an applicant or recipient not enrolled in a coordinated care delivery system. A
106.25 payment amount, as calculated under current law, must be determined, but not paid, for
106.26 each admission of or service provided to a general assistance medical care recipient on or
106.27 after June 1, 2010, to ~~November 30, 2010~~ February 28, 2011.

106.28 (c) The aggregated payment amounts for each hospital must be calculated as a
106.29 percentage of the total calculated amount for all hospitals.

106.30 (d) Distributions from the uncompensated care pool for each hospital must be
106.31 determined by multiplying the factor in paragraph (c) by the amount of money in the
106.32 uncompensated care pool that is available for the six-month period.

106.33 (e) The commissioner shall apply for federal matching funds under section
106.34 256B.199, paragraphs (a) to (d), for expenditures under this subdivision.

106.35 (f) Outpatient prescription drugs are not eligible for payment under this subdivision.

107.1 Sec. 42. Laws 2010, chapter 200, article 1, section 16, is amended by adding an
107.2 effective date to read:

107.3 **EFFECTIVE DATE.** This section is effective June 1, 2010.

107.4 Sec. 43. Laws 2010, chapter 200, article 1, section 21, is amended to read:

107.5 Sec. 21. **REPEALER.**

107.6 (a) Minnesota Statutes 2008, sections 256.742; 256.979, subdivision 8; and 256D.03,
107.7 subdivision 9, are repealed effective April 1, 2010.

107.8 (b) Minnesota Statutes 2009 Supplement, section 256D.03, subdivision 4, is repealed
107.9 effective ~~April~~ June 1, 2010.

107.10 (c) Minnesota Statutes 2008, section 256B.195, subdivisions 4 and 5, are repealed
107.11 effective for federal fiscal year 2010.

107.12 (d) Minnesota Statutes 2009 Supplement, section 256B.195, subdivisions 1, 2, and
107.13 3, are repealed effective for federal fiscal year 2010.

107.14 (e) Minnesota Statutes 2008, sections 256L.07, subdivision 6; 256L.15, subdivision
107.15 4; and 256L.17, subdivision 7, are repealed ~~January 1, 2011~~ July 1, 2010.

107.16 **EFFECTIVE DATE.** This section is effective retroactively from April 1, 2010.

107.17 Sec. 44. **PREPAID HEALTH PLAN RATES.**

107.18 In negotiating the prepaid health plan contract rates for services rendered on or
107.19 after January 1, 2011, the commissioner of human services shall take into consideration
107.20 and the rates shall reflect the anticipated savings in the medical assistance program due
107.21 to extending medical assistance coverage to services provided in licensed birth centers,
107.22 the anticipated use of these services within the medical assistance population, and the
107.23 reduced medical assistance costs associated with the use of birth centers for normal,
107.24 low-risk deliveries.

107.25 **EFFECTIVE DATE.** This section is effective July 1, 2010.

107.26 Sec. 45. **STATE PLAN AMENDMENT; FEDERAL APPROVAL.**

107.27 (a) The commissioner of human services shall submit a Medicaid state plan
107.28 amendment to receive federal fund participation for adults without children whose income
107.29 is equal to or less than 75 percent of federal poverty guidelines in accordance with the
107.30 Patient Protection and Affordable Care Act, Public Law 111-148, or the Health Care and
107.31 Education Reconciliation Act of 2010, Public Law 111-152. The effective date of the
107.32 state plan amendment shall be June 1, 2010.

108.1 (b) The commissioner of human services shall submit a federal waiver or an
108.2 amendment to the MinnesotaCare health care reform waiver to include in the waiver
108.3 single adults and households without children.

108.4 **EFFECTIVE DATE.** This section is effective the day following final enactment.

108.5 Sec. 46. **REVISOR'S INSTRUCTION.**

108.6 The revisor of statutes shall edit Minnesota Statutes and Minnesota Rules to remove
108.7 references to the general assistance medical care program and references to Minnesota
108.8 Statutes, section 256D.03, subdivision 3, or Minnesota Statutes, chapter 256D, as it
108.9 pertains to general assistance medical care and make other changes as may be necessary
108.10 to remove references to the general assistance medical care program. The revisor may
108.11 consult with the Department of Human Services when making editing decisions on the
108.12 removal of these references.

108.13 Sec. 47. **REPEALER.**

108.14 (a) Minnesota Statutes 2008, section 256D.03, subdivisions 3, 3a, 5, 6, 7, and 8, are
108.15 repealed contingently upon implementation of Minnesota Statutes, sections 256B.055,
108.16 subdivision 15, and 256B.056, subdivisions 3 and 4.

108.17 (b) Laws 2010, chapter 200, article 1, sections 12, subdivisions 1, 2, 3, and 5; 18;
108.18 and 19, are repealed contingently upon implementation of Minnesota Statutes, sections
108.19 256B.055, subdivision 15, and 256B.056, subdivisions 3 and 4.

108.20 (c) Laws 2010, chapter 200, article 1, section 12, subdivisions 4, 6, 7, 8, 9, and 10,
108.21 are repealed contingently upon implementation of Minnesota Statutes, sections 256B.055,
108.22 subdivision 15, and 256B.056, subdivisions 3 and 4.

108.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.

108.24 Sec. 48. **EFFECTIVE DATE.**

108.25 (a) Sections 4 to 6 are effective July 1, 2010, if the governor, by executive order,
108.26 directs the commissioner of human services to implement them.

108.27 (b) If sections 6 to 6 are not implemented under paragraph (a), they may be
108.28 implemented by an executive order of the governor issued at any time from the first
108.29 Monday in January 2011 until January 15, 2011.

108.30 (c) In deciding whether to issue an executive order under paragraph (a) or (b), the
108.31 governor shall consider the cost of implementation and the availability of funds in the
108.32 state treasury, the potential for increased federal funding, the effect of implementation

109.1 on access to health care services in the state, and alternative approaches that may be
109.2 available to pursue policy goals.

109.3 (d) If this section is determined by a court of competent jurisdiction to be
109.4 unconstitutional, sections 4 to 6 are not effective and do not have the force of law.

109.5 **ARTICLE 17**

109.6 **CONTINUING CARE**

109.7 Section 1. Minnesota Statutes 2008, section 144D.03, subdivision 2, is amended to
109.8 read:

109.9 Subd. 2. **Registration information.** The establishment shall provide the following
109.10 information to the commissioner in order to be registered:

109.11 (1) the business name, street address, and mailing address of the establishment;

109.12 (2) the name and mailing address of the owner or owners of the establishment and, if
109.13 the owner or owners are not natural persons, identification of the type of business entity
109.14 of the owner or owners, and the names and addresses of the officers and members of the
109.15 governing body, or comparable persons for partnerships, limited liability corporations, or
109.16 other types of business organizations of the owner or owners;

109.17 (3) the name and mailing address of the managing agent, whether through
109.18 management agreement or lease agreement, of the establishment, if different from the
109.19 owner or owners, and the name of the on-site manager, if any;

109.20 (4) verification that the establishment has entered into a housing with services
109.21 contract, as required in section 144D.04, with each resident or resident's representative;

109.22 (5) verification that the establishment is complying with the requirements of section
109.23 325F.72, if applicable;

109.24 (6) the name and address of at least one natural person who shall be responsible
109.25 for dealing with the commissioner on all matters provided for in sections 144D.01 to
109.26 144D.06, and on whom personal service of all notices and orders shall be made, and who
109.27 shall be authorized to accept service on behalf of the owner or owners and the managing
109.28 agent, if any; ~~and~~

109.29 (7) the signature of the authorized representative of the owner or owners or, if
109.30 the owner or owners are not natural persons, signatures of at least two authorized
109.31 representatives of each owner, one of which shall be an officer of the owner; and

109.32 (8) whether services are included in the base rate to be paid by the resident.

109.33 Personal service on the person identified under clause (6) by the owner or owners in
109.34 the registration shall be considered service on the owner or owners, and it shall not be a
109.35 defense to any action that personal service was not made on each individual or entity. The

110.1 designation of one or more individuals under this subdivision shall not affect the legal
110.2 responsibility of the owner or owners under sections 144D.01 to 144D.06.

110.3 Sec. 2. Minnesota Statutes 2008, section 144D.04, subdivision 2, is amended to read:

110.4 Subd. 2. **Contents of contract.** A housing with services contract, which need not be
110.5 entitled as such to comply with this section, shall include at least the following elements
110.6 in itself or through supporting documents or attachments:

110.7 (1) the name, street address, and mailing address of the establishment;

110.8 (2) the name and mailing address of the owner or owners of the establishment and, if
110.9 the owner or owners is not a natural person, identification of the type of business entity
110.10 of the owner or owners;

110.11 (3) the name and mailing address of the managing agent, through management
110.12 agreement or lease agreement, of the establishment, if different from the owner or owners;

110.13 (4) the name and address of at least one natural person who is authorized to accept
110.14 service of process on behalf of the owner or owners and managing agent;

110.15 (5) a statement describing the registration and licensure status of the establishment
110.16 and any provider providing health-related or supportive services under an arrangement
110.17 with the establishment;

110.18 (6) the term of the contract;

110.19 (7) a description of the services to be provided to the resident in the base rate to be
110.20 paid by resident, including a delineation of the portion of the base rate that constitutes rent
110.21 and a delineation of charges for each service included in the base rate;

110.22 (8) a description of any additional services, including home care services, available
110.23 for an additional fee from the establishment directly or through arrangements with the
110.24 establishment, and a schedule of fees charged for these services;

110.25 (9) a description of the process through which the contract may be modified,
110.26 amended, or terminated;

110.27 (10) a description of the establishment's complaint resolution process available
110.28 to residents including the toll-free complaint line for the Office of Ombudsman for
110.29 Long-Term Care;

110.30 (11) the resident's designated representative, if any;

110.31 (12) the establishment's referral procedures if the contract is terminated;

110.32 (13) requirements of residency used by the establishment to determine who may
110.33 reside or continue to reside in the housing with services establishment;

110.34 (14) billing and payment procedures and requirements;

111.1 (15) a statement regarding the ability of residents to receive services from service
111.2 providers with whom the establishment does not have an arrangement;

111.3 (16) a statement regarding the availability of public funds for payment for residence
111.4 or services in the establishment; and

111.5 (17) a statement regarding the availability of and contact information for
111.6 long-term care consultation services under section 256B.0911 in the county in which the
111.7 establishment is located.

111.8 Sec. 3. **[144D.08] UNIFORM CONSUMER INFORMATION GUIDE.**

111.9 All housing with services establishments shall make available to all prospective
111.10 and current residents information consistent with the uniform format and the required
111.11 components adopted by the commissioner under section 144G.06.

111.12 Sec. 4. **[144D.09] TERMINATION OF LEASE.**

111.13 The housing with services establishment shall include with notice of termination
111.14 of lease information about how to contact the ombudsman for long-term care, including
111.15 the address and phone number along with a statement of how to request problem-solving
111.16 assistance.

111.17 Sec. 5. Minnesota Statutes 2008, section 144G.06, is amended to read:

111.18 **144G.06 UNIFORM CONSUMER INFORMATION GUIDE.**

111.19 (a) The commissioner of health shall establish an advisory committee consisting
111.20 of representatives of consumers, providers, county and state officials, and other
111.21 groups the commissioner considers appropriate. The advisory committee shall present
111.22 recommendations to the commissioner on:

111.23 (1) a format for a guide to be used by individual providers of assisted living, as
111.24 defined in section 144G.01, that includes information about services offered by that
111.25 provider, which services may be covered by Medicare, service costs, and other relevant
111.26 provider-specific information, as well as a statement of philosophy and values associated
111.27 with assisted living, presented in uniform categories that facilitate comparison with guides
111.28 issued by other providers; and

111.29 (2) requirements for informing assisted living clients, as defined in section 144G.01,
111.30 of their applicable legal rights.

111.31 (b) The commissioner, after reviewing the recommendations of the advisory
111.32 committee, shall adopt a uniform format for the guide to be used by individual providers,
111.33 and the required components of materials to be used by providers to inform assisted

112.1 living clients of their legal rights, and shall make the uniform format and the required
112.2 components available to assisted living providers.

112.3 Sec. 6. Minnesota Statutes 2009 Supplement, section 252.27, subdivision 2a, is
112.4 amended to read:

112.5 Subd. 2a. **Contribution amount.** (a) The natural or adoptive parents of a minor
112.6 child, including a child determined eligible for medical assistance without consideration of
112.7 parental income, must contribute to the cost of services used by making monthly payments
112.8 on a sliding scale based on income, unless the child is married or has been married,
112.9 parental rights have been terminated, or the child's adoption is subsidized according to
112.10 section 259.67 or through title IV-E of the Social Security Act. The parental contribution
112.11 is a partial or full payment for medical services provided for diagnostic, therapeutic,
112.12 curing, treating, mitigating, rehabilitation, maintenance, and personal care services as
112.13 defined in United States Code, title 26, section 213, needed by the child with a chronic
112.14 illness or disability.

112.15 (b) For households with adjusted gross income equal to or greater than 100 percent
112.16 of federal poverty guidelines, the parental contribution shall be computed by applying the
112.17 following schedule of rates to the adjusted gross income of the natural or adoptive parents:

112.18 (1) if the adjusted gross income is equal to or greater than 100 percent of federal
112.19 poverty guidelines and less than 175 percent of federal poverty guidelines, the parental
112.20 contribution is \$4 per month;

112.21 (2) if the adjusted gross income is equal to or greater than 175 percent of federal
112.22 poverty guidelines and less than or equal to 545 percent of federal poverty guidelines,
112.23 the parental contribution shall be determined using a sliding fee scale established by the
112.24 commissioner of human services which begins at one percent of adjusted gross income
112.25 at 175 percent of federal poverty guidelines and increases to 7.5 percent of adjusted
112.26 gross income for those with adjusted gross income up to 545 percent of federal poverty
112.27 guidelines;

112.28 (3) if the adjusted gross income is greater than 545 percent of federal poverty
112.29 guidelines and less than 675 percent of federal poverty guidelines, the parental
112.30 contribution shall be 7.5 percent of adjusted gross income;

112.31 (4) if the adjusted gross income is equal to or greater than 675 percent of federal
112.32 poverty guidelines and less than 975 percent of federal poverty guidelines, the parental
112.33 contribution shall be determined using a sliding fee scale established by the commissioner
112.34 of human services which begins at 7.5 percent of adjusted gross income at 675 percent of

113.1 federal poverty guidelines and increases to ten percent of adjusted gross income for those
113.2 with adjusted gross income up to 975 percent of federal poverty guidelines; and

113.3 (5) if the adjusted gross income is equal to or greater than 975 percent of federal
113.4 poverty guidelines, the parental contribution shall be 12.5 percent of adjusted gross
113.5 income.

113.6 If the child lives with the parent, the annual adjusted gross income is reduced by
113.7 \$2,400 prior to calculating the parental contribution. If the child resides in an institution
113.8 specified in section 256B.35, the parent is responsible for the personal needs allowance
113.9 specified under that section in addition to the parental contribution determined under this
113.10 section. The parental contribution is reduced by any amount required to be paid directly to
113.11 the child pursuant to a court order, but only if actually paid.

113.12 (c) The household size to be used in determining the amount of contribution under
113.13 paragraph (b) includes natural and adoptive parents and their dependents, including the
113.14 child receiving services. Adjustments in the contribution amount due to annual changes
113.15 in the federal poverty guidelines shall be implemented on the first day of July following
113.16 publication of the changes.

113.17 (d) For purposes of paragraph (b), "income" means the adjusted gross income of the
113.18 natural or adoptive parents determined according to the previous year's federal tax form,
113.19 except, effective retroactive to July 1, 2003, taxable capital gains to the extent the funds
113.20 have been used to purchase a home shall not be counted as income.

113.21 (e) The contribution shall be explained in writing to the parents at the time eligibility
113.22 for services is being determined. The contribution shall be made on a monthly basis
113.23 effective with the first month in which the child receives services. Annually upon
113.24 redetermination or at termination of eligibility, if the contribution exceeded the cost of
113.25 services provided, the local agency or the state shall reimburse that excess amount to
113.26 the parents, either by direct reimbursement if the parent is no longer required to pay a
113.27 contribution, or by a reduction in or waiver of parental fees until the excess amount is
113.28 exhausted. All reimbursements must include a notice that the amount reimbursed may be
113.29 taxable income if the parent paid for the parent's fees through an employer's health care
113.30 flexible spending account under the Internal Revenue Code, section 125, and that the
113.31 parent is responsible for paying the taxes owed on the amount reimbursed.

113.32 (f) The monthly contribution amount must be reviewed at least every 12 months;
113.33 when there is a change in household size; and when there is a loss of or gain in income
113.34 from one month to another in excess of ten percent. The local agency shall mail a written
113.35 notice 30 days in advance of the effective date of a change in the contribution amount.

114.1 A decrease in the contribution amount is effective in the month that the parent verifies a
114.2 reduction in income or change in household size.

114.3 (g) Parents of a minor child who do not live with each other shall each pay the
114.4 contribution required under paragraph (a). An amount equal to the annual court-ordered
114.5 child support payment actually paid on behalf of the child receiving services shall be
114.6 deducted from the adjusted gross income of the parent making the payment prior to
114.7 calculating the parental contribution under paragraph (b).

114.8 (h) The contribution under paragraph (b) shall be increased by an additional five
114.9 percent if the local agency determines that insurance coverage is available but not
114.10 obtained for the child. For purposes of this section, "available" means the insurance is a
114.11 benefit of employment for a family member at an annual cost of no more than five percent
114.12 of the family's annual income. For purposes of this section, "insurance" means health
114.13 and accident insurance coverage, enrollment in a nonprofit health service plan, health
114.14 maintenance organization, self-insured plan, or preferred provider organization.

114.15 Parents who have more than one child receiving services shall not be required
114.16 to pay more than the amount for the child with the highest expenditures. There shall
114.17 be no resource contribution from the parents. The parent shall not be required to pay
114.18 a contribution in excess of the cost of the services provided to the child, not counting
114.19 payments made to school districts for education-related services. Notice of an increase in
114.20 fee payment must be given at least 30 days before the increased fee is due.

114.21 (i) The contribution under paragraph (b) shall be reduced by \$300 per fiscal year if,
114.22 in the 12 months prior to July 1:

114.23 (1) the parent applied for insurance for the child;

114.24 (2) the insurer denied insurance;

114.25 (3) the parents submitted a complaint or appeal, in writing to the insurer, submitted
114.26 a complaint or appeal, in writing, to the commissioner of health or the commissioner of
114.27 commerce, or litigated the complaint or appeal; and

114.28 (4) as a result of the dispute, the insurer reversed its decision and granted insurance.

114.29 For purposes of this section, "insurance" has the meaning given in paragraph (h).

114.30 A parent who has requested a reduction in the contribution amount under this
114.31 paragraph shall submit proof in the form and manner prescribed by the commissioner or
114.32 county agency, including, but not limited to, the insurer's denial of insurance, the written
114.33 letter or complaint of the parents, court documents, and the written response of the insurer
114.34 approving insurance. The determinations of the commissioner or county agency under this
114.35 paragraph are not rules subject to chapter 14.

115.1 (j) Notwithstanding paragraph (b), for the period from July 1, 2010, to June 30,
115.2 2013, the parental contribution shall be computed by applying the following contribution
115.3 schedule to the adjusted gross income of the natural or adoptive parents:

115.4 (1) if the adjusted gross income is equal to or greater than 100 percent of federal
115.5 poverty guidelines and less than 175 percent of federal poverty guidelines, the parental
115.6 contribution is \$4 per month;

115.7 (2) if the adjusted gross income is equal to or greater than 175 percent of federal
115.8 poverty guidelines and less than or equal to 525 percent of federal poverty guidelines,
115.9 the parental contribution shall be determined using a sliding fee scale established by the
115.10 commissioner of human services which begins at one percent of adjusted gross income
115.11 at 175 percent of federal poverty guidelines and increases to eight percent of adjusted
115.12 gross income for those with adjusted gross income up to 525 percent of federal poverty
115.13 guidelines;

115.14 (3) if the adjusted gross income is greater than 525 percent of federal poverty
115.15 guidelines and less than 675 percent of federal poverty guidelines, the parental contribution
115.16 shall be 9.5 percent of adjusted gross income;

115.17 (4) if the adjusted gross income is equal to or greater than 675 percent of federal
115.18 poverty guidelines and less than 900 percent of federal poverty guidelines, the parental
115.19 contribution shall be determined using a sliding fee scale established by the commissioner
115.20 of human services which begins at 9.5 percent of adjusted gross income at 675 percent of
115.21 federal poverty guidelines and increases to 12 percent of adjusted gross income for those
115.22 with adjusted gross income up to 900 percent of federal poverty guidelines; and

115.23 (5) if the adjusted gross income is equal to or greater than 900 percent of federal
115.24 poverty guidelines, the parental contribution shall be 13.5 percent of adjusted gross
115.25 income. If the child lives with the parent, the annual adjusted gross income is reduced by
115.26 \$2,400 prior to calculating the parental contribution. If the child resides in an institution
115.27 specified in section 256B.35, the parent is responsible for the personal needs allowance
115.28 specified under that section in addition to the parental contribution determined under this
115.29 section. The parental contribution is reduced by any amount required to be paid directly to
115.30 the child pursuant to a court order, but only if actually paid.

115.31 **Sec. 7. [256.4825] REPORT REGARDING PROGRAMS AND SERVICES FOR**
115.32 **PEOPLE WITH DISABILITIES.**

115.33 The Minnesota State Council on Disability, the Minnesota Consortium for Citizens
115.34 with Disabilities, and the Arc of Minnesota may submit an annual report by January 15 of
115.35 each year, beginning in 2012, to the chairs and ranking minority members of the legislative

116.1 committees with jurisdiction over programs serving people with disabilities as provided in
116.2 this section. The report must describe the existing state policies and goals for programs
116.3 serving people with disabilities including, but not limited to, programs for employment,
116.4 transportation, housing, education, quality assurance, consumer direction, physical and
116.5 programmatic access, and health. The report must provide data and measurements to
116.6 assess the extent to which the policies and goals are being met. The commissioner of
116.7 human services and the commissioners of other state agencies administering programs for
116.8 people with disabilities shall cooperate with the Minnesota State Council on Disability,
116.9 the Minnesota Consortium for Citizens with Disabilities, and the Arc of Minnesota and
116.10 provide those organizations with existing published information and reports that will assist
116.11 in the preparation of the report.

116.12 Sec. 8. Minnesota Statutes 2009 Supplement, section 256.975, subdivision 7, is
116.13 amended to read:

116.14 Subd. 7. **Consumer information and assistance and long-term care options**
116.15 **counseling; Senior LinkAge Line.** (a) The Minnesota Board on Aging shall operate a
116.16 statewide service to aid older Minnesotans and their families in making informed choices
116.17 about long-term care options and health care benefits. Language services to persons with
116.18 limited English language skills may be made available. The service, known as Senior
116.19 LinkAge Line, must be available during business hours through a statewide toll-free
116.20 number and must also be available through the Internet.

116.21 (b) The service must provide long-term care options counseling by assisting older
116.22 adults, caregivers, and providers in accessing information and options counseling about
116.23 choices in long-term care services that are purchased through private providers or available
116.24 through public options. The service must:

116.25 (1) develop a comprehensive database that includes detailed listings in both
116.26 consumer- and provider-oriented formats;

116.27 (2) make the database accessible on the Internet and through other telecommunication
116.28 and media-related tools;

116.29 (3) link callers to interactive long-term care screening tools and make these tools
116.30 available through the Internet by integrating the tools with the database;

116.31 (4) develop community education materials with a focus on planning for long-term
116.32 care and evaluating independent living, housing, and service options;

116.33 (5) conduct an outreach campaign to assist older adults and their caregivers in
116.34 finding information on the Internet and through other means of communication;

117.1 (6) implement a messaging system for overflow callers and respond to these callers
117.2 by the next business day;

117.3 (7) link callers with county human services and other providers to receive more
117.4 in-depth assistance and consultation related to long-term care options;

117.5 (8) link callers with quality profiles for nursing facilities and other providers
117.6 developed by the commissioner of health;

117.7 (9) incorporate information about the availability of housing options, as well as
117.8 registered housing with services and consumer rights within the MinnesotaHelp.info
117.9 network long-term care database to facilitate consumer comparison of services and costs
117.10 among housing with services establishments and with other in-home services and to
117.11 support financial self-sufficiency as long as possible. Housing with services establishments
117.12 and their arranged home care providers shall provide information ~~to the commissioner of~~
117.13 ~~human services that is consistent with information required by the commissioner of health~~
117.14 ~~under section 144G.06, the Uniform Consumer Information Guide~~ that will facilitate price
117.15 comparisons, including delineation of charges for rent and for services available. The
117.16 commissioners of health and human services shall align the data elements required by
117.17 section 144G.06, the Uniform Consumer Information Guide, and this section to provide
117.18 consumers standardized information and ease of comparison of long-term care options.
117.19 The commissioner of human services shall provide the data to the Minnesota Board on
117.20 Aging for inclusion in the MinnesotaHelp.info network long-term care database;

117.21 (10) provide long-term care options counseling. Long-term care options counselors
117.22 shall:

117.23 (i) for individuals not eligible for case management under a public program or public
117.24 funding source, provide interactive decision support under which consumers, family
117.25 members, or other helpers are supported in their deliberations to determine appropriate
117.26 long-term care choices in the context of the consumer's needs, preferences, values, and
117.27 individual circumstances, including implementing a community support plan;

117.28 (ii) provide Web-based educational information and collateral written materials to
117.29 familiarize consumers, family members, or other helpers with the long-term care basics,
117.30 issues to be considered, and the range of options available in the community;

117.31 (iii) provide long-term care futures planning, which means providing assistance to
117.32 individuals who anticipate having long-term care needs to develop a plan for the more
117.33 distant future; and

117.34 (iv) provide expertise in benefits and financing options for long-term care, including
117.35 Medicare, long-term care insurance, tax or employer-based incentives, reverse mortgages,

118.1 private pay options, and ways to access low or no-cost services or benefits through
118.2 volunteer-based or charitable programs; and

118.3 (11) using risk management and support planning protocols, provide long-term care
118.4 options counseling to current residents of nursing homes deemed appropriate for discharge
118.5 by the commissioner. In order to meet this requirement, the commissioner shall provide
118.6 designated Senior LinkAge Line contact centers with a list of nursing home residents
118.7 appropriate for discharge planning via a secure Web portal. Senior LinkAge Line shall
118.8 provide these residents, if they indicate a preference to receive long-term care options
118.9 counseling, with initial assessment, review of risk factors, independent living support
118.10 consultation, or referral to:

118.11 (i) long-term care consultation services under section 256B.0911;

118.12 (ii) designated care coordinators of contracted entities under section 256B.035 for
118.13 persons who are enrolled in a managed care plan; or

118.14 (iii) the long-term care consultation team for those who are appropriate for relocation
118.15 service coordination due to high-risk factors or psychological or physical disability.

118.16 Sec. 9. Minnesota Statutes 2008, section 256B.057, subdivision 9, is amended to read:

118.17 Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid
118.18 for a person who is employed and who:

118.19 (1) but for excess earnings or assets, meets the definition of disabled under the
118.20 supplemental security income program;

118.21 (2) is at least 16 but less than 65 years of age;

118.22 (3) meets the asset limits in paragraph (c); and

118.23 (4) ~~effective November 1, 2003~~, pays a premium and other obligations under
118.24 paragraph (e).

118.25 Any spousal income or assets shall be disregarded for purposes of eligibility and premium
118.26 determinations.

118.27 (b) After the month of enrollment, a person enrolled in medical assistance under
118.28 this subdivision who:

118.29 (1) is temporarily unable to work and without receipt of earned income due to a
118.30 medical condition, as verified by a physician, may retain eligibility for up to four calendar
118.31 months; or

118.32 (2) effective January 1, 2004, loses employment for reasons not attributable to the
118.33 enrollee, may retain eligibility for up to four consecutive months after the month of job
118.34 loss. To receive a four-month extension, enrollees must verify the medical condition or

119.1 provide notification of job loss. All other eligibility requirements must be met and the
119.2 enrollee must pay all calculated premium costs for continued eligibility.

119.3 (c) For purposes of determining eligibility under this subdivision, a person's assets
119.4 must not exceed \$20,000, excluding:

119.5 (1) all assets excluded under section 256B.056;

119.6 (2) retirement accounts, including individual accounts, 401(k) plans, 403(b) plans,
119.7 Keogh plans, and pension plans; and

119.8 (3) medical expense accounts set up through the person's employer.

119.9 (d)(1) Effective January 1, 2004, for purposes of eligibility, there will be a \$65
119.10 earned income disregard. To be eligible, a person applying for medical assistance under
119.11 this subdivision must have earned income above the disregard level.

119.12 (2) Effective January 1, 2004, to be considered earned income, Medicare, Social
119.13 Security, and applicable state and federal income taxes must be withheld. To be eligible,
119.14 a person must document earned income tax withholding.

119.15 (e)(1) A person whose earned and unearned income is equal to or greater than 100
119.16 percent of federal poverty guidelines for the applicable family size must pay a premium
119.17 to be eligible for medical assistance under this subdivision. The premium shall be based
119.18 on the person's gross earned and unearned income and the applicable family size using a
119.19 sliding fee scale established by the commissioner, which begins at one percent of income
119.20 at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income
119.21 for those with incomes at or above 300 percent of the federal poverty guidelines. Annual
119.22 adjustments in the premium schedule based upon changes in the federal poverty guidelines
119.23 shall be effective for premiums due in July of each year.

119.24 (2) Effective January 1, 2004, all enrollees must pay a premium to be eligible for
119.25 medical assistance under this subdivision. An enrollee shall pay the greater of a \$35
119.26 premium or the premium calculated in clause (1).

119.27 (3) Effective November 1, 2003, all enrollees who receive unearned income must
119.28 pay one-half of one percent of unearned income in addition to the premium amount.

119.29 (4) Effective November 1, 2003, for enrollees whose income does not exceed 200
119.30 percent of the federal poverty guidelines and who are also enrolled in Medicare, the
119.31 commissioner must reimburse the enrollee for Medicare Part B premiums under section
119.32 256B.0625, subdivision 15, paragraph (a).

119.33 (5) Increases in benefits under title II of the Social Security Act shall not be counted
119.34 as income for purposes of this subdivision until July 1 of each year.

120.1 (f) A person's eligibility and premium shall be determined by the local county
120.2 agency. Premiums must be paid to the commissioner. All premiums are dedicated to
120.3 the commissioner.

120.4 (g) Any required premium shall be determined at application and redetermined at
120.5 the enrollee's six-month income review or when a change in income or household size is
120.6 reported. Enrollees must report any change in income or household size within ten days
120.7 of when the change occurs. A decreased premium resulting from a reported change in
120.8 income or household size shall be effective the first day of the next available billing month
120.9 after the change is reported. Except for changes occurring from annual cost-of-living
120.10 increases, a change resulting in an increased premium shall not affect the premium amount
120.11 until the next six-month review.

120.12 (h) Premium payment is due upon notification from the commissioner of the
120.13 premium amount required. Premiums may be paid in installments at the discretion of
120.14 the commissioner.

120.15 (i) Nonpayment of the premium shall result in denial or termination of medical
120.16 assistance unless the person demonstrates good cause for nonpayment. Good cause exists
120.17 if the requirements specified in Minnesota Rules, part 9506.0040, subpart 7, items B to
120.18 D, are met. Except when an installment agreement is accepted by the commissioner,
120.19 all persons disenrolled for nonpayment of a premium must pay any past due premiums
120.20 as well as current premiums due prior to being reenrolled. Nonpayment shall include
120.21 payment with a returned, refused, or dishonored instrument. The commissioner may
120.22 require a guaranteed form of payment as the only means to replace a returned, refused,
120.23 or dishonored instrument.

120.24 (j) The commissioner shall notify enrollees annually beginning at least 24 months
120.25 before the person's 65th birthday of the medical assistance eligibility rules affecting
120.26 income, assets, and treatment of a spouse's income and assets that will be applied upon
120.27 reaching age 65.

120.28 **EFFECTIVE DATE.** This section is effective January 1, 2011.

120.29 Sec. 10. Minnesota Statutes 2009 Supplement, section 256B.0659, subdivision 11,
120.30 is amended to read:

120.31 Subd. 11. **Personal care assistant; requirements.** (a) A personal care assistant
120.32 must meet the following requirements:

120.33 (1) be at least 18 years of age with the exception of persons who are 16 or 17 years
120.34 of age with these additional requirements:

120.35 (i) supervision by a qualified professional every 60 days; and

- 121.1 (ii) employment by only one personal care assistance provider agency responsible
121.2 for compliance with current labor laws;
- 121.3 (2) be employed by a personal care assistance provider agency;
- 121.4 (3) enroll with the department as a personal care assistant after clearing a background
121.5 study. Before a personal care assistant provides services, the personal care assistance
121.6 provider agency must initiate a background study on the personal care assistant under
121.7 chapter 245C, and the personal care assistance provider agency must have received a
121.8 notice from the commissioner that the personal care assistant is:
- 121.9 (i) not disqualified under section 245C.14; or
- 121.10 (ii) is disqualified, but the personal care assistant has received a set aside of the
121.11 disqualification under section 245C.22;
- 121.12 (4) be able to effectively communicate with the recipient and personal care
121.13 assistance provider agency;
- 121.14 (5) be able to provide covered personal care assistance services according to the
121.15 recipient's personal care assistance care plan, respond appropriately to recipient needs,
121.16 and report changes in the recipient's condition to the supervising qualified professional
121.17 or physician;
- 121.18 (6) not be a consumer of personal care assistance services;
- 121.19 (7) maintain daily written records including, but not limited to, time sheets under
121.20 subdivision 12;
- 121.21 (8) effective January 1, 2010, complete standardized training as determined by the
121.22 commissioner before completing enrollment. Personal care assistant training must include
121.23 successful completion of the following training components: basic first aid, vulnerable
121.24 adult, child maltreatment, OSHA universal precautions, basic roles and responsibilities of
121.25 personal care assistants including information about assistance with lifting and transfers
121.26 for recipients, emergency preparedness, orientation to positive behavioral practices, fraud
121.27 issues, and completion of time sheets. Upon completion of the training components,
121.28 the personal care assistant must demonstrate the competency to provide assistance to
121.29 recipients;
- 121.30 (9) complete training and orientation on the needs of the recipient within the first
121.31 seven days after the services begin; and
- 121.32 (10) be limited to providing and being paid for up to ~~310~~ 275 hours per month of
121.33 personal care assistance services regardless of the number of recipients being served or the
121.34 number of personal care assistance provider agencies enrolled with.
- 121.35 (b) A legal guardian may be a personal care assistant if the guardian is not being paid
121.36 for the guardian services and meets the criteria for personal care assistants in paragraph (a).

122.1 (c) Effective January 1, 2010, persons who do not qualify as a personal care assistant
122.2 include parents and stepparents of minors, spouses, paid legal guardians, family foster
122.3 care providers, except as otherwise allowed in section 256B.0625, subdivision 19a, or
122.4 staff of a residential setting.

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

122.6 Sec. 11. Minnesota Statutes 2008, section 256B.0915, is amended by adding a
122.7 subdivision to read:

122.8 **Subd. 3i. Rate reduction for customized living and 24-hour customized living**
122.9 **services.** (a) Effective July 1, 2010, the commissioner shall reduce service component
122.10 rates and service rate limits for customized living services and 24-hour customized living
122.11 services, from the rates in effect on June 30, 2010, by five percent.

122.12 (b) To implement the rate reductions in this subdivision, capitation rates paid by the
122.13 commissioner to managed care organizations under section 256B.69 shall reflect a ten
122.14 percent reduction for the specified services for the period January 1, 2011, to June 30,
122.15 2011, and a five percent reduction for those services on and after July 1, 2011.

122.16 Sec. 12. Minnesota Statutes 2009 Supplement, section 256B.441, subdivision 55,
122.17 is amended to read:

122.18 **Subd. 55. Phase-in of rebased operating payment rates.** (a) For the rate years
122.19 beginning October 1, 2008, to October 1, 2015, the operating payment rate calculated
122.20 under this section shall be phased in by blending the operating rate with the operating
122.21 payment rate determined under section 256B.434. For purposes of this subdivision, the
122.22 rate to be used that is determined under section 256B.434 shall not include the portion of
122.23 the operating payment rate related to performance-based incentive payments under section
122.24 256B.434, subdivision 4, paragraph (d). For the rate year beginning October 1, 2008, the
122.25 operating payment rate for each facility shall be 13 percent of the operating payment rate
122.26 from this section, and 87 percent of the operating payment rate from section 256B.434.
122.27 ~~For the rate year beginning October 1, 2009, the operating payment rate for each facility~~
122.28 ~~shall be 14 percent of the operating payment rate from this section, and 86 percent of~~
122.29 ~~the operating payment rate from section 256B.434. For rate years beginning October 1,~~
122.30 ~~2010, October 1, 2011, and October 1, 2012, For the rate period from October 1, 2009, to~~
122.31 September 30, 2013, no rate adjustments shall be implemented under this section, but shall
122.32 be determined under section 256B.434. For the rate year beginning October 1, 2013, the
122.33 operating payment rate for each facility shall be 65 percent of the operating payment rate
122.34 from this section, and 35 percent of the operating payment rate from section 256B.434.

123.1 For the rate year beginning October 1, 2014, the operating payment rate for each facility
123.2 shall be 82 percent of the operating payment rate from this section, and 18 percent of the
123.3 operating payment rate from section 256B.434. For the rate year beginning October 1,
123.4 2015, the operating payment rate for each facility shall be the operating payment rate
123.5 determined under this section. The blending of operating payment rates under this section
123.6 shall be performed separately for each RUG's class.

123.7 (b) For the rate year beginning October 1, 2008, the commissioner shall apply limits
123.8 to the operating payment rate increases under paragraph (a) by creating a minimum
123.9 percentage increase and a maximum percentage increase.

123.10 (1) Each nursing facility that receives a blended October 1, 2008, operating payment
123.11 rate increase under paragraph (a) of less than one percent, when compared to its operating
123.12 payment rate on September 30, 2008, computed using rates with RUG's weight of 1.00,
123.13 shall receive a rate adjustment of one percent.

123.14 (2) The commissioner shall determine a maximum percentage increase that will
123.15 result in savings equal to the cost of allowing the minimum increase in clause (1). Nursing
123.16 facilities with a blended October 1, 2008, operating payment rate increase under paragraph
123.17 (a) greater than the maximum percentage increase determined by the commissioner, when
123.18 compared to its operating payment rate on September 30, 2008, computed using rates with
123.19 a RUG's weight of 1.00, shall receive the maximum percentage increase.

123.20 (3) Nursing facilities with a blended October 1, 2008, operating payment rate
123.21 increase under paragraph (a) greater than one percent and less than the maximum
123.22 percentage increase determined by the commissioner, when compared to its operating
123.23 payment rate on September 30, 2008, computed using rates with a RUG's weight of 1.00,
123.24 shall receive the blended October 1, 2008, operating payment rate increase determined
123.25 under paragraph (a).

123.26 (4) The October 1, 2009, through October 1, 2015, operating payment rate for
123.27 facilities receiving the maximum percentage increase determined in clause (2) shall be
123.28 the amount determined under paragraph (a) less the difference between the amount
123.29 determined under paragraph (a) for October 1, 2008, and the amount allowed under clause
123.30 (2). This rate restriction does not apply to rate increases provided in any other section.

123.31 (c) A portion of the funds received under this subdivision that are in excess of
123.32 operating payment rates that a facility would have received under section 256B.434, as
123.33 determined in accordance with clauses (1) to (3), shall be subject to the requirements in
123.34 section 256B.434, subdivision 19, paragraphs (b) to (h).

123.35 (1) Determine the amount of additional funding available to a facility, which shall be
123.36 equal to total medical assistance resident days from the most recent reporting year times

124.1 the difference between the blended rate determined in paragraph (a) for the rate year being
124.2 computed and the blended rate for the prior year.

124.3 (2) Determine the portion of all operating costs, for the most recent reporting year,
124.4 that are compensation related. If this value exceeds 75 percent, use 75 percent.

124.5 (3) Subtract the amount determined in clause (2) from 75 percent.

124.6 (4) The portion of the fund received under this subdivision that shall be subject to
124.7 the requirements in section 256B.434, subdivision 19, paragraphs (b) to (h), shall equal
124.8 the amount determined in clause (1) times the amount determined in clause (3).

124.9 **EFFECTIVE DATE.** This section is effective retroactive to October 1, 2009.

124.10 Sec. 13. Minnesota Statutes 2009 Supplement, section 256B.69, subdivision 23,
124.11 is amended to read:

124.12 Subd. 23. **Alternative services; elderly and disabled persons.** (a) The
124.13 commissioner may implement demonstration projects to create alternative integrated
124.14 delivery systems for acute and long-term care services to elderly persons and persons
124.15 with disabilities as defined in section 256B.77, subdivision 7a, that provide increased
124.16 coordination, improve access to quality services, and mitigate future cost increases.
124.17 The commissioner may seek federal authority to combine Medicare and Medicaid
124.18 capitation payments for the purpose of such demonstrations and may contract with
124.19 Medicare-approved special needs plans to provide Medicaid services. Medicare funds and
124.20 services shall be administered according to the terms and conditions of the federal contract
124.21 and demonstration provisions. For the purpose of administering medical assistance funds,
124.22 demonstrations under this subdivision are subject to subdivisions 1 to 22. The provisions
124.23 of Minnesota Rules, parts 9500.1450 to 9500.1464, apply to these demonstrations,
124.24 with the exceptions of parts 9500.1452, subpart 2, item B; and 9500.1457, subpart 1,
124.25 items B and C, which do not apply to persons enrolling in demonstrations under this
124.26 section. An initial open enrollment period may be provided. Persons who disenroll from
124.27 demonstrations under this subdivision remain subject to Minnesota Rules, parts 9500.1450
124.28 to 9500.1464. When a person is enrolled in a health plan under these demonstrations and
124.29 the health plan's participation is subsequently terminated for any reason, the person shall
124.30 be provided an opportunity to select a new health plan and shall have the right to change
124.31 health plans within the first 60 days of enrollment in the second health plan. Persons
124.32 required to participate in health plans under this section who fail to make a choice of
124.33 health plan shall not be randomly assigned to health plans under these demonstrations.
124.34 Notwithstanding section 256L.12, subdivision 5, and Minnesota Rules, part 9505.5220,
124.35 subpart 1, item A, if adopted, for the purpose of demonstrations under this subdivision,

125.1 the commissioner may contract with managed care organizations, including counties, to
125.2 serve only elderly persons eligible for medical assistance, elderly and disabled persons, or
125.3 disabled persons only. For persons with a primary diagnosis of developmental disability,
125.4 serious and persistent mental illness, or serious emotional disturbance, the commissioner
125.5 must ensure that the county authority has approved the demonstration and contracting
125.6 design. Enrollment in these projects for persons with disabilities shall be voluntary. The
125.7 commissioner shall not implement any demonstration project under this subdivision for
125.8 persons with a primary diagnosis of developmental disabilities, serious and persistent
125.9 mental illness, or serious emotional disturbance, without approval of the county board of
125.10 the county in which the demonstration is being implemented.

125.11 (b) Notwithstanding chapter 245B, sections 252.40 to 252.46, 256B.092, 256B.501
125.12 to 256B.5015, and Minnesota Rules, parts 9525.0004 to 9525.0036, 9525.1200 to
125.13 9525.1330, 9525.1580, and 9525.1800 to 9525.1930, the commissioner may implement
125.14 under this section projects for persons with developmental disabilities. The commissioner
125.15 may capitate payments for ICF/MR services, waived services for developmental
125.16 disabilities, including case management services, day training and habilitation and
125.17 alternative active treatment services, and other services as approved by the state and by the
125.18 federal government. Case management and active treatment must be individualized and
125.19 developed in accordance with a person-centered plan. Costs under these projects may not
125.20 exceed costs that would have been incurred under fee-for-service. Beginning July 1, 2003,
125.21 and until four years after the pilot project implementation date, subcontractor participation
125.22 in the long-term care developmental disability pilot is limited to a nonprofit long-term
125.23 care system providing ICF/MR services, home and community-based waiver services,
125.24 and in-home services to no more than 120 consumers with developmental disabilities in
125.25 Carver, Hennepin, and Scott Counties. The commissioner shall report to the legislature
125.26 prior to expansion of the developmental disability pilot project. This paragraph expires
125.27 four years after the implementation date of the pilot project.

125.28 (c) Before implementation of a demonstration project for disabled persons, the
125.29 commissioner must provide information to appropriate committees of the house of
125.30 representatives and senate and must involve representatives of affected disability groups
125.31 in the design of the demonstration projects.

125.32 (d) A nursing facility reimbursed under the alternative reimbursement methodology
125.33 in section 256B.434 may, in collaboration with a hospital, clinic, or other health care entity
125.34 provide services under paragraph (a). The commissioner shall amend the state plan and
125.35 seek any federal waivers necessary to implement this paragraph.

126.1 (e) The commissioner, in consultation with the commissioners of commerce and
126.2 health, may approve and implement programs for all-inclusive care for the elderly (PACE)
126.3 according to federal laws and regulations governing that program and state laws or rules
126.4 applicable to participating providers. ~~The process for approval of these programs shall~~
126.5 ~~begin only after the commissioner receives grant money in an amount sufficient to cover~~
126.6 ~~the state share of the administrative and actuarial costs to implement the programs during~~
126.7 ~~state fiscal years 2006 and 2007. Grant amounts for this purpose shall be deposited in an~~
126.8 ~~account in the special revenue fund and are appropriated to the commissioner to be used~~
126.9 ~~solely for the purpose of PACE administrative and actuarial costs.~~ A PACE provider is
126.10 not required to be licensed or certified as a health plan company as defined in section
126.11 62Q.01, subdivision 4. Persons age 55 and older who have been screened by the county
126.12 and found to be eligible for services under the elderly waiver or community alternatives
126.13 for disabled individuals or who are already eligible for Medicaid but meet level of
126.14 care criteria for receipt of waiver services may choose to enroll in the PACE program.
126.15 Medicare and Medicaid services will be provided according to this subdivision and
126.16 federal Medicare and Medicaid requirements governing PACE providers and programs.
126.17 PACE enrollees will receive Medicaid home and community-based services through the
126.18 PACE provider as an alternative to services for which they would otherwise be eligible
126.19 through home and community-based waiver programs and Medicaid State Plan Services.
126.20 The commissioner shall establish Medicaid rates for PACE providers that do not exceed
126.21 costs that would have been incurred under fee-for-service or other relevant managed care
126.22 programs operated by the state.

126.23 (f) The commissioner shall seek federal approval to expand the Minnesota disability
126.24 health options (MnDHO) program established under this subdivision in stages, first to
126.25 regional population centers outside the seven-county metro area and then to all areas of
126.26 the state. Until July 1, 2009, expansion for MnDHO projects that include home and
126.27 community-based services is limited to the two projects and service areas in effect on
126.28 March 1, 2006. Enrollment in integrated MnDHO programs that include home and
126.29 community-based services shall remain voluntary. Costs for home and community-based
126.30 services included under MnDHO must not exceed costs that would have been incurred
126.31 under the fee-for-service program. Notwithstanding whether expansion occurs under
126.32 this paragraph, in determining MnDHO payment rates and risk adjustment methods ~~for~~
126.33 ~~contract years starting in 2012~~, the commissioner must consider the methods used to
126.34 determine county allocations for home and community-based program participants. If
126.35 necessary to reduce MnDHO rates to comply with the provision regarding MnDHO costs
126.36 for home and community-based services, the commissioner shall achieve the reduction

127.1 by maintaining the base rate for contract ~~years~~ year 2010 and 2011 for services provided
127.2 under the community alternatives for disabled individuals waiver at the same level as for
127.3 contract year 2009. The commissioner may apply other reductions to MnDHO rates to
127.4 implement decreases in provider payment rates required by state law. Effective January
127.5 1, 2011, enrollment and operation of the MnDHO program in effect during 2010 shall
127.6 cease. The commissioner may reopen the program provided all applicable conditions of
127.7 this section are met. In developing program specifications for expansion of integrated
127.8 programs, the commissioner shall involve and consult the state-level stakeholder group
127.9 established in subdivision 28, paragraph (d), including consultation on whether and how
127.10 to include home and community-based waiver programs. ~~Plans for further expansion of to~~
127.11 reopen MnDHO projects shall be presented to the chairs of the house of representatives
127.12 and senate committees with jurisdiction over health and human services policy and finance
127.13 ~~by February 1, 2007~~ prior to implementation.

127.14 (g) Notwithstanding section 256B.0261, health plans providing services under this
127.15 section are responsible for home care targeted case management and relocation targeted
127.16 case management. Services must be provided according to the terms of the waivers and
127.17 contracts approved by the federal government.

127.18 Sec. 14. Laws 2009, chapter 79, article 8, section 51, the effective date, is amended to
127.19 read:

127.20 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2011.

127.21 Sec. 15. Laws 2009, chapter 79, article 8, section 84, is amended to read:

127.22 Sec. 84. **HOUSING OPTIONS.**

127.23 The commissioner of human services, in consultation with the commissioner of
127.24 administration and the Minnesota Housing Finance Agency, and representatives of
127.25 counties, residents' advocacy groups, consumers of housing services, and provider
127.26 agencies shall explore ways to maximize the availability and affordability of housing
127.27 choices available to persons with disabilities or who need care assistance due to other
127.28 health challenges. A goal shall also be to minimize state physical plant costs in order to
127.29 serve more persons with appropriate program and care support. Consideration shall be
127.30 given to:

127.31 (1) improved access to rent subsidies;

127.32 (2) use of cooperatives, land trusts, and other limited equity ownership models;

127.33 (3) whether a public equity housing fund should be established that would maintain
127.34 the state's interest, to the extent paid from state funds, including group residential housing

128.1 and Minnesota supplemental aid shelter-needy funds in provider-owned housing, so that
128.2 when sold, the state would recover its share for a public equity fund to be used for future
128.3 public needs under this chapter;

128.4 (4) the desirability of the state acquiring an ownership interest or promoting the
128.5 use of publicly owned housing;

128.6 (5) promoting more choices in the market for accessible housing that meets the
128.7 needs of persons with physical challenges; ~~and~~

128.8 (6) what consumer ownership models, if any, are appropriate; and

128.9 (7) a review of the definition of home and community services and appropriate
128.10 settings where these services may be provided, including the number of people who
128.11 may reside under one roof, through the home and community-based waivers for seniors
128.12 and individuals with disabilities.

128.13 The commissioner shall provide a written report on the findings of the evaluation of
128.14 housing options to the chairs and ranking minority members of the house of representatives
128.15 and senate standing committees with jurisdiction over health and human services policy
128.16 and funding by December 15, 2010. This report shall replace the November 1, 2010,
128.17 annual report by the commissioner required in Minnesota Statutes, sections 256B.0916,
128.18 subdivision 7, and 256B.49, subdivision 21.

128.19 Sec. 16. **COMMISSIONER TO SEEK FEDERAL MATCH.**

128.20 (a) The commissioner of human services shall seek federal financial participation
128.21 for eligible activity related to fiscal years 2010 and 2011 grants to Advocating Change
128.22 Together to establish a statewide self-advocacy network for persons with developmental
128.23 disabilities and for eligible activities under any future grants to the organization.

128.24 (b) The commissioner shall report to the chairs and ranking minority members of
128.25 the senate Health and Human Services Budget Division and the house of representatives
128.26 Health Care and Human Services Finance Division by December 15, 2010, with the
128.27 results of the application for federal matching funds.

128.28 Sec. 17. **ICF/MR RATE INCREASE.**

128.29 The daily rate at an intermediate care facility for the developmentally disabled
128.30 located in Clearwater County and classified as a Class A facility with 15 beds shall be
128.31 increased from \$112.73 to \$138.23 for the rate period July 1, 2010, to June 30, 2011.

129.1 **ARTICLE 18**

129.2 **CHILDREN AND FAMILY SERVICES**

129.3 Section 1. Minnesota Statutes 2008, section 256D.0515, is amended to read:

129.4 **256D.0515 ASSET LIMITATIONS FOR FOOD STAMP HOUSEHOLDS.**

129.5 All food stamp households must be determined eligible for the benefit discussed
129.6 under section 256.029. Food stamp households must demonstrate that:

129.7 ~~(1) their gross income meets the federal Food Stamp requirements under United~~
129.8 ~~States Code, title 7, section 2014(c); and~~

129.9 ~~(2) they have financial resources, excluding vehicles, of less than \$7,000 is equal to~~
129.10 or less than 165 percent of the federal poverty guidelines for the same family size.

129.11 **EFFECTIVE DATE.** This section is effective November 1, 2010.

129.12 Sec. 2. Minnesota Statutes 2008, section 256I.05, is amended by adding a subdivision
129.13 to read:

129.14 Subd. 1n. **Supplemental rate; Mahnomen County.** Notwithstanding the
129.15 provisions of this section, for the rate period July 1, 2010, to June 30, 2011, a county
129.16 agency shall negotiate a supplemental service rate in addition to the rate specified in
129.17 subdivision 1, not to exceed \$753 per month or the existing rate, including any legislative
129.18 authorized inflationary adjustments, for a group residential provider located in Mahnomen
129.19 County that operates a 28-bed facility providing 24-hour care to individuals who are
129.20 homeless, disabled, chemically dependent, mentally ill, or chronically homeless.

129.21 Sec. 3. Minnesota Statutes 2008, section 256J.24, subdivision 6, is amended to read:

129.22 Subd. 6. **Family cap.** (a) MFIP assistance units shall not receive an increase in the
129.23 cash portion of the transitional standard as a result of the birth of a child, unless one of
129.24 the conditions under paragraph (b) is met. The child shall be considered a member of the
129.25 assistance unit according to subdivisions 1 to 3, but shall be excluded in determining
129.26 family size for purposes of determining the amount of the cash portion of the transitional
129.27 standard under subdivision 5. The child shall be included in determining family size for
129.28 purposes of determining the food portion of the transitional standard. The transitional
129.29 standard under this subdivision shall be the total of the cash and food portions as specified
129.30 in this paragraph. The family wage level under this subdivision shall be based on the
129.31 family size used to determine the food portion of the transitional standard.

130.1 (b) A child shall be included in determining family size for purposes of determining
130.2 the amount of the cash portion of the MFIP transitional standard when at least one of
130.3 the following conditions is met:

130.4 (1) for families receiving MFIP assistance on July 1, 2003, the child is born to the
130.5 adult parent before May 1, 2004;

130.6 (2) for families who apply for the diversionary work program under section 256J.95
130.7 or MFIP assistance on or after July 1, 2003, the child is born to the adult parent within
130.8 ten months of the date the family is eligible for assistance;

130.9 (3) the child was conceived as a result of a sexual assault or incest, provided that the
130.10 incident has been reported to a law enforcement agency;

130.11 (4) the child's mother is a minor caregiver as defined in section 256J.08, subdivision
130.12 59, and the child, or multiple children, are the mother's first birth; ~~or~~

130.13 (5) the child is the mother's first child subsequent to a pregnancy that did not result
130.14 in a live birth; or

130.15 (6) any child previously excluded in determining family size under paragraph
130.16 (a) shall be included if the adult parent or parents have not received benefits from the
130.17 diversionary work program under section 256J.95 or MFIP assistance in the previous ten
130.18 months. An adult parent or parents who reapply and have received benefits from the
130.19 diversionary work program or MFIP assistance in the past ten months shall be under the
130.20 ten-month grace period of their previous application under clause (2).

130.21 (c) Income and resources of a child excluded under this subdivision, except child
130.22 support received or distributed on behalf of this child, must be considered using the same
130.23 policies as for other children when determining the grant amount of the assistance unit.

130.24 (d) The caregiver must assign support and cooperate with the child support
130.25 enforcement agency to establish paternity and collect child support on behalf of the
130.26 excluded child. Failure to cooperate results in the sanction specified in section 256J.46,
130.27 subdivisions 2 and 2a. Current support paid on behalf of the excluded child shall be
130.28 distributed according to section 256.741, subdivision 15.

130.29 (e) County agencies must inform applicants of the provisions under this subdivision
130.30 at the time of each application and at recertification.

130.31 (f) Children excluded under this provision shall be deemed MFIP recipients for
130.32 purposes of child care under chapter 119B.

130.33 **EFFECTIVE DATE.** This section is effective September 1, 2010.

130.34 Sec. 4. Minnesota Statutes 2009 Supplement, section 256J.425, subdivision 3, is
130.35 amended to read:

131.1 Subd. 3. **Hard-to-employ participants.** (a) An assistance unit subject to the time
131.2 limit in section 256J.42, subdivision 1, is eligible to receive months of assistance under
131.3 a hardship extension if the participant who reached the time limit belongs to any of the
131.4 following groups:

131.5 (1) a person who is diagnosed by a licensed physician, psychological practitioner, or
131.6 other qualified professional, as developmentally disabled or mentally ill, and the condition
131.7 severely limits the person's ability to obtain or maintain suitable employment;

131.8 (2) a person who:

131.9 (i) has been assessed by a vocational specialist or the county agency to be
131.10 unemployable for purposes of this subdivision; or

131.11 (ii) has an IQ below 80 who has been assessed by a vocational specialist or a county
131.12 agency to be employable, but the condition severely limits the person's ability to obtain or
131.13 maintain suitable employment. The determination of IQ level must be made by a qualified
131.14 professional. In the case of a non-English-speaking person: (A) the determination must
131.15 be made by a qualified professional with experience conducting culturally appropriate
131.16 assessments, whenever possible; (B) the county may accept reports that identify an
131.17 IQ range as opposed to a specific score; (C) these reports must include a statement of
131.18 confidence in the results;

131.19 (3) a person who is determined by a qualified professional to be learning disabled,
131.20 and the condition severely limits the person's ability to obtain or maintain suitable
131.21 employment. For purposes of the initial approval of a learning disability extension, the
131.22 determination must have been made or confirmed within the previous 12 months. In the
131.23 case of a non-English-speaking person: (i) the determination must be made by a qualified
131.24 professional with experience conducting culturally appropriate assessments, whenever
131.25 possible; and (ii) these reports must include a statement of confidence in the results. If a
131.26 rehabilitation plan for a participant extended as learning disabled is developed or approved
131.27 by the county agency, the plan must be incorporated into the employment plan. However,
131.28 a rehabilitation plan does not replace the requirement to develop and comply with an
131.29 employment plan under section 256J.521; or

131.30 (4) a person who has been granted a family violence waiver, and who is complying
131.31 with an employment plan under section 256J.521, subdivision 3.

131.32 (b) For purposes of this ~~section~~ chapter, "severely limits the person's ability to obtain
131.33 or maintain suitable employment" means:

131.34 (1) that a qualified professional has determined that the person's condition prevents
131.35 the person from working 20 or more hours per week; or

132.1 (2) for a person who meets the requirements of paragraph (a), clause (2), item (ii), or
132.2 clause (3), a qualified professional has determined the person's condition:
132.3 (i) significantly restricts the range of employment that the person is able to perform;
132.4 or
132.5 (ii) significantly interferes with the person's ability to obtain or maintain suitable
132.6 employment for 20 or more hours per week.

132.7 Sec. 5. Minnesota Statutes 2009 Supplement, section 256J.621, is amended to read:

132.8 **256J.621 WORK PARTICIPATION CASH BENEFITS.**

132.9 (a) Effective October 1, 2009, upon exiting the diversionary work program (DWP)
132.10 or upon terminating the Minnesota family investment program with earnings, a participant
132.11 who is employed may be eligible for work participation cash benefits of ~~\$50~~ \$25 per
132.12 month to assist in meeting the family's basic needs as the participant continues to move
132.13 toward self-sufficiency.

132.14 (b) To be eligible for work participation cash benefits, the participant shall not
132.15 receive MFIP or diversionary work program assistance during the month and the
132.16 participant or participants must meet the following work requirements:

132.17 (1) if the participant is a single caregiver and has a child under six years of age, the
132.18 participant must be employed at least 87 hours per month;

132.19 (2) if the participant is a single caregiver and does not have a child under six years of
132.20 age, the participant must be employed at least 130 hours per month; or

132.21 (3) if the household is a two-parent family, at least one of the parents must be
132.22 employed an average of at least 130 hours per month.

132.23 Whenever a participant exits the diversionary work program or is terminated from
132.24 MFIP and meets the other criteria in this section, work participation cash benefits are
132.25 available for up to 24 consecutive months.

132.26 (c) Expenditures on the program are maintenance of effort state funds under
132.27 a separate state program for participants under paragraph (b), clauses (1) and (2).
132.28 Expenditures for participants under paragraph (b), clause (3), are nonmaintenance of effort
132.29 funds. Months in which a participant receives work participation cash benefits under this
132.30 section do not count toward the participant's MFIP 60-month time limit.

132.31 **EFFECTIVE DATE.** This section is effective October 1, 2010.

132.32 **ARTICLE 19**

132.33 **MISCELLANEOUS**

132.34 Section 1. **[62Q.545] COVERAGE OF PRIVATE DUTY NURSING SERVICES.**

133.1 (a) Private duty nursing services, as provided under section 256B.0625, subdivision
133.2 7, with the exception of section 256B.0654, subdivision 4, shall be covered under a health
133.3 plan for persons who are concurrently covered by both the health plan and enrolled in
133.4 medical assistance under chapter 256B.

133.5 (b) For purposes of this section, a period of private duty nursing services may
133.6 be subject to the co-payment, coinsurance, deductible, or other enrollee cost-sharing
133.7 requirements that apply under the health plan. Cost-sharing requirements for private
133.8 duty nursing services must not place a greater financial burden on the insured or enrollee
133.9 than those requirements applied by the health plan to other similar services or benefits.
133.10 Nothing in this section is intended to prevent a health plan company from requiring
133.11 prior authorization by the health plan company for such services as required by section
133.12 256B.0625, subdivision 7, or use of contracted providers under the applicable provisions
133.13 of the health plan.

133.14 **EFFECTIVE DATE.** This section is effective July 1, 2010, and applies to health
133.15 plans offered, sold, issued, or renewed on or after that date.

133.16 **Sec. 2. [137.32] MINNESOTA COUPLES ON THE BRINK PROJECT.**

133.17 Subdivision 1. **Establishment.** Within the limits of available appropriations, the
133.18 Board of Regents of the University of Minnesota is requested to develop and implement
133.19 a Minnesota couples on the brink project, as provided for in this section. The regents
133.20 may administer the project with federal grants, state appropriations, and in-kind services
133.21 received for this purpose.

133.22 Subd. 2. **Purpose.** The purpose of the project is to develop, evaluate, and
133.23 disseminate best practices for promoting successful reconciliation between married
133.24 persons who are considering or have commenced a marriage dissolution proceeding and
133.25 who choose to pursue reconciliation.

133.26 Subd. 3. **Implementation.** The regents shall:

133.27 (1) enter into contracts or manage a grant process for implementation of the project;

133.28 and

133.29 (2) develop and implement an evaluation component for the project.

133.30 **Sec. 3. Minnesota Statutes 2008, section 152.126, as amended by Laws 2009, chapter**
133.31 **79, article 11, sections 9, 10, and 11, is amended to read:**

133.32 **152.126 ~~SCHEDULE H AND H~~ CONTROLLED SUBSTANCES**
133.33 **PRESCRIPTION ELECTRONIC REPORTING SYSTEM.**

134.1 Subdivision 1. **Definitions.** For purposes of this section, the terms defined in this
134.2 subdivision have the meanings given.

134.3 (a) "Board" means the Minnesota State Board of Pharmacy established under
134.4 chapter 151.

134.5 (b) "Controlled substances" means those substances listed in section 152.02,
134.6 subdivisions 3 to 5, and those substances defined by the board pursuant to section 152.02,
134.7 subdivisions 7, 8, and 12.

134.8 (c) "Dispense" or "dispensing" has the meaning given in section 151.01, subdivision
134.9 30. Dispensing does not include the direct administering of a controlled substance to a
134.10 patient by a licensed health care professional.

134.11 (d) "Dispenser" means a person authorized by law to dispense a controlled substance,
134.12 pursuant to a valid prescription. For the purposes of this section, a dispenser does not
134.13 include a licensed hospital pharmacy that distributes controlled substances for inpatient
134.14 hospital care or a veterinarian who is dispensing prescriptions under section 156.18.

134.15 (e) "Prescriber" means a licensed health care professional who is authorized to
134.16 prescribe a controlled substance under section 152.12, subdivision 1.

134.17 (f) "Prescription" has the meaning given in section 151.01, subdivision 16.

134.18 Subd. 1a. **Treatment of intractable pain.** This section is not intended to limit or
134.19 interfere with the legitimate prescribing of controlled substances for pain. No prescriber
134.20 shall be subject to disciplinary action by a health-related licensing board for prescribing a
134.21 controlled substance according to the provisions of section 152.125.

134.22 Subd. 2. **Prescription electronic reporting system.** (a) The board shall establish
134.23 by January 1, 2010, an electronic system for reporting the information required under
134.24 subdivision 4 for all controlled substances dispensed within the state.

134.25 (b) The board may contract with a vendor for the purpose of obtaining technical
134.26 assistance in the design, implementation, operation, and maintenance of the electronic
134.27 reporting system.

134.28 Subd. 3. **Prescription Electronic Reporting Advisory Committee.** (a) The
134.29 board shall convene an advisory committee. The committee must include at least one
134.30 representative of:

134.31 (1) the Department of Health;

134.32 (2) the Department of Human Services;

134.33 (3) each health-related licensing board that licenses prescribers;

134.34 (4) a professional medical association, which may include an association of pain
134.35 management and chemical dependency specialists;

134.36 (5) a professional pharmacy association;

- 135.1 (6) a professional nursing association;
- 135.2 (7) a professional dental association;
- 135.3 (8) a consumer privacy or security advocate; and
- 135.4 (9) a consumer or patient rights organization.

135.5 (b) The advisory committee shall advise the board on the development and operation
135.6 of the electronic reporting system, including, but not limited to:

- 135.7 (1) technical standards for electronic prescription drug reporting;
- 135.8 (2) proper analysis and interpretation of prescription monitoring data; and
- 135.9 (3) an evaluation process for the program.

135.10 ~~(c) The Board of Pharmacy, after consultation with the advisory committee, shall~~
135.11 ~~present recommendations and draft legislation on the issues addressed by the advisory~~
135.12 ~~committee under paragraph (b), to the legislature by December 15, 2007.~~

135.13 Subd. 4. **Reporting requirements; notice.** (a) Each dispenser must submit the
135.14 following data to the board or its designated vendor, subject to the notice required under
135.15 paragraph (d):

- 135.16 (1) name of the prescriber;
- 135.17 (2) national provider identifier of the prescriber;
- 135.18 (3) name of the dispenser;
- 135.19 (4) national provider identifier of the dispenser;
- 135.20 (5) prescription number;
- 135.21 (6) name of the patient for whom the prescription was written;
- 135.22 (7) address of the patient for whom the prescription was written;
- 135.23 (8) date of birth of the patient for whom the prescription was written;
- 135.24 (9) date the prescription was written;
- 135.25 (10) date the prescription was filled;
- 135.26 (11) name and strength of the controlled substance;
- 135.27 (12) quantity of controlled substance prescribed;
- 135.28 (13) quantity of controlled substance dispensed; and
- 135.29 (14) number of days supply.

135.30 (b) The dispenser must submit the required information by a procedure and in a
135.31 format established by the board. The board may allow dispensers to omit data listed in this
135.32 subdivision or may require the submission of data not listed in this subdivision provided
135.33 the omission or submission is necessary for the purpose of complying with the electronic
135.34 reporting or data transmission standards of the American Society for Automation in
135.35 Pharmacy, the National Council on Prescription Drug Programs, or other relevant national
135.36 standard-setting body.

136.1 (c) A dispenser is not required to submit this data for those controlled substance
136.2 prescriptions dispensed for:

136.3 (1) individuals residing in licensed skilled nursing or intermediate care facilities;

136.4 (2) individuals receiving assisted living services under chapter 144G or through a
136.5 medical assistance home and community-based waiver;

136.6 (3) individuals receiving medication intravenously;

136.7 (4) individuals receiving hospice and other palliative or end-of-life care; and

136.8 (5) individuals receiving services from a home care provider regulated under chapter
136.9 144A.

136.10 (d) A dispenser must not submit data under this subdivision unless a conspicuous
136.11 notice of the reporting requirements of this section is given to the patient for whom the
136.12 prescription was written.

136.13 Subd. 5. **Use of data by board.** (a) The board shall develop and maintain a database
136.14 of the data reported under subdivision 4. The board shall maintain data that could identify
136.15 an individual prescriber or dispenser in encrypted form. The database may be used by
136.16 permissible users identified under subdivision 6 for the identification of:

136.17 (1) individuals receiving prescriptions for controlled substances from prescribers
136.18 who subsequently obtain controlled substances from dispensers in quantities or with a
136.19 frequency inconsistent with generally recognized standards of use for those controlled
136.20 substances, including standards accepted by national and international pain management
136.21 associations; and

136.22 (2) individuals presenting forged or otherwise false or altered prescriptions for
136.23 controlled substances to dispensers.

136.24 (b) No permissible user identified under subdivision 6 may access the database
136.25 for the sole purpose of identifying prescribers of controlled substances for unusual or
136.26 excessive prescribing patterns without a valid search warrant or court order.

136.27 (c) No personnel of a state or federal occupational licensing board or agency may
136.28 access the database for the purpose of obtaining information to be used to initiate or
136.29 substantiate a disciplinary action against a prescriber.

136.30 (d) Data reported under subdivision 4 shall be retained by the board in the database
136.31 for a 12-month period, and shall be removed from the database no later than 12 months
136.32 from ~~the date~~ the last day of the month during which the data was received.

136.33 Subd. 6. **Access to reporting system data.** (a) Except as indicated in this
136.34 subdivision, the data submitted to the board under subdivision 4 is private data on
136.35 individuals as defined in section 13.02, subdivision 12, and not subject to public disclosure.

137.1 (b) Except as specified in subdivision 5, the following persons shall be considered
137.2 permissible users and may access the data submitted under subdivision 4 in the same or
137.3 similar manner, and for the same or similar purposes, as those persons who are authorized
137.4 to access similar private data on individuals under federal and state law:

137.5 (1) a prescriber or an agent or employee of the prescriber to whom the prescriber has
137.6 delegated the task of accessing the data, to the extent the information relates specifically to
137.7 a current patient, to whom the prescriber is prescribing or considering prescribing any
137.8 controlled substance and with the provision that the prescriber remains responsible for the
137.9 use or misuse of data accessed by a delegated agent or employee;

137.10 (2) a dispenser or an agent or employee of the dispenser to whom the dispenser has
137.11 delegated the task of accessing the data, to the extent the information relates specifically
137.12 to a current patient to whom that dispenser is dispensing or considering dispensing any
137.13 controlled substance and with the provision that the dispenser remains responsible for the
137.14 use or misuse of data accessed by a delegated agent or employee;

137.15 (3) an individual who is the recipient of a controlled substance prescription for
137.16 which data was submitted under subdivision 4, or a guardian of the individual, parent or
137.17 guardian of a minor, or health care agent of the individual acting under a health care
137.18 directive under chapter 145C;

137.19 (4) personnel of the board specifically assigned to conduct a bona fide investigation
137.20 of a specific licensee;

137.21 (5) personnel of the board engaged in the collection of controlled substance
137.22 prescription information as part of the assigned duties and responsibilities under this
137.23 section;

137.24 (6) authorized personnel of a vendor under contract with the board who are engaged
137.25 in the design, implementation, operation, and maintenance of the electronic reporting
137.26 system as part of the assigned duties and responsibilities of their employment, provided
137.27 that access to data is limited to the minimum amount necessary to carry out such duties
137.28 and responsibilities;

137.29 (7) federal, state, and local law enforcement authorities acting pursuant to a valid
137.30 search warrant; and

137.31 (8) personnel of the medical assistance program assigned to use the data collected
137.32 under this section to identify recipients whose usage of controlled substances may warrant
137.33 restriction to a single primary care physician, a single outpatient pharmacy, or a single
137.34 hospital.

137.35 For purposes of clause (3), access by an individual includes persons in the definition
137.36 of an individual under section 13.02.

138.1 (c) Any permissible user identified in paragraph (b), who directly accesses
138.2 the data electronically, shall implement and maintain a comprehensive information
138.3 security program that contains administrative, technical, and physical safeguards that
138.4 are appropriate to the user's size and complexity, and the sensitivity of the personal
138.5 information obtained. The permissible user shall identify reasonably foreseeable internal
138.6 and external risks to the security, confidentiality, and integrity of personal information
138.7 that could result in the unauthorized disclosure, misuse, or other compromise of the
138.8 information and assess the sufficiency of any safeguards in place to control the risks.

138.9 (d) The board shall not release data submitted under this section unless it is provided
138.10 with evidence, satisfactory to the board, that the person requesting the information is
138.11 entitled to receive the data.

138.12 (e) The board shall not release the name of a prescriber without the written consent
138.13 of the prescriber or a valid search warrant or court order. The board shall provide a
138.14 mechanism for a prescriber to submit to the board a signed consent authorizing the release
138.15 of the prescriber's name when data containing the prescriber's name is requested.

138.16 (f) The board shall maintain a log of all persons who access the data and shall ensure
138.17 that any permissible user complies with paragraph (c) prior to attaining direct access to
138.18 the data.

138.19 (g) Section 13.05, subdivision 6, shall apply to any contract the board enters into
138.20 pursuant to subdivision 2. A vendor shall not use data collected under this section for
138.21 any purpose not specified in this section.

138.22 **Subd. 7. Disciplinary action.** (a) A dispenser who knowingly fails to submit data to
138.23 the board as required under this section is subject to disciplinary action by the appropriate
138.24 health-related licensing board.

138.25 (b) A prescriber or dispenser authorized to access the data who knowingly discloses
138.26 the data in violation of state or federal laws relating to the privacy of health care data
138.27 shall be subject to disciplinary action by the appropriate health-related licensing board,
138.28 and appropriate civil penalties.

138.29 **Subd. 8. Evaluation and reporting.** (a) The board shall evaluate the prescription
138.30 electronic reporting system to determine if the system is negatively impacting appropriate
138.31 prescribing practices of controlled substances. The board may contract with a vendor to
138.32 design and conduct the evaluation.

138.33 (b) The board shall submit the evaluation of the system to the legislature by ~~January~~
138.34 July 15, 2011.

138.35 **Subd. 9. Immunity from liability; no requirement to obtain information.** (a) A
138.36 pharmacist, prescriber, or other dispenser making a report to the program in good faith

139.1 under this section is immune from any civil, criminal, or administrative liability, which
139.2 might otherwise be incurred or imposed as a result of the report, or on the basis that the
139.3 pharmacist or prescriber did or did not seek or obtain or use information from the program.

139.4 (b) Nothing in this section shall require a pharmacist, prescriber, or other dispenser
139.5 to obtain information about a patient from the program, and the pharmacist, prescriber,
139.6 or other dispenser, if acting in good faith, is immune from any civil, criminal, or
139.7 administrative liability that might otherwise be incurred or imposed for requesting,
139.8 receiving, or using information from the program.

139.9 Subd. 10. **Funding.** (a) The board may seek grants and private funds from nonprofit
139.10 charitable foundations, the federal government, and other sources to fund the enhancement
139.11 and ongoing operations of the prescription electronic reporting system established under
139.12 this section. Any funds received shall be appropriated to the board for this purpose. The
139.13 board may not expend funds to enhance the program in a way that conflicts with this
139.14 section without seeking approval from the legislature.

139.15 (b) The administrative services unit for the health-related licensing boards shall
139.16 apportion between the Board of Medical Practice, the Board of Nursing, the Board of
139.17 Dentistry, the Board of Podiatric Medicine, the Board of Optometry, and the Board
139.18 of Pharmacy an amount to be paid through fees by each respective board. The amount
139.19 apportioned to each board shall equal each board's share of the annual appropriation to
139.20 the Board of Pharmacy from the state government special revenue fund for operating the
139.21 prescription electronic reporting system under this section. Each board's apportioned
139.22 share shall be based on the number of prescribers or dispensers that each board identified
139.23 in this paragraph licenses as a percentage of the total number of prescribers and dispensers
139.24 licensed collectively by these boards. Each respective board may adjust the fees that the
139.25 boards are required to collect to compensate for the amount apportioned to each board by
139.26 the administrative services unit.

139.27 Sec. 4. **[246.125] CHEMICAL AND MENTAL HEALTH SERVICES**
139.28 **TRANSFORMATION ADVISORY TASK FORCE.**

139.29 Subdivision 1. **Establishment.** The Chemical and Mental Health Services
139.30 Transformation Advisory Task Force is established to make recommendations to the
139.31 commissioner of human services and the legislature on the continuum of services needed
139.32 to provide individuals with complex conditions including mental illness, chemical
139.33 dependency, traumatic brain injury, and developmental disabilities access to quality care
139.34 and the appropriate level of care across the state to promote wellness, reduce cost, and
139.35 improve efficiency.

140.1 Subd. 2. **Duties.** The Chemical and Mental Health Services Transformation
140.2 Advisory Task Force shall make recommendations to the commissioner and the legislature
140.3 no later than December 15, 2010, on the following:

140.4 (1) transformation needed to improve service delivery and provide a continuum of
140.5 care, such as transition of current facilities, closure of current facilities, or the development
140.6 of new models of care, including the redesign of the Anoka-Metro Regional Treatment
140.7 Center;

140.8 (2) gaps and barriers to accessing quality care, system inefficiencies, and cost
140.9 pressures;

140.10 (3) services that are best provided by the state and those that are best provided
140.11 in the community;

140.12 (4) an implementation plan to achieve integrated service delivery across the public,
140.13 private, and nonprofit sectors;

140.14 (5) an implementation plan to ensure that individuals with complex chemical and
140.15 mental health needs receive the appropriate level of care to achieve recovery and wellness;
140.16 and

140.17 (6) financing mechanisms that include all possible revenue sources to maximize
140.18 federal funding and promote cost efficiencies and sustainability.

140.19 Subd. 3. **Membership.** The advisory task force shall be composed of the following,
140.20 who will serve at the pleasure of their appointing authority:

140.21 (1) the commissioner of human services or the commissioner's designee, and two
140.22 additional representatives from the department;

140.23 (2) two legislators appointed by the speaker of the house, one from the minority
140.24 and one from the majority;

140.25 (3) two legislators appointed by the senate rules committee, one from the minority
140.26 and one from the majority;

140.27 (4) one representative appointed by AFSCME Council 5;

140.28 (5) one representative appointed by the ombudsman for mental health and
140.29 developmental disabilities;

140.30 (6) one representative appointed by the Minnesota Association of Professional
140.31 Employees;

140.32 (7) one representative appointed by the Minnesota Hospital Association;

140.33 (8) one representative appointed by the Minnesota Nurses Association;

140.34 (9) one representative appointed by NAMI-MN;

140.35 (10) one representative appointed by the Mental Health Association of Minnesota;

- 141.1 (11) one representative appointed by the Minnesota Association Of Community
141.2 Mental Health Programs;
- 141.3 (12) one representative appointed by the Minnesota Dental Association;
- 141.4 (13) three clients or client family members representing different populations
141.5 receiving services from state-operated services, who are appointed by the commissioner;
- 141.6 (14) one representative appointed by the chair of the state-operated services
141.7 governing board;
- 141.8 (15) one representative appointed by the Minnesota Disability Law Center;
- 141.9 (16) one representative appointed by the Consumer Survivor Network;
- 141.10 (17) one representative appointed by the Association of Residential Resources
141.11 in Minnesota;
- 141.12 (18) one representative appointed by the Minnesota Council of Child Caring
141.13 Agencies;
- 141.14 (19) one representative appointed by the Association of Minnesota Counties; and
- 141.15 (20) one representative appointed by the Minnesota Pharmacists Association.
- 141.16 The commissioner may appoint additional members to reflect stakeholders who
141.17 are not represented above.

141.18 Subd. 4. **Administration.** The commissioner shall convene the first meeting of the
141.19 advisory task force and shall provide administrative support and staff.

141.20 Subd. 5. **Recommendations.** The advisory task force must report its
141.21 recommendations to the commissioner and to the legislature no later than December
141.22 15, 2010.

141.23 Subd. 6. **Member requirement.** The commissioner shall provide per diem and
141.24 travel expenses pursuant to section 256.01, subdivision 6, for task force members who
141.25 are consumers or family members and whose participation on the task force is not as a
141.26 paid representative of any agency, organization, or association. Notwithstanding section
141.27 15.059, other task force members are not eligible for per diem or travel reimbursement.

141.28 **Sec. 5. [246.128] NOTIFICATION TO LEGISLATURE REQUIRED.**

141.29 The commissioner shall notify the chairs and ranking minority members of
141.30 the relevant legislative committees regarding the redesign, closure, or relocation of
141.31 state-operated services programs. The notification must include the advice of the Chemical
141.32 and Mental Health Services Transformation Advisory Task Force under section 246.125.

141.33 **Sec. 6. [246.129] LEGISLATIVE APPROVAL REQUIRED.**

142.1 If the closure of a state-operated facility is proposed, and the department and
142.2 respective bargaining units fail to arrive at a mutually agreed upon solution to transfer
142.3 affected state employees to other state jobs, the closure of the facility requires legislative
142.4 approval. This does not apply to state-operated enterprise services.

142.5 Sec. 7. Minnesota Statutes 2008, section 246.18, is amended by adding a subdivision
142.6 to read:

142.7 Subd. 8. **State-operated services account.** The state-operated services account is
142.8 established in the special revenue fund. Revenue generated by new state-operated services
142.9 listed under this section established after July 1, 2010, that are not enterprise activities must
142.10 be deposited into the state-operated services account, unless otherwise specified in law:

142.11 (1) intensive residential treatment services;

142.12 (2) foster care services; and

142.13 (3) psychiatric extensive recovery treatment services.

142.14 Sec. 8. Minnesota Statutes 2008, section 254B.01, subdivision 2, is amended to read:

142.15 Subd. 2. **American Indian.** For purposes of services provided under section
142.16 254B.09, subdivision ~~7~~ 8, "American Indian" means a person who is a member of an
142.17 Indian tribe, and the commissioner shall use the definitions of "Indian" and "Indian tribe"
142.18 and "Indian organization" provided in Public Law 93-638. For purposes of services
142.19 provided under section 254B.09, subdivision ~~4~~ 6, "American Indian" means a resident of
142.20 federally recognized tribal lands who is recognized as an Indian person by the federally
142.21 recognized tribal governing body.

142.22 Sec. 9. Minnesota Statutes 2008, section 254B.02, subdivision 1, is amended to read:

142.23 Subdivision 1. **Chemical dependency treatment allocation.** The chemical
142.24 dependency ~~funds appropriated for allocation~~ treatment appropriation shall be placed in
142.25 a special revenue account. The commissioner shall annually transfer funds from the
142.26 chemical dependency fund to pay for operation of the drug and alcohol abuse normative
142.27 evaluation system and to pay for all costs incurred by adding two positions for licensing
142.28 of chemical dependency treatment and rehabilitation programs located in hospitals for
142.29 which funds are not otherwise appropriated. ~~Six percent of the remaining money must~~
142.30 ~~be reserved for tribal allocation under section 254B.09, subdivisions 4 and 5. The~~
142.31 ~~commissioner shall annually divide the money available in the chemical dependency~~
142.32 ~~fund that is not held in reserve by counties from a previous allocation, or allocated to the~~
142.33 ~~American Indian chemical dependency tribal account. Six percent of the remaining money~~

143.1 ~~must be reserved for the nonreservation American Indian chemical dependency allocation~~
143.2 ~~for treatment of American Indians by eligible vendors under section 254B.05, subdivision~~
143.3 ~~1. The remainder of the money must be allocated among the counties according to the~~
143.4 ~~following formula, using state demographer data and other data sources determined by~~
143.5 ~~the commissioner:~~

143.6 (a) ~~For purposes of this formula, American Indians and children under age 14 are~~
143.7 ~~subtracted from the population of each county to determine the restricted population.~~

143.8 (b) ~~The amount of chemical dependency fund expenditures for entitled persons for~~
143.9 ~~services not covered by prepaid plans governed by section 256B.69 in the previous year is~~
143.10 ~~divided by the amount of chemical dependency fund expenditures for entitled persons for~~
143.11 ~~all services to determine the proportion of exempt service expenditures for each county.~~

143.12 (c) ~~The prepaid plan months of eligibility is multiplied by the proportion of exempt~~
143.13 ~~service expenditures to determine the adjusted prepaid plan months of eligibility for~~
143.14 ~~each county.~~

143.15 (d) ~~The adjusted prepaid plan months of eligibility is added to the number of~~
143.16 ~~restricted population fee for service months of eligibility for the Minnesota family~~
143.17 ~~investment program, general assistance, and medical assistance and divided by the county~~
143.18 ~~restricted population to determine county per capita months of covered service eligibility.~~

143.19 (e) ~~The number of adjusted prepaid plan months of eligibility for the state is added~~
143.20 ~~to the number of fee for service months of eligibility for the Minnesota family investment~~
143.21 ~~program, general assistance, and medical assistance for the state restricted population and~~
143.22 ~~divided by the state restricted population to determine state per capita months of covered~~
143.23 ~~service eligibility.~~

143.24 (f) ~~The county per capita months of covered service eligibility is divided by the~~
143.25 ~~state per capita months of covered service eligibility to determine the county welfare~~
143.26 ~~caseload factor.~~

143.27 (g) ~~The median married couple income for the most recent three-year period~~
143.28 ~~available for the state is divided by the median married couple income for the same period~~
143.29 ~~for each county to determine the income factor for each county.~~

143.30 (h) ~~The county restricted population is multiplied by the sum of the county welfare~~
143.31 ~~caseload factor and the county income factor to determine the adjusted population.~~

143.32 (i) ~~\$15,000 shall be allocated to each county.~~

143.33 (j) ~~The remaining funds shall be allocated proportional to the county adjusted~~
143.34 ~~population in the special revenue account must be used according to the requirements~~
143.35 ~~in this chapter.~~

144.1 Sec. 10. Minnesota Statutes 2008, section 254B.02, subdivision 5, is amended to read:

144.2 Subd. 5. **Administrative adjustment.** The commissioner may make payments to
144.3 local agencies from money allocated under this section to support administrative activities
144.4 under sections 254B.03 and 254B.04. The administrative payment must not exceed
144.5 the lesser of: (1) five percent of the first \$50,000, four percent of the next \$50,000, and
144.6 three percent of the remaining payments for services from the ~~allocation~~ special revenue
144.7 account according to subdivision 1; or (2) the local agency administrative payment for
144.8 the fiscal year ending June 30, 2009, adjusted in proportion to the statewide change in
144.9 the appropriation for this chapter.

144.10 Sec. 11. Minnesota Statutes 2008, section 254B.03, subdivision 4, is amended to read:

144.11 Subd. 4. **Division of costs.** Except for services provided by a county under
144.12 section 254B.09, subdivision 1, or services provided under section 256B.69 or 256D.03,
144.13 subdivision 4, paragraph (b), the county shall, out of local money, pay the state for
144.14 ~~15~~ 16.14 percent of the cost of chemical dependency services, including those services
144.15 provided to persons eligible for medical assistance under chapter 256B and general
144.16 assistance medical care under chapter 256D. Counties may use the indigent hospitalization
144.17 levy for treatment and hospital payments made under this section. ~~Fifteen~~ 16.14 percent
144.18 of any state collections from private or third-party pay, less 15 percent ~~of~~ for the cost
144.19 of payment and collections, must be distributed to the county that paid for a portion of
144.20 the treatment under this section. ~~If all funds allocated according to section 254B.02 are~~
144.21 ~~exhausted by a county and the county has met or exceeded the base level of expenditures~~
144.22 ~~under section 254B.02, subdivision 3, the county shall pay the state for 15 percent of the~~
144.23 ~~costs paid by the state under this section. The commissioner may refuse to pay state funds~~
144.24 ~~for services to persons not eligible under section 254B.04, subdivision 1, if the county~~
144.25 ~~financially responsible for the persons has exhausted its allocation.~~

144.26 Sec. 12. Minnesota Statutes 2008, section 254B.03, is amended by adding a
144.27 subdivision to read:

144.28 Subd. 4a. **Division of costs for medical assistance services.** Notwithstanding
144.29 subdivision 4, for chemical dependency services provided on or after October 1, 2008, and
144.30 reimbursed by medical assistance, the county share is 30 percent of the nonfederal share.

144.31 Sec. 13. Minnesota Statutes 2008, section 254B.05, subdivision 4, is amended to read:

144.32 Subd. 4. **Regional treatment centers.** Regional treatment center chemical
144.33 dependency treatment units are eligible vendors. The commissioner may expand the

145.1 capacity of chemical dependency treatment units beyond the capacity funded by direct
145.2 legislative appropriation to serve individuals who are referred for treatment by counties
145.3 and whose treatment will be paid for ~~with a county's allocation under section 254B.02 by~~
145.4 funding under this chapter or other funding sources. Notwithstanding the provisions of
145.5 sections 254B.03 to 254B.041, payment for any person committed at county request to
145.6 a regional treatment center under chapter 253B for chemical dependency treatment and
145.7 determined to be ineligible under the chemical dependency consolidated treatment fund,
145.8 shall become the responsibility of the county.

145.9 Sec. 14. Minnesota Statutes 2008, section 254B.06, subdivision 2, is amended to read:

145.10 Subd. 2. **Allocation of collections.** The commissioner shall allocate all federal
145.11 financial participation collections to ~~the reserve fund under section 254B.02, subdivision 3~~
145.12 a special revenue account. The commissioner shall ~~retain 85~~ allocate 83.86 percent of
145.13 patient payments and third-party payments to the special revenue account and ~~allocate~~
145.14 ~~the collections to the treatment allocation for the county that is financially responsible~~
145.15 ~~for the person. Fifteen~~ 16.14 percent of patient and third-party payments must be paid
145.16 to the county financially responsible for the patient. ~~Collections for patient payment and~~
145.17 ~~third-party payment for services provided under section 254B.09 shall be allocated to the~~
145.18 ~~allocation of the tribal unit which placed the person. Collections of federal financial~~
145.19 ~~participation for services provided under section 254B.09 shall be allocated to the tribal~~
145.20 ~~reserve account under section 254B.09, subdivision 5.~~

145.21 Sec. 15. Minnesota Statutes 2008, section 254B.09, subdivision 8, is amended to read:

145.22 Subd. 8. **Payments to improve services to American Indians.** The commissioner
145.23 may set rates for chemical dependency services to American Indians according to the
145.24 American Indian Health Improvement Act, Public Law 94-437, for eligible vendors.
145.25 These rates shall supersede rates set in county purchase of service agreements when
145.26 payments are made on behalf of clients eligible according to Public Law 94-437.

145.27 Sec. 16. **[254B.13] PILOT PROJECTS; CHEMICAL HEALTH CARE.**

145.28 Subdivision 1. **Authorization for pilot projects.** The commissioner may approve
145.29 and implement pilot projects developed under the planning process required under Laws
145.30 2009, chapter 79, article 7, section 26, to provide alternatives to and enhance coordination
145.31 of the delivery of chemical health services required under section 254B.03.

146.1 Subd. 2. **Program design and implementation.** (a) The commissioner and counties
146.2 participating in the pilot projects shall continue to work in partnership to refine and
146.3 implement the pilot projects initiated under Laws 2009, chapter 79, article 7, section 26.

146.4 (b) The commissioner and counties participating in the pilot projects shall
146.5 complete the planning phase by June 30, 2010, and, if approved by the commissioner for
146.6 implementation, enter into agreements governing the operation of the pilot projects with
146.7 implementation scheduled no earlier than July 1, 2010.

146.8 Subd. 3. **Program evaluation.** The commissioner shall evaluate pilot projects under
146.9 this section and report the results of the evaluation to the chairs and ranking minority
146.10 members of the legislative committees with jurisdiction over chemical health issues by
146.11 January 15, 2013. Evaluation of the pilot projects must be based on outcome evaluation
146.12 criteria negotiated with the pilot projects prior to implementation.

146.13 Subd. 4. **Notice of project discontinuation.** Each county's participation in the
146.14 pilot project may be discontinued for any reason by the county or the commissioner of
146.15 human services after 30 days' written notice to the other party. Any unspent funds held
146.16 for the exiting county's pro rata share in the special revenue fund under the authority in
146.17 subdivision 5, paragraph (d), shall be transferred to the consolidated chemical dependency
146.18 treatment fund following discontinuation of the pilot project.

146.19 Subd. 5. **Duties of commissioner.** (a) Notwithstanding any other provisions in
146.20 this chapter, the commissioner may authorize pilot projects to use chemical dependency
146.21 treatment funds to pay for nontreatment pilot services:

146.22 (1) in addition to those authorized under section 254B.03, subdivision 2, paragraph
146.23 (a); and

146.24 (2) by vendors in addition to those authorized under section 254B.05 when not
146.25 providing chemical dependency treatment services.

146.26 (b) For purposes of this section, "nontreatment pilot services" include navigator
146.27 services, peer support, family engagement and support, housing support, rent subsidies,
146.28 supported employment, and independent living skills.

146.29 (c) State expenditures for chemical dependency services and nontreatment pilot
146.30 services provided by or through the pilot projects must not be greater than the chemical
146.31 dependency treatment fund expected share of forecasted expenditures in the absence of
146.32 the pilot projects. The commissioner may restructure the schedule of payments between
146.33 the state and participating counties under the local agency share and division of cost
146.34 provisions under section 254B.03, subdivisions 3 and 4, as necessary to facilitate the
146.35 operation of the pilot projects.

147.1 (d) To the extent that state fiscal year expenditures within a pilot project are less
147.2 than the expected share of forecasted expenditures in the absence of the pilot projects,
147.3 the commissioner shall deposit the unexpended funds in a separate account within the
147.4 consolidated chemical dependency treatment fund, and make these funds available for
147.5 expenditure by the pilot projects the following year. To the extent that treatment and
147.6 nontreatment pilot services expenditures within the pilot project exceed the amount
147.7 expected in the absence of the pilot projects, the pilot project county or counties are
147.8 responsible for the portion of nontreatment pilot services expenditures in excess of the
147.9 otherwise expected share of forecasted expenditures.

147.10 (e) The commissioner may waive administrative rule requirements that are
147.11 incompatible with the implementation of the pilot project, except that any chemical
147.12 dependency treatment funded under this section must continue to be provided by a
147.13 licensed treatment provider.

147.14 (f) The commissioner shall not approve or enter into any agreement related to pilot
147.15 projects authorized under this section that puts current or future federal funding at risk.

147.16 Subd. 6. **Duties of county board.** The county board, or other county entity that is
147.17 approved to administer a pilot project, shall:

147.18 (1) administer the pilot project in a manner consistent with the objectives described
147.19 in subdivision 2 and the planning process in subdivision 5;

147.20 (2) ensure that no one is denied chemical dependency treatment services for which
147.21 they would otherwise be eligible under section 254A.03, subdivision 3; and

147.22 (3) provide the commissioner with timely and pertinent information as negotiated
147.23 in agreements governing operation of the pilot projects.

147.24 Sec. 17. Minnesota Statutes 2009 Supplement, section 517.08, subdivision 1b, is
147.25 amended to read:

147.26 Subd. 1b. **Term of license; fee; premarital education.** (a) The local registrar
147.27 shall examine upon oath the parties applying for a license relative to the legality of the
147.28 contemplated marriage. If one party is unable to appear in person, the party appearing
147.29 may complete the absent applicant's information. The local registrar shall provide a copy
147.30 of the marriage application to the party who is unable to appear, who must verify the
147.31 accuracy of the party's information in a notarized statement. The marriage license must
147.32 not be released until the verification statement has been received by the local registrar. If
147.33 at the expiration of a five-day period, on being satisfied that there is no legal impediment
147.34 to it, including the restriction contained in section 259.13, the local registrar shall issue
147.35 the license, containing the full names of the parties before and after marriage, and county

148.1 and state of residence, with the county seal attached, and make a record of the date of
148.2 issuance. The license shall be valid for a period of six months. Except as provided in
148.3 paragraph (c), the local registrar shall collect from the applicant a fee of ~~\$110~~ \$115 for
148.4 administering the oath, issuing, recording, and filing all papers required, and preparing
148.5 and transmitting to the state registrar of vital statistics the reports of marriage required
148.6 by this section. If the license should not be used within the period of six months due to
148.7 illness or other extenuating circumstances, it may be surrendered to the local registrar for
148.8 cancellation, and in that case a new license shall issue upon request of the parties of the
148.9 original license without fee. A local registrar who knowingly issues or signs a marriage
148.10 license in any manner other than as provided in this section shall pay to the parties
148.11 aggrieved an amount not to exceed \$1,000.

148.12 (b) In case of emergency or extraordinary circumstances, a judge of the district court
148.13 of the county in which the application is made may authorize the license to be issued at
148.14 any time before expiration of the five-day period required under paragraph (a). A waiver
148.15 of the five-day waiting period must be in the following form:

148.16 STATE OF MINNESOTA, COUNTY OF (insert county name)

148.17 APPLICATION FOR WAIVER OF MARRIAGE LICENSE WAITING PERIOD:

148.18 (legal names of the applicants)

148.19 Represent and state as follows:

148.20 That on (date of application) the applicants applied to the local
148.21 registrar of the above-named county for a license to marry.

148.22 That it is necessary that the license be issued before the expiration of five days
148.23 from the date of the application by reason of the following: (insert reason for requesting
148.24 waiver of waiting period)

148.25

148.26

148.27

148.28 WHEREAS, the applicants request that the judge waive the required five-day
148.29 waiting period and the local registrar be authorized and directed to issue the marriage
148.30 license immediately.

148.31 Date:

148.32

148.33

148.34 (Signatures of applicants)

148.35 Acknowledged before me on this day of

148.36

149.1 NOTARY PUBLIC

149.2 COURT ORDER AND AUTHORIZATION:

149.3 STATE OF MINNESOTA, COUNTY OF (insert county name)

149.4 After reviewing the above application, I am satisfied that an emergency or
149.5 extraordinary circumstance exists that justifies the issuance of the marriage license before
149.6 the expiration of five days from the date of the application. IT IS HEREBY ORDERED
149.7 that the local registrar is authorized and directed to issue the license forthwith.

149.8

149.9 (judge of district court)

149.10 (date).

149.11 (c) The marriage license fee for parties who have completed at least 12 hours of
149.12 premarital education is \$40. In order to qualify for the reduced license fee, the parties
149.13 must submit at the time of applying for the marriage license a signed, dated, and notarized
149.14 statement from the person who provided the premarital education on their letterhead
149.15 confirming that it was received. The premarital education must be provided by a licensed
149.16 or ordained minister or the minister's designee, a person authorized to solemnize marriages
149.17 under section 517.18, or a person authorized to practice marriage and family therapy under
149.18 section 148B.33. The education must include the use of a premarital inventory and the
149.19 teaching of communication and conflict management skills.

149.20 (d) The statement from the person who provided the premarital education under
149.21 paragraph (b) must be in the following form:

149.22 "I, (name of educator), confirm that (names of
149.23 both parties) received at least 12 hours of premarital education that included the use of a
149.24 premarital inventory and the teaching of communication and conflict management skills.
149.25 I am a licensed or ordained minister, a person authorized to solemnize marriages under
149.26 Minnesota Statutes, section 517.18, or a person licensed to practice marriage and family
149.27 therapy under Minnesota Statutes, section 148B.33."

149.28 The names of the parties in the educator's statement must be identical to the legal
149.29 names of the parties as they appear in the marriage license application. Notwithstanding
149.30 section 138.17, the educator's statement must be retained for seven years, after which
149.31 time it may be destroyed.

149.32 (e) If section 259.13 applies to the request for a marriage license, the local registrar
149.33 shall grant the marriage license without the requested name change. Alternatively, the local
149.34 registrar may delay the granting of the marriage license until the party with the conviction:

150.1 (1) certifies under oath that 30 days have passed since service of the notice for a
150.2 name change upon the prosecuting authority and, if applicable, the attorney general and no
150.3 objection has been filed under section 259.13; or

150.4 (2) provides a certified copy of the court order granting it. The parties seeking the
150.5 marriage license shall have the right to choose to have the license granted without the
150.6 name change or to delay its granting pending further action on the name change request.

150.7 Sec. 18. Minnesota Statutes 2008, section 517.08, subdivision 1c, as amended by Laws
150.8 2010, chapter 200, article 1, section 17, is amended to read:

150.9 Subd. 1c. **Disposition of license fee.** (a) Of the marriage license fee collected
150.10 pursuant to subdivision 1b, paragraph (a), \$25 must be retained by the county. The
150.11 local registrar must pay ~~\$85~~ \$90 to the commissioner of management and budget to be
150.12 deposited as follows:

150.13 (1) \$55 in the general fund;

150.14 (2) \$3 in the state government special revenue fund to be appropriated to the
150.15 commissioner of public safety for parenting time centers under section 119A.37;

150.16 (3) \$2 in the special revenue fund to be appropriated to the commissioner of health
150.17 for developing and implementing the MN ENABL program under section 145.9255; ~~and~~

150.18 (4) \$25 in the special revenue fund is appropriated to the commissioner of
150.19 employment and economic development for the displaced homemaker program under
150.20 section 116L.96; and

150.21 (5) \$5 in the special revenue fund, which is appropriated to the Board of Regents
150.22 of the University of Minnesota for the Minnesota couples on the brink project under
150.23 section 137.32.

150.24 (b) Of the \$40 fee under subdivision 1b, paragraph (b), \$25 must be retained by the
150.25 county. The local registrar must pay \$15 to the commissioner of management and budget
150.26 to be deposited as follows:

150.27 (1) \$5 as provided in paragraph (a), clauses (2) and (3); and

150.28 (2) \$10 in the special revenue fund is appropriated to the commissioner of
150.29 employment and economic development for the displaced homemaker program under
150.30 section 116L.96.

150.31 Sec. 19. Laws 2009, chapter 79, article 3, section 18, is amended to read:

150.32 Sec. 18. **REQUIRING THE DEVELOPMENT OF COMMUNITY-BASED**
150.33 **MENTAL HEALTH SERVICES FOR PATIENTS COMMITTED TO THE**
150.34 **ANOKA-METRO REGIONAL TREATMENT CENTER.**

151.1 ~~In consultation with community partners, the commissioner of human services~~
151.2 The Chemical and Mental Health Services Transformation Advisory Task Force shall
151.3 ~~develop~~ recommend an array of community-based services in the metro area to transform
151.4 the current services now provided to patients at the Anoka-Metro Regional Treatment
151.5 Center. The community-based services may be provided in facilities with 16 or fewer
151.6 beds, and must provide the appropriate level of care for the patients being admitted to
151.7 the facilities established in partnership with private and public hospital organizations,
151.8 community mental health centers and other mental health community services providers,
151.9 and community partnerships, and must be staffed by state employees. The planning
151.10 for this transition must be completed by October 1, 2009 2010, with an initial a report
151.11 detailing the transition plan, services that will be provided, including incorporating peer
151.12 specialists where appropriate, the location of the services, and the number of patients
151.13 that will be served, to the committee chairs of health and human services by November
151.14 30, 2009, and a semiannual report on progress until the transition is completed. The
151.15 ~~commissioner of human services shall solicit interest from stakeholders and potential~~
151.16 ~~community partners~~ 2010. The individuals working in employed by the community-based
151.17 services facilities under this section are state employees supervised by the commissioner
151.18 of human services. No layoffs shall occur as a result of restructuring under this section.
151.19 Savings generated as a result of transitioning patients from the Anoka-Metro Regional
151.20 Treatment Center to community-based services may be used to fund supportive housing
151.21 staffed by state employees.

151.22 Sec. 20. **REPORT ON HUMAN SERVICES FISCAL NOTES.**

151.23 The commissioner of management and budget shall issue a report to the legislature
151.24 no later than November 15, 2010, making recommendations for improving the preparation
151.25 and delivery of fiscal notes under Minnesota Statutes, section 3.98, relating to human
151.26 services. The report shall consider: (1) the establishment of an independent fiscal
151.27 note office in the human services department and (2) transferring the responsibility for
151.28 preparing human services fiscal notes to the legislature. The report must include detailed
151.29 information regarding the financial costs, staff resources, training, access to information,
151.30 and data protection issues relative to the preparation of human services fiscal notes. The
151.31 report shall describe methods and procedures used by other states to insure independence
151.32 and accuracy of fiscal estimates on legislative proposals for changes in human services.

151.33 Sec. 21. **PRESCRIPTION DRUG WASTE REDUCTION.**

152.1 The Minnesota Board of Pharmacy, in cooperation with the commissioners of
152.2 human services, pollution control, health, veterans affairs, and corrections, shall study
152.3 prescription drug waste reduction techniques and technologies applicable to long-term
152.4 care facilities, veterans nursing homes, and correctional facilities. In conducting the
152.5 study, the commissioners shall consult with the Minnesota Pharmacists Association, the
152.6 University of Minnesota College of Pharmacy, University of Minnesota's Minnesota
152.7 Technical Assistance Project, consumers, long-term care providers, and other interested
152.8 parties. The board shall evaluate the extent to which new prescription drug waste reduction
152.9 techniques and technologies can reduce the amount of prescription drugs that enter the
152.10 waste stream and reduce state prescription drug costs. The techniques and technologies
152.11 studied must include, but are not limited to, daily, weekly, and automated dose dispensing.
152.12 The study must provide an estimate of the cost of adopting these and other techniques
152.13 and technologies, and an estimate of waste reduction and state prescription drug savings
152.14 that would result from adoption. The study must also evaluate methods of encouraging
152.15 the adoption of effective drug waste reduction techniques and technologies. The board
152.16 shall present recommendations on the adoption of new prescription drug waste reduction
152.17 techniques and technologies to the legislature by December 15, 2011.

152.18 Sec. 22. **VETERINARY PRACTICE AND CONTROLLED SUBSTANCE**
152.19 **ABUSE STUDY.**

152.20 The Board of Pharmacy, in consultation with the Prescription Electronic Reporting
152.21 Advisory Committee and the Board of Veterinary Medical Practice, shall study the issue
152.22 of the diversion of controlled substances from veterinary practice and report to the chairs
152.23 and ranking minority members of the senate health and human services policy and finance
152.24 division and the house of representatives health care and human services policy and
152.25 finance division by December 15, 2011, on recommendations to include veterinarians in
152.26 the prescription electronic reporting system in Minnesota Statutes, section 152.126.

152.27 Sec. 23. **DATA COLLECTION ON HEALTH DISPARITIES.**

152.28 Subdivision 1. **Inventory.** The commissioners of health and human services shall
152.29 conduct an inventory on the health-related data collected by each respective department
152.30 including, but not limited to, health care programs and activities, vital statistics, disease
152.31 surveillance registries and screenings, and health outcome measurements.

152.32 The inventory must review the categories of data that are collected, describe the
152.33 methods of collecting, organizing, and reporting data relating to race, ethnicity, country of

153.1 origin, primary language, tribal enrollment status, and socioeconomic status, and specify
153.2 whether the data being collected in these categories is currently required.

153.3 Subd. 2. **Review.** (a) Upon completion of the inventory in subdivision 1, the
153.4 commissioners of health and human services shall consult with representatives of culturally
153.5 based community groups, community health boards, tribal governments, hospitals, and
153.6 health plan companies to review the compiled inventory and make recommendations on:

153.7 (1) whether the data currently being collected is sufficient to identify and describe
153.8 health disparities for particular communities or if the collection of additional types and
153.9 categories of data is necessary in order to better identify health disparities and to facilitate
153.10 efforts to reduce these disparities;

153.11 (2) if additional types and categories of data collection is determined necessary, what
153.12 additional types and categories should be collected and in what areas;

153.13 (3) whether there is a need to aggregate data to make data in the categories identified
153.14 in subdivision 1 more accessible to community groups, researchers, and to the legislature;
153.15 and

153.16 (4) other ways to improve data collection efforts in order to ensure the collection
153.17 of high-quality, reliable data in clauses (1) to (3) that will ensure accurate research and
153.18 the ability to create measurable program outcomes in order to facilitate public policy
153.19 decisions regarding the elimination of health disparities.

153.20 (b) In making recommendations, the work group shall consider national and state
153.21 standardized data classification systems, as well as federal or state requirements for
153.22 collection of certain data based on predetermined classification systems that may impact
153.23 some data collection efforts.

153.24 Subd. 3. **Report.** By January 15, 2011, the commissioners of health and human
153.25 services shall submit to the chairs and ranking minority members of the legislative
153.26 committees and divisions with jurisdiction over health and human services the inventory
153.27 compiled in subdivision 1 and the recommendations developed in subdivision 2.

153.28 Sec. 24. **REPEALER.**

153.29 (a) Minnesota Statutes 2008, sections 254B.02, subdivisions 2, 3, and 4; and
153.30 254B.09, subdivisions 4, 5, and 7, are repealed.

153.31 (b) Laws 2009, chapter 79, article 7, section 26, subdivision 3, is repealed.

153.32 Sec. 25. **EFFECTIVE DATE.**

153.33 Sections 8 to 14 and 24 are effective for claims paid on or after July 1, 2010.

154.1 **ARTICLE 20**

154.2 **DEPARTMENT OF HEALTH**

154.3 Section 1. Minnesota Statutes 2008, section 13.3806, subdivision 13, is amended to
154.4 read:

154.5 Subd. 13. **Traumatic injury.** Data on individuals with a brain or spinal injury or
154.6 who sustain major trauma that are collected by the commissioner of health are classified
154.7 under ~~section~~ sections 144.6071 and 144.665.

154.8 Sec. 2. Minnesota Statutes 2008, section 62D.08, is amended by adding a subdivision
154.9 to read:

154.10 Subd. 7. **Consistent administrative expenses and investment income reporting.**

154.11 (a) Every health maintenance organization must directly allocate administrative expenses
154.12 to specific lines of business or products when such information is available. Remaining
154.13 expenses that cannot be directly allocated must be allocated based on other methods, as
154.14 recommended by the Advisory Group on Administrative Expenses. Health maintenance
154.15 organizations must submit this information, including administrative expenses for dental
154.16 services, using the reporting template provided by the commissioner of health.

154.17 (b) Every health maintenance organization must allocate investment income based
154.18 on cumulative net income over time by business line or product and must submit this
154.19 information, including investment income for dental services, using the reporting template
154.20 provided by the commissioner of health.

154.21 **EFFECTIVE DATE.** This section is effective January 1, 2013.

154.22 Sec. 3. **[62D.31] ADVISORY GROUP ON ADMINISTRATIVE EXPENSES.**

154.23 **Subdivision 1. Establishment.** The Advisory Group on Administrative Expenses
154.24 is established to make recommendations on the development of consistent guidelines
154.25 and reporting requirements, including development of a reporting template, for health
154.26 maintenance organizations and county-based purchasing plans that participate in publicly
154.27 funded programs.

154.28 **Subd. 2. Membership.** The membership of the advisory group shall be comprised
154.29 of the following, who serve at the pleasure of their appointing authority:

154.30 (1) the commissioner of health or the commissioner's designee;

154.31 (2) the commissioner of human services or the commissioner's designee;

154.32 (3) the commissioner of commerce or the commissioner's designee; and

155.1 (4) representatives of health maintenance organizations and county-based purchasers
155.2 appointed by the commissioner of health.

155.3 Subd. 3. **Administration.** The commissioner of health shall convene the first
155.4 meeting of the advisory group by December 1, 2010, and shall provide administrative
155.5 support and staff. The commissioner of health may contract with a consultant to provide
155.6 professional assistance and expertise to the advisory group.

155.7 Subd. 4. **Recommendations.** The Advisory Group on Administrative Expenses
155.8 must report its recommendations, including any proposed legislation necessary to
155.9 implement the recommendations, to the commissioner of health and to the chairs and
155.10 ranking minority members of the legislative committees and divisions with jurisdiction
155.11 over health policy and finance by February 15, 2012.

155.12 Subd. 5. **Expiration.** This section expires after submission of the report required
155.13 under subdivision 4 or June 30, 2012, whichever is sooner.

155.14 Sec. 4. Minnesota Statutes 2008, section 62Q.19, subdivision 1, is amended to read:

155.15 Subdivision 1. **Designation.** (a) The commissioner shall designate essential
155.16 community providers. The criteria for essential community provider designation shall be
155.17 the following:

155.18 (1) a demonstrated ability to integrate applicable supportive and stabilizing services
155.19 with medical care for uninsured persons and high-risk and special needs populations,
155.20 underserved, and other special needs populations; and

155.21 (2) a commitment to serve low-income and underserved populations by meeting the
155.22 following requirements:

155.23 (i) has nonprofit status in accordance with chapter 317A;

155.24 (ii) has tax exempt status in accordance with the Internal Revenue Service Code,
155.25 section 501(c)(3);

155.26 (iii) charges for services on a sliding fee schedule based on current poverty income
155.27 guidelines; and

155.28 (iv) does not restrict access or services because of a client's financial limitation;

155.29 (3) status as a local government unit as defined in section 62D.02, subdivision 11, a
155.30 hospital district created or reorganized under sections 447.31 to 447.37, an Indian tribal
155.31 government, an Indian health service unit, or a community health board as defined in
155.32 chapter 145A;

155.33 (4) a former state hospital that specializes in the treatment of cerebral palsy, spina
155.34 bifida, epilepsy, closed head injuries, specialized orthopedic problems, and other disabling
155.35 conditions; ~~or~~

156.1 (5) a sole community hospital. For these rural hospitals, the essential community
156.2 provider designation applies to all health services provided, including both inpatient and
156.3 outpatient services. For purposes of this section, "sole community hospital" means a
156.4 rural hospital that:

156.5 (i) is eligible to be classified as a sole community hospital according to Code
156.6 of Federal Regulations, title 42, section 412.92, or is located in a community with a
156.7 population of less than 5,000 and located more than 25 miles from a like hospital currently
156.8 providing acute short-term services;

156.9 (ii) has experienced net operating income losses in two of the previous three
156.10 most recent consecutive hospital fiscal years for which audited financial information is
156.11 available; and

156.12 (iii) consists of 40 or fewer licensed beds; or

156.13 (6) a birth center licensed under section 144.615.

156.14 (b) Prior to designation, the commissioner shall publish the names of all applicants
156.15 in the State Register. The public shall have 30 days from the date of publication to submit
156.16 written comments to the commissioner on the application. No designation shall be made
156.17 by the commissioner until the 30-day period has expired.

156.18 (c) The commissioner may designate an eligible provider as an essential community
156.19 provider for all the services offered by that provider or for specific services designated by
156.20 the commissioner.

156.21 (d) For the purpose of this subdivision, supportive and stabilizing services include at
156.22 a minimum, transportation, child care, cultural, and linguistic services where appropriate.

156.23 Sec. 5. Minnesota Statutes 2008, section 144.05, is amended by adding a subdivision
156.24 to read:

156.25 Subd. 5. **Firearms data.** Notwithstanding any law to the contrary, the commissioner
156.26 of health is prohibited from collecting data on individuals regarding lawful firearm
156.27 ownership in the state or data related to an individual's right to carry a weapon under
156.28 section 624.714.

156.29 Sec. 6. Minnesota Statutes 2008, section 144.226, subdivision 3, is amended to read:

156.30 Subd. 3. **Birth record surcharge.** (a) In addition to any fee prescribed under
156.31 subdivision 1, there shall be a nonrefundable surcharge of \$3 for each certified birth or
156.32 stillbirth record and for a certification that the vital record cannot be found. The local or
156.33 state registrar shall forward this amount to the commissioner of management and budget
156.34 for deposit into the account for the children's trust fund for the prevention of child abuse

157.1 established under section 256E.22. This surcharge shall not be charged under those
157.2 circumstances in which no fee for a certified birth or stillbirth record is permitted under
157.3 subdivision 1, paragraph (a). Upon certification by the commissioner of management and
157.4 budget that the assets in that fund exceed \$20,000,000, this surcharge shall be discontinued.

157.5 (b) In addition to any fee prescribed under subdivision 1, there shall be a
157.6 nonrefundable surcharge of \$10 for each certified birth record. The local or state registrar
157.7 shall forward this amount to the commissioner of management and budget for deposit in
157.8 the general fund. This surcharge shall not be charged under those circumstances in which
157.9 no fee for a certified birth record is permitted under subdivision 1, paragraph (a).

157.10 **EFFECTIVE DATE.** This section is effective July 1, 2010.

157.11 Sec. 7. Minnesota Statutes 2008, section 144.293, subdivision 4, is amended to read:

157.12 Subd. 4. **Duration of consent.** Except as provided in this section, a consent is
157.13 valid for one year or for a ~~lesser~~ period specified in the consent or for a different period
157.14 provided by law.

157.15 Sec. 8. Minnesota Statutes 2008, section 144.603, is amended to read:

157.16 **144.603 STATEWIDE TRAUMA SYSTEM CRITERIA.**

157.17 Subdivision 1. **Criteria established.** The commissioner shall adopt criteria to
157.18 ensure that severely injured people are promptly transported and treated at trauma
157.19 hospitals appropriate to the severity of injury. Minimum criteria shall address emergency
157.20 medical service trauma triage and transportation guidelines as approved under section
157.21 144E.101, subdivision 14, designation of hospitals as trauma hospitals, interhospital
157.22 transfers, a trauma registry, and a trauma system governance structure.

157.23 Subd. 2. **Basis; verification.** The commissioner shall base the establishment,
157.24 implementation, and modifications to the criteria under subdivision 1 on the
157.25 department-published Minnesota comprehensive statewide trauma system plan. The
157.26 commissioner shall seek the advice of the Trauma Advisory Council in implementing
157.27 and updating the criteria, using accepted and prevailing trauma transport, treatment,
157.28 and referral standards of the American College of Surgeons, the American College of
157.29 Emergency Physicians, the Minnesota Emergency Medical Services Regulatory Board,
157.30 the national Trauma ~~Resources Network~~ Center Association of America, and other widely
157.31 recognized trauma experts. The commissioner shall adapt and modify the standards as
157.32 appropriate to accommodate Minnesota's unique geography and the state's hospital and

158.1 health professional distribution and shall verify that the criteria are met by each hospital
158.2 voluntarily participating in the statewide trauma system.

158.3 Subd. 3. **Rule exemption and report to legislature.** In developing and adopting
158.4 the criteria under this section, the commissioner of health is exempt from chapter 14,
158.5 including section 14.386. ~~By September 1, 2009, the commissioner must report to the~~
158.6 ~~legislature on implementation of the voluntary trauma system, including recommendations~~
158.7 ~~on the need for including the trauma system criteria in rule.~~

158.8 Sec. 9. Minnesota Statutes 2008, section 144.605, subdivision 2, is amended to read:

158.9 Subd. 2. **Designation; reverification.** The commissioner shall designate ~~four~~ six
158.10 levels of trauma hospitals. A hospital that voluntarily meets the criteria for a particular
158.11 level of trauma hospital shall apply to the commissioner for designation and, upon the
158.12 commissioner's verifying the hospital meets the criteria, be designated a trauma hospital
158.13 at the appropriate level for a three-year period. Prior to the expiration of the three-year
158.14 designation, a hospital seeking to remain part of the voluntary system must apply for
158.15 and successfully complete a reverification process, be awaiting the site visit for the
158.16 reverification, or be awaiting the results of the site visit. The commissioner may extend a
158.17 hospital's existing designation for up to 18 months on a provisional basis if the hospital has
158.18 applied for reverification in a timely manner but has not yet completed the reverification
158.19 process within the expiration of the three-year designation and the extension is in the
158.20 best interest of trauma system patient safety. To be granted a provisional extension, the
158.21 hospital must be:

- 158.22 (1) scheduled and awaiting the site visit for reverification;
158.23 (2) awaiting the results of the site visit; or
158.24 (3) responding to and correcting identified deficiencies identified in the site visit.

158.25 Sec. 10. Minnesota Statutes 2008, section 144.605, subdivision 3, is amended to read:

158.26 Subd. 3. **ACS verification.** The commissioner shall grant the appropriate level I, II,
158.27 or III trauma hospital or level I or II pediatric trauma hospital designation to a hospital that
158.28 successfully completes and passes the American College of Surgeons (ACS) verification
158.29 standards at the hospital's cost, submits verification documentation to the Trauma Advisory
158.30 Council, and formally notifies the Trauma Advisory Council of ACS verification.

158.31 Sec. 11. Minnesota Statutes 2008, section 144.605, is amended by adding a subdivision
158.32 to read:

159.1 Subd. 9. **Designation process protection.** Data on patients in information and
159.2 reports related to the designation and redesignation of trauma hospitals pursuant to
159.3 subdivisions 3 to 5 are private data on individuals, as defined in section 13.02, subdivision
159.4 12.

159.5 Sec. 12. [144.6071] TRAUMA REGISTRY.

159.6 Subdivision 1. **Registry.** The commissioner of health shall establish and maintain
159.7 a central registry of persons who sustain major trauma as defined in section 144.602,
159.8 subdivision 3. The registry shall collect information to facilitate the development of
159.9 clinical and system quality improvement, injury prevention, treatment, and rehabilitation
159.10 programs.

159.11 Subd. 2. **Registry participation required.** A trauma hospital must participate in
159.12 the statewide trauma registry. The consent of the injured person is not required.

159.13 Subd. 3. **Registry information.** Trauma hospitals must electronically submit the
159.14 following information to the registry:

159.15 (1) demographic information of the injured person;

159.16 (2) information about the date, location, and cause of the injury;

159.17 (3) information about the condition of the injured person;

159.18 (4) information about the treatment, comorbidities, and diagnosis of the injured
159.19 person;

159.20 (5) information about the outcome and disposition of the injured person; and

159.21 (6) other trauma-related information required by the commissioner, if necessary to
159.22 facilitate the development of clinical and system quality improvement, treatment, and
159.23 rehabilitation programs.

159.24 Subd. 4. **Rules.** The commissioner may adopt rules to collect other information
159.25 required to facilitate the development of clinical and system quality improvement, injury
159.26 prevention, treatment, and rehabilitation programs. The commissioner may adopt rules at
159.27 any time to implement this section and is not subject to the requirements of section 14.125.

159.28 Subd. 5. **Reporting without liability.** Any person or facility furnishing information
159.29 required in this section shall not be subject to any action for damages or other relief,
159.30 provided that the person or facility is acting in good faith.

159.31 Subd. 6. **Data classification.** Data on individuals collected by the commissioner
159.32 of health under this section are private data on individuals, as defined in section 13.02,
159.33 subdivision 12. Data not on individuals are nonpublic data as defined in section 13.02,
159.34 subdivision 9. The commissioner shall provide summary registry data to public and
159.35 private entities to conduct studies using data collected by the registry. The commissioner

160.1 may charge a fee under section 13.03, subdivision 3, for all out-of-pocket expenses
160.2 associated with the provision of data or data analysis.

160.3 Subd. 7. **Report requirements.** The commissioner shall use the registry to annually
160.4 publish a report that includes comparative demographic and risk-adjusted epidemiological
160.5 data on designated trauma hospitals. Any analyses or reports that identify providers
160.6 may only be published after the provider has been provided the opportunity by the
160.7 commissioner to review the underlying data and submit comments. The provider shall
160.8 have 21 days to review the data for accuracy.

160.9 Sec. 13. Minnesota Statutes 2008, section 144.608, subdivision 1, is amended to read:

160.10 Subdivision 1. **Trauma Advisory Council established.** (a) A Trauma Advisory
160.11 Council is established to advise, consult with, and make recommendations to the
160.12 commissioner on the development, maintenance, and improvement of a statewide trauma
160.13 system.

160.14 (b) The council shall consist of the following members:

160.15 (1) a trauma surgeon certified by the American ~~College of Surgeons~~ Board of
160.16 Surgery or the American Osteopathic Board of Surgery who practices in a level I or
160.17 II trauma hospital;

160.18 (2) a general surgeon certified by the American ~~College of Surgeons~~ Board
160.19 of Surgery or the American Osteopathic Board of Surgery whose practice includes
160.20 trauma and who practices in a designated rural area as defined under section 144.1501,
160.21 subdivision 1, paragraph (b);

160.22 (3) a neurosurgeon certified by the American Board of Neurological Surgery who
160.23 practices in a level I or II trauma hospital;

160.24 (4) a trauma program nurse manager or coordinator practicing in a level I or II
160.25 trauma hospital;

160.26 (5) an emergency physician certified by the American ~~College~~ Board of Emergency
160.27 ~~Physicians~~ Medicine or the American Osteopathic Board of Emergency Medicine whose
160.28 practice includes emergency room care in a level I, II, III, or IV trauma hospital;

160.29 (6) ~~an emergency room nurse manager~~ a trauma program manager or coordinator
160.30 who practices in a level III or IV trauma hospital;

160.31 (7) a ~~family practice~~ physician certified by the American Board of Family Medicine
160.32 or the American Osteopathic Board of Family Practice whose practice includes emergency
160.33 ~~room~~ department care in a level III or IV trauma hospital located in a designated rural area
160.34 as defined under section 144.1501, subdivision 1, paragraph (b);

161.1 (8) a nurse practitioner, as defined under section 144.1501, subdivision 1, paragraph
161.2 (h), or a physician assistant, as defined under section 144.1501, subdivision 1, paragraph
161.3 (j), whose practice includes emergency room care in a level IV trauma hospital located in
161.4 a designated rural area as defined under section 144.1501, subdivision 1, paragraph (b);

161.5 (9) a pediatrician certified by the American ~~Academy~~ Board of Pediatrics or the
161.6 American Osteopathic Board of Pediatrics whose practice includes emergency ~~room~~
161.7 department care in a level I, II, III, or IV trauma hospital;

161.8 (10) an orthopedic surgeon certified by the American Board of Orthopaedic Surgery
161.9 or the American Osteopathic Board of Orthopedic Surgery whose practice includes trauma
161.10 and who practices in a level I, II, or III trauma hospital;

161.11 (11) the state emergency medical services medical director appointed by the
161.12 Emergency Medical Services Regulatory Board;

161.13 (12) a hospital administrator of a level III or IV trauma hospital located in a
161.14 designated rural area as defined under section 144.1501, subdivision 1, paragraph (b);

161.15 (13) a rehabilitation specialist whose practice includes rehabilitation of patients
161.16 with major trauma injuries or traumatic brain injuries and spinal cord injuries as defined
161.17 under section 144.661;

161.18 (14) an attendant or ambulance director who is an EMT, EMT-I, or EMT-P within
161.19 the meaning of section 144E.001 and who actively practices with a licensed ambulance
161.20 service in a primary service area located in a designated rural area as defined under section
161.21 144.1501, subdivision 1, paragraph (b); and

161.22 (15) the commissioner of public safety or the commissioner's designee.

161.23 ~~(c) Council members whose appointment is dependent on practice in a level III or IV~~
161.24 ~~trauma hospital may be appointed to an initial term based upon their statements that the~~
161.25 ~~hospital intends to become a level III or IV facility by July 1, 2009.~~

161.26 Sec. 14. [144.615] BIRTH CENTERS.

161.27 Subdivision 1. Definitions. (a) For purposes of this section, the following definitions
161.28 have the meanings given them.

161.29 (b) "Birth center" means a facility licensed for the primary purpose of performing
161.30 low-risk deliveries that is not a hospital or licensed as part of a hospital and where births are
161.31 planned to occur away from the mother's usual residence following a low-risk pregnancy.

161.32 (c) "CABC" means the Commission for the Accreditation of Birth Centers.

161.33 (d) "Low-risk pregnancy" means a normal, uncomplicated prenatal course as
161.34 determined by documentation of adequate prenatal care and the anticipation of a normal

162.1 uncomplicated labor and birth, as defined by reasonable and generally accepted criteria
162.2 adopted by professional groups for maternal, fetal, and neonatal health care.

162.3 Subd. 2. **License required.** (a) Beginning January 1, 2011, no birth center shall be
162.4 established, operated, or maintained in the state without first obtaining a license from the
162.5 commissioner of health according to this section.

162.6 (b) A license issued under this section is not transferable or assignable and is subject
162.7 to suspension or revocation at any time for failure to comply with this section.

162.8 (c) A birth center licensed under this section shall not assert, represent, offer,
162.9 provide, or imply that the center is or may render care or services other than the services it
162.10 is permitted to render within the scope of the license or the accreditation issued.

162.11 (d) The license must be conspicuously posted in an area where patients are admitted.

162.12 Subd. 3. **Temporary license.** For new birth centers planning to begin operations
162.13 after January 1, 2011, the commissioner may issue a temporary license to the birth center
162.14 that is valid for a period of six months from the date of issuance. The birth center must
162.15 submit to the commissioner an application and applicable fee for licensure as required
162.16 under subdivision 4. The application must include the information required in subdivision
162.17 4, clauses (1) to (3) and (5) to (7), and documentation that the birth center has submitted
162.18 an application for accreditation to the CABC. Upon receipt of accreditation from the
162.19 CABC, the birth center must submit to the commissioner the information required in
162.20 subdivision 4, clause (4), and the applicable fee under subdivision 8. The commissioner
162.21 shall issue a new license.

162.22 Subd. 4. **Application.** An application for a license to operate a birth center and the
162.23 applicable fee under subdivision 8 must be submitted to the commissioner on a form
162.24 provided by the commissioner and must contain:

162.25 (1) the name of the applicant;

162.26 (2) the site location of the birth center;

162.27 (3) the name of the person in charge of the center;

162.28 (4) documentation that the accreditation described under subdivision 6 has been
162.29 issued, including the effective date and the expiration date of the accreditation, and the
162.30 date of the last site visit by the CABC;

162.31 (5) the number of patients the birth center is capable of serving at a given time;

162.32 (6) the names and license numbers, if applicable, of the health care professionals
162.33 on staff at the birth center; and

162.34 (7) any other information the commissioner deems necessary.

162.35 Subd. 5. **Suspension, revocation, and refusal to renew.** The commissioner may
162.36 refuse to grant or renew, or may suspend or revoke, a license on any of the grounds

163.1 described under section 144.55, subdivision 6, paragraph (a), clause (2), (3), or (4), or
163.2 upon the loss of accreditation by the CABC. The applicant or licensee is entitled to notice
163.3 and a hearing as described under section 144.55, subdivision 7, and a new license may be
163.4 issued after proper inspection of the birth center has been conducted.

163.5 Subd. 6. **Standards for licensure.** (a) To be eligible for licensure under this
163.6 section, a birth center must be accredited by the CABC or must obtain accreditation
163.7 within six months of the date of the application for licensure. If the birth center loses its
163.8 accreditation, the birth center must immediately notify the commissioner.

163.9 (b) The center must have procedures in place specifying criteria by which risk status
163.10 will be established and applied to each woman at admission and during labor.

163.11 (c) Upon request, the birth center shall provide the commissioner of health with any
163.12 material submitted by the birth center to the CABC as part of the accreditation process,
163.13 including the accreditation application, the self-evaluation report, the accreditation
163.14 decision letter from the CABC, and any reports from the CABC following a site visit.

163.15 Subd. 7. **Limitations of services.** (a) The following limitations apply to the services
163.16 performed at a birth center:

163.17 (1) surgical procedures must be limited to those normally accomplished during an
163.18 uncomplicated birth, including episiotomy and repair;

163.19 (2) no abortions may be administered; and

163.20 (3) no general or regional anesthesia may be administered.

163.21 (b) Notwithstanding paragraph (a), local anesthesia may be administered at a birth
163.22 center if the administration of the anesthetic is performed within the scope of practice of a
163.23 health care professional.

163.24 Subd. 8. **Fees.** (a) The biennial license fee for a birth center is \$365.

163.25 (b) The temporary license fee is \$365.

163.26 (c) Fees shall be collected and deposited according to section 144.122.

163.27 Subd. 9. **Renewal.** (a) Except as provided in paragraph (b), a license issued under
163.28 this section expires two years from the date of issue.

163.29 (b) A temporary license issued under subdivision 3 expires six months from the date
163.30 of issue, and may be renewed for one additional six-month period.

163.31 (c) An application for renewal shall be submitted at least 60 days prior to expiration
163.32 of the license on forms prescribed by the commissioner of health.

163.33 Subd. 10. **Records.** All health records maintained on each client by a birth center
163.34 are subject to sections 144.292 to 144.298.

163.35 Subd. 11. **Report.** (a) The commissioner of health, in consultation with the
163.36 commissioner of human services and representatives of the licensed birth centers,

164.1 the American College of Obstetricians and Gynecologists, the American Academy
164.2 of Pediatrics, the Minnesota Hospital Association, and the Minnesota Ambulance
164.3 Association, shall evaluate the quality of care and outcomes for services provided in
164.4 licensed birth centers, including, but not limited to, the utilization of services provided at a
164.5 birth center, the outcomes of care provided to both mothers and newborns, and the numbers
164.6 of transfers to other health care facilities that are required and the reasons for the transfers.
164.7 The commissioner shall work with the birth centers to establish a process to gather and
164.8 analyze the data within protocols that protect the confidentiality of patient identification.

164.9 (b) The commissioner of health shall report the findings of the evaluation to the
164.10 legislature by January 15, 2014.

164.11 Sec. 15. Minnesota Statutes 2008, section 144.651, subdivision 2, is amended to read:

164.12 Subd. 2. **Definitions.** For the purposes of this section, "patient" means a person
164.13 who is admitted to an acute care inpatient facility for a continuous period longer than
164.14 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental
164.15 health of that person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20,
164.16 "patient" also means a person who receives health care services at an outpatient surgical
164.17 center or at a birth center licensed under section 144.615. "Patient" also means a minor
164.18 who is admitted to a residential program as defined in section 253C.01. For purposes of
164.19 subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving
164.20 mental health treatment on an outpatient basis or in a community support program or other
164.21 community-based program. "Resident" means a person who is admitted to a nonacute care
164.22 facility including extended care facilities, nursing homes, and boarding care homes for
164.23 care required because of prolonged mental or physical illness or disability, recovery from
164.24 injury or disease, or advancing age. For purposes of all subdivisions except subdivisions
164.25 28 and 29, "resident" also means a person who is admitted to a facility licensed as a board
164.26 and lodging facility under Minnesota Rules, parts 4625.0100 to 4625.2355, or a supervised
164.27 living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which operates
164.28 a rehabilitation program licensed under Minnesota Rules, parts 9530.4100 to 9530.4450.

164.29 Sec. 16. Minnesota Statutes 2008, section 144.9504, is amended by adding a
164.30 subdivision to read:

164.31 Subd. 12. **Blood lead level guidelines.** (a) By January 1, 2011, the commissioner
164.32 must revise clinical and case management guidelines to include recommendations
164.33 for protective health actions and follow-up services when a child's blood lead level

165.1 exceeds five micrograms of lead per deciliter of blood. The revised guidelines must be
165.2 implemented to the extent possible using available resources.

165.3 (b) In revising the clinical and case management guidelines for blood lead levels
165.4 greater than five micrograms of lead per deciliter of blood under this subdivision,
165.5 the commissioner of health must consult with a statewide organization representing
165.6 physicians, the public health department of Minneapolis and other public health
165.7 departments, one representative of the residential construction industry, and a nonprofit
165.8 organization with expertise in lead abatement.

165.9 Sec. 17. Minnesota Statutes 2008, section 144A.51, subdivision 5, is amended to read:

165.10 Subd. 5. **Health facility.** "Health facility" means a facility or that part of a facility
165.11 which is required to be licensed pursuant to sections 144.50 to 144.58, 144.615, and a
165.12 facility or that part of a facility which is required to be licensed under any law of this state
165.13 which provides for the licensure of nursing homes.

165.14 Sec. 18. Minnesota Statutes 2008, section 144E.37, is amended to read:

165.15 **144E.37 COMPREHENSIVE ADVANCED LIFE SUPPORT.**

165.16 The ~~board~~ commissioner of health shall establish a comprehensive advanced
165.17 life-support educational program to train rural medical personnel, including physicians,
165.18 physician assistants, nurses, and allied health care providers, in a team approach to
165.19 anticipate, recognize, and treat life-threatening emergencies before serious injury or
165.20 cardiac arrest occurs.

165.21 **EFFECTIVE DATE.** This section is effective July 1, 2010.

165.22 Sec. 19. **HEALTH PLAN AND COUNTY ADMINISTRATIVE COST**
165.23 **REDUCTION; REPORTING REQUIREMENTS.**

165.24 (a) Minnesota health plans and county-based purchasing plans may complete an
165.25 inventory of existing data collection and reporting requirements for health plans and
165.26 county-based purchasing plans and submit to the commissioners of health and human
165.27 services a list of data, documentation, and reports that:

165.28 (1) are collected from the same health plan or county-based purchasing plan more
165.29 than once;

165.30 (2) are collected directly from the health plan or county-based purchasing plan but
165.31 are available to the state agencies from other sources;

165.32 (3) are not currently being used by state agencies; or

166.1 (4) collect similar information more than once in different formats, at different
166.2 times, or by more than one state agency.

166.3 (b) The report to the commissioners may also identify the percentage of health
166.4 plan and county-based purchasing plan administrative time and expense attributed to
166.5 fulfilling reporting requirements and include recommendations regarding ways to reduce
166.6 duplicative reporting requirements.

166.7 (c) Upon receipt, the commissioners shall submit the inventory and recommendations
166.8 to the chairs of the appropriate legislative committees, along with their comments
166.9 and recommendations as to whether any action should be taken by the legislature to
166.10 establish a consolidated and streamlined reporting system under which data, reports, and
166.11 documentation are collected only once and only when needed for the state agencies to
166.12 fulfill their duties under law and applicable regulations.

166.13 Sec. 20. **VENDOR ACCREDITATION SIMPLIFICATION.**

166.14 The Minnesota Hospital Association must coordinate with the Minnesota
166.15 Credentialing Collaborative to make recommendations by January 1, 2012, on the
166.16 development of standard accreditation methods for vendor services provided within
166.17 hospitals and clinics. The recommendations must be consistent with requirements of
166.18 hospital credentialing organizations and applicable federal requirements.

166.19 Sec. 21. **APPLICATION PROCESS FOR HEALTH INFORMATION**
166.20 **EXCHANGE.**

166.21 To the extent that the commissioner of health applies for additional federal funding
166.22 to support the commissioner's responsibilities of developing and maintaining state level
166.23 health information exchange under section 3013 of the HITECH Act, the commissioner of
166.24 health shall ensure that applications are made through an open process that provides health
166.25 information exchange service providers equal opportunity to receive funding.

166.26 Sec. 22. **TRANSFER.**

166.27 The powers and duties of the Emergency Medical Services Regulatory Board with
166.28 respect to the comprehensive advanced life-support educational program under Minnesota
166.29 Statutes, section 144E.37, are transferred to the commissioner of health under Minnesota
166.30 Statutes, section 15.039.

166.31 **EFFECTIVE DATE.** This section is effective July 1, 2010.

166.32 Sec. 23. **REVISOR'S INSTRUCTION.**

167.1 The revisor of statutes shall renumber Minnesota Statutes, section 144E.37, as
167.2 Minnesota Statutes, section 144.6062, and make all necessary changes in statutory
167.3 cross-references in Minnesota Statutes and Minnesota Rules.

167.4 **EFFECTIVE DATE.** This section is effective July 1, 2010.

167.5 Sec. 24. **REPEALER.**

167.6 Minnesota Statutes 2008, section 144.607, is repealed.

167.7 **ARTICLE 21**

167.8 **PUBLIC HEALTH**

167.9 Section 1. Minnesota Statutes 2008, section 62J.692, subdivision 4, is amended to read:

167.10 Subd. 4. **Distribution of funds.** (a) Following the distribution described under
167.11 paragraph (b), the commissioner shall annually distribute the available medical education
167.12 funds to all qualifying applicants based on a distribution formula that reflects a summation
167.13 of two factors:

167.14 (1) a public program volume factor, which is determined by the total volume of
167.15 public program revenue received by each training site as a percentage of all public
167.16 program revenue received by all training sites in the fund pool; and

167.17 (2) a supplemental public program volume factor, which is determined by providing
167.18 a supplemental payment of 20 percent of each training site's grant to training sites whose
167.19 public program revenue accounted for at least 0.98 percent of the total public program
167.20 revenue received by all eligible training sites. Grants to training sites whose public
167.21 program revenue accounted for less than 0.98 percent of the total public program revenue
167.22 received by all eligible training sites shall be reduced by an amount equal to the total
167.23 value of the supplemental payment.

167.24 Public program revenue for the distribution formula includes revenue from medical
167.25 assistance, prepaid medical assistance, general assistance medical care, and prepaid
167.26 general assistance medical care. Training sites that receive no public program revenue
167.27 are ineligible for funds available under this subdivision. For purposes of determining
167.28 training-site level grants to be distributed under paragraph (a), total statewide average
167.29 costs per trainee for medical residents is based on audited clinical training costs per trainee
167.30 in primary care clinical medical education programs for medical residents. Total statewide
167.31 average costs per trainee for dental residents is based on audited clinical training costs
167.32 per trainee in clinical medical education programs for dental students. Total statewide
167.33 average costs per trainee for pharmacy residents is based on audited clinical training costs
167.34 per trainee in clinical medical education programs for pharmacy students.

168.1 (b) \$5,350,000 of the available medical education funds shall be distributed as
168.2 follows:

168.3 (1) \$1,475,000 to the University of Minnesota Medical Center-Fairview;

168.4 (2) \$2,075,000 to the University of Minnesota School of Dentistry; and

168.5 (3) \$1,800,000 to the Academic Health Center. \$150,000 of the funds distributed to
168.6 the Academic Health Center under this paragraph shall be used for a program to assist
168.7 internationally trained physicians who are legal residents and who commit to serving
168.8 underserved Minnesota communities in a health professional shortage area to successfully
168.9 compete for family medicine residency programs at the University of Minnesota.

168.10 (c) Funds distributed shall not be used to displace current funding appropriations
168.11 from federal or state sources.

168.12 (d) Funds shall be distributed to the sponsoring institutions indicating the amount
168.13 to be distributed to each of the sponsor's clinical medical education programs based on
168.14 the criteria in this subdivision and in accordance with the commissioner's approval letter.
168.15 Each clinical medical education program must distribute funds allocated under paragraph
168.16 (a) to the training sites as specified in the commissioner's approval letter. Sponsoring
168.17 institutions, which are accredited through an organization recognized by the Department
168.18 of Education or the Centers for Medicare and Medicaid Services, may contract directly
168.19 with training sites to provide clinical training. To ensure the quality of clinical training,
168.20 those accredited sponsoring institutions must:

168.21 (1) develop contracts specifying the terms, expectations, and outcomes of the clinical
168.22 training conducted at sites; and

168.23 (2) take necessary action if the contract requirements are not met. Action may
168.24 include the withholding of payments under this section or the removal of students from
168.25 the site.

168.26 (e) Any funds not distributed in accordance with the commissioner's approval letter
168.27 must be returned to the medical education and research fund within 30 days of receiving
168.28 notice from the commissioner. The commissioner shall distribute returned funds to the
168.29 appropriate training sites in accordance with the commissioner's approval letter.

168.30 (f) A maximum of \$150,000 of the funds dedicated to the commissioner under
168.31 section 297F.10, subdivision 1, clause (2), may be used by the commissioner for
168.32 administrative expenses associated with implementing this section.

168.33 Sec. 2. Minnesota Statutes 2009 Supplement, section 157.16, subdivision 3, is
168.34 amended to read:

169.1 Subd. 3. **Establishment fees; definitions.** (a) The following fees are required
169.2 for food and beverage service establishments, youth camps, hotels, motels, lodging
169.3 establishments, public pools, and resorts licensed under this chapter. Food and beverage
169.4 service establishments must pay the highest applicable fee under paragraph (d), clause
169.5 (1), (2), (3), or (4), and establishments serving alcohol must pay the highest applicable
169.6 fee under paragraph (d), clause (6) or (7). The license fee for new operators previously
169.7 licensed under this chapter for the same calendar year is one-half of the appropriate annual
169.8 license fee, plus any penalty that may be required. The license fee for operators opening
169.9 on or after October 1 is one-half of the appropriate annual license fee, plus any penalty
169.10 that may be required.

169.11 (b) All food and beverage service establishments, except special event food stands,
169.12 and all hotels, motels, lodging establishments, public pools, and resorts shall pay an
169.13 annual base fee of \$150.

169.14 (c) A special event food stand shall pay a flat fee of \$50 annually. "Special event
169.15 food stand" means a fee category where food is prepared or served in conjunction with
169.16 celebrations, county fairs, or special events from a special event food stand as defined
169.17 in section 157.15.

169.18 (d) In addition to the base fee in paragraph (b), each food and beverage service
169.19 establishment, other than a special event food stand, and each hotel, motel, lodging
169.20 establishment, public pool, and resort shall pay an additional annual fee for each fee
169.21 category, additional food service, or required additional inspection specified in this
169.22 paragraph:

169.23 (1) Limited food menu selection, \$60. "Limited food menu selection" means a fee
169.24 category that provides one or more of the following:

169.25 (i) prepackaged food that receives heat treatment and is served in the package;

169.26 (ii) frozen pizza that is heated and served;

169.27 (iii) a continental breakfast such as rolls, coffee, juice, milk, and cold cereal;

169.28 (iv) soft drinks, coffee, or nonalcoholic beverages; or

169.29 (v) cleaning for eating, drinking, or cooking utensils, when the only food served
169.30 is prepared off site.

169.31 (2) Small establishment, including boarding establishments, \$120. "Small
169.32 establishment" means a fee category that has no salad bar and meets one or more of
169.33 the following:

169.34 (i) possesses food service equipment that consists of no more than a deep fat fryer, a
169.35 grill, two hot holding containers, and one or more microwave ovens;

169.36 (ii) serves dipped ice cream or soft serve frozen desserts;

170.1 (iii) serves breakfast in an owner-occupied bed and breakfast establishment;

170.2 (iv) is a boarding establishment; or

170.3 (v) meets the equipment criteria in clause (3), item (i) or (ii), and has a maximum
170.4 patron seating capacity of not more than 50.

170.5 (3) Medium establishment, \$310. "Medium establishment" means a fee category
170.6 that meets one or more of the following:

170.7 (i) possesses food service equipment that includes a range, oven, steam table, salad
170.8 bar, or salad preparation area;

170.9 (ii) possesses food service equipment that includes more than one deep fat fryer,
170.10 one grill, or two hot holding containers; or

170.11 (iii) is an establishment where food is prepared at one location and served at one or
170.12 more separate locations.

170.13 Establishments meeting criteria in clause (2), item (v), are not included in this fee
170.14 category.

170.15 (4) Large establishment, \$540. "Large establishment" means either:

170.16 (i) a fee category that (A) meets the criteria in clause (3), items (i) or (ii), for a
170.17 medium establishment, (B) seats more than 175 people, and (C) offers the full menu
170.18 selection an average of five or more days a week during the weeks of operation; or

170.19 (ii) a fee category that (A) meets the criteria in clause (3), item (iii), for a medium
170.20 establishment, and (B) prepares and serves 500 or more meals per day.

170.21 (5) Other food and beverage service, including food carts, mobile food units,
170.22 seasonal temporary food stands, and seasonal permanent food stands, \$60.

170.23 (6) Beer or wine table service, \$60. "Beer or wine table service" means a fee
170.24 category where the only alcoholic beverage service is beer or wine, served to customers
170.25 seated at tables.

170.26 (7) Alcoholic beverage service, other than beer or wine table service, \$165.

170.27 "Alcohol beverage service, other than beer or wine table service" means a fee
170.28 category where alcoholic mixed drinks are served or where beer or wine are served from
170.29 a bar.

170.30 (8) Lodging per sleeping accommodation unit, \$10, including hotels, motels,
170.31 lodging establishments, and resorts, up to a maximum of \$1,000. "Lodging per sleeping
170.32 accommodation unit" means a fee category including the number of guest rooms, cottages,
170.33 or other rental units of a hotel, motel, lodging establishment, or resort; or the number of
170.34 beds in a dormitory.

170.35 (9) First public pool, \$325; each additional public pool, \$175. "Public pool" means a
170.36 fee category that has the meaning given in section 144.1222, subdivision 4.

171.1 (10) First spa, \$175; each additional spa, \$100. "Spa pool" means a fee category that
 171.2 has the meaning given in Minnesota Rules, part 4717.0250, subpart 9.

171.3 (11) Private sewer or water, \$60. "Individual private water" means a fee category
 171.4 with a water supply other than a community public water supply as defined in Minnesota
 171.5 Rules, chapter 4720. "Individual private sewer" means a fee category with an individual
 171.6 sewage treatment system which uses subsurface treatment and disposal.

171.7 (12) Additional food service, \$150. "Additional food service" means a location at
 171.8 a food service establishment, other than the primary food preparation and service area,
 171.9 used to prepare or serve food to the public.

171.10 (13) Additional inspection fee, \$360. "Additional inspection fee" means a fee to
 171.11 conduct the second inspection each year for elementary and secondary education facility
 171.12 school lunch programs when required by the Richard B. Russell National School Lunch
 171.13 Act.

171.14 (e) A fee for review of construction plans must accompany the initial license
 171.15 application for restaurants, hotels, motels, lodging establishments, resorts, seasonal food
 171.16 stands, and mobile food units. The fee for this construction plan review is as follows:

171.17	Service Area	Type	Fee
171.18	Food	limited food menu	\$275
171.19		small establishment	\$400
171.20		medium establishment	\$450
171.21		large food establishment	\$500
171.22		additional food service	\$150
171.23	Transient food service	food cart	\$250
171.24		seasonal permanent food stand	\$250
171.25		seasonal temporary food stand	\$250
171.26		mobile food unit	\$350
171.27	Alcohol	beer or wine table service	\$150
171.28		alcohol service from bar	\$250
171.29	Lodging	less than 25 rooms	\$375
171.30		25 to less than 100 rooms	\$400
171.31		100 rooms or more	\$500
171.32		less than five cabins	\$350
171.33		five to less than ten cabins	\$400
171.34		ten cabins or more	\$450

171.35 (f) When existing food and beverage service establishments, hotels, motels, lodging
 171.36 establishments, resorts, seasonal food stands, and mobile food units are extensively
 171.37 remodeled, a fee must be submitted with the remodeling plans. The fee for this
 171.38 construction plan review is as follows:

172.1	Service Area	Type	Fee
172.2	Food	limited food menu	\$250
172.3		small establishment	\$300
172.4		medium establishment	\$350
172.5		large food establishment	\$400
172.6		additional food service	\$150
172.7		Transient food service	food cart	$250
172.8	seasonal permanent food stand		\$250
172.9	seasonal temporary food stand		\$250
172.10	mobile food unit		\$250
172.11	Alcohol	beer or wine table service	\$150
172.12		alcohol service from bar	\$250
172.13	Lodging	less than 25 rooms	\$250
172.14		25 to less than 100 rooms	\$300
172.15		100 rooms or more	\$450
172.16		less than five cabins	\$250
172.17		five to less than ten cabins	\$350
172.18		ten cabins or more	\$400

172.19 (g) Special event food stands are not required to submit construction or remodeling
172.20 plans for review.

172.21 (h) Youth camps shall pay an annual single fee for food and lodging as follows:

172.22 (1) camps with up to 99 campers, \$325;

172.23 (2) camps with 100 to 199 campers, \$550; and

172.24 (3) camps with 200 or more campers, \$750.

172.25 (i) A youth camp which pays fees under paragraph (d) is not required to pay fees
172.26 under paragraph (h).

172.27 Sec. 3. Minnesota Statutes 2009 Supplement, section 327.15, subdivision 3, is
172.28 amended to read:

172.29 Subd. 3. **Fees, manufactured home parks and recreational camping areas.** (a)

172.30 The following fees are required for manufactured home parks and recreational camping

172.31 areas licensed under this chapter. Recreational camping areas and manufactured home

172.32 parks shall pay the highest applicable base fee under paragraph ~~(e)~~ (b). The license fee

172.33 for new operators of a manufactured home park or recreational camping area previously

172.34 licensed under this chapter for the same calendar year is one-half of the appropriate annual

172.35 license fee, plus any penalty that may be required. The license fee for operators opening

172.36 on or after October 1 is one-half of the appropriate annual license fee, plus any penalty

172.37 that may be required.

173.1 (b) All manufactured home parks and recreational camping areas shall pay the
173.2 following annual base fee:

173.3 (1) a manufactured home park, \$150; and

173.4 (2) a recreational camping area with:

173.5 (i) 24 or less sites, \$50;

173.6 (ii) 25 to 99 sites, \$212; and

173.7 (iii) 100 or more sites, \$300.

173.8 In addition to the base fee, manufactured home parks and recreational camping areas shall
173.9 pay \$4 for each licensed site. This paragraph does not apply to special event recreational
173.10 camping areas ~~or to~~. Operators of a manufactured home park or a recreational camping
173.11 area also licensed under section 157.16 for the same location shall pay only one base fee,
173.12 whichever is the highest of the base fees found in this section or section 157.16.

173.13 (c) In addition to the fee in paragraph (b), each manufactured home park or
173.14 recreational camping area shall pay an additional annual fee for each fee category
173.15 specified in this paragraph:

173.16 (1) Manufactured home parks and recreational camping areas with public swimming
173.17 pools and spas shall pay the appropriate fees specified in section 157.16.

173.18 (2) Individual private sewer or water, \$60. "Individual private water" means a fee
173.19 category with a water supply other than a community public water supply as defined in
173.20 Minnesota Rules, chapter 4720. "Individual private sewer" means a fee category with a
173.21 subsurface sewage treatment system which uses subsurface treatment and disposal.

173.22 (d) The following fees must accompany a plan review application for initial
173.23 construction of a manufactured home park or recreational camping area:

173.24 (1) for initial construction of less than 25 sites, \$375;

173.25 (2) for initial construction of 25 to 99 sites, \$400; and

173.26 (3) for initial construction of 100 or more sites, \$500.

173.27 (e) The following fees must accompany a plan review application when an existing
173.28 manufactured home park or recreational camping area is expanded:

173.29 (1) for expansion of less than 25 sites, \$250;

173.30 (2) for expansion of 25 to 99 sites, \$300; and

173.31 (3) for expansion of 100 or more sites, \$450.

173.32 **Sec. 4. FOOD SUPPORT FOR CHILDREN WITH SEVERE ALLERGIES.**

173.33 The commissioner of human services must seek a federal waiver from the federal
173.34 Department of Agriculture, Food and Nutrition Service, for the supplemental nutrition
173.35 assistance program, to increase the income eligibility requirements to 375 percent of the

174.1 federal poverty guidelines, in order to cover nutritional food products required to treat
174.2 or manage severe food allergies, including allergies to wheat and gluten, for infants and
174.3 children who have been diagnosed with life-threatening severe food allergies.

174.4 **ARTICLE 22**

174.5 **HEALTH CARE REFORM**

174.6 Section 1. **[62E.20] RELATIONSHIP TO TEMPORARY FEDERAL HIGH-RISK**
174.7 **POOL.**

174.8 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in
174.9 this subdivision have the meanings given.

174.10 (b) "Association" means the Minnesota Comprehensive Health Association.

174.11 (c) "Federal law" means Title I, subtitle B, section 1101, of the federal Patient
174.12 Protection and Affordable Care Act, Public Law 111-148, including any federal
174.13 regulations adopted under it.

174.14 (d) "Federal qualified high-risk pool" means an arrangement established by the
174.15 federal secretary of health and human services that meets the requirements of the federal
174.16 law.

174.17 Subd. 2. **Timing of this section.** This section applies beginning the date the
174.18 temporary federal qualified high-risk health pool created under the federal law begins
174.19 to provide coverage in this state.

174.20 Subd. 3. **Maintenance of effort.** The assessments made by the comprehensive
174.21 health association on its member insurers must comply with the maintenance of effort
174.22 requirement contained in paragraph (b), clause (3), of the federal law, to the extent that the
174.23 requirement applies to assessments made by the association.

174.24 Subd. 4. **Coordination with state health care programs.** The commissioner
174.25 of commerce and the Minnesota Comprehensive Health Association shall ensure that
174.26 applicants for coverage through the federal qualified high-risk pool, or through the
174.27 Minnesota Comprehensive Health Association, are referred to the medical assistance or
174.28 MinnesotaCare programs if they are determined to be potentially eligible for coverage
174.29 through those programs. The commissioner of human services shall ensure that applicants
174.30 for coverage under medical assistance or MinnesotaCare who are determined not to be
174.31 eligible for those programs are provided information about coverage through the federal
174.32 qualified high-risk pool and the Minnesota Comprehensive Health Association.

174.33 Subd. 5. **Federal funding.** Minnesota shall coordinate its efforts with the United
174.34 States Department of Health and Human Services (HHS) to obtain the federal funds to
174.35 implement in Minnesota the federal qualified high-risk pool.

175.1 Sec. 2. **[256B.0756] COORDINATED CARE THROUGH A HEALTH HOME.**

175.2 Subdivision 1. **Provision of coverage.** (a) The commissioner shall provide
175.3 medical assistance coverage of health home services for eligible individuals with chronic
175.4 conditions who select a designated provider, a team of health care professionals, or a
175.5 health team as the individual's health home.

175.6 (b) The commissioner shall implement this section in compliance with the
175.7 requirements of the state option to provide health homes for enrollees with chronic
175.8 conditions, as provided under the Patient Protection and Affordable Care Act, Public
175.9 Law 111-148, sections 2703 and 3502. Terms used in this section have the meaning
175.10 provided in that act.

175.11 Subd. 2. **Eligible individual.** An individual is eligible for health home services
175.12 under this section if the individual is eligible for medical assistance under this chapter
175.13 and has at least:

175.14 (1) two chronic conditions;

175.15 (2) one chronic condition and is at risk of having a second chronic condition; or

175.16 (3) one serious and persistent mental health condition.

175.17 Subd. 3. **Health home services.** (a) Health home services means comprehensive and
175.18 timely high-quality services that are provided by a health home. These services include:

175.19 (1) comprehensive care management;

175.20 (2) care coordination and health promotion;

175.21 (3) comprehensive transitional care, including appropriate follow-up, from inpatient
175.22 to other settings;

175.23 (4) patient and family support, including authorized representatives;

175.24 (5) referral to community and social support services, if relevant; and

175.25 (6) use of health information technology to link services, as feasible and appropriate.

175.26 (b) The commissioner shall maximize the number and type of services
175.27 included in this subdivision to the extent permissible under federal law, including
175.28 physician, outpatient, mental health treatment, and rehabilitation services necessary for
175.29 comprehensive transitional care following hospitalization.

175.30 Subd. 4. **Health teams.** The commissioner shall establish health teams to support
175.31 the patient-centered health home and provide the services described in subdivision 3 to
175.32 individuals eligible under subdivision 2. The commissioner shall apply for grants or
175.33 contracts as provided under section 3502 of the Patient Protection and Affordable Care
175.34 Act to establish health teams and provide capitated payments to primary care providers.
175.35 For purposes of this section, "health teams" means community-based, interdisciplinary,
175.36 inter-professional teams of health care providers that support primary care practices.

176.1 These providers may include medical specialists, nurses, advanced practice registered
176.2 nurses, pharmacists, nutritionists, social workers, behavioral and mental health providers,
176.3 doctors of chiropractic, licensed complementary and alternative medicine practitioners,
176.4 and physician assistants.

176.5 Subd. 5. **Payments.** The commissioner shall make payments to each health home
176.6 and each health team for the provision of health home services to each eligible individual
176.7 with chronic conditions that selects the health home as a provider.

176.8 Subd. 6. **Coordination.** The commissioner, to the extent feasible, shall ensure that
176.9 the requirements and payment methods for health homes and health teams developed
176.10 under this section are consistent with the requirements and payment methods for health
176.11 care homes established under sections 256B.0751 and 256B.0753. The commissioner may
176.12 modify requirements and payment methods under sections 256B.0751 and 256B.0753 in
176.13 order to be consistent with federal health home requirements and payment methods.

176.14 Subd. 7. **State plan amendment.** The commissioner shall submit a state plan
176.15 amendment to implement this section to the federal Centers for Medicare and Medicaid
176.16 Services by January 1, 2011.

176.17 **EFFECTIVE DATE.** This section is effective January 1, 2011, or upon federal
176.18 approval, whichever is later.

176.19 Sec. 3. **FEDERAL HEALTH CARE REFORM DEMONSTRATION PROJECTS**
176.20 **AND GRANTS.**

176.21 (a) The commissioner of human services shall seek to participate in the following
176.22 demonstration projects, or apply for the following grants, as described in the federal
176.23 Patient Protection and Affordable Care Act, Public Law 111-148:

176.24 (1) the demonstration project to evaluate integrated care around a hospitalization,
176.25 Public Law 111-148, section 2704;

176.26 (2) the Medicaid global payment system demonstration project, Public Law 111-148,
176.27 section 2705, including a demonstration project for the specific population of childless
176.28 adults under 75 percent of federal poverty guidelines that were to be served by the general
176.29 assistance medical care program;

176.30 (3) the pediatric accountable care organization demonstration project, Public Law
176.31 111-148, section 2706;

176.32 (4) the Medicaid emergency psychiatric demonstration project, Public Law 111-148,
176.33 section 2707; and

176.34 (5) grants to provide incentives for prevention of chronic diseases in Medicaid,
176.35 Public Law 111-148, section 4108.

177.1 (b) The commissioner of human services shall report to the chairs and ranking
177.2 minority members of the house of representatives and senate committees or divisions with
177.3 jurisdiction over health care policy and finance on the status of the demonstration project
177.4 and grant applications. If the state is accepted as a demonstration project participant, or is
177.5 awarded a grant, the commissioner shall notify the chairs and ranking minority members
177.6 of those committees or divisions of any legislative changes necessary to implement the
177.7 demonstration projects or grants.

177.8 (c) The commissioner of health shall apply for federal grants available under the
177.9 federal Patient Protection and Affordable Care Act, Public Law 111-148, for purposes
177.10 of funding wellness and prevention, and health improvement programs. To the extent
177.11 possible under federal law, the commissioner of health must utilize the state health
177.12 improvement program, established under Minnesota Statutes, section 145.986, to
177.13 implement grant programs related to wellness and prevention, and health improvement,
177.14 for which the state receives funding under the federal Patient Protection and Affordable
177.15 Care Act, Public Law 111-148.

177.16 Sec. 4. **HEALTH CARE REFORM TASK FORCE.**

177.17 Subdivision 1. **Task force.** (a) The governor shall convene a Health Care
177.18 Reform Task Force to advise and assist the governor and the legislature regarding state
177.19 implementation of federal health care reform legislation. For purposes of this section,
177.20 "federal health care reform legislation" means the Patient Protection and Affordable Care
177.21 Act, Public Law 111-148, and the health care reform provisions in the Health Care and
177.22 Education Reconciliation Act of 2010, Public Law 111-152. The task force shall consist of:

177.23 (1) two legislators from the house of representatives appointed by the speaker and
177.24 two legislators from the senate appointed by the Subcommittee on Committees of the
177.25 Committee on Rules and Administration;

177.26 (2) two representatives appointed by the governor to represent the governor and
177.27 state agencies;

177.28 (3) three persons appointed by the governor who have demonstrated leadership in
177.29 health care organizations, health plan companies, or health care trade or professional
177.30 associations;

177.31 (4) three persons appointed by the governor who have demonstrated leadership in
177.32 employer and group purchaser activities related to health system improvement of whom
177.33 two must be from a labor organization and one from the business community; and

177.34 (5) five persons appointed by the governor who have demonstrated expertise in the
177.35 areas of health care financing, access, and quality.

178.1 The governor is exempt from the requirements of the open appointments process
178.2 for purposes of appointing task force members. Members shall be appointed for one-year
178.3 terms and may be reappointed.

178.4 (b) The Department of Health, Department of Human Services, and Department of
178.5 Commerce shall provide staff support to the task force. The task force may accept outside
178.6 resources to help support its efforts.

178.7 (c) Task force members must be appointed by July 1, 2010. The task force must hold
178.8 its first meeting by July 15, 2010.

178.9 Subd. 2. **Duties.** (a) By December 15, 2010, the task force shall develop and
178.10 present to the legislature and the governor a preliminary report and recommendations on
178.11 state implementation of federal health care reform legislation. The report must include
178.12 recommendations for state law and program changes necessary to comply with the federal
178.13 health care reform legislation, and also recommendations for implementing provisions of
178.14 the federal legislation that are optional for states. In developing recommendations, the task
178.15 force shall consider the extent to which an approach maximizes federal funding to the state.

178.16 (b) The task force, in consultation with the governor and the legislature, shall also
178.17 establish timelines and criteria for future reports on state implementation of the federal
178.18 health care reform legislation.

178.19 Sec. 5. **AMERICAN HEALTH BENEFIT EXCHANGE; PLANNING**
178.20 **PROVISIONS.**

178.21 Subdivision 1. **Federal planning grants.** The commissioners of commerce, health,
178.22 and human services shall jointly or separately apply to the federal secretary of health and
178.23 human services for one or more planning grants, including renewal grants, authorized
178.24 under section 1311 of the Patient Protection and Affordable Care Act, Public Law
178.25 111-148, including any future amendments of that provision, relating to state creation
178.26 of American Health Benefit Exchanges.

178.27 Subd. 2. **Consideration of early creation and operation of exchange.** (a) The
178.28 commissioners referenced in subdivision 1 shall analyze the advantages and disadvantages
178.29 to the state of planning to have a state health insurance exchange, similar to an American
178.30 Health Benefit Exchange referenced in subdivision 1, begin prior to the federal deadline
178.31 of January 1, 2014.

178.32 (b) The commissioners shall provide a written report to the legislature on the results
178.33 of the analysis required under paragraph (a) no later than December 15, 2010. The written
178.34 report must comply with Minnesota Statutes, sections 3.195 and 3.197.

ARTICLE 23

HUMAN SERVICES FORECAST ADJUSTMENTS

Section 1. SUMMARY OF APPROPRIATIONS.

The amounts shown in this section summarize direct appropriations, by fund, made in this article.

	<u>2010</u>	<u>2011</u>	<u>Total</u>
<u>General</u>	\$ (109,876,000)	\$ (28,344,000)	\$ (138,220,000)
<u>Health Care Access</u>	\$ 99,654,000	\$ 276,500,000	\$ 376,154,000
<u>Federal TANF</u>	\$ (9,830,000)	\$ 15,133,000	\$ 5,303,000
<u>Total</u>	\$ (20,052,000)	\$ 263,289,000	\$ 243,237,000

Sec. 2. DEPARTMENT OF HUMAN SERVICES APPROPRIATION.

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2009, chapter 79, article 13, as amended by Laws 2009, chapter 173, article 2, to the agencies and for the purposes specified in this article. The appropriations are from the general fund, or another named fund, and are available for the fiscal years indicated for each purpose. The figures "2010" and "2011" used in this article mean that the addition to or subtraction from appropriations listed under them is available for the fiscal year ending June 30, 2010, or June 30, 2011, respectively. "The first year" is fiscal year 2010. "The second year" is fiscal year 2011. "The biennium" is fiscal years 2010 and 2011. Supplemental appropriations and reductions for the fiscal year ending June 30, 2010, are effective the day following final enactment unless a different effective date is explicit.

APPROPRIATIONS
Available for the Year
Ending June 30
2010 **2011**

Sec. 3. DEPARTMENT OF HUMAN SERVICES

Subdivision 1. Total Appropriation \$ (20,052,000) \$ 263,289,000

Appropriations by Fund

	<u>2010</u>	<u>2011</u>
<u>General</u>	(109,876,000)	(28,344,000)
<u>Health Care Access</u>	99,654,000	276,500,000
<u>Federal TANF</u>	(9,830,000)	15,133,000

180.1 The amounts that may be spent for each
 180.2 purpose are specified in the following
 180.3 subdivisions.

180.4 **Subd. 2. Revenue and Pass-through**

180.5 Appropriations by Fund

180.6 Federal TANF 390,000 (251,000)

180.7 **Subd. 3. Children and Economic Assistance**
 180.8 **Grants**

180.9 Appropriations by Fund

180.10 General 4,489,000 (4,140,000)

180.11 Federal TANF (10,220,000) 15,384,000

180.12 The amounts that may be spent from this
 180.13 appropriation are as follows:

180.14 **(a) MFIP Grants**

180.15 General 7,916,000 (14,481,000)

180.16 Federal TANF (10,220,000) 15,384,000

180.17 **(b) MFIP Child Care Assistance Grants** (7,832,000) 2,579,000

180.18 **(c) General Assistance Grants** 875,000 1,339,000

180.19 **(d) Minnesota Supplemental Aid Grants** 2,454,000 3,843,000

180.20 **(e) Group Residential Housing Grants** 1,076,000 2,580,000

180.21 **Subd. 4. Basic Health Care Grants**

180.22 Appropriations by Fund

180.23 General (62,770,000) 29,192,000

180.24 Health Care Access 99,654,000 276,500,000

180.25 The amounts that may be spent from the
 180.26 appropriation for each purpose are as follows:

180.27 **(a) MinnesotaCare Grants**

180.28 Health Care Access 99,654,000 276,500,000

180.29 **(b) Medical Assistance Basic Health Care -**
 180.30 **Families and Children** 1,165,000 24,146,000

180.31 **(c) Medical Assistance Basic Health Care -**
 180.32 **Elderly and Disabled** (63,935,000) 5,046,000

182.1	<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>-0-</u>	<u>\$</u>	<u>14,069,000</u>
182.2	<u>Appropriations by Fund</u>				
182.3		<u>2010</u>		<u>2011</u>	
182.4	<u>General</u>	<u>-0-</u>		<u>13,383,000</u>	
182.5	<u>Health Care Access</u>	<u>-0-</u>		<u>686,000</u>	

182.6 The appropriations for each purpose are
 182.7 shown in the following subdivisions.

182.8 **Subd. 2. Basic Health Care Grants**

182.9	<u>(a) MinnesotaCare Grants</u>		<u>-0-</u>		<u>686,000</u>
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182.10 This appropriation is from the health care
 182.11 access fund.

182.12	<u>(b) Medical Assistance Basic Health Care</u>				
182.13	<u>Grants - Families and Children</u>		<u>-0-</u>		<u>6,297,000</u>

182.14	<u>(c) Medical Assistance Basic Health Care</u>				
182.15	<u>Grants - Elderly and Disabled</u>		<u>-0-</u>		<u>3,697,000</u>

182.16 **Subd. 3. Continuing Care Grants**

182.17	<u>(a) Medical Assistance - Long-Term Care</u>				
182.18	<u>Facilities Grants</u>		<u>-0-</u>		<u>2,486,000</u>

182.19	<u>(b) Medical Assistance Grants - Long-Term</u>				
182.20	<u>Care Waivers and Home Care Grants</u>		<u>-0-</u>		<u>547,000</u>

182.21	<u>(c) Chemical Dependency Entitlement Grants</u>		<u>-0-</u>		<u>356,000</u>
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182.22 **EFFECTIVE DATE.** This section is effective upon enactment of an extension of
 182.23 the enhanced federal medical assistance percentage (FMAP) under Public Law 111-5,
 182.24 section 5001, to at least June 30, 2011.

182.25 Sec. 4. Minnesota Statutes 2008, section 256B.0625, subdivision 22, is amended to
 182.26 read:

182.27 Subd. 22. **Hospice care.** Medical assistance covers hospice care services under
 182.28 Public Law 99-272, section 9505, to the extent authorized by rule, except that a recipient
 182.29 age 21 or under who elects to receive hospice services does not waive coverage for
 182.30 services that are related to the treatment of the condition for which a diagnosis of terminal
 182.31 illness has been made.

182.32 **EFFECTIVE DATE.** This section is effective retroactive from March 23, 2010.

183.1 Sec. 5. Minnesota Statutes 2009 Supplement, section 256B.0911, subdivision 1a,
183.2 is amended to read:

183.3 Subd. 1a. **Definitions.** For purposes of this section, the following definitions apply:

183.4 (a) "Long-term care consultation services" means:

183.5 (1) assistance in identifying services needed to maintain an individual in the most
183.6 inclusive environment;

183.7 (2) providing recommendations on cost-effective community services that are
183.8 available to the individual;

183.9 (3) development of an individual's person-centered community support plan;

183.10 (4) providing information regarding eligibility for Minnesota health care programs;

183.11 (5) face-to-face long-term care consultation assessments, which may be completed
183.12 in a hospital, nursing facility, intermediate care facility for persons with developmental
183.13 disabilities (ICF/DDs), regional treatment centers, or the person's current or planned
183.14 residence;

183.15 (6) federally mandated screening to determine the need for a institutional level of
183.16 care under section 256B.0911, ~~subdivision 4, paragraph (a)~~ subdivision 4a;

183.17 (7) determination of home and community-based waiver service eligibility including
183.18 level of care determination for individuals who need an institutional level of care as
183.19 defined under section 144.0724, subdivision 11, or 256B.092, service eligibility including
183.20 state plan home care services identified in section 256B.0625, subdivisions 6, 7, and
183.21 19, paragraphs (a) and (c), based on assessment and support plan development with
183.22 appropriate referrals;

183.23 (8) providing recommendations for nursing facility placement when there are no
183.24 cost-effective community services available; and

183.25 (9) assistance to transition people back to community settings after facility
183.26 admission.

183.27 (b) "Long-term care options counseling" means the services provided by the linkage
183.28 lines as mandated by sections 256.01 and 256.975, subdivision 7, and also includes
183.29 telephone assistance and follow up once a long-term care consultation assessment has
183.30 been completed.

183.31 (c) "Minnesota health care programs" means the medical assistance program under
183.32 chapter 256B and the alternative care program under section 256B.0913.

183.33 (d) "Lead agencies" means counties or a collaboration of counties, tribes, and health
183.34 plans administering long-term care consultation assessment and support planning services.

183.35 Sec. 6. Minnesota Statutes 2008, section 256B.19, subdivision 1c, is amended to read:

184.1 Subd. 1c. **Additional portion of nonfederal share.** (a) Hennepin County shall
184.2 be responsible for a monthly transfer payment of \$1,500,000, due before noon on the
184.3 15th of each month and the University of Minnesota shall be responsible for a monthly
184.4 transfer payment of \$500,000 due before noon on the 15th of each month, beginning July
184.5 15, 1995. These sums shall be part of the designated governmental unit's portion of the
184.6 nonfederal share of medical assistance costs.

184.7 (b) Beginning July 1, 2001, Hennepin County's payment under paragraph (a) shall
184.8 be \$2,066,000 each month.

184.9 (c) Beginning July 1, 2001, the commissioner shall increase annual capitation
184.10 payments to the metropolitan health plan under section 256B.69 for the prepaid medical
184.11 assistance program by approximately ~~\$3,400,000, plus any available federal matching~~
184.12 ~~funds, \$6,800,000~~ to recognize higher than average medical education costs.

184.13 (d) Effective August 1, 2005, Hennepin County's payment under paragraphs (a)
184.14 and (b) shall be reduced to \$566,000, and the University of Minnesota's payment under
184.15 paragraph (a) shall be reduced to zero. Effective October 1, 2008, to December 31, 2010,
184.16 Hennepin County's payment under paragraphs (a) and (b) shall be \$434,688. Effective
184.17 January 1, 2011, Hennepin County's payment under paragraphs (a) and (b) shall be
184.18 \$566,000.

184.19 (e) Notwithstanding paragraph (d), upon federal enactment of an extension to June
184.20 30, 2011, of the enhanced federal medical assistance percentage (FMAP) originally
184.21 provided under Public Law 111-5, for the six-month period from January 1, 2011, to June
184.22 30, 2011, Hennepin County's payment under paragraphs (a) and (b) shall be \$434,688.

184.23 Sec. 7. Minnesota Statutes 2008, section 256L.15, subdivision 1, is amended to read:

184.24 Subdivision 1. **Premium determination.** (a) Families with children and individuals
184.25 shall pay a premium determined according to subdivision 2.

184.26 (b) Pregnant women and children under age two are exempt from the provisions
184.27 of section 256L.06, subdivision 3, paragraph (b), clause (3), requiring disenrollment
184.28 for failure to pay premiums. For pregnant women, this exemption continues until the
184.29 first day of the month following the 60th day postpartum. Women who remain enrolled
184.30 during pregnancy or the postpartum period, despite nonpayment of premiums, shall be
184.31 disenrolled on the first of the month following the 60th day postpartum for the penalty
184.32 period that otherwise applies under section 256L.06, unless they begin paying premiums.

184.33 (c) Members of the military and their families who meet the eligibility criteria
184.34 for MinnesotaCare upon eligibility approval made within 24 months following the end
184.35 of the member's tour of active duty shall have their premiums paid by the commissioner.

185.1 The effective date of coverage for an individual or family who meets the criteria of this
185.2 paragraph shall be the first day of the month following the month in which eligibility is
185.3 approved. This exemption applies for 12 months. This paragraph expires June 30, 2010.
185.4 If the expiration of this provision is in violation of section 5001 of Public Law 111-5, this
185.5 provision will expire on the date when it is no longer subject to section 5001 of Public Law
185.6 111-5. The commissioner of human services shall notify the revisor of statutes of that date.

185.7 Sec. 8. Laws 2005, First Special Session chapter 4, article 8, section 66, as amended by
185.8 Laws 2009, chapter 173, article 3, section 24, the effective date, is amended to read:

185.9 **EFFECTIVE DATE.** Paragraph (a) is effective August 1, 2009, ~~and upon federal~~
185.10 approval and on the date when it is no longer subject to the maintenance of effort
185.11 requirements of section 5001 of Public Law 111-5. The commissioner of human services
185.12 shall notify the revisor of statutes of that date. Paragraph (e) is effective September 1,
185.13 2006.

185.14 Sec. 9. Laws 2009, chapter 79, article 5, section 17, the effective date, is amended to
185.15 read:

185.16 **EFFECTIVE DATE.** This section is effective January 1, 2011, or upon federal
185.17 approval, ~~whichever is later~~ and on the date when it is no longer subject to the maintenance
185.18 of effort requirements of section 5001 of Public Law 111-5. The commissioner of human
185.19 services shall notify the revisor of statutes of that date.

185.20 Sec. 10. Laws 2009, chapter 79, article 5, section 18, the effective date, is amended to
185.21 read:

185.22 **EFFECTIVE DATE.** This section is effective ~~January 1, 2011~~ upon federal
185.23 approval and on the date when it is no longer subject to the maintenance of effort
185.24 requirements of section 5001 of Public Law 111-5. The commissioner of human services
185.25 shall notify the revisor of statutes when federal approval is obtained.

185.26 Sec. 11. Laws 2009, chapter 79, article 5, section 22, the effective date, is amended to
185.27 read:

185.28 **EFFECTIVE DATE.** This section is effective for periods of ineligibility established
185.29 on or after January 1, 2011, unless it is in violation of section 5001 of Public Law 111-5.
185.30 If it is in violation of that section, then it shall be effective on the date when it is no longer

186.1 subject to maintenance of effort requirements of section 5001 of Public Law 111-5. The
 186.2 commissioner of human services shall notify the revisor of statutes of that date.

186.3 Sec. 12. Laws 2009, chapter 79, article 8, section 4, the effective date, is amended to
 186.4 read:

186.5 **EFFECTIVE DATE.** The section is effective ~~January~~ July 1, 2011.

186.6 Sec. 13. Laws 2009, chapter 173, article 1, section 17, the effective date, is amended to
 186.7 read:

186.8 **EFFECTIVE DATE.** This section is effective for pooled trust accounts established
 186.9 on or after January 1, 2011, unless it is in violation of section 5001 of Public Law 111-5.
 186.10 If it is in violation of that section, then it shall be effective on the date when it is no longer
 186.11 subject to maintenance of effort requirements of section 5001 of Public Law 111-5. The
 186.12 commissioner of human services shall notify the revisor of statutes of that date.

186.13 **ARTICLE 25**

186.14 **HEALTH AND HUMAN SERVICES APPROPRIATIONS**

186.15 Section 1. **SUMMARY OF APPROPRIATIONS.**

186.16 The amounts shown in this section summarize direct appropriations by fund made
 186.17 in this article.

	<u>2010</u>		<u>2011</u>		<u>Total</u>
186.19 <u>General</u>	\$ (6,784,000)	\$	164,339,000	\$	157,555,000
186.20 <u>State Government Special</u>					
186.21 <u>Revenue</u>	113,000		624,000		737,000
186.22 <u>Health Care Access</u>	998,000		(2,221,000)		(1,223,000)
186.23 <u>Federal TANF</u>	8,000,000		20,000,000		28,000,000
186.24 <u>Special Revenue</u>	-0-		93,000		93,000
186.25 <u>Total</u>	\$ 2,327,000	\$	182,835,000	\$	185,162,000

186.26 Sec. 2. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

186.27 The sums shown in the columns marked "Appropriations" are added to or, if shown
 186.28 in parentheses, subtracted from the appropriations in Laws 2009, chapter 79, article 13,
 186.29 as amended by Laws 2009, chapter 173, article 2, to the agencies and for the purposes
 186.30 specified in this article. The appropriations are from the general fund, or another named
 186.31 fund, and are available for the fiscal years indicated for each purpose. The figures "2010"
 186.32 and "2011" used in this article mean that the addition to or subtraction from appropriations
 186.33 listed under them is available for the fiscal year ending June 30, 2010, or June 30, 2011,

187.1 respectively. "The first year" is fiscal year 2010. "The second year" is fiscal year 2011.
 187.2 "The biennium" is fiscal years 2010 and 2011. Supplemental appropriations and reductions
 187.3 for the fiscal year ending June 30, 2010, are effective the day following final enactment
 187.4 unless a different effective date is explicit.

187.5 **APPROPRIATIONS**
 187.6 **Available for the Year**
 187.7 **Ending June 30**
 187.8 **2010** **2011**

187.9 **Sec. 3. COMMISSIONER OF HUMAN**
 187.10 **SERVICES**

187.11 **Subdivision 1. Total Appropriation** **\$** **4,409,000** **\$** **181,161,000**

<u>Appropriations by Fund</u>			
	<u>2010</u>	<u>2011</u>	
187.12			
187.13			
187.14	<u>General</u>	<u>(4,589,000)</u>	<u>163,619,000</u>
187.15	<u>Health Care Access</u>	<u>998,000</u>	<u>(2,458,000)</u>
187.16	<u>Federal TANF</u>	<u>8,000,000</u>	<u>20,000,000</u>

187.17 The appropriation modifications for
 187.18 each purpose are shown in the following
 187.19 subdivisions.

187.20 **TANF Financing and Maintenance of**
 187.21 **Effort.** The commissioner, with the approval
 187.22 of the commissioner of management and
 187.23 budget, and after notification of the chairs
 187.24 of the relevant senate budget division and
 187.25 house of representatives finance division,
 187.26 may adjust the amount of TANF transfers
 187.27 between the MFIP transition year child care
 187.28 assistance program and MFIP grant programs
 187.29 within the fiscal year and within the current
 187.30 biennium and the biennium ending June 30,
 187.31 2013, to ensure that state and federal match
 187.32 and maintenance of effort requirements are
 187.33 met. These transfers and amounts shall be
 187.34 reported to the chairs of the senate and house
 187.35 of representatives Finance Committees, the
 187.36 senate Health and Human Services Budget

- 188.1 Division, and the house of representatives
188.2 Health Care and Human Services Finance
188.3 Division and Early Childhood Finance and
188.4 Policy Division by December 1 of each
188.5 fiscal year. Notwithstanding any contrary
188.6 provision in this article, this paragraph
188.7 expires June 30, 2013.
- 188.8 **SNAP Enhanced Administrative Funding.**
188.9 The funds available for administration
188.10 of the Supplemental Nutrition Assistance
188.11 Program under the Department of Defense
188.12 Appropriations Act of 2010, Public
188.13 Law 111-118, are appropriated to the
188.14 commissioner to pay the actual costs
188.15 of providing for increased eligibility
188.16 determinations, caseload-related costs,
188.17 timely application processing, and quality
188.18 control. Of these funds, 20 percent shall
188.19 be allocated to the commissioner and 80
188.20 percent shall be allocated to counties.
188.21 The commissioner shall allocate the
188.22 county portion based on recent caseload.
188.23 Reimbursement shall be based on actual
188.24 costs reported by counties through existing
188.25 processes. Tribal reimbursement must be
188.26 made from the state portion, based on a
188.27 caseload factor equivalent to that of a county.
- 188.28 **TANF Transfer to Federal Child**
188.29 **Care and Development Fund.** Of the
188.30 TANF appropriation in fiscal year 2011,
188.31 \$12,500,000 is to the commissioner for
188.32 the purposes of MFIP and transition year
188.33 child care under Minnesota Statutes, section
188.34 119B.05. The commissioner shall authorize
188.35 the transfer of sufficient TANF funds to the
188.36 federal child care and development fund to

189.1 meet this appropriation and shall ensure that
 189.2 all transferred funds are expended according
 189.3 to federal child care and development fund
 189.4 regulations.

189.5 **Special Revenue Fund Transfers.** (a) The
 189.6 commissioner shall transfer the following
 189.7 amounts from special revenue fund balances
 189.8 to the general fund by June 30 of each
 189.9 respective fiscal year: \$613,000 in fiscal year
 189.10 2010, and \$493,000 in fiscal year 2011. This
 189.11 provision is effective the day following final
 189.12 enactment.

189.13 (b) The actual transfers made under
 189.14 paragraph (a) must be separately identified
 189.15 and reported as part of the quarterly reporting
 189.16 of transfers to the chairs of the relevant senate
 189.17 budget division and house of representatives
 189.18 finance division.

189.19 **Subd. 2. Agency Management**

189.20 **(a) Financial Operations** -0- 103,000

189.21 **Base Adjustment.** The general fund base is
 189.22 decreased by \$10,000 in fiscal year 2012 and
 189.23 \$10,000 in fiscal year 2013.

189.24 **(b) Legal and Regulatory Operations** -0- 114,000

189.25 **Base Adjustment.** The general fund base is
 189.26 decreased by \$18,000 in fiscal year 2012 and
 189.27 \$18,000 in fiscal year 2013.

189.28 **(c) Management Operations** -0- (114,000)

189.29 **Base Adjustment.** The general fund base is
 189.30 increased by \$18,000 in fiscal year 2012 and
 189.31 \$18,000 in fiscal year 2013.

189.32 **(d) Information Technology Operations** -0- (2,500,000)

190.1 **Base Adjustment.** The general fund base is
 190.2 decreased by \$1,666,000 in fiscal year 2012
 190.3 and \$1,666,000 in fiscal year 2013.

190.4 **Subd. 3. Revenue and Pass-Through Revenue**
 190.5 **Expenditures**

8,000,000

20,000,000

190.6 These appropriations are from the federal
 190.7 TANF fund.

190.8 **TANF Funding for the Working Family**

190.9 **Tax Credit.** In addition to the amounts

190.10 specified in Minnesota Statutes, section

190.11 290.0671, subdivision 6, \$15,500,000

190.12 of TANF funds in fiscal year 2010 are

190.13 appropriated to the commissioner to

190.14 reimburse the general fund for the cost of

190.15 the working family tax credit for eligible

190.16 families. With respect to the amounts

190.17 appropriated for fiscal year 2010, the

190.18 commissioner shall reimburse the general

190.19 fund by June 30, 2010. This paragraph is

190.20 effective the day following final enactment.

190.21 **Child Care Development Fund**

190.22 **Unexpended Balance.** In addition to

190.23 the amount provided in this section, the

190.24 commissioner shall carry over and expend

190.25 in fiscal year 2011 \$7,500,000 of the TANF

190.26 funds transferred in fiscal year 2010 that

190.27 reflect the child care and development fund

190.28 unexpended balance for the basic sliding

190.29 fee child care assistance program under

190.30 Minnesota Statutes, section 119B.03. The

190.31 commissioner shall ensure that all funds are

190.32 expended according to the federal child care

190.33 and development fund regulations relating to

190.34 the TANF transfers.

191.1	<u>Base Adjustment.</u> The general fund base is		
191.2	<u>increased by \$7,500,000 in fiscal year 2012</u>		
191.3	<u>and \$7,500,000 in fiscal year 2013.</u>		
191.4	<u>Subd. 4. Economic Support Grants</u>		
191.5	<u>(a) MFIP/DWP Grants</u>	<u>-0-</u>	<u>(1,583,000)</u>
191.6	<u>(b) Basic Sliding Fee Child Care Assistance</u>		
191.7	<u>Grants</u>	<u>-0-</u>	<u>(7,500,000)</u>
191.8	<u>(c) Children's Services Grants</u>	<u>(900,000)</u>	<u>-0-</u>
191.9	<u>Adoption Assistance.</u> Of the appropriation		
191.10	<u>reduction in fiscal year 2010, \$900,000 is</u>		
191.11	<u>from the adoption assistance program. This</u>		
191.12	<u>reduction is onetime.</u>		
191.13	<u>(d) Child and Community Services Grants</u>	<u>-0-</u>	<u>(16,750,000)</u>
191.14	<u>Base adjustment.</u> The general fund is		
191.15	<u>increased by \$13,509,000 in fiscal year 2012</u>		
191.16	<u>and \$13,509,000 in fiscal year 2013.</u>		
191.17	<u>(e) Group Residential Housing Grants</u>	<u>-0-</u>	<u>84,000</u>
191.18	<u>Reduction of Supplemental Service Rate.</u>		
191.19	<u>Effective July 1, 2011, to June 30, 2013,</u>		
191.20	<u>the commissioner shall decrease the group</u>		
191.21	<u>residential housing supplementary service</u>		
191.22	<u>rate under Minnesota Statutes, section</u>		
191.23	<u>256I.05, subdivision 1a, by five percent</u>		
191.24	<u>for services rendered on or after that date,</u>		
191.25	<u>except that reimbursement rates for a group</u>		
191.26	<u>residential housing facility reimbursed as a</u>		
191.27	<u>nursing facility shall not be reduced. The</u>		
191.28	<u>reduction in this paragraph is in addition to</u>		
191.29	<u>the reduction under Laws 2009, chapter 79,</u>		
191.30	<u>article 8, section 79, paragraph (b), clause</u>		
191.31	<u>(11).</u>		
191.32	<u>(f) Children's Mental Health Grants</u>	<u>(200,000)</u>	<u>(200,000)</u>

192.1	<u>(g) Other Children's and Economic Assistance</u>		
192.2	<u>Grants</u>	<u>400,000</u>	<u>213,000</u>
192.3	<u>Minnesota Food Assistance Program. Of</u>		
192.4	<u>the 2011 appropriation, \$150,000 is for the</u>		
192.5	<u>Minnesota Food Assistance Program. This</u>		
192.6	<u>appropriation is onetime.</u>		
192.7	<u>Of this appropriation, \$400,000 in fiscal</u>		
192.8	<u>year 2010 and \$63,000 in fiscal year 2011</u>		
192.9	<u>is for food shelf programs under Minnesota</u>		
192.10	<u>Statutes, section 256E.34. This appropriation</u>		
192.11	<u>is available until spent.</u>		
192.12	<u>Base Adjustment. The general fund base is</u>		
192.13	<u>increased by \$753,000 in fiscal year 2012 and</u>		
192.14	<u>increased by \$263,000 in fiscal year 2013.</u>		
192.15	<u>Subd. 5. Children and Economic Assistance</u>		
192.16	<u>Management</u>		
192.17	<u>(a) Children and Economic Assistance</u>		
192.18	<u>Administration</u>	<u>-0-</u>	<u>-0-</u>
192.19	<u>Base Adjustment. The federal TANF fund</u>		
192.20	<u>base is decreased by \$700,000 in fiscal year</u>		
192.21	<u>2012 and \$700,000 in fiscal year 2013.</u>		
192.22	<u>(b) Children and Economic Assistance</u>		
192.23	<u>Operations</u>	<u>-0-</u>	<u>195,000</u>
192.24	<u>Base Adjustment. The general fund base is</u>		
192.25	<u>decreased by \$12,000 in fiscal year 2012 and</u>		
192.26	<u>\$12,000 in fiscal year 2013.</u>		
192.27	<u>Subd. 6. Health Care Grants</u>		
192.28	<u>(a) MinnesotaCare Grants</u>	<u>998,000</u>	<u>4,324,000</u>
192.29	<u>This appropriation is from the health care</u>		
192.30	<u>access fund.</u>		
192.31	<u>Health Care Access Fund Transfer to</u>		
192.32	<u>General Fund. The commissioner of</u>		
192.33	<u>management and budget shall transfer</u>		

193.1 the following amounts in the following
193.2 years from the health care access fund to
193.3 the general fund: \$998,000 in fiscal year
193.4 2010; \$176,704,000 in fiscal year 2011;
193.5 \$141,041,000 in fiscal year 2012; and
193.6 \$286,150,000 in fiscal year 2013. If at any
193.7 time the governor issues an executive order
193.8 not to participate in early medical assistance
193.9 expansion, no funds shall be transferred from
193.10 the health care access fund to the general
193.11 fund until early medical assistance expansion
193.12 takes effect. This paragraph is effective the
193.13 day following final enactment.

193.14 The amount of this transfer is \$178,682,000
193.15 in fiscal year 2012 and \$286,150,000 in fiscal
193.16 year 2013.

193.17 **MinnesotaCare Ratable Reduction.**
193.18 Effective for services rendered on or
193.19 after July 1, 2010, to December 31, 2013,
193.20 MinnesotaCare payments to managed care
193.21 plans under Minnesota Statutes, section
193.22 256L.12, for single adults and households
193.23 without children whose income is greater
193.24 than 75 percent of federal poverty guidelines
193.25 shall be reduced by 15 percent. Effective
193.26 for services provided from July 1, 2010, to
193.27 June 30, 2011, this reduction shall apply to
193.28 all services. Effective for services provided
193.29 from July 1, 2011, to December 31, 2013, this
193.30 reduction shall apply to all services except
193.31 inpatient hospital services. Notwithstanding
193.32 any contrary provision of this article, this
193.33 paragraph shall expire on December 31,
193.34 2013.

193.35 **(b) Medical Assistance Basic Health Care**
193.36 **Grants - Families and Children**

-0-

295,512,000

194.1 **Critical Access Dental.** Of the general
 194.2 fund appropriation, \$731,000 in fiscal year
 194.3 2011 is to the commissioner for critical
 194.4 access dental provider reimbursement
 194.5 payments under Minnesota Statutes, section
 194.6 256B.76 subdivision 4. This is a onetime
 194.7 appropriation.

194.8 **Nonadministrative Rate Reduction.** For
 194.9 services rendered on or after July 1, 2010,
 194.10 to December 31, 2013, the commissioner
 194.11 shall reduce contract rates paid to managed
 194.12 care plans under Minnesota Statutes,
 194.13 sections 256B.69 and 256L.12, and to
 194.14 county-based purchasing plans under
 194.15 Minnesota Statutes, section 256B.692, by
 194.16 three percent of the contract rate attributable
 194.17 to nonadministrative services in effect on
 194.18 June 30, 2010. Notwithstanding any contrary
 194.19 provision in this article, this rider expires on
 194.20 December 31, 2013.

194.21	<u>(c) Medical Assistance Basic Health Care</u>		
194.22	<u>Grants - Elderly and Disabled</u>	<u>-0-</u>	<u>(30,265,000)</u>
194.23	<u>(d) General Assistance Medical Care Grants</u>	<u>-0-</u>	<u>(75,389,000)</u>
194.24	<u>(e) Other Health Care Grants</u>	<u>-0-</u>	<u>(7,000,000)</u>

194.25 **Cobra Carryforward.** Unexpended funds
 194.26 appropriated in fiscal year 2010 for COBRA
 194.27 grants under Laws 2009, chapter 79, article
 194.28 5, section 78, do not cancel and are available
 194.29 to the commissioner for fiscal year 2011
 194.30 COBRA grant expenditures. Up to \$111,000
 194.31 of the fiscal year 2011 appropriation for
 194.32 COBRA grants provided in Laws 2009,
 194.33 chapter 79, article 13, section 3, subdivision
 194.34 6, may be used by the commissioner for costs

195.1 related to administration of the COBRA

195.2 grants.

195.3 **Subd. 7. Health Care Management**

195.4 **(a) Health Care Administration**

-0-

391,000

195.5 **Fiscal Note Report.** Of this appropriation,
195.6 \$50,000 in fiscal year 2011 is for a transfer to
195.7 the commissioner of Minnesota Management
195.8 and Budget for the completion of the human
195.9 services fiscal note report in article 5.

195.10 **PACE Implementation Funding.** For fiscal
195.11 year 2011, \$145,000 is appropriated from
195.12 the general fund to the commissioner of
195.13 human services to complete the actuarial and
195.14 administrative work necessary to begin the
195.15 operation of PACE under Minnesota Statutes,
195.16 section 256B.69, subdivision 23, paragraph
195.17 (e). Base level funding for this activity shall
195.18 be \$130,000 in fiscal year 2012 and \$0 in
195.19 fiscal year 2013.

195.20 **Minnesota Senior Health Options**

195.21 **Reimbursement.** Effective July 1, 2011,
195.22 federal administrative reimbursement
195.23 resulting from the Minnesota senior
195.24 health options project is appropriated
195.25 to the commissioner for this activity.
195.26 Notwithstanding any contrary provision, this
195.27 provision expires June 30, 2013.

195.28 **Utilization Review.** Effective July 1,
195.29 2011, federal administrative reimbursement
195.30 resulting from prior authorization and
195.31 inpatient admission certification by a
195.32 professional review organization shall be
195.33 dedicated to, and is appropriated to, the
195.34 commissioner for these activities. A portion

196.1 of these funds must be used for activities
196.2 to decrease unnecessary pharmaceutical
196.3 costs in medical assistance. Notwithstanding
196.4 any contrary provision of this article, this
196.5 paragraph expires June 30, 2013.

196.6 **Certified Public Expenditures.** (1) The
196.7 entities named in Minnesota Statutes, section
196.8 256B.199, paragraph (b), clause (1), shall
196.9 comply with the requirements of that statute
196.10 by promptly reporting on a quarterly basis
196.11 certified public expenditures that may qualify
196.12 for federal matching funds. Reporting under
196.13 this paragraph shall be voluntary from July 1,
196.14 2010, to December 31, 2010. Upon federal
196.15 enactment of an extension to June 30, 2011,
196.16 of the enhanced federal medical assistance
196.17 percentage (FMAP) originally provided
196.18 under Public Law 111-5, reporting under
196.19 this paragraph shall also be voluntary from
196.20 January 1, 2011, to June 30, 2011.

196.21 (2) To the extent that certified public
196.22 expenditures reported in compliance
196.23 with paragraph (1) earn federal matching
196.24 payments that exceed \$8,079,000 in fiscal
196.25 year 2012 and \$18,316,000 in fiscal year
196.26 2013, the excess amount shall be deposited
196.27 in the health care access fund. For each fiscal
196.28 year after fiscal year 2013, the commissioner
196.29 shall forecast in November the amount
196.30 of federal payments anticipated to match
196.31 certified public expenditures reported in
196.32 compliance with paragraph (a). Any federal
196.33 match earned in a fiscal year in excess of
196.34 the amount forecasted in November shall be
196.35 deposited to the health care access fund.

197.1 (3) Notwithstanding any contrary provision
 197.2 of this article, this rider shall not expire.

197.3 **Poverty Guidelines.** Notwithstanding
 197.4 Minnesota Statutes, sections 256B.56,
 197.5 subdivision 1c; 256D.03, subdivision 3;
 197.6 or 256L.04, subdivision 7b, the poverty
 197.7 guidelines for medical assistance, general
 197.8 assistance medical care, and MinnesotaCare
 197.9 from July 1, 2010, through June 30, 2011,
 197.10 shall not be lower than the poverty guidelines
 197.11 issued by the Secretary of Health and Human
 197.12 Services on January 23, 2009. This section
 197.13 shall have no effect on the revision of poverty
 197.14 guidelines for the Minnesota health care
 197.15 programs that would be in effect starting on
 197.16 July 1, 2011. This paragraph is effective the
 197.17 day following final enactment.

197.18 **Base Adjustment.** The general fund base is
 197.19 decreased by \$222,000 in fiscal year 2012
 197.20 and \$352,000 in fiscal year 2013.

197.21 **(b) Health Care Operations**

197.22	<u>Appropriations by Fund</u>		
197.23	<u>General</u>	<u>-0-</u>	<u>186,000</u>
197.24	<u>Health Care Access</u>	<u>-0-</u>	<u>218,000</u>

197.25 The general fund appropriation is a onetime
 197.26 appropriation in fiscal year 2011.

197.27 **Base Adjustment.** The health care access
 197.28 fund base for health care operations is
 197.29 decreased by \$812,000 in fiscal year 2012
 197.30 and \$944,000 in fiscal year 2013.

197.31 **Subd. 8. Continuing Care Grants**

197.32 **(a) Aging and Adult Services Grants** -0- (1,113,000)

197.33 **Base Adjustment.** The general fund
 197.34 base for aging and adult services grants is

198.1 increased by \$974,000 in fiscal year 2012
 198.2 and \$1,113,000 in fiscal year 2013.

198.3 **Community Service Development**

198.4 **Reduction.** The appropriation in Laws
 198.5 2009, chapter 79, article 13, section 3,
 198.6 subdivision 8, paragraph (a), for community
 198.7 service development grants, as amended by
 198.8 Laws 2009, chapter 173, article 2, section
 198.9 1, subdivision 8, paragraph (a), is reduced
 198.10 by \$154,000 in fiscal year 2011. The
 198.11 appropriation base is reduced by \$139,000
 198.12 for fiscal year 2012 and \$0 for fiscal year
 198.13 2013. Notwithstanding any law or rule to
 198.14 the contrary, this provision expires June 30,
 198.15 2012.

198.16 **(b) Medical Assistance Long-Term Care**
 198.17 **Facilities Grants**

-0- 1,614,000

198.18 **ICF/MR Occupancy Rate Adjustment**

198.19 **Suspension.** Effective for fiscal years 2012
 198.20 and 2013, approval of new applications for
 198.21 occupancy rate adjustments for unoccupied
 198.22 short-term beds under Minnesota Statutes,
 198.23 section 256B.5013, subdivision 7, is
 198.24 suspended.

198.25 **Kandiyohi County; ICF/MR Payment**

198.26 **Rate.** \$36,000 is appropriated from the
 198.27 general fund in fiscal year 2011 and \$4,000
 198.28 in fiscal year 2012 to increase payment rates
 198.29 for an ICF/MR licensed for six beds and
 198.30 located in Kandiyohi County to serve persons
 198.31 with high behavioral needs. The payment
 198.32 rate increase shall be effective for services
 198.33 provided from July 1, 2010, through June 30,
 198.34 2011. These appropriations are onetime.

199.1 **(c) Medical Assistance Long-Term Care**
 199.2 **Waivers and Home Care Grants** -0- (4,035,000)

199.3 **Manage Growth in Traumatic Brain**
 199.4 **Injury and Community Alternatives for**
 199.5 **Disabled Individuals Waivers.** During
 199.6 the fiscal year beginning July 1, 2010, the
 199.7 commissioner shall allocate money for home
 199.8 and community-based waiver programs
 199.9 under Minnesota Statutes, section 256B.49,
 199.10 to ensure a reduction in state spending that is
 199.11 equivalent to limiting the caseload growth
 199.12 of the traumatic brain injury waiver to six
 199.13 allocations per month and the community
 199.14 alternatives for disabled individuals waiver
 199.15 to 60 allocations per month. The limits do not
 199.16 apply: (1) when there is an approved plan for
 199.17 nursing facility bed closures for individuals
 199.18 under age 65 who require relocation due to
 199.19 the bed closure; (2) to fiscal year 2009 waiver
 199.20 allocations delayed due to unallotment; or (3)
 199.21 to transfers authorized by the commissioner
 199.22 from the personal care assistance program
 199.23 of individuals having a home care rating of
 199.24 CS, MT, or HL. Priorities for the allocation
 199.25 of funds must be for individuals anticipated
 199.26 to be discharged from institutional settings or
 199.27 who are at imminent risk of a placement in
 199.28 an institutional setting.

199.29 **Manage Growth in the Developmental**
 199.30 **Disability (DD) Waiver.** The commissioner
 199.31 shall manage the growth in the developmental
 199.32 disability waiver by limiting the allocations
 199.33 included in the November 2010 forecast to
 199.34 six additional diversion allocations each
 199.35 month for the calendar year that begins on
 199.36 January 1, 2011. Additional allocations must

200.1 be made available for transfers authorized
200.2 by the commissioner from the personal care
200.3 assistance program of individuals having a
200.4 home care rating of CS, MT, or HL. This
200.5 provision is effective through December 31,
200.6 2011.

200.7 **(d) Adult Mental Health Grants** (3,500,000) (300,000)

200.8 **Compulsive Gambling Special Revenue**
200.9 **Account.** \$149,000 for fiscal year 2010
200.10 and \$27,000 for fiscal year 2011 from
200.11 the compulsive gambling special revenue
200.12 account established under Minnesota
200.13 Statutes, section 245.982, shall be transferred
200.14 and deposited into the general fund by
200.15 June 30 of each respective fiscal year. This
200.16 paragraph is effective the day following final
200.17 enactment.

200.18 **Compulsive Gambling Lottery Prize**
200.19 **Fund.** The lottery prize fund appropriation
200.20 for compulsive gambling is reduced by
200.21 \$80,000 in fiscal year 2010 and \$79,000 in
200.22 fiscal year 2011. This is a onetime reduction.

200.23 **Culturally Specific Treatment.** The
200.24 appropriation for culturally specific treatment
200.25 is reduced by \$300,000 in fiscal year 2011.
200.26 This is a onetime reduction.

200.27 (1) Of the fiscal year 2010 general fund
200.28 appropriation for grants to counties for
200.29 housing with support services for adults
200.30 with serious and persistent mental illness,
200.31 \$3,300,000 is canceled and returned to the
200.32 general fund.

200.33 (2) Of the fiscal year 2010 general
200.34 fund appropriation for additional crisis

201.1 intervention team training for law
 201.2 enforcement, \$200,000 is canceled and
 201.3 returned to the general fund.

201.4 **Base Adjustment.** The general fund base
 201.5 is increased by \$300,000 in fiscal year 2012
 201.6 and \$300,000 in fiscal year 2013.

201.7	<u>(e) Chemical Dependency Entitlement Grants</u>	<u>-0-</u>	<u>(2,433,000)</u>
201.8	<u>(f) Chemical Dependency Nonentitlement</u>		
201.9	<u>Grants</u>	<u>(389,000)</u>	<u>-0-</u>

201.10 **Base adjustment.** The general fund base is
 201.11 reduced by \$393,000 in fiscal year 2012 and
 201.12 fiscal year 2013.

201.13 **Chemical Health.** Of the fiscal year 2010
 201.14 general fund appropriation to Mother's First
 201.15 and the Native American Program, \$389,000
 201.16 is canceled and returned to the general fund.

201.17	<u>(g) Other Continuing Care Grants</u>	<u>-0-</u>	<u>350,000</u>
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201.18 This is a onetime appropriation in fiscal year
 201.19 2011.

201.20 **MnDHO Transition.** Of the general fund
 201.21 appropriation for fiscal year 2011, \$250,000
 201.22 is to the commissioner to be made available
 201.23 to county agencies to assist in the transition
 201.24 of the approximately 1,290 current MnDHO
 201.25 members to the fee-for-service Medicaid
 201.26 program or another managed care option by
 201.27 January 1, 2011.

201.28 County agencies shall work with the
 201.29 commissioner, health plans, and MnDHO
 201.30 members and their legal representatives to
 201.31 develop and implement transition plans that
 201.32 include:

202.1 (1) identification of service needs of MnDHO
202.2 members based on the current assessment or
202.3 through the completion of a new assessment;

202.4 (2) identification of services currently
202.5 provided to MnDHO members and which
202.6 of those services will continue to be
202.7 reimbursable through fee-for-service
202.8 or another managed care option under
202.9 the Medicaid state plan or a home and
202.10 community-based waiver program;

202.11 (3) identification of service providers who do
202.12 not have a contract with the county or who
202.13 are currently reimbursed at a different rate
202.14 than the county contracted rate; and

202.15 (4) development of an individual service
202.16 plan that is within allowable waiver funding
202.17 limits.

202.18 **Region 10 Quality Assurance Commission.**
202.19 \$100,000 is appropriated from the general
202.20 fund in fiscal year 2011 to the commissioner
202.21 of human services for the purposes
202.22 of the Region 10 Quality Assurance
202.23 Commission under Minnesota Statutes,
202.24 section 256B.0951. This appropriation is
202.25 onetime.

202.26 **Subd. 9. Continuing Care Management** -0- 296,000

202.27 **PACE Implementation Funding.** For fiscal
202.28 year 2011, \$111,000 is appropriated from
202.29 the general fund to the commissioner of
202.30 human services to complete the actuarial
202.31 and administrative work necessary to begin
202.32 the operation of PACE under Minnesota
202.33 Statutes, section 256B.69, subdivision 23,
202.34 paragraph (e). Base level funding for this

203.1 activity shall be \$101,000 in fiscal year 2012
203.2 and \$0 in fiscal year 2013. For fiscal year
203.3 2013 and beyond, the commissioner must
203.4 work with stakeholders to develop financing
203.5 mechanisms to complete the actuarial
203.6 and administrative costs of PACE. The
203.7 commissioner shall inform the chairs and
203.8 ranking minority members of the legislative
203.9 committee with jurisdiction over health care
203.10 funding by January 15, 2011, on progress to
203.11 develop financing mechanisms.

203.12 **Base Adjustment.** The general fund base for
203.13 continuing care management is increased by
203.14 \$7,000 in fiscal year 2012 and decreased by
203.15 \$94,000 in fiscal year 2013.

203.16 **Subd. 10. State-Operated Services**

203.17 **Obsolete Laundry Depreciation Account.**
203.18 \$669,000, or the balance, whichever is
203.19 greater, must be transferred from the
203.20 state-operated services laundry depreciation
203.21 account in the special revenue fund and
203.22 deposited into the general fund by June 30,
203.23 2010. This paragraph is effective the day
203.24 following final enactment.

203.25 **Operating Budget Reductions.** No
203.26 operating budget reductions enacted in Laws
203.27 2010, chapter 200, or in this act shall be
203.28 allocated to state-operated services.

203.29 **Prohibition on Transferring Funds.** The
203.30 commissioner shall not transfer mental
203.31 health grants to state-operated services
203.32 without specific legislative approval.
203.33 Notwithstanding any contrary provision in
203.34 this article, this paragraph shall not expire.

204.1 (a) Adult Mental Health Services -0- 6,888,000

204.2 Base Adjustment. The general fund base is

204.3 decreased by \$12,286,000 in fiscal year 2012

204.4 and \$12,394,000 in fiscal year 2013.

204.5 Appropriation Requirements. (a)

204.6 The general fund appropriation to the

204.7 commissioner includes funding for the

204.8 following:

204.9 (1) to a community collaborative to begin

204.10 providing crisis center services in the

204.11 Mankato area that are comparable to

204.12 the crisis services provided prior to the

204.13 closure of the Mankato Crisis Center. The

204.14 commissioner shall recruit former employees

204.15 of the Mankato Crisis Center who were

204.16 recently laid off to staff the new crisis

204.17 services. The commissioner shall obtain

204.18 legislative approval prior to discontinuing

204.19 this funding;

204.20 (2) to maintain the building in Eveleth

204.21 that currently houses community transition

204.22 services and to establish a psychiatric

204.23 intensive therapeutic foster home as an

204.24 enterprise activity. The commissioner shall

204.25 request a waiver amendment to allow CADI

204.26 funding for psychiatric intensive therapeutic

204.27 foster care services provided in the same

204.28 location and building as the community

204.29 transition services. If the federal government

204.30 does not approve the waiver amendment, the

204.31 commissioner shall continue to pay the lease

204.32 for the building out of the state-operated

204.33 services budget until the commissioner of

204.34 administration subleases the space or until

205.1 the lease expires, and shall establish the
205.2 psychiatric intensive therapeutic foster home
205.3 at a different site. The commissioner shall
205.4 make diligent efforts to sublease the space;
205.5 (3) to convert the community behavioral
205.6 health hospitals in Wadena and Willmar to
205.7 facilities that provide more suitable services
205.8 based on the needs of the community,
205.9 which may include, but are not limited to,
205.10 psychiatric extensive recovery treatment
205.11 services. The commissioner may also
205.12 establish other community-based services in
205.13 the Willmar and Wadena areas that deliver
205.14 the appropriate level of care in response to
205.15 the express needs of the communities. The
205.16 services established under this provision
205.17 must be staffed by state employees.
205.18 (4) to continue the operation of the dental
205.19 clinics in Brainerd, Cambridge, Faribault,
205.20 Fergus Falls, and Willmar at the same level of
205.21 care and staffing that was in effect on March
205.22 1, 2010. The commissioner shall not proceed
205.23 with the planned closure of the dental
205.24 clinics, and shall not discontinue services or
205.25 downsize any of the state-operated dental
205.26 clinics without specific legislative approval.
205.27 The commissioner shall continue to bill
205.28 for services provided to obtain medical
205.29 assistance critical access dental payments
205.30 and cost-based payment rates as provided
205.31 in Minnesota Statutes, section 256B.76,
205.32 subdivision 2, and shall bill for services
205.33 provided three months retroactively from
205.34 the date of this act. This appropriation is
205.35 onetime;

206.1 (5) to convert the Minnesota
206.2 Neurorehabilitation Hospital in Brainerd
206.3 to a neurocognitive psychiatric extensive
206.4 recovery treatment service; and

206.5 (6) to convert the Minnesota extended
206.6 treatment options (METO) program to
206.7 the following community-based services
206.8 provided by state employees: (i) psychiatric
206.9 extensive recovery treatment services;
206.10 (ii) intensive transitional foster homes
206.11 as enterprise activities; and (iii) other
206.12 community-based support services. The
206.13 provisions under Minnesota Statutes, section
206.14 252.025, subdivision 7, are applicable to
206.15 the METO services established under this
206.16 clause. Notwithstanding Minnesota Statutes,
206.17 section 246.18, subdivision 8, any revenue
206.18 lost to the general fund by the conversion
206.19 of METO to new services must be replaced
206.20 by revenue from the new services to offset
206.21 the lost revenue to the general fund until
206.22 June 30, 2013. Any revenue generated in
206.23 excess of this amount shall be deposited into
206.24 the special revenue fund under Minnesota
206.25 Statutes, section 246.18, subdivision 8.

206.26 (b) The commissioner shall not move beds
206.27 from the Anoka-Metro Regional Treatment
206.28 Center to the psychiatric nursing facility
206.29 at St. Peter without specific legislative
206.30 approval.

206.31 (c) The commissioner shall implement
206.32 changes, including the following, to save a
206.33 minimum of \$6,006,000 beginning in fiscal
206.34 year 2011, and report to the legislature the

207.1 specific initiatives implemented and the
207.2 savings allocated to each one, including:
207.3 (1) maximizing budget savings through
207.4 strategic employee staffing; and
207.5 (2) identifying and implementing cost
207.6 reductions in cooperation with state-operated
207.7 services employees.

207.8 Base level funding is reduced by \$6,006,000
207.9 effective fiscal year 2011.

207.10 (d) The commissioner shall seek certification
207.11 or approval from the federal government for
207.12 the new services under paragraph (a) that are
207.13 eligible for federal financial participation
207.14 and deposit the revenue associated with
207.15 these new services in the account established
207.16 under Minnesota Statutes, section 246.18,
207.17 subdivision 8, unless otherwise specified.

207.18 (e) Notwithstanding any contrary provision
207.19 in this article, this rider shall not expire.

207.20 **(b) Minnesota Sex Offender Services** -0- (145,000)

207.21 **Sex Offender Services.** Base level funding
207.22 for Minnesota sex offender services is
207.23 reduced by \$418,000 in fiscal year 2012 and
207.24 \$419,000 in fiscal year 2013 for the 50-bed
207.25 sex offender treatment program within the
207.26 Moose Lake correctional facility in which
207.27 Department of Human Services staff from
207.28 Minnesota sex offender services provide
207.29 clinical treatment to incarcerated offenders.
207.30 This reduction shall become part of the base
207.31 for the Department of Human Services.

207.32 **Interagency Agreements.** The
207.33 commissioner of human services may
207.34 enter into interagency agreements with the

208.1 commissioner of corrections to continue sex
 208.2 offender treatment and chemical dependency
 208.3 treatment on a cost-sharing basis, in which
 208.4 each department pays 50 percent of the costs
 208.5 of these services.

208.6 **Base Adjustment.** The general fund base
 208.7 is increased by \$418,000 in fiscal year 2012
 208.8 and \$419,000 in fiscal year 2013.

208.9 **Sec. 4. COMMISSIONER OF HEALTH**

208.10 **Subdivision 1. Total Appropriation** **\$ (2,392,000) \$ 1,310,000**

208.11	<u>Appropriations by Fund</u>	
208.12	<u>2010</u>	<u>2011</u>
208.13	<u>General</u>	<u>1,064,000</u>
208.14	<u>State Government</u>	
208.15	<u>Special Revenue</u>	<u>9,000</u>
208.16	<u>Health Care Access</u>	<u>237,000</u>

208.17 **Subd. 2. Community and Family Health** **(221,000) (47,000)**

208.18 **Base Level Adjustment.** The general fund
 208.19 base is decreased by \$1,388,000 in fiscal
 208.20 years 2012 and 2013.

208.21 **Subd. 3. Policy, Quality, and Compliance**

208.22	<u>Appropriations by Fund</u>	
208.23	<u>2010</u>	<u>2011</u>
208.24	<u>General</u>	<u>497,000</u>
208.25	<u>State Government</u>	
208.26	<u>Special Revenue</u>	<u>9,000</u>
208.27	<u>Health Care Access</u>	<u>237,000</u>

208.28 **Health Care Reform.** Funds appropriated
 208.29 in Laws 2008, chapter 358, article 5, section
 208.30 4, subdivision 3, for health reform activities
 208.31 to implement Laws 2008, chapter 358,
 208.32 article 4, are available until expended.
 208.33 Notwithstanding any contrary provision in
 208.34 this article, this provision shall not expire.

209.1 **Health Care Reform Task Force. \$198,000**
209.2 from the general fund is for expenses related
209.3 to the Health Care Reform Task Force
209.4 established under article 7. This is a onetime
209.5 appropriation.

209.6 **Rural Hospital Capital Improvement**
209.7 **Grants.** Of the general fund reductions in
209.8 fiscal year 2010, \$1,755,000 is for the rural
209.9 hospital capital improvement grant program.

209.10 **Section 125 Plans.** The remaining balance
209.11 from the Laws 2008, chapter 358, article 5,
209.12 section 4, subdivision 3, appropriation for
209.13 Section 125 Plan Employer Incentives is
209.14 canceled.

209.15 **Birth Centers.** Of the appropriation in fiscal
209.16 year 2011 from the state government special
209.17 revenue fund, \$9,000 is to the commissioner
209.18 to license birth centers. Base level funding
209.19 for this activity shall be \$7,000 in fiscal year
209.20 2012 and \$7,000 in fiscal year 2013.

209.21 **Comprehensive Advanced Life Support**
209.22 **Program.** Of the general fund appropriation,
209.23 \$377,000 in fiscal year 2011 is to the
209.24 commissioner for the comprehensive
209.25 advanced life support educational program.
209.26 For fiscal year 2012, base level funding for
209.27 this program shall be \$377,000.

209.28 **Advisory Group on Administrative**
209.29 **Expenses.** Of the health care access fund
209.30 appropriation for fiscal year 2011, \$39,000 is
209.31 to the commissioner for the advisory group
209.32 established under Minnesota Statutes, section
209.33 62D.31. This is a onetime appropriation.

210.1 **Base Level Adjustment.** The general fund
 210.2 base is decreased by \$253,000 in fiscal year
 210.3 2012 and \$253,000 in fiscal year 2013. The
 210.4 state government special revenue fund base
 210.5 is decreased by \$2,000 in fiscal year 2012
 210.6 and \$2,000 in fiscal year 2013.

210.7 **Office of Unlicensed Health Care Practice.**
 210.8 Of the general fund appropriation, \$74,000
 210.9 in fiscal year 2011 is for the Office of
 210.10 Unlicensed Complementary and Alternative
 210.11 Health Care Practice. This is a onetime
 210.12 appropriation.

210.13 **Subd. 4. Health Protection** (374,000) 714,000

210.14 **Lead Base Grant Program.** Of the general
 210.15 fund reduction, \$25,000 in fiscal year 2010
 210.16 and fiscal year 2011 is for the elimination
 210.17 of state funding for the temporary lead-safe
 210.18 housing base grant program.

210.19 **Birth Defects Information System.** Of the
 210.20 general fund appropriation for fiscal year
 210.21 2011, \$919,000 is for the Minnesota Birth
 210.22 Defects Information System established
 210.23 under Minnesota Statutes, section 144.2215.

210.24 **Base Adjustment.** The general fund base
 210.25 is increased by \$440,000 in fiscal year 2012
 210.26 and \$984,000 in fiscal year 2013.

210.27 **Subd. 5. Administrative Support Services** -0- (100,000)

210.28 The general fund base is decreased by
 210.29 \$22,000 in fiscal year 2012 and \$22,000 in
 210.30 fiscal year 2013.

210.31 **Sec. 5. DEPARTMENT OF VETERANS**
 210.32 **AFFAIRS** \$ (50,000) \$ -0-

212.1	<u>Subd. 3. Board of Nursing Home</u>		
212.2	<u>Administrators</u>	<u>51,000</u>	<u>61,000</u>
212.3	<u>Subd. 4. Board of Pharmacy</u>	<u>-0-</u>	<u>517,000</u>
212.4	<u>Prescription Electronic Reporting. Of</u>		
212.5	<u>the state government special revenue fund</u>		
212.6	<u>appropriation, \$517,000 in fiscal year 2011</u>		
212.7	<u>is to the board to operate the prescription</u>		
212.8	<u>electronic reporting system in Minnesota</u>		
212.9	<u>Statutes, section 152.126. Base level funding</u>		
212.10	<u>for this activity in fiscal year 2012 shall be</u>		
212.11	<u>\$356,000.</u>		
212.12	<u>Subd. 5. Board of Podiatry</u>	<u>15,000</u>	<u>15,000</u>
212.13	<u>Purpose. This appropriation is to pay health</u>		
212.14	<u>insurance coverage costs and to cover the</u>		
212.15	<u>cost of expert witnesses in disciplinary cases.</u>		
212.16	<u>Sec. 7. EMERGENCY MEDICAL SERVICES</u>		
212.17	<u>BOARD</u>	<u>\$ 247,000</u>	<u>\$ (382,000)</u>
212.18	<u>Sec. 8. UNIVERSITY OF MINNESOTA</u>	<u>\$ -0-</u>	<u>\$ 93,000</u>
212.19	<u>This appropriation is from the special</u>		
212.20	<u>revenue fund for the couples on the brink</u>		
212.21	<u>program.</u>		
212.22	<u>Sec. 9. DEPARTMENT OF CORRECTIONS</u>	<u>\$ -0-</u>	<u>\$ -0-</u>
212.23	<u>Sex Offender Services. From the general</u>		
212.24	<u>fund appropriations to the commissioner of</u>		
212.25	<u>corrections, the commissioner shall transfer</u>		
212.26	<u>\$418,000 in fiscal year 2012 and \$419,000</u>		
212.27	<u>in fiscal year 2013 to the commissioner of</u>		
212.28	<u>human services to provide clinical treatment</u>		
212.29	<u>to incarcerated offenders. This transfer shall</u>		
212.30	<u>become part of the base for the Department</u>		
212.31	<u>of Corrections.</u>		

213.1 Sec. 10. DEPARTMENT OF COMMERCE \$ -0- \$ 38,000

213.2 Health Plan Filings. Of this appropriation:

213.3 (1) \$19,000 is for the review and approval
213.4 of new health plan filings due to Minnesota
213.5 Statutes, section 62Q.545. This is a onetime
213.6 appropriation in fiscal year 2011; and

213.7 (2) \$19,000 is for regulation of Minnesota
213.8 Statutes, section 62A.3075. This is a onetime
213.9 appropriation.

213.10 Sec. 11. CASH FLOW BALANCE TO
213.11 GENERAL FUND

213.12 \$70,000,000 of the unobligated balance in
213.13 the case flow account created by Minnesota
213.14 Statutes, section 16A.152, subdivision 1,
213.15 must be canceled by the commissioner of
213.16 management and budget to the general fund
213.17 by June 30, 2011.

213.18 Sec. 12. Minnesota Statutes 2008, section 214.40, subdivision 7, is amended to read:

213.19 Subd. 7. **Medical professional liability insurance.** (a) Within the limit of funds
213.20 appropriated for this program, the administrative services unit must purchase medical
213.21 professional liability insurance, if available, for a health care provider who is registered in
213.22 accordance with subdivision 4 and who is not otherwise covered by a medical professional
213.23 liability insurance policy or self-insured plan either personally or through another facility
213.24 or employer. The administrative services unit is authorized to prorate payments or
213.25 otherwise limit the number of participants in the program if the costs of the insurance for
213.26 eligible providers exceed the funds appropriated for the program.

213.27 (b) Coverage purchased under this subdivision must be limited to the provision of
213.28 health care services performed by the provider for which the provider does not receive
213.29 direct monetary compensation.

213.30 EFFECTIVE DATE. This section is effective the day following final enactment.

213.31 Sec. 13. Laws 2009, chapter 79, article 13, section 3, subdivision 1, as amended by
213.32 Laws 2009, chapter 173, article 2, section 1, subdivision 1, is amended to read:

214.1	Subdivision 1. Total Appropriation		\$ 5,225,451,000	\$ 6,002,864,000
214.2	Appropriations by Fund			
214.3		2010	2011	
214.4	General	4,375,689,000	5,209,765,000	
214.5	State Government			
214.6	Special Revenue	565,000	565,000	
214.7	Health Care Access	450,662,000	527,411,000	
214.8	Federal TANF	286,770,000	263,458,000	
214.9	Lottery Prize	1,665,000	1,665,000	
214.10	Federal Fund	110,000,000	0	

214.11 **Receipts for Systems Projects.**

214.12 Appropriations and federal receipts for
 214.13 information systems projects for MAXIS,
 214.14 PRISM, MMIS, and SSIS must be deposited
 214.15 in the state system account authorized in
 214.16 Minnesota Statutes, section 256.014. Money
 214.17 appropriated for computer projects approved
 214.18 by the Minnesota Office of Enterprise
 214.19 Technology, funded by the legislature, and
 214.20 approved by the commissioner of finance,
 214.21 may be transferred from one project to
 214.22 another and from development to operations
 214.23 as the commissioner of human services
 214.24 considers necessary, except that any transfers
 214.25 to one project that exceed \$1,000,000 or
 214.26 multiple transfers to one project that exceed
 214.27 \$1,000,000 in total require the express
 214.28 approval of the legislature. The preceding
 214.29 requirement for legislative approval does not
 214.30 apply to transfers made to establish a project's
 214.31 initial operating budget each year; instead,
 214.32 the requirements of section 11, subdivision
 214.33 2, of this article apply to those transfers. Any
 214.34 unexpended balance in the appropriation
 214.35 for these projects does not cancel but is
 214.36 available for ongoing development and
 214.37 operations. Any computer project with a

215.1 total cost exceeding \$1,000,000, including,
215.2 but not limited to, a replacement for the
215.3 proposed HealthMatch system, shall not be
215.4 commenced without the express approval of
215.5 the legislature.

215.6 **HealthMatch Systems Project.** In fiscal
215.7 year 2010, \$3,054,000 shall be transferred
215.8 from the HealthMatch account in the state
215.9 systems account in the special revenue fund
215.10 to the general fund.

215.11 **Nonfederal Share Transfers.** The
215.12 nonfederal share of activities for which
215.13 federal administrative reimbursement is
215.14 appropriated to the commissioner may be
215.15 transferred to the special revenue fund.

215.16 **TANF Maintenance of Effort.**

215.17 (a) In order to meet the basic maintenance
215.18 of effort (MOE) requirements of the TANF
215.19 block grant specified under Code of Federal
215.20 Regulations, title 45, section 263.1, the
215.21 commissioner may only report nonfederal
215.22 money expended for allowable activities
215.23 listed in the following clauses as TANF/MOE
215.24 expenditures:

215.25 (1) MFIP cash, diversionary work program,
215.26 and food assistance benefits under Minnesota
215.27 Statutes, chapter 256J;

215.28 (2) the child care assistance programs
215.29 under Minnesota Statutes, sections 119B.03
215.30 and 119B.05, and county child care
215.31 administrative costs under Minnesota
215.32 Statutes, section 119B.15;

216.1 (3) state and county MFIP administrative
216.2 costs under Minnesota Statutes, chapters
216.3 256J and 256K;

216.4 (4) state, county, and tribal MFIP
216.5 employment services under Minnesota
216.6 Statutes, chapters 256J and 256K;

216.7 (5) expenditures made on behalf of
216.8 noncitizen MFIP recipients who qualify
216.9 for the medical assistance without federal
216.10 financial participation program under
216.11 Minnesota Statutes, section 256B.06,
216.12 subdivision 4, paragraphs (d), (e), and (j);
216.13 ~~and~~

216.14 (6) qualifying working family credit
216.15 expenditures under Minnesota Statutes,
216.16 section 290.0671; and

216.17 (7) qualifying Minnesota education credit
216.18 expenditures under Minnesota Statutes,
216.19 section 290.0674.

216.20 (b) The commissioner shall ensure that
216.21 sufficient qualified nonfederal expenditures
216.22 are made each year to meet the state's
216.23 TANF/MOE requirements. For the activities
216.24 listed in paragraph (a), clauses (2) to
216.25 (6), the commissioner may only report
216.26 expenditures that are excluded from the
216.27 definition of assistance under Code of
216.28 Federal Regulations, title 45, section 260.31.

216.29 (c) For fiscal years beginning with state
216.30 fiscal year 2003, the commissioner shall
216.31 ensure that the maintenance of effort used
216.32 by the commissioner of finance for the
216.33 February and November forecasts required
216.34 under Minnesota Statutes, section 16A.103,

217.1 contains expenditures under paragraph (a),
217.2 clause (1), equal to at least 16 percent of
217.3 the total required under Code of Federal
217.4 Regulations, title 45, section 263.1.

217.5 (d) For the federal fiscal years beginning on
217.6 or after October 1, 2007, the commissioner
217.7 may not claim an amount of TANF/MOE in
217.8 excess of the 75 percent standard in Code
217.9 of Federal Regulations, title 45, section
217.10 263.1(a)(2), except:

217.11 (1) to the extent necessary to meet the 80
217.12 percent standard under Code of Federal
217.13 Regulations, title 45, section 263.1(a)(1),
217.14 if it is determined by the commissioner
217.15 that the state will not meet the TANF work
217.16 participation target rate for the current year;

217.17 (2) to provide any additional amounts
217.18 under Code of Federal Regulations, title 45,
217.19 section 264.5, that relate to replacement of
217.20 TANF funds due to the operation of TANF
217.21 penalties; and

217.22 (3) to provide any additional amounts that
217.23 may contribute to avoiding or reducing
217.24 TANF work participation penalties through
217.25 the operation of the excess MOE provisions
217.26 of Code of Federal Regulations, title 45,
217.27 section 261.43 (a)(2).

217.28 For the purposes of clauses (1) to (3),
217.29 the commissioner may supplement the
217.30 MOE claim with working family credit
217.31 expenditures to the extent such expenditures
217.32 or other qualified expenditures are otherwise
217.33 available after considering the expenditures
217.34 allowed in this section.

218.1 (e) Minnesota Statutes, section 256.011,
218.2 subdivision 3, which requires that federal
218.3 grants or aids secured or obtained under that
218.4 subdivision be used to reduce any direct
218.5 appropriations provided by law, do not apply
218.6 if the grants or aids are federal TANF funds.

218.7 (f) Notwithstanding any contrary provision
218.8 in this article, this provision expires June 30,
218.9 2013.

218.10 **Working Family Credit Expenditures as**
218.11 **TANF/MOE.** The commissioner may claim
218.12 as TANF/MOE up to \$6,707,000 per year of
218.13 working family credit expenditures for fiscal
218.14 year 2010 through fiscal year 2011.

218.15 **Working Family Credit Expenditures**
218.16 **to be Claimed for TANF/MOE.** The
218.17 commissioner may count the following
218.18 amounts of working family credit expenditure
218.19 as TANF/MOE:

218.20 (1) fiscal year 2010, ~~\$50,973,000~~
218.21 \$50,897,000;

218.22 (2) fiscal year 2011, ~~\$53,793,000~~
218.23 \$54,243,000;

218.24 (3) fiscal year 2012, ~~\$23,516,000~~
218.25 \$23,345,000; and

218.26 (4) fiscal year 2013, ~~\$16,808,000~~
218.27 \$16,585,000.

218.28 Notwithstanding any contrary provision in
218.29 this article, this rider expires June 30, 2013.

218.30 **Food Stamps Employment and Training.**

218.31 (a) The commissioner shall apply for and
218.32 claim the maximum allowable federal
218.33 matching funds under United States Code,

219.1 title 7, section 2025, paragraph (h), for
219.2 state expenditures made on behalf of family
219.3 stabilization services participants voluntarily
219.4 engaged in food stamp employment and
219.5 training activities, where appropriate.

219.6 (b) Notwithstanding Minnesota Statutes,
219.7 sections 256D.051, subdivisions 1a, 6b,
219.8 and 6c, and 256J.626, federal food stamps
219.9 employment and training funds received
219.10 as reimbursement of MFIP consolidated
219.11 fund grant expenditures for diversionary
219.12 work program participants and child
219.13 care assistance program expenditures for
219.14 two-parent families must be deposited in the
219.15 general fund. The amount of funds must be
219.16 limited to \$3,350,000 in fiscal year 2010
219.17 and \$4,440,000 in fiscal years 2011 through
219.18 2013, contingent on approval by the federal
219.19 Food and Nutrition Service.

219.20 (c) Consistent with the receipt of these federal
219.21 funds, the commissioner may adjust the
219.22 level of working family credit expenditures
219.23 claimed as TANF maintenance of effort.
219.24 Notwithstanding any contrary provision in
219.25 this article, this rider expires June 30, 2013.

219.26 **ARRA Food Support Administration.**
219.27 The funds available for food support
219.28 administration under the American Recovery
219.29 and Reinvestment Act (ARRA) of 2009
219.30 are appropriated to the commissioner
219.31 to pay actual costs of implementing the
219.32 food support benefit increases, increased
219.33 eligibility determinations, and outreach. Of
219.34 these funds, 20 percent shall be allocated
219.35 to the commissioner and 80 percent shall

220.1 be allocated to counties. The commissioner
220.2 shall allocate the county portion based on
220.3 caseload. Reimbursement shall be based on
220.4 actual costs reported by counties through
220.5 existing processes. Tribal reimbursement
220.6 must be made from the state portion based
220.7 on a caseload factor equivalent to that of a
220.8 county.

220.9 **ARRA Food Support Benefit Increases.**

220.10 The funds provided for food support benefit
220.11 increases under the Supplemental Nutrition
220.12 Assistance Program provisions of the
220.13 American Recovery and Reinvestment Act
220.14 (ARRA) of 2009 must be used for benefit
220.15 increases beginning July 1, 2009.

220.16 **Emergency Fund for the TANF Program.**

220.17 TANF Emergency Contingency funds
220.18 available under the American Recovery
220.19 and Reinvestment Act of 2009 (Public Law
220.20 111-5) are appropriated to the commissioner.
220.21 The commissioner must request TANF
220.22 Emergency Contingency funds from the
220.23 Secretary of the Department of Health
220.24 and Human Services to the extent the
220.25 commissioner meets or expects to meet the
220.26 requirements of section 403(c) of the Social
220.27 Security Act. The commissioner must seek
220.28 to maximize such grants. The funds received
220.29 must be used as appropriated. Each county
220.30 must maintain the county's current level of
220.31 emergency assistance funding under the
220.32 MFIP consolidated fund and use the funds
220.33 under this paragraph to supplement existing
220.34 emergency assistance funding levels.

221.1 Sec. 14. Laws 2009, chapter 79, article 13, section 3, subdivision 3, as amended by
221.2 Laws 2009, chapter 173, article 2, section 1, subdivision 3, is amended to read:

221.3 Subd. 3. **Revenue and Pass-Through Revenue**
221.4 **Expenditures** 68,337,000 70,505,000

221.5 This appropriation is from the federal TANF
221.6 fund.

221.7 **TANF Transfer to Federal Child Care**
221.8 **and Development Fund.** The following
221.9 TANF fund amounts are appropriated to the
221.10 commissioner for the purposes of MFIP and
221.11 transition year child care under Minnesota
221.12 Statutes, section 119B.05:

221.13 (1) fiscal year 2010, ~~\$6,531,000~~ \$862,000;

221.14 (2) fiscal year 2011, ~~\$10,241,000~~ \$978,000;

221.15 (3) fiscal year 2012, ~~\$10,826,000~~ \$0; and

221.16 (4) fiscal year 2013, ~~\$4,046,000~~ \$0.

221.17 The commissioner shall authorize the
221.18 transfer of sufficient TANF funds to the
221.19 federal child care and development fund to
221.20 meet this appropriation and shall ensure that
221.21 all transferred funds are expended according
221.22 to federal child care and development fund
221.23 regulations.

221.24 Sec. 15. Laws 2009, chapter 79, article 13, section 3, subdivision 4, as amended by
221.25 Laws 2009, chapter 173, article 2, section 1, subdivision 4, is amended to read:

221.26 Subd. 4. **Children and Economic Assistance**
221.27 **Grants**

221.28 The amounts that may be spent from this
221.29 appropriation for each purpose are as follows:

221.30 **(a) MFIP/DWP Grants**

222.1	Appropriations by Fund		
222.2	General	63,205,000	89,033,000
222.3	Federal TANF	100,818,000	84,538,000

222.4 **(b) Support Services Grants**

222.5	Appropriations by Fund		
222.6	General	8,715,000	12,498,000
222.7	Federal TANF	116,557,000	107,457,000

222.8 **MFIP Consolidated Fund.** The MFIP
 222.9 consolidated fund TANF appropriation is
 222.10 reduced by \$1,854,000 in fiscal year 2010
 222.11 and fiscal year 2011.

222.12 Notwithstanding Minnesota Statutes, section
 222.13 256J.626, subdivision 8, paragraph (b), the
 222.14 commissioner shall reduce proportionately
 222.15 the reimbursement to counties for
 222.16 administrative expenses.

222.17 **Subsidized Employment Funding Through**
 222.18 **ARRA.** The commissioner is authorized to
 222.19 apply for TANF emergency fund grants for
 222.20 subsidized employment activities. Growth
 222.21 in expenditures for subsidized employment
 222.22 within the supported work program and the
 222.23 MFIP consolidated fund over the amount
 222.24 expended in the calendar quarters in the
 222.25 TANF emergency fund base year shall be
 222.26 used to leverage the TANF emergency fund
 222.27 grants for subsidized employment and to
 222.28 fund supported work. The commissioner
 222.29 shall develop procedures to maximize
 222.30 reimbursement of these expenditures over the
 222.31 TANF emergency fund base year quarters,
 222.32 and may contract directly with employers
 222.33 and providers to maximize these TANF
 222.34 emergency fund grants, including provisions
 222.35 of TANF summer youth program wage

223.1 subsidies for MFIP youth and caregivers.
223.2 MFIP youth are individuals up to age 25 who
223.3 are part of an eligible household as defined
223.4 under rules governing TANF maintenance
223.5 of effort with incomes less than 200 percent
223.6 of federal poverty guidelines. Expenditures
223.7 may only be used for subsidized wages and
223.8 benefits and eligible training and supervision
223.9 expenditures. The commissioner shall
223.10 contract with the Minnesota Department of
223.11 Employment and Economic Development
223.12 for the summer youth program. The
223.13 commissioner shall develop procedures
223.14 to maximize reimbursement of these
223.15 expenditures over the TANF emergency fund
223.16 year quarters. No more than \$6,000,000 shall
223.17 be reimbursed. This provision is effective
223.18 upon enactment.

223.19 **Supported Work.** Of the TANF
223.20 appropriation, \$4,700,000 in fiscal year 2010
223.21 and \$4,700,000 in fiscal year 2011 are to the
223.22 commissioner for supported work for MFIP
223.23 recipients and is available until expended.
223.24 Supported work includes paid transitional
223.25 work experience and a continuum of
223.26 employment assistance, including outreach
223.27 and recruitment, program orientation
223.28 and intake, testing and assessment, job
223.29 development and marketing, preworksite
223.30 training, supported worksite experience,
223.31 job coaching, and postplacement follow-up,
223.32 in addition to extensive case management
223.33 and referral services. This is a onetime
223.34 appropriation.

223.35 **Base Adjustment.** The general fund base
223.36 is reduced by \$3,783,000 in each of fiscal

224.1 years 2012 and 2013. ~~The TANF fund base~~
224.2 ~~is increased by \$5,004,000 in each of fiscal~~
224.3 ~~years 2012 and 2013.~~

224.4 **Integrated Services Program Funding.**

224.5 The TANF appropriation for integrated
224.6 services program funding is \$1,250,000 in
224.7 fiscal year 2010 and \$0 in fiscal year 2011
224.8 and the base for fiscal years 2012 and 2013
224.9 is \$0.

224.10 **TANF Emergency Fund; Nonrecurrent**

224.11 **Short-Term Benefits.** (a) TANF emergency
224.12 contingency fund grants received due to
224.13 increases in expenditures for nonrecurrent
224.14 short-term benefits must be used to offset the
224.15 increase in these expenditures for counties
224.16 under the MFIP consolidated fund, under
224.17 Minnesota Statutes, section 256J.626,
224.18 and the diversionary work program. The
224.19 commissioner shall develop procedures
224.20 to maximize reimbursement of these
224.21 expenditures over the TANF emergency fund
224.22 base year quarters. Growth in expenditures
224.23 for the diversionary work program over the
224.24 amount expended in the calendar quarters in
224.25 the TANF emergency fund base year shall be
224.26 used to leverage these funds.

224.27 (b) To the extent that the commissioner
224.28 can claim eligible tax credit growth as
224.29 nonrecurrent short-term benefits, the
224.30 commissioner shall use those funds to
224.31 leverage the increased expenditures in
224.32 paragraph (a).

224.33 (c) TANF emergency funds for nonrecurrent
224.34 short-term benefits received in excess of the
224.35 amounts necessary for paragraphs (a) and (b)

225.1 shall be used to reimburse the general fund
225.2 for the costs of eligible tax credits in fiscal
225.3 year 2011. The amount of such funds shall
225.4 not exceed \$15,500,000 in fiscal year 2010.

225.5 (d) This rider is effective the day following
225.6 final enactment.

225.7 **TANF Summer Food Programs -**

225.8 **TANF Emergency Fund Non-Recurrent**

225.9 **Short-Term Benefits.** In addition to the

225.10 TANF emergency fund (TEF) non-recurrent

225.11 short-term benefits provided in this

225.12 subdivision, the commissioner may

225.13 supplement funds available under Minnesota

225.14 Statutes, section 256E.34 to provide for

225.15 summer food programs to the extent such

225.16 funds are available and eligible to leverage

225.17 TANF emergency funds non-recurrent

225.18 benefits. The commissioner may contract

225.19 directly with providers or third-party funders

225.20 to maximize these TANF emergency fund

225.21 grants. Up to \$800,000 of TEF non-recurrent

225.22 short-term benefit earnings may be used in

225.23 this program. This paragraph is effective the

225.24 day following final enactment.

225.25 **(c) MFIP Child Care Assistance Grants**

61,171,000

65,214,000

225.26 **Acceleration of ARRA Child Care and**

225.27 **Development Fund Expenditure.** The

225.28 commissioner must liquidate all child care

225.29 and development money available under

225.30 the American Recovery and Reinvestment

225.31 Act (ARRA) of 2009, Public Law 111-5,

225.32 by September 30, 2010. In order to expend

225.33 those funds by September 30, 2010, the

225.34 commissioner may redesignate and expend

225.35 the ARRA child care and development funds

226.1 appropriated in fiscal year 2011 for purposes
 226.2 under this section for related purposes that
 226.3 will allow liquidation by September 30,
 226.4 2010. Child care and development funds
 226.5 otherwise available to the commissioner
 226.6 for those related purposes shall be used to
 226.7 fund the purposes from which the ARRA
 226.8 child care and development funds had been
 226.9 redesignated.

226.10 **School Readiness Service Agreements.**

226.11 \$400,000 in fiscal year 2010 and \$400,000
 226.12 in fiscal year 2011 are from the federal
 226.13 TANF fund to the commissioner of human
 226.14 services consistent with federal regulations
 226.15 for the purpose of school readiness service
 226.16 agreements under Minnesota Statutes,
 226.17 section 119B.231. This is a onetime
 226.18 appropriation. Any unexpended balance the
 226.19 first year is available in the second year.

226.20 **(d) Basic Sliding Fee Child Care Assistance**
 226.21 **Grants**

	40,100,000	45,092,000
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226.22 **School Readiness Service Agreements.**

226.23 \$257,000 in fiscal year 2010 and \$257,000
 226.24 in fiscal year 2011 are from the general
 226.25 fund for the purpose of school readiness
 226.26 service agreements under Minnesota
 226.27 Statutes, section 119B.231. This is a onetime
 226.28 appropriation. Any unexpended balance the
 226.29 first year is available in the second year.

226.30 **Child Care Development Fund**

226.31 **Unexpended Balance.** In addition to
 226.32 the amount provided in this section, the
 226.33 commissioner shall expend \$5,244,000 in
 226.34 fiscal year 2010 from the federal child care
 226.35 development fund unexpended balance

227.1 for basic sliding fee child care under
227.2 Minnesota Statutes, section 119B.03. The
227.3 commissioner shall ensure that all child
227.4 care and development funds are expended
227.5 according to the federal child care and
227.6 development fund regulations.

227.7 **Basic Sliding Fee.** \$4,000,000 in fiscal year
227.8 2010 and \$4,000,000 in fiscal year 2011 are
227.9 from the federal child care development
227.10 funds received from the American Recovery
227.11 and Reinvestment Act of 2009, Public
227.12 Law 111-5, to the commissioner of human
227.13 services consistent with federal regulations
227.14 for the purpose of basic sliding fee child care
227.15 assistance under Minnesota Statutes, section
227.16 119B.03. This is a onetime appropriation.
227.17 Any unexpended balance the first year is
227.18 available in the second year.

227.19 **Basic Sliding Fee Allocation for Calendar**
227.20 **Year 2010.** Notwithstanding Minnesota
227.21 Statutes, section 119B.03, subdivision 6,
227.22 in calendar year 2010, basic sliding fee
227.23 funds shall be distributed according to
227.24 this provision. Funds shall be allocated
227.25 first in amounts equal to each county's
227.26 guaranteed floor, according to Minnesota
227.27 Statutes, section 119B.03, subdivision 8,
227.28 with any remaining available funds allocated
227.29 according to the following formula:

227.30 (a) Up to one-fourth of the funds shall be
227.31 allocated in proportion to the number of
227.32 families participating in the transition year
227.33 child care program as reported during and
227.34 averaged over the most recent six months
227.35 completed at the time of the notice of

228.1 allocation. Funds in excess of the amount
228.2 necessary to serve all families in this category
228.3 shall be allocated according to paragraph (d).

228.4 (b) Up to three-fourths of the funds shall
228.5 be allocated in proportion to the average
228.6 of each county's most recent six months of
228.7 reported waiting list as defined in Minnesota
228.8 Statutes, section 119B.03, subdivision 2, and
228.9 the reinstatement list of those families whose
228.10 assistance was terminated with the approval
228.11 of the commissioner under Minnesota Rules,
228.12 part 3400.0183, subpart 1. Funds in excess
228.13 of the amount necessary to serve all families
228.14 in this category shall be allocated according
228.15 to paragraph (d).

228.16 (c) The amount necessary to serve all families
228.17 in paragraphs (a) and (b) shall be calculated
228.18 based on the basic sliding fee average cost of
228.19 care per family in the county with the highest
228.20 cost in the most recently completed calendar
228.21 year.

228.22 (d) Funds in excess of the amount necessary
228.23 to serve all families in paragraphs (a) and
228.24 (b) shall be allocated in proportion to each
228.25 county's total expenditures for the basic
228.26 sliding fee child care program reported
228.27 during the most recent fiscal year completed
228.28 at the time of the notice of allocation. To
228.29 the extent that funds are available, and
228.30 notwithstanding Minnesota Statutes, section
228.31 119B.03, subdivision 8, for the period
228.32 January 1, 2011, to December 31, 2011, each
228.33 county's guaranteed floor must be equal to its
228.34 original calendar year 2010 allocation.

229.1 **Base Adjustment.** The general fund base is
 229.2 decreased by \$257,000 in each of fiscal years
 229.3 2012 and 2013.

229.4	(e) Child Care Development Grants	1,487,000	1,487,000
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229.5 **Family, friends, and neighbor grants.**

229.6 \$375,000 in fiscal year 2010 and \$375,000
 229.7 in fiscal year 2011 are from the child
 229.8 care development fund required targeted
 229.9 quality funds for quality expansion and
 229.10 infant/toddler from the American Recovery
 229.11 and Reinvestment Act of 2009, Public
 229.12 Law 111-5, to the commissioner of human
 229.13 services for family, friends, and neighbor
 229.14 grants under Minnesota Statutes, section
 229.15 119B.232. This appropriation may be used
 229.16 on programs receiving family, friends, and
 229.17 neighbor grant funds as of June 30, 2009,
 229.18 or on new programs or projects. This is a
 229.19 onetime appropriation. Any unexpended
 229.20 balance the first year is available in the
 229.21 second year.

229.22 **Voluntary quality rating system training,
 229.23 coaching, consultation, and supports.**

229.24 \$633,000 in fiscal year 2010 and \$633,000
 229.25 in fiscal year 2011 are from the federal child
 229.26 care development fund required targeted
 229.27 quality funds for quality expansion and
 229.28 infant/toddler from the American Recovery
 229.29 and Reinvestment Act of 2009, Public
 229.30 Law 111-5, to the commissioner of human
 229.31 services consistent with federal regulations
 229.32 for the purpose of providing grants to provide
 229.33 statewide child-care provider training,
 229.34 coaching, consultation, and supports to
 229.35 prepare for the voluntary Minnesota quality

230.1 rating system rating tool. This is a onetime
 230.2 appropriation. Any unexpended balance the
 230.3 first year is available in the second year.

230.4 **Voluntary quality rating system.** \$184,000
 230.5 in fiscal year 2010 and \$1,200,000 in fiscal
 230.6 year 2011 are from the federal child care
 230.7 development fund required targeted funds for
 230.8 quality expansion and infant/toddler from the
 230.9 American Recovery and Reinvestment Act of
 230.10 2009, Public Law 111-5, to the commissioner
 230.11 of human services consistent with federal
 230.12 regulations for the purpose of implementing
 230.13 the voluntary Parent Aware quality star
 230.14 rating system pilot in coordination with the
 230.15 Minnesota Early Learning Foundation. The
 230.16 appropriation for the first year is to complete
 230.17 and promote the voluntary Parent Aware
 230.18 quality rating system pilot program through
 230.19 June 30, 2010, and the appropriation for
 230.20 the second year is to continue the voluntary
 230.21 Minnesota quality rating system pilot
 230.22 through June 30, 2011. This is a onetime
 230.23 appropriation. Any unexpended balance the
 230.24 first year is available in the second year.

230.25 **(f) Child Support Enforcement Grants** 3,705,000 3,705,000

230.26 **(g) Children's Services Grants**

230.27	Appropriations by Fund		
230.28	General	48,333,000	50,498,000
230.29	Federal TANF	340,000	240,000

230.30 **Base Adjustment.** The general fund base is
 230.31 decreased by \$5,371,000 in fiscal year 2012
 230.32 and decreased \$5,371,000 in fiscal year 2013.

230.33 **Privatized Adoption Grants.** Federal
 230.34 reimbursement for privatized adoption grant
 230.35 and foster care recruitment grant expenditures

231.1 is appropriated to the commissioner for
 231.2 adoption grants and foster care and adoption
 231.3 administrative purposes.

231.4 **Adoption Assistance Incentive Grants.**

231.5 Federal funds available during fiscal year
 231.6 2010 and fiscal year 2011 for the adoption
 231.7 incentive grants are appropriated to the
 231.8 commissioner for postadoption services
 231.9 including parent support groups.

231.10 **Adoption Assistance and Relative Custody**

231.11 **Assistance.** The commissioner may transfer
 231.12 unencumbered appropriation balances for
 231.13 adoption assistance and relative custody
 231.14 assistance between fiscal years and between
 231.15 programs.

231.16 (h) Children and Community Services Grants	67,663,000	67,542,000
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231.17 **Targeted Case Management Temporary**

231.18 **Funding Adjustment.** The commissioner
 231.19 shall recover from each county and tribe
 231.20 receiving a targeted case management
 231.21 temporary funding payment in fiscal year
 231.22 2008 an amount equal to that payment. The
 231.23 commissioner shall recover one-half of the
 231.24 funds by February 1, 2010, and the remainder
 231.25 by February 1, 2011. At the commissioner's
 231.26 discretion and at the request of a county
 231.27 or tribe, the commissioner may revise
 231.28 the payment schedule, but full payment
 231.29 must not be delayed beyond May 1, 2011.

231.30 The commissioner may use the recovery
 231.31 procedure under Minnesota Statutes, section
 231.32 256.017, to recover the funds. Recovered
 231.33 funds must be deposited into the general
 231.34 fund.

231.35 (i) General Assistance Grants	48,215,000	48,608,000
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232.1 **General Assistance Standard.** The
 232.2 commissioner shall set the monthly standard
 232.3 of assistance for general assistance units
 232.4 consisting of an adult recipient who is
 232.5 childless and unmarried or living apart
 232.6 from parents or a legal guardian at \$203.
 232.7 The commissioner may reduce this amount
 232.8 according to Laws 1997, chapter 85, article
 232.9 3, section 54.

232.10 **Emergency General Assistance.** The
 232.11 amount appropriated for emergency general
 232.12 assistance funds is limited to no more
 232.13 than \$7,889,812 in fiscal year 2010 and
 232.14 \$7,889,812 in fiscal year 2011. Funds
 232.15 to counties must be allocated by the
 232.16 commissioner using the allocation method
 232.17 specified in Minnesota Statutes, section
 232.18 256D.06.

232.19 (j) Minnesota Supplemental Aid Grants	33,930,000	35,191,000
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232.20 **Emergency Minnesota Supplemental**
 232.21 **Aid Funds.** The amount appropriated for
 232.22 emergency Minnesota supplemental aid
 232.23 funds is limited to no more than \$1,100,000
 232.24 in fiscal year 2010 and \$1,100,000 in fiscal
 232.25 year 2011. Funds to counties must be
 232.26 allocated by the commissioner using the
 232.27 allocation method specified in Minnesota
 232.28 Statutes, section 256D.46.

232.29 (k) Group Residential Housing Grants	111,778,000	114,034,000
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232.30 **Group Residential Housing Costs**
 232.31 **Refinanced.** (a) Effective July 1, 2011, the
 232.32 commissioner shall increase the home and
 232.33 community-based service rates and county
 232.34 allocations provided to programs for persons
 232.35 with disabilities established under section

233.1 1915(c) of the Social Security Act to the
 233.2 extent that these programs will be paying
 233.3 for the costs above the rate established
 233.4 in Minnesota Statutes, section 256I.05,
 233.5 subdivision 1.

233.6 (b) For persons receiving services under
 233.7 Minnesota Statutes, section 245A.02, who
 233.8 reside in licensed adult foster care beds
 233.9 for which a difficulty of care payment
 233.10 was being made under Minnesota Statutes,
 233.11 section 256I.05, subdivision 1c, paragraph
 233.12 (b), counties may request an exception to
 233.13 the individual's service authorization not to
 233.14 exceed the difference between the client's
 233.15 monthly service expenditures plus the
 233.16 amount of the difficulty of care payment.

233.17 (l) Children's Mental Health Grants	16,885,000	16,882,000
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233.18 **Funding Usage.** Up to 75 percent of a fiscal
 233.19 year's appropriation for children's mental
 233.20 health grants may be used to fund allocations
 233.21 in that portion of the fiscal year ending
 233.22 December 31.

233.23 (m) Other Children and Economic Assistance 233.24 Grants	16,047,000	15,339,000
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233.25 **Fraud Prevention Grants.** Of this
 233.26 appropriation, \$228,000 in fiscal year 2010
 233.27 and ~~\$228,000~~ \$379,000 in fiscal year 2011
 233.28 is to the commissioner for fraud prevention
 233.29 grants to counties.

233.30 **Homeless and Runaway Youth.** \$218,000
 233.31 in fiscal year 2010 is for the Runaway
 233.32 and Homeless Youth Act under Minnesota
 233.33 Statutes, section 256K.45. Funds shall be
 233.34 spent in each area of the continuum of care
 233.35 to ensure that programs are meeting the

234.1 greatest need. Any unexpended balance in
234.2 the first year is available in the second year.
234.3 Beginning July 1, 2011, the base is increased
234.4 by \$119,000 each year.

234.5 **ARRA Homeless Youth Funds.** To the
234.6 extent permitted under federal law, the
234.7 commissioner shall designate \$2,500,000
234.8 of the Homeless Prevention and Rapid
234.9 Re-Housing Program funds provided under
234.10 the American Recovery and Reinvestment
234.11 Act of 2009, Public Law 111-5, for agencies
234.12 providing homelessness prevention and rapid
234.13 rehousing services to youth.

234.14 **Supportive Housing Services.** \$1,500,000
234.15 each year is for supportive services under
234.16 Minnesota Statutes, section 256K.26. This is
234.17 a onetime appropriation.

234.18 **Community Action Grants.** Community
234.19 action grants are reduced one time by
234.20 \$1,794,000 each year. This reduction is due
234.21 to the availability of federal funds under the
234.22 American Recovery and Reinvestment Act.

234.23 **Base Adjustment.** The general fund base
234.24 is increased by ~~\$773,000~~ \$903,000 in fiscal
234.25 year 2012 and ~~\$773,000~~ \$413,000 in fiscal
234.26 year 2013.

234.27 **Federal ARRA Funds for Existing**
234.28 **Programs.** (a) Federal funds received by the
234.29 commissioner for the emergency food and
234.30 shelter program from the American Recovery
234.31 and Reinvestment Act of 2009, Public
234.32 Law 111-5, but not previously approved
234.33 by the legislature are appropriated to the
234.34 commissioner for the purposes of the grant
234.35 program.

235.1 (b) Federal funds received by the
235.2 commissioner for the emergency shelter
235.3 grant program including the Homelessness
235.4 Prevention and Rapid Re-Housing
235.5 Program from the American Recovery and
235.6 Reinvestment Act of 2009, Public Law
235.7 111-5, are appropriated to the commissioner
235.8 for the purposes of the grant programs.

235.9 (c) Federal funds received by the
235.10 commissioner for the emergency food
235.11 assistance program from the American
235.12 Recovery and Reinvestment Act of 2009,
235.13 Public Law 111-5, are appropriated to the
235.14 commissioner for the purposes of the grant
235.15 program.

235.16 (d) Federal funds received by the
235.17 commissioner for senior congregate meals
235.18 and senior home-delivered meals from the
235.19 American Recovery and Reinvestment Act
235.20 of 2009, Public Law 111-5, are appropriated
235.21 to the commissioner for the Minnesota Board
235.22 on Aging, for purposes of the grant programs.

235.23 (e) Federal funds received by the
235.24 commissioner for the community services
235.25 block grant program from the American
235.26 Recovery and Reinvestment Act of 2009,
235.27 Public Law 111-5, are appropriated to the
235.28 commissioner for the purposes of the grant
235.29 program.

235.30 **Long-Term Homeless Supportive**
235.31 **Service Fund Appropriation.** To the
235.32 extent permitted under federal law, the
235.33 commissioner shall designate \$3,000,000
235.34 of the Homelessness Prevention and Rapid
235.35 Re-Housing Program funds provided under

236.1 the American Recovery and Reinvestment
236.2 Act of 2009, Public Law, 111-5, to the
236.3 long-term homeless service fund under
236.4 Minnesota Statutes, section 256K.26. This
236.5 appropriation shall become available by July
236.6 1, 2009. This paragraph is effective the day
236.7 following final enactment.

236.8 Sec. 16. Laws 2009, chapter 79, article 13, section 3, subdivision 8, as amended by
236.9 Laws 2009, chapter 173, article 2, section 1, subdivision 8, is amended to read:

236.10 **Subd. 8. Continuing Care Grants**

236.11 The amounts that may be spent from the
236.12 appropriation for each purpose are as follows:

236.13 (a) Aging and Adult Services Grants	13,499,000	15,805,000
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236.14 **Base Adjustment.** The general fund base is
236.15 increased by \$5,751,000 in fiscal year 2012
236.16 and \$6,705,000 in fiscal year 2013.

236.17 **Information and Assistance**

236.18 **Reimbursement.** Federal administrative
236.19 reimbursement obtained from information
236.20 and assistance services provided by the
236.21 Senior LinkAge or Disability Linkage lines
236.22 to people who are identified as eligible for
236.23 medical assistance shall be appropriated to
236.24 the commissioner for this activity.

236.25 **Community Service Development Grant**

236.26 **Reduction.** Funding for community service
236.27 development grants must be reduced by
236.28 \$260,000 for fiscal year 2010; \$284,000 in
236.29 fiscal year 2011; \$43,000 in fiscal year 2012;
236.30 and \$43,000 in fiscal year 2013. Base level
236.31 funding shall be restored in fiscal year 2014.

236.32 **Community Service Development Grant**

236.33 **Community Initiative.** Funding for

237.1 community service development grants shall
 237.2 be used to offset the cost of aging support
 237.3 grants. Base level funding shall be restored
 237.4 in fiscal year 2014.

237.5 **Senior Nutrition Use of Federal Funds.**

237.6 For fiscal year 2010, general fund grants
 237.7 for home-delivered meals and congregate
 237.8 dining shall be reduced by \$500,000. The
 237.9 commissioner must replace these general
 237.10 fund reductions with equal amounts from
 237.11 federal funding for senior nutrition from the
 237.12 American Recovery and Reinvestment Act
 237.13 of 2009.

237.14 (b) Alternative Care Grants	50,234,000	48,576,000
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237.15 **Base Adjustment.** The general fund base is
 237.16 decreased by \$3,598,000 in fiscal year 2012
 237.17 and \$3,470,000 in fiscal year 2013.

237.18 **Alternative Care Transfer.** Any money
 237.19 allocated to the alternative care program that
 237.20 is not spent for the purposes indicated does
 237.21 not cancel but must be transferred to the
 237.22 medical assistance account.

237.23 (c) Medical Assistance Grants; Long-Term 237.24 Care Facilities.	367,444,000	419,749,000
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237.25 (d) Medical Assistance Long-Term Care 237.26 Waivers and Home Care Grants	853,567,000	1,039,517,000
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237.27 **Manage Growth in TBI and CADI**

237.28 **Waivers.** During the fiscal years beginning
 237.29 on July 1, 2009, and July 1, 2010, the
 237.30 commissioner shall allocate money for home
 237.31 and community-based waiver programs
 237.32 under Minnesota Statutes, section 256B.49,
 237.33 to ensure a reduction in state spending that is
 237.34 equivalent to limiting the caseload growth of
 237.35 the TBI waiver to 12.5 allocations per month

238.1 each year of the biennium and the CADI
238.2 waiver to 95 allocations per month each year
238.3 of the biennium. Limits do not apply: (1)
238.4 when there is an approved plan for nursing
238.5 facility bed closures for individuals under
238.6 age 65 who require relocation due to the
238.7 bed closure; (2) to fiscal year 2009 waiver
238.8 allocations delayed due to unallotment; or (3)
238.9 to transfers authorized by the commissioner
238.10 from the personal care assistance program
238.11 of individuals having a home care rating
238.12 of "CS," "MT," or "HL." Priorities for the
238.13 allocation of funds must be for individuals
238.14 anticipated to be discharged from institutional
238.15 settings or who are at imminent risk of a
238.16 placement in an institutional setting.

238.17 **Manage Growth in DD Waiver.** The
238.18 commissioner shall manage the growth in
238.19 the DD waiver by limiting the allocations
238.20 included in the February 2009 forecast to 15
238.21 additional diversion allocations each month
238.22 for the calendar years that begin on January
238.23 1, 2010, and January 1, 2011. Additional
238.24 allocations must be made available for
238.25 transfers authorized by the commissioner
238.26 from the personal care program of individuals
238.27 having a home care rating of "CS," "MT,"
238.28 or "HL."

238.29 **Adjustment to Lead Agency Waiver**
238.30 **Allocations.** Prior to the availability of the
238.31 alternative license defined in Minnesota
238.32 Statutes, section 245A.11, subdivision 8,
238.33 the commissioner shall reduce lead agency
238.34 waiver allocations for the purposes of
238.35 implementing a moratorium on corporate
238.36 foster care.

239.1 **Alternatives to Personal Care Assistance**
 239.2 **Services.** Base level funding of \$3,237,000
 239.3 in fiscal year 2012 and \$4,856,000 in
 239.4 fiscal year 2013 is to implement alternative
 239.5 services to personal care assistance services
 239.6 for persons with mental health and other
 239.7 behavioral challenges who can benefit
 239.8 from other services that more appropriately
 239.9 meet their needs and assist them in living
 239.10 independently in the community. These
 239.11 services may include, but not be limited to, a
 239.12 1915(i) state plan option.

239.13 **(e) Mental Health Grants**

239.14 Appropriations by Fund			
239.15	General	77,739,000	77,739,000
239.16	Health Care Access	750,000	750,000
239.17	Lottery Prize	1,508,000	1,508,000

239.18 **Funding Usage.** Up to 75 percent of a fiscal
 239.19 year's appropriation for adult mental health
 239.20 grants may be used to fund allocations in that
 239.21 portion of the fiscal year ending December
 239.22 31.

239.23 **(f) Deaf and Hard-of-Hearing Grants** 1,930,000 1,917,000

239.24 **(g) Chemical Dependency Entitlement Grants** 111,303,000 122,822,000

239.25 **Payments for Substance Abuse Treatment.**

239.26 For ~~services provided~~ placements beginning
 239.27 during fiscal years 2010 and 2011,
 239.28 county-negotiated rates and provider claims
 239.29 to the consolidated chemical dependency
 239.30 fund must not exceed the lesser of:

239.31 (1) rates charged for these services on

239.32 January 1, 2009; or

240.1 (2) 160 percent of the average rate on January
240.2 1, 2009, for each group of vendors with
240.3 similar attributes.

240.4 Effective July 1, 2010, rates that were above
240.5 the average rate on January 1, 2009, are
240.6 reduced by five percent from the rates in
240.7 effect on June 1, 2010. Rates below the
240.8 average rate on January 1, 2009, are reduced
240.9 by 1.8 percent from the rates in effect on June
240.10 1, 2010. Services provided under this section
240.11 by state-operated services are exempt from
240.12 the rate reduction. For services provided in
240.13 fiscal years 2012 and 2013, ~~statewide average~~
240.14 ~~rates~~ the statewide aggregate payment under
240.15 the new rate methodology to be developed
240.16 under Minnesota Statutes, section 254B.12,
240.17 must not exceed the ~~average rates charged~~
240.18 ~~for these services on January 1, 2009~~
240.19 projected aggregate payment under the rates
240.20 in effect for fiscal year 2011 excluding the
240.21 rate reduction for rates that were below
240.22 the average on January 1, 2009, plus a
240.23 state share increase of \$3,787,000 for fiscal
240.24 year 2012 and \$5,023,000 for fiscal year
240.25 2013. Notwithstanding any provision to the
240.26 contrary in this article, this provision expires
240.27 on June 30, 2013.

240.28 **Chemical Dependency Special Revenue**
240.29 **Account.** For fiscal year 2010, \$750,000
240.30 must be transferred from the consolidated
240.31 chemical dependency treatment fund
240.32 administrative account and deposited into the
240.33 general fund.

240.34 **County CD Share of MA Costs for**
240.35 **ARRA Compliance.** Notwithstanding the

241.1 provisions of Minnesota Statutes, chapter
 241.2 254B, for chemical dependency services
 241.3 provided during the period October 1, 2008,
 241.4 to December 31, 2010, and reimbursed by
 241.5 medical assistance at the enhanced federal
 241.6 matching rate provided under the American
 241.7 Recovery and Reinvestment Act of 2009, the
 241.8 county share is 30 percent of the nonfederal
 241.9 share. This provision is effective the day
 241.10 following final enactment.

241.11	(h) Chemical Dependency Nonentitlement		
241.12	Grants	1,729,000	1,729,000

241.13	(i) Other Continuing Care Grants	19,201,000	17,528,000
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241.14 **Base Adjustment.** The general fund base is
 241.15 increased by \$2,639,000 in fiscal year 2012
 241.16 and increased by \$3,854,000 in fiscal year
 241.17 2013.

241.18 **Technology Grants.** \$650,000 in fiscal
 241.19 year 2010 and \$1,000,000 in fiscal year
 241.20 2011 are for technology grants, case
 241.21 consultation, evaluation, and consumer
 241.22 information grants related to developing and
 241.23 supporting alternatives to shift-staff foster
 241.24 care residential service models.

241.25 **Other Continuing Care Grants; HIV**
 241.26 **Grants.** Money appropriated for the HIV
 241.27 drug and insurance grant program in fiscal
 241.28 year 2010 may be used in either year of the
 241.29 biennium.

241.30 **Quality Assurance Commission.** Effective
 241.31 July 1, 2009, state funding for the quality
 241.32 assurance commission under Minnesota
 241.33 Statutes, section 256B.0951, is canceled.

242.1 Sec. 17. Laws 2009, chapter 79, article 13, section 5, subdivision 8, as amended by
 242.2 Laws 2009, chapter 173, article 2, section 3, subdivision 8, is amended to read:

242.3 Subd. 8. **Board of Nursing Home**
 242.4 **Administrators** 1,211,000 1,023,000

242.5 **Administrative Services Unit - Operating**

242.6 **Costs.** Of this appropriation, \$524,000

242.7 in fiscal year 2010 and \$526,000 in

242.8 fiscal year 2011 are for operating costs

242.9 of the administrative services unit. The

242.10 administrative services unit may receive

242.11 and expend reimbursements for services

242.12 performed by other agencies.

242.13 **Administrative Services Unit - Retirement**

242.14 **Costs.** Of this appropriation in fiscal year

242.15 2010, \$201,000 is for onetime retirement

242.16 costs in the health-related boards. This

242.17 funding may be transferred to the health

242.18 boards incurring those costs for their

242.19 payment. These funds are available either

242.20 year of the biennium.

242.21 **Administrative Services Unit - Volunteer**

242.22 **Health Care Provider Program.** Of this

242.23 appropriation, ~~\$79,000~~ \$130,000 in fiscal

242.24 year 2010 and ~~\$89,000~~ \$150,000 in fiscal

242.25 year 2011 are to pay for medical professional

242.26 liability coverage required under Minnesota

242.27 Statutes, section 214.40.

242.28 **Administrative Services Unit - Contested**

242.29 **Cases and Other Legal Proceedings.** Of

242.30 this appropriation, \$200,000 in fiscal year

242.31 2010 and \$200,000 in fiscal year 2011 are

242.32 for costs of contested case hearings and other

242.33 unanticipated costs of legal proceedings

242.34 involving health-related boards funded

242.35 under this section and for unforeseen

243.1 expenditures of an urgent nature. Upon
 243.2 certification of a health-related board to the
 243.3 administrative services unit that the costs
 243.4 will be incurred and that there is insufficient
 243.5 money available to pay for the costs out of
 243.6 money currently available to that board, the
 243.7 administrative services unit is authorized
 243.8 to transfer money from this appropriation
 243.9 to the board for payment of those costs
 243.10 with the approval of the commissioner of
 243.11 finance. This appropriation does not cancel.
 243.12 Any unencumbered and unspent balances
 243.13 remain available for these expenditures in
 243.14 subsequent fiscal years. The boards receiving
 243.15 funds under this section shall include these
 243.16 amounts when setting fees to cover their
 243.17 costs.

243.18 Sec. 18. Laws 2010, chapter 200, article 2, section 2, subdivision 1, is amended to read:

243.19			(7,985,000)	
243.20	Subdivision 1. Total Appropriation	\$	<u>2,015,000</u>	\$ (93,128,000)

243.21	Appropriations by Fund		
243.22		2010	2011
243.23	General	34,807,000	118,493,000
243.24	Health Care Access	(42,792,000)	(211,621,000)

243.25 The amounts that may be spent for each
 243.26 purpose are specified in the following
 243.27 subdivisions.

243.28 **Special Revenue Fund Transfers.**

243.29 (a) The commissioner shall transfer the
 243.30 following amounts from special revenue
 243.31 fund balances to the general fund by June
 243.32 30 of each respective fiscal year: \$410,000
 243.33 for fiscal year 2010, and \$412,000 for fiscal
 243.34 year 2011.

244.1 (b) Actual transfers made under paragraph
 244.2 (a) must be separately identified and reported
 244.3 as part of the quarterly reporting of transfers
 244.4 to the chairs of the relevant senate budget
 244.5 division and house of representatives finance
 244.6 division.

244.7 **EFFECTIVE DATE.** This section is effective the day following final enactment.

244.8 Sec. 19. Laws 2010, chapter 200, article 2, section 2, subdivision 4, is amended to read:

244.9 Subd. 4. **Basic Health Care Grants**

244.10 The amounts that may be spent from this
 244.11 appropriation for each purpose are as follows:

244.12 (a) MinnesotaCare Grants	(42,792,000)	(211,621,000)
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244.13 This appropriation reduction is from the
 244.14 health care access fund.

244.15 (b) Medical Assistance Basic Health Care		
244.16 Grants - Families and Children	-0-	(49,000)

244.17 (c) Medical Assistance Basic Health Care		
244.18 Grants - Elderly and Disabled	-0-	(1,275,000)

244.19	39,413,000	
244.20 (d) General Assistance Medical Care	<u>49,413,000</u>	135,837,000

244.21 For general assistance medical care payments
 244.22 under Minnesota Statutes, section 256D.031.

244.23 \$5,500,000 in fiscal year 2010 and
 244.24 \$65,500,000 in fiscal year 2011 is for
 244.25 payments to coordinated care delivery
 244.26 systems under Minnesota Statutes, section
 244.27 256D.031, subdivision 7.

244.28 \$4,375,000 in fiscal year 2010 and
 244.29 \$51,875,000 in fiscal year 2011 is for
 244.30 payments for prescription drugs under
 244.31 Minnesota Statutes, section 256D.031,
 244.32 subdivision 9.

245.1 \$28,000,000 in fiscal year 2010 is for
245.2 provider and prescription drug payments
245.3 under Minnesota Statutes, section 256D.031,
245.4 subdivision 5.

245.5 \$1,538,000 in fiscal year 2010 and
245.6 ~~\$18,462,000~~ \$28,462,000 in fiscal year
245.7 2011 is for payments from the temporary
245.8 uncompensated care pool under Minnesota
245.9 Statutes, section 256D.031, subdivision 8.

245.10 Any amount under paragraph (d) that is not
245.11 spent in the first year does not cancel and is
245.12 available for payments in the second year.

245.13 The commissioner may transfer any
245.14 unexpended amount under Minnesota
245.15 Statutes, section 256D.031, subdivision 9,
245.16 after the final allocation in fiscal year 2011 to
245.17 make payments under Minnesota Statutes,
245.18 section 256D.031, subdivision 7.

245.19 Any unexpended amount not used for
245.20 general assistance medical care expenditures
245.21 incurred before April 1, 2010, under
245.22 Minnesota Statutes, section 256D.03, shall
245.23 be used to make payments under paragraph
245.24 (d).

245.25 Sec. 20. Laws 2010, chapter 200, article 2, section 2, subdivision 5, is amended to read:

245.26 **Subd. 5. Health Care Management**

245.27 The amounts that may be spent from the
245.28 appropriation for each purpose are as follows:

245.29 **Health Care Administration.** (2,998,000) (5,270,000)

245.30 **Base Adjustment.** The general fund base
245.31 for health care administration is reduced by
245.32 ~~\$182,000~~ \$36,000 in fiscal year 2012 and
245.33 ~~\$182,000~~ \$36,000 in fiscal year 2013.

246.1 Sec. 21. Laws 2010, chapter 200, article 2, section 2, subdivision 8, is amended to read:

246.2 Subd. 8. **Transfers**

246.3 The commissioner must transfer \$29,538,000
246.4 in fiscal year 2010 and \$18,462,000 in fiscal
246.5 year 2011 from the health care access fund to
246.6 the general fund. This is a onetime transfer.

246.7 The commissioner must transfer \$4,800,000
246.8 from the consolidated chemical dependency
246.9 treatment fund to the general fund by June
246.10 30, 2010.

246.11 **Compulsive Gambling ~~Special Revenue~~**

246.12 **Administration.** The lottery prize fund
246.13 appropriation for compulsive gambling
246.14 administration is reduced by \$6,000 for fiscal
246.15 year 2010 and \$4,000 for fiscal year 2011
246.16 ~~must be transferred from the lottery prize~~
246.17 ~~fund appropriation for compulsive gambling~~
246.18 ~~administration to the general fund by June~~
246.19 ~~30 of each respective fiscal year.~~ These are
246.20 onetime reductions.

246.21 **EFFECTIVE DATE.** This section is effective the day following final enactment.

246.22 Sec. 22. **EXPIRATION OF UNCODIFIED LANGUAGE.**

246.23 All uncodified language contained in this article expires on June 30, 2011, unless a
246.24 different expiration date is explicit.

246.25 Sec. 23. **EFFECTIVE DATE.**

246.26 The provisions in this article are effective July 1, 2010, unless a different effective
246.27 date is explicit."

246.28 Adjust amounts accordingly

246.29 Renumber the sections in sequence and correct the internal references

246.30 Amend the title accordingly

246.31 Correct the title numbers accordingly

247.1 We request the adoption of this report and repassage of the bill.

247.2 Senate Conferees:

247.3
247.4 Linda Berglin Ann Lynch

247.5
247.6 Tony Lourey Yvonne Prettner Solon

247.7
247.8 Steve Dille

247.9 House Conferees:

247.10
247.11 Maria Ruud Cy Thao

247.12
247.13 Carolyn Laine Jim Abeler

247.14
247.15 Kathy Brynaert