

1.1 Senator moves to amend S.F. No. 4268 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. **ASSISTIVE TECHNOLOGY LEAD AGENCY PARTNERSHIPS.**

1.4 (a) Lead agencies may establish partnerships with enrolled medical assistance providers
1.5 of home and community-based services under Minnesota Statutes, sections 256B.0913,
1.6 256B.092, 256B.093, or 256B.49, or Minnesota Statutes, chapter 256S to evaluate the
1.7 benefits of informed choice in accessing the following existing assistive technology home
1.8 and community-based waiver services:

1.9 (1) assistive technology;

1.10 (2) specialized equipment and supplies;

1.11 (3) environmental accessibility adaptations;

1.12 (4) client and caregiver training;

1.13 (5) 24-hour emergency assistance; or

1.14 (6) any other cost-effective, allowable waiver services and benefits related to assistive
1.15 technology.

1.16 (b) Lead agencies may prioritize eligible individuals who desire to participate in the
1.17 partnership authorized by this section, using existing home and community-based waiver
1.18 criteria under Minnesota Statutes, chapters 256B and 256S, which may include but are not
1.19 limited to:

1.20 (1) significant clinical acuity due to one or more chronic medical conditions;

1.21 (2) multiple emergency room visits or inpatient admissions during the prior 365 days;

1.22 (3) a diagnosis of a behavioral or complex chronic condition;

1.23 (4) challenges in finding nonemergency medical transportation in the individual's region;

1.24 or

1.25 (5) an inability to find available primary care providers.

1.26 (c) Lead agencies must ensure individuals who choose to participate have informed
1.27 choice in accessing the services and must adhere to conflict free case management
1.28 requirements.

1.29 (d) Lead agencies may identify efficiencies, as well as utilize an alternative,
1.30 evidence-based methodology that results in expedited review and approval for service

- 2.1 authorizations, provide evidence-based cost data and quality analysis to the commissioner,
- 2.2 and collect feedback on the use of technology systems from home and community-based
- 2.3 waiver services recipients, family caregivers, and any other interested community partners."
- 2.4 Amend the title accordingly