

1.1 moves to amend H.F. No. 2150, the delete everything amendment
1.2 (A14-0976), as follows:

1.3 Page 122, after line 18, insert:

1.4 "Sec. Minnesota Statutes 2013 Supplement, section 256B.0949, subdivision 2,
1.5 is amended to read:

1.6 Subd. 2. **Definitions.** (a) For the purposes of this section, the terms defined in
1.7 this subdivision have the meanings given.

1.8 (b) "Autism spectrum disorder diagnosis" is defined by diagnostic code 299 in the
1.9 current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

1.10 (c) "Child" means a person under the age of 18.

1.11 (d) "Commissioner" means the commissioner of human services, unless otherwise
1.12 specified.

1.13 (e) "Early intensive intervention benefit" means autism treatment options based in
1.14 behavioral and developmental science, which may include modalities such as applied
1.15 behavior analysis, developmental treatment approaches, and naturalistic and parent
1.16 training models.

1.17 (f) "Generalizable goals" means results or gains that are observed during a variety
1.18 of activities with different people, such as providers, family members, other adults, and
1.19 children, and in different environments including, but not limited to, clinics, homes,
1.20 schools, and the community.

1.21 (g) "Mental health professional" ~~has the meaning given~~ means a mental health
1.22 professional as defined in section 245.4871, subdivision 27, clauses (1) to (6) who has
1.23 training and expertise in autism spectrum disorders.

1.24 Sec. Minnesota Statutes 2013 Supplement, section 256B.0949, subdivision 3,
1.25 is amended to read:

2.1 Subd. 3. **Initial eligibility.** This benefit is available to a child enrolled in medical
2.2 assistance who:

2.3 ~~(1) has an autism spectrum disorder diagnosis; for services that meet the criteria for~~
2.4 ~~medically necessary care under Minnesota Rules, part 9505.0175, subpart 25.~~

2.5 ~~(2) has had a diagnostic assessment described in subdivision 5, which recommends~~
2.6 ~~early intensive intervention services; and~~

2.7 ~~(3) meets the criteria for medically necessary autism early intensive intervention~~
2.8 ~~services.~~

2.9 Sec. Minnesota Statutes 2013 Supplement, section 256B.0949, subdivision 4,
2.10 is amended to read:

2.11 Subd. 4. **Diagnosis.** (a) A diagnosis must:

2.12 (1) be based upon current DSM criteria including direct observations of the child
2.13 and reports from parents or primary caregivers; and

2.14 (2) be completed by ~~both~~ either (i) a licensed physician or advanced practice
2.15 registered nurse and or (ii) a mental health professional.

2.16 (b) Additional diagnostic assessment information may be considered including from
2.17 special education evaluations and licensed school personnel, and from professionals
2.18 licensed in the fields of medicine, speech and language, psychology, occupational therapy,
2.19 and physical therapy.

2.20 ~~(c) If the commissioner determines there are access problems or delays in diagnosis~~
2.21 ~~for a geographic area due to the lack of qualified professionals, the commissioner shall~~
2.22 ~~waive the requirement in paragraph (a), clause (2), for two professionals and allow a~~
2.23 ~~diagnosis to be made by one professional for that geographic area. This exception must be~~
2.24 ~~limited to a specific period of time until, with stakeholder input as described in subdivision~~
2.25 ~~8, there is a determination of an adequate number of professionals available to require two~~
2.26 ~~professionals for each diagnosis.~~

2.27 Sec. Minnesota Statutes 2013 Supplement, section 256B.0949, subdivision 7,
2.28 is amended to read:

2.29 Subd. 7. **Ongoing eligibility.** (a) ~~An independent~~ A progress evaluation conducted
2.30 by a licensed mental health professional with expertise and training in autism spectrum
2.31 disorder and child development must be completed after each the first six months of
2.32 treatment and not more than once every 12 months thereafter, or more frequently as
2.33 determined by the commissioner unless the treating licensed mental health professional
2.34 determines more frequent evaluations are necessary, to determine if progress is being

3.1 made toward achieving generalizable goals and meeting functional goals contained in
3.2 the treatment plan.

3.3 (b) The progress evaluation must include:

3.4 (1) the treating provider's report;

3.5 (2) parental or caregiver input;

3.6 (3) an ~~independent~~ observation of the child which can be performed by the child's
3.7 licensed special education staff;

3.8 (4) any treatment plan modifications; and

3.9 (5) recommendations for continued treatment services.

3.10 (c) Progress evaluations must be submitted to the commissioner in a manner
3.11 determined by the commissioner for this purpose.

3.12 (d) A child who continues to achieve generalizable goals and treatment goals as
3.13 specified in the treatment plan and who is recommended for continued treatment services
3.14 by the treating mental health professional under paragraph (b), clause (5), is eligible to
3.15 continue receiving this benefit.

3.16 (e) The commissioner may consider an alternative eligibility recommendation to the
3.17 recommendation of the treating mental health professional under paragraph (b), clause (5),
3.18 if there is a detailed report provided by a licensed mental health professional with expertise
3.19 treating children with autism spectrum disorder using the relevant treatment modality
3.20 showing that progress is not being made in a particular case. In this case, treatment shall
3.21 not be interrupted and shall continue to be reimbursed until a final determination is made.

3.22 (f) A child's treatment shall continue to be reimbursed during the progress evaluation
3.23 using the process determined under subdivision 8, clause (8) until a final determination is
3.24 made. Treatment may continue during an appeal pursuant to section 256.045.

3.25 Sec. Minnesota Statutes 2013 Supplement, section 256B.0949, subdivision 9,
3.26 is amended to read:

3.27 Subd. 9. **Revision of treatment options.** (a) The commissioner may ~~revise~~ add
3.28 covered treatment options as needed based on outcome data and other evidence.

3.29 (b) Before the changes become effective, the commissioner must provide public
3.30 notice of the changes, the reasons for the change, and a 30-day public comment period
3.31 to those who request notice through an electronic list accessible to the public on the
3.32 department's Web site."

3.33 Page 132, after line 12, insert:

3.34 "Sec. Laws 2013, chapter 108, article 7, section 14, the effective date, is amended to
3.35 read:

4.1 **EFFECTIVE DATE.** Subdivisions 1 to 7 and 9, are effective upon federal approval
4.2 consistent with subdivision 11, but no earlier than ~~March~~ July 1, 2014. Subdivisions
4.3 8, 10, and 11 are effective July 1, 2013."

4.4 Renumber the sections in sequence and correct the internal references

4.5 Amend the title accordingly