

1.1 ..... moves to amend H.F. No. 1233, the delete everything amendment  
1.2 (A13-0408), as follows:

1.3 Page 8, delete section 15, and insert:

1.4 "Sec. 15. Minnesota Statutes 2012, section 256B.056, subdivision 4, as amended by  
1.5 Laws 2013, chapter 1, section 5, is amended to read:

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

1.11 (b) To be eligible for medical assistance, families and children may have an income  
1.12 up to 133-1/3 percent of the AFDC income standard in effect under the July 16, 1996,  
1.13 AFDC state plan. Effective July 1, 2000, the base AFDC standard in effect on July 16,  
1.14 1996, shall be increased by three percent.

1.15 (c) Effective January 1, 2014, to be eligible for medical assistance, under section  
1.16 256B.055, subdivision 3a, a parent or caretaker relative may have an income up to 133  
1.17 percent of the federal poverty guidelines for the household size.

1.18 (d) To be eligible for medical assistance under section 256B.055, subdivision 15,  
1.19 a person may have an income up to 133 percent of federal poverty guidelines for the  
1.20 household size.

1.21 (e) To be eligible for medical assistance under section 256B.055, subdivision 16, a  
1.22 child age 19 to 20 may have an income up to 133 percent of the federal poverty guidelines  
1.23 for the household size.

1.24 (f) To be eligible for medical assistance under section 256B.055, subdivision  
1.25 3a, a child under age 19 may have income up to 275 percent of the federal poverty  
1.26 guidelines for the household size or an equivalent standard when converted using modified  
1.27 adjusted gross income methodology as required under the Affordable Care Act. Children

2.1 who are enrolled in medical assistance as of December 31, 2013, and are determined  
 2.2 ineligible for medical assistance because of the elimination of income disregards under  
 2.3 modified adjusted gross income methodology as defined in subdivision 1a of this section  
 2.4 remain eligible for medical assistance under the Children's Health Insurance Program  
 2.5 Reauthorization Act of 2009, Public Law 111-3, until the date of their next regularly  
 2.6 scheduled eligibility redetermination as required in section 256B.056, subdivision 7a.

2.7 (f) (g) In computing income to determine eligibility of persons under paragraphs (a)  
 2.8 to (e) (f) who are not residents of long-term care facilities, the commissioner shall disregard  
 2.9 increases in income as required by Public Laws 94-566, section 503; 99-272; and 99-509.  
 2.10 For persons eligible under paragraph (a), veteran aid and attendance benefits and Veterans  
 2.11 Administration unusual medical expense payments are considered income to the recipient.

2.12 **EFFECTIVE DATE.** This section is effective January 1, 2014."

2.13 Page 42, after line 6, insert:

2.14 "(c) Minnesota Statutes 2012, sections 256B.055, subdivisions 3, 5, and 10b;  
 2.15 256B.056, subdivision 5b; and 256B.057, subdivisions 1c and 2, are repealed effective  
 2.16 January 1, 2014."

2.17 Page 59, delete section 11 and insert:

2.18 "Sec. .... Minnesota Statutes 2012, section 256.9754, is amended by adding a  
 2.19 subdivision to read:

2.20 **Subd. 3a. Priority for other grants.** The commissioner of health shall give priority  
 2.21 to a grantee selected under subdivision 3 when awarding technology-related grants, if the  
 2.22 grantee is using technology as part of the proposal unless that priority conflicts with  
 2.23 existing state or federal guidance related to grant awards by the Department of Health.  
 2.24 The commissioner of transportation shall give priority to a grantee under subdivision 3  
 2.25 when distributing transportation-related funds to create transportation options for older  
 2.26 adults unless that preference conflicts with existing state or federal guidance related to  
 2.27 grant awards by the Department of Transportation."

2.28 Page 128, delete section 6 and insert:

2.29 "Section 1. Minnesota Statutes 2012, section 254B.13, is amended to read:

2.30 **254B.13 PILOT PROJECTS; CHEMICAL HEALTH CARE.**

2.31 Subdivision 1. **Authorization for navigator pilot projects.** The commissioner may  
 2.32 approve and implement navigator pilot projects developed under the planning process  
 2.33 required under Laws 2009, chapter 79, article 7, section 26, to provide alternatives to and  
 2.34 enhance coordination of the delivery of chemical health services required under section  
 2.35 254B.03.

3.1 Subd. 2. **Program design and implementation.** (a) The commissioner and  
3.2 counties participating in the navigator pilot projects shall continue to work in partnership  
3.3 to refine and implement the navigator pilot projects initiated under Laws 2009, chapter  
3.4 79, article 7, section 26.

3.5 (b) The commissioner and counties participating in the navigator pilot projects shall  
3.6 complete the planning phase ~~by June 30, 2010~~, and, if approved by the commissioner for  
3.7 implementation, enter into agreements governing the operation of the navigator pilot  
3.8 projects ~~with implementation scheduled no earlier than July 1, 2010~~.

3.9 Subd. 2a. **Eligibility for navigator pilot program.** (a) To be considered for  
3.10 participation in a navigator pilot program, an individual must:

3.11 (1) be a resident of a county with an approved navigator program;

3.12 (2) be eligible for consolidated chemical dependency treatment fund services;

3.13 (3) be a voluntary participant in the navigator program;

3.14 (4) satisfy one of the following items:

3.15 (i) have at least one severity rating of three or above in dimension four, five, or six in  
3.16 a comprehensive assessment under Minnesota Rules, part 9530.6422; or

3.17 (ii) have at least one severity rating of two or above in dimension four, five, or six in  
3.18 a comprehensive assessment under Minnesota Rules, part 9530.6422, and be currently  
3.19 participating in a Rule 31 treatment program under Minnesota Rules, parts 9530.6405 to  
3.20 9530.6505, or be within 60 days following discharge after participation in a Rule 31  
3.21 treatment program; and

3.22 (5) have had at least two treatment episodes in the past two years, not limited  
3.23 to episodes reimbursed by the consolidated chemical dependency treatment funds. An  
3.24 admission to an emergency room, a detoxification program, or a hospital may be substituted  
3.25 for one treatment episode if it resulted from the individual's substance use disorder.

3.26 (b) New eligibility criteria may be added as mutually agreed upon by the  
3.27 commissioner and participating navigator programs.

3.28 Subd. 3. **Program evaluation.** The commissioner shall evaluate navigator pilot  
3.29 projects under this section and report the results of the evaluation to the chairs and  
3.30 ranking minority members of the legislative committees with jurisdiction over chemical  
3.31 health issues by January 15, 2014. Evaluation of the navigator pilot projects must be  
3.32 based on outcome evaluation criteria negotiated with the navigator pilot projects prior  
3.33 to implementation.

3.34 Subd. 4. **Notice of navigator project discontinuation.** Each county's participation  
3.35 in the navigator pilot project may be discontinued for any reason by the county or the  
3.36 commissioner of human services after 30 days' written notice to the other party. ~~Any~~

4.1 unspent funds held for the exiting county's pro rata share in the special revenue fund under  
4.2 the authority in subdivision 5, paragraph (d), shall be transferred to the consolidated  
4.3 chemical dependency treatment fund following discontinuation of the pilot project.

4.4 Subd. 5. **Duties of commissioner.** (a) Notwithstanding any other provisions in  
4.5 this chapter, the commissioner may authorize navigator pilot projects to use chemical  
4.6 dependency treatment funds to pay for nontreatment navigator pilot services:

4.7 (1) in addition to those authorized under section 254B.03, subdivision 2, paragraph  
4.8 (a); and

4.9 (2) by vendors in addition to those authorized under section 254B.05 when not  
4.10 providing chemical dependency treatment services.

4.11 (b) For purposes of this section, "nontreatment navigator pilot services" include  
4.12 navigator services, peer support, family engagement and support, housing support, rent  
4.13 subsidies, supported employment, and independent living skills.

4.14 (c) State expenditures for chemical dependency services and nontreatment navigator  
4.15 pilot services provided by or through the navigator pilot projects must not be greater than  
4.16 the chemical dependency treatment fund expected share of forecasted expenditures in the  
4.17 absence of the navigator pilot projects. The commissioner may restructure the schedule of  
4.18 payments between the state and participating counties under the local agency share and  
4.19 division of cost provisions under section 254B.03, subdivisions 3 and 4, as necessary to  
4.20 facilitate the operation of the navigator pilot projects.

4.21 ~~(d) To the extent that state fiscal year expenditures within a pilot project are less~~  
4.22 ~~than the expected share of forecasted expenditures in the absence of the pilot projects,~~  
4.23 ~~the commissioner shall deposit the unexpended funds in a separate account within the~~  
4.24 ~~consolidated chemical dependency treatment fund, and make these funds available for~~  
4.25 ~~expenditure by the pilot projects the following year. To the extent that treatment and~~  
4.26 ~~nontreatment pilot services expenditures within the pilot project exceed the amount~~  
4.27 ~~expected in the absence of the pilot projects, the pilot project county or counties are~~  
4.28 ~~responsible for the portion of nontreatment pilot services expenditures in excess of the~~  
4.29 ~~otherwise expected share of forecasted expenditures.~~

4.30 ~~(e)~~ (d) The commissioner may waive administrative rule requirements that are  
4.31 incompatible with the implementation of the navigator pilot project, except that any  
4.32 chemical dependency treatment funded under this section must continue to be provided  
4.33 by a licensed treatment provider.

4.34 ~~(f)~~ (e) The commissioner shall not approve or enter into any agreement related to  
4.35 navigator pilot projects authorized under this section that puts current or future federal  
4.36 funding at risk.

5.1 (f) The commissioner shall provide participating navigator pilot projects with  
 5.2 transactional data, reports, provider data, and other data generated by county activity to  
 5.3 assess and measure outcomes. This information must be transmitted or made available in  
 5.4 an acceptable form to participating navigator pilot projects at least once every six months  
 5.5 or within a reasonable time following the commissioner's receipt of information from the  
 5.6 counties needed to comply with this paragraph.

5.7 Subd. 6. **Duties of county board.** The county board, or other county entity that  
 5.8 is approved to administer a navigator pilot project, shall:

5.9 (1) administer the navigator pilot project in a manner consistent with the objectives  
 5.10 described in subdivision 2 and the planning process in subdivision 5;

5.11 (2) ensure that no one is denied chemical dependency treatment services for which  
 5.12 they would otherwise be eligible under section 254A.03, subdivision 3; and

5.13 (3) provide the commissioner with timely and pertinent information as negotiated in  
 5.14 agreements governing operation of the navigator pilot projects.

5.15 Subd. 7. **Managed care.** An individual who is eligible for the navigator pilot  
 5.16 program under subdivision 2a is excluded from mandatory enrollment in managed care  
 5.17 until these services are included in the health plan's benefit set.

5.18 Subd. 8. **Authorization for continuation of navigator pilots.** The navigator pilot  
 5.19 projects implemented pursuant to subdivision 1 are authorized to continue operation after  
 5.20 July 1, 2013, under existing agreements governing operation of the pilot projects.

5.21 **EFFECTIVE DATE.** The amendments to subdivisions 1 to 6 and 8 are effective  
 5.22 August 1, 2013. Subdivision 7 is effective July 1, 2013."

5.23 Page 131, after line 26, insert:

5.24 "**EFFECTIVE DATE.** This section is effective July 1, 2015."

5.25 Page 133, after line 4, insert:

5.26 "**EFFECTIVE DATE.** This section is effective July 1, 2015."

5.27 Page 140, after line 13, insert:

5.28 "**EFFECTIVE DATE.** This section is effective July 1, 2015."

5.29 Page 151, line 31, delete "2.63" and insert "2.68"

5.30 Page 155, line 29, delete everything after the period

5.31 Page 155, delete line 30

5.32 Page 168, after line 16, insert:

5.33 "Sec. 15. Minnesota Statutes 2012, section 256B.69, subdivision 31, is amended to read:

6.1 Subd. 31. **Payment reduction.** (a) Beginning September 1, 2011, the commissioner  
6.2 shall reduce payments and limit future rate increases paid to managed care plans and  
6.3 county-based purchasing plans. The limits in paragraphs (a) to (f) shall be achieved  
6.4 on a statewide aggregate basis by program. The commissioner may use competitive  
6.5 bidding, payment reductions, or other reductions to achieve the reductions and limits  
6.6 in this subdivision.

6.7 (b) Beginning September 1, 2011, the commissioner shall reduce payments to  
6.8 managed care plans and county-based purchasing plans as follows:

6.9 (1) 2.0 percent for medical assistance elderly basic care. This shall not apply  
6.10 to Medicare cost-sharing, nursing facility, personal care assistance, and elderly waiver  
6.11 services;

6.12 (2) 2.82 percent for medical assistance families and children;

6.13 (3) 10.1 percent for medical assistance adults without children; and

6.14 (4) 6.0 percent for MinnesotaCare families and children.

6.15 (c) Beginning January 1, 2012, the commissioner shall limit rates paid to managed  
6.16 care plans and county-based purchasing plans for calendar year 2012 to a percentage of  
6.17 the rates in effect on August 31, 2011, as follows:

6.18 (1) 98 percent for medical assistance elderly basic care. This shall not apply to  
6.19 Medicare cost-sharing, nursing facility, personal care assistance, and elderly waiver  
6.20 services;

6.21 (2) 97.18 percent for medical assistance families and children;

6.22 (3) 89.9 percent for medical assistance adults without children; and

6.23 (4) 94 percent for MinnesotaCare families and children.

6.24 (d) Beginning January 1, 2013, to December 31, 2013, the commissioner shall limit  
6.25 the maximum annual trend increases to rates paid to managed care plans and county-based  
6.26 purchasing plans as follows:

6.27 (1) 7.5 percent for medical assistance elderly basic care. This shall not apply  
6.28 to Medicare cost-sharing, nursing facility, personal care assistance, and elderly waiver  
6.29 services;

6.30 (2) 5.0 percent for medical assistance special needs basic care;

6.31 (3) 2.0 percent for medical assistance families and children;

6.32 (4) 3.0 percent for medical assistance adults without children;

6.33 (5) 3.0 percent for MinnesotaCare families and children; and

6.34 (6) 3.0 percent for MinnesotaCare adults without children.

6.35 (e) The commissioner may limit trend increases to less than the maximum.

6.36 Beginning ~~July~~ January 1, 2014, the commissioner shall limit the maximum annual trend

7.1 increases to rates paid to managed care plans and county-based purchasing plans as  
7.2 follows for calendar years 2014 and 2015:

7.3 (1) ~~7.5~~ 3.25 percent for medical assistance elderly basic care. This shall not apply  
7.4 to Medicare cost-sharing, nursing facility, personal care assistance, and elderly waiver  
7.5 services;

7.6 (2) ~~5.0~~ 2.5 percent for medical assistance special needs basic care;

7.7 (3) 2.0 percent for medical assistance families and children;

7.8 (4) 3.0 percent for medical assistance adults without children;

7.9 (5) 3.0 percent for MinnesotaCare families and children; and

7.10 (6) ~~4.0~~ 3.0 percent for MinnesotaCare adults without children.

7.11 The commissioner may limit trend increases to less than the maximum.

7.12 Sec. 16. Minnesota Statutes 2012, section 256B.76, subdivision 4, is amended to read:

7.13 Subd. 4. **Critical access dental providers.** (a) Effective for dental services  
7.14 rendered on or after January 1, 2002, the commissioner shall increase reimbursements  
7.15 to dentists and dental clinics deemed by the commissioner to be critical access dental  
7.16 providers. For dental services rendered on or after July 1, 2007, the commissioner shall  
7.17 increase reimbursement by 30 percent above the reimbursement rate that would otherwise  
7.18 be paid to the critical access dental provider. The commissioner shall pay the managed  
7.19 care plans and county-based purchasing plans in amounts sufficient to reflect increased  
7.20 reimbursements to critical access dental providers as approved by the commissioner.

7.21 (b) The commissioner shall designate the following dentists and dental clinics as  
7.22 critical access dental providers:

7.23 (1) nonprofit community clinics that:

7.24 (i) have nonprofit status in accordance with chapter 317A;

7.25 (ii) have tax exempt status in accordance with the Internal Revenue Code, section  
7.26 501(c)(3);

7.27 (iii) are established to provide oral health services to patients who are low income,  
7.28 uninsured, have special needs, and are underserved;

7.29 (iv) have professional staff familiar with the cultural background of the clinic's  
7.30 patients;

7.31 (v) charge for services on a sliding fee scale designed to provide assistance to  
7.32 low-income patients based on current poverty income guidelines and family size;

7.33 (vi) do not restrict access or services because of a patient's financial limitations  
7.34 or public assistance status; and

7.35 (vii) have free care available as needed;

- 8.1 (2) federally qualified health centers, rural health clinics, and public health clinics;
- 8.2 (3) city or county owned and operated hospital-based dental clinics;
- 8.3 (4) a dental clinic ~~or dental group~~ owned and operated by a nonprofit corporation
- 8.4 in accordance with chapter 317A with more than 10,000 patient encounters per year
- 8.5 with patients who are uninsured or covered by medical assistance, ~~general assistance~~
- 8.6 ~~medical care~~, or MinnesotaCare, if more than 50 percent of the dental clinic's patient
- 8.7 encounters per year are with patients who are uninsured or covered by medical assistance
- 8.8 or MinnesotaCare; and
- 8.9 (5) a dental clinic owned and operated by the University of Minnesota or the
- 8.10 Minnesota State Colleges and Universities system; and
- 8.11 (6) private practicing dentists if:
- 8.12 (i) the dentist's office is located within a health professional shortage area as defined
- 8.13 under Code of Federal Regulations, title 42, part 5, and United States Code, title 42,
- 8.14 section 254E;
- 8.15 (ii) more than 50 percent of the dentist's patient encounters per year are with patients
- 8.16 who are uninsured or covered by medical assistance or MinnesotaCare;
- 8.17 (iii) the dentist does not restrict access or services because of a patient's financial
- 8.18 limitations or public assistance status; and
- 8.19 (iv) the level of service provided by the dentist is critical to maintaining adequate
- 8.20 levels of patient access within the service area in which the dentist operates.
- 8.21 (c) The commissioner may designate a dentist or dental clinic as a critical access
- 8.22 dental provider if the dentist or dental clinic is willing to provide care to patients covered
- 8.23 by medical assistance, general assistance medical care, or MinnesotaCare at a level which
- 8.24 significantly increases access to dental care in the service area.
- 8.25 (d) A designated critical access clinic shall receive the reimbursement rate specified
- 8.26 in paragraph (a) for dental services provided off site at a private dental office if the
- 8.27 following requirements are met:
- 8.28 (1) the designated critical access dental clinic is located within a health professional
- 8.29 shortage area as defined under Code of Federal Regulations, title 42, part 5, and United
- 8.30 States Code, title 42, section 254E, and is located outside the seven-county metropolitan
- 8.31 area;
- 8.32 (2) the designated critical access dental clinic is not able to provide the service
- 8.33 and refers the patient to the off-site dentist;
- 8.34 (3) the service, if provided at the critical access dental clinic, would be reimbursed
- 8.35 at the critical access reimbursement rate;



9.1 (4) the dentist and allied dental professionals providing the services off site are  
9.2 licensed and in good standing under chapter 150A;

9.3 (5) the dentist providing the services is enrolled as a medical assistance provider;

9.4 (6) the critical access dental clinic submits the claim for services provided off site  
9.5 and receives the payment for the services; and

9.6 (7) the critical access dental clinic maintains dental records for each claim submitted  
9.7 under this paragraph, including the name of the dentist, the off-site location, and the  
9.8 license number of the dentist and allied dental professionals providing the services."

9.9 Page 444, delete section 1

9.10 Page 445, line 17, delete "Sections 1 and 2 are" and insert "Section 1 is"

9.11 Page 445, line 24, delete "5,626,218,000" and insert "5,641,312,000" and delete "  
9.12 5,880,932,000" and insert "5,874,187,000" and delete "11,507,150,000" and insert "  
9.13 11,515,499,000"

9.14 Page 445, line 26, delete "71,369,000" and insert "71,353,000" and delete "  
9.15 73,822,000" and insert "73,787,000" and delete "145,246,000" and insert "145,140,000"

9.16 Page 445, line 27, delete "663,756,000" and insert "663,447,000" and delete "  
9.17 426,355,000" and insert "425,363,000" and delete "1,090,112,000" and insert "  
9.18 1,088,811,000"

9.19 Page 445, line 30, delete "6,632,637,000" and insert "6,647,406,000" and delete "  
9.20 6,649,359,000" and insert "6,641,532,000" and delete "13,281,996,000" and insert "  
9.21 13,288,938,000"

9.22 Page 446, line 14, delete "6,437,862,000" and insert "6,452,631,000" and delete "  
9.23 6,460,121,000" and insert "6,452,294,000"

9.24 Page 446, line 17, delete "5,542,688,000" and insert "5,557,782,000" and delete "  
9.25 5,802,575,000" and insert "5,295,830,000"

9.26 Page 446, line 19, delete "4,117,000" and insert "4,101,000" and delete "6,371,000"  
9.27 and insert "6,336,000"

9.28 Page 446, line 20, delete "631,476,000" and insert "631,167,000" and delete "  
9.29 394,638,000" and insert "393,646,000"

9.30 Page 451, line 31, delete "94,972,000" and insert "88,310,000" and delete "  
9.31 91,133,000" and insert "89,985,000"

9.32 Page 453, delete lines 4 to 13

9.33 Page 453, line 14, before "must" insert "(2) Any unexpended balance from the  
9.34 contingent system modernization appropriation in Article 15, "

9.35 Page 454, after line 22, insert:

10.1 **"Medical assistance costs for inmates.**

10.2 The commissioner of corrections, for fiscal  
 10.3 years 2014 through 2017, shall transfer to the  
 10.4 commissioner of human services an amount  
 10.5 equal to the state share of medical assistance  
 10.6 costs related to implementation of Minnesota  
 10.7 Statutes, section 256B.055, subdivision 14,  
 10.8 paragraph (c)."

10.9 Page 454, line 25, delete "18,899,000" and insert "18,734,000" and delete "19,410,000" and insert "19,272,000"

10.11 Page 454, line 33, delete "4,592,000" and insert "4,480,000" and delete "4,412,000" and insert "4,300,000"

10.13 Page 455, after line 8, insert:

10.14 "Notwithstanding Minnesota Statutes,  
 10.15 section 256J.021, TANF funds may be used  
 10.16 to pay for any additional costs related to  
 10.17 repeal of the MFIP family cap for individuals  
 10.18 identified under Minnesota Statutes, section  
 10.19 256J.021."

10.20 Page 455, line 28, delete "140,460,000" and insert "140,447,000" and delete "150,022,000" and insert "149,984,000"

10.22 Page 455, line 30, delete "296,581,000" and insert "296,272,000" and delete "227,598,000" and insert "226,606,000"

10.24 Page 456, line 2, delete "4,345,062,000" and insert "4,367,848,000" and delete "4,595,874,000" and insert "4,591,806,000"

10.26 Page 456, line 7, delete "273,184,000" and insert "238,026,000"

10.27 Page 456, line 8, delete "\$251,405,000" and insert "216,139,000"

10.28 Page 459, delete lines 7 to 10

10.29 Page 459, line 11, delete "16,472,000" and insert "16,572,000" and delete "16,473,000" and insert "16,573,000"

10.31 Page 459, line 33, delete "18,498,000" and insert "17,950,000" and delete "18,808,000" and insert "17,759,000"

10.33 Page 460, line 1, delete "800,000" and insert "180,000"

10.34 Page 460, line 3, delete ". Of"

10.35 Page 460, delete line 4

10.36 Page 460, line 5, delete "least \$360,000 must be used"

- 11.1 Page 460, line 8, delete everything after the period and insert "This appropriation is
- 11.2 onetime."
- 11.3 Page 460, delete lines 9 to 29
- 11.4 Page 460, line 35, delete "71,219,000" and insert "71,027,000" and delete "
- 11.5 69,550,000" and insert "69,358,000"
- 11.6 Page 461, line 19, after the period insert "This appropriation is onetime."
- 11.7 Page 461, after line 19, insert:
- 11.8 "High-risk adults. \$100,000 in fiscal year
- 11.9 2014 and \$100,000 in fiscal year 2015 are
- 11.10 appropriated from the general fund to the
- 11.11 commissioner of human services for a grant
- 11.12 to the nonprofit organization selected to
- 11.13 administer the demonstration project for
- 11.14 high-risk adults under Laws 2007, chapter
- 11.15 54, article 1, section 19, in order to complete
- 11.16 the project. This is a onetime appropriation."
- 11.17 Page 461, line 30, delete "186,844,000" and insert "186,744,000" and delete "
- 11.18 188,283,000" and insert "188,183,000"
- 11.19 Page 462, line 6, delete "116,698,000" and insert "116,598,000" and delete "
- 11.20 117,567,000" and insert "117,467,000"
- 11.21 Page 463, line 22, delete "21,752,000" and insert "21,725,000"
- 11.22 Amend the totals and summaries by fund accordingly
- 11.23 Renumber the sections in sequence and correct the internal references
- 11.24 Amend the title accordingly