

1.1 **Senator Abeler from the Committee on Human Services Reform Finance and Policy,**
 1.2 **to which was referred**

1.3 **S.F. No. 4013:** A bill for an act relating to state government; modifying provisions
 1.4 governing child care assistance, economic assistance, behavioral health, health care, and
 1.5 health insurance access; making forecast adjustments; requiring reports; transferring money;
 1.6 making technical and conforming changes; allocating funds for a specific purpose;
 1.7 establishing certain grants; appropriating money; amending Minnesota Statutes 2020,
 1.8 sections 62N.25, subdivision 5; 62Q.1055; 62Q.47; 119B.011, subdivisions 2, 5, 13, 15,
 1.9 19b; 119B.02, subdivisions 1, 2; 119B.025, subdivision 4; 119B.03, subdivisions 3, 9, 10;
 1.10 119B.035, subdivisions 1, 2, 4, 5; 119B.08, subdivision 3; 119B.11, subdivision 1; 119B.15;
 1.11 119B.19, subdivision 7; 119B.24; 169A.70, subdivisions 3, 4; 245.4889, by adding a
 1.12 subdivision; 245.713, subdivision 2; 245F.03; 245G.05, subdivision 2; 245G.22, subdivision
 1.13 2; 254A.19, subdivisions 1, 3, by adding subdivisions; 254B.01, subdivision 5, by adding
 1.14 subdivisions; 254B.03, subdivisions 1, 5; 254B.04, subdivision 2a, by adding subdivisions;
 1.15 256.017, subdivision 9; 256.042, subdivisions 1, 2, 5; 256B.055, subdivision 17; 256B.056,
 1.16 subdivision 7; 256B.0625, subdivision 28b; 256B.0941, by adding a subdivision; 256B.0946,
 1.17 subdivision 7; 256B.0949, subdivision 15; 256D.03, by adding a subdivision; 256D.0516,
 1.18 subdivision 2; 256D.06, subdivisions 1, 2, 5; 256D.09, subdivision 2a; 256E.35, subdivisions
 1.19 1, 2, 4a, 6; 256I.03, subdivision 13; 256I.06, subdivisions 6, 10; 256I.09; 256J.08,
 1.20 subdivisions 71, 79; 256J.21, subdivision 4; 256J.33, subdivision 2; 256J.37, subdivisions
 1.21 3, 3a; 256J.95, subdivision 19; 256K.45, subdivision 3; 256L.04, subdivisions 1c, 7a, 10,
 1.22 by adding a subdivision; 256L.07, subdivision 1; 256L.12, subdivision 8; 256P.01, by adding
 1.23 a subdivision; 256P.02, by adding a subdivision; 256P.07, subdivisions 1, 2, 3, 4, 6, 7, by
 1.24 adding subdivisions; 256P.08, subdivision 2; 260B.157, subdivisions 1, 3; 260E.20,
 1.25 subdivision 1; 299A.299, subdivision 1; Minnesota Statutes 2021 Supplement, sections
 1.26 119B.13, subdivision 1; 245.4889, subdivision 1; 254A.03, subdivision 3; 254A.19,
 1.27 subdivision 4; 254B.03, subdivision 2; 254B.04, subdivision 1; 254B.05, subdivisions 4,
 1.28 5; 256.042, subdivision 4; 256B.0946, subdivisions 1, 1a, 2, 3, 4, 6; 256I.06, subdivision
 1.29 8; 256J.21, subdivision 3; 256J.33, subdivision 1; 256L.03, subdivision 2; 256L.07,
 1.30 subdivision 2; 256L.15, subdivision 2; 256P.02, subdivisions 1a, 2; 256P.04, subdivisions
 1.31 4, 8; 256P.06, subdivision 3; 260C.157, subdivision 3; Laws 2021, First Special Session
 1.32 chapter 7, article 17, sections 1, subdivision 2; 11; 12; proposing coding for new law in
 1.33 Minnesota Statutes, chapters 119B; 245; 256P; repealing Minnesota Statutes 2020, sections
 1.34 119B.03, subdivisions 1, 2, 4, 5, 6a, 6b, 8; 169A.70, subdivision 6; 245G.22, subdivision
 1.35 19; 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a, 2; 254B.04,
 1.36 subdivisions 2b, 2c; 254B.041, subdivision 2; 256J.08, subdivisions 10, 61, 62, 81, 83;
 1.37 256J.30, subdivisions 5, 7; 256J.33, subdivisions 3, 5; 256J.34, subdivisions 1, 2, 3, 4;
 1.38 256J.37, subdivision 10; Minnesota Statutes 2021 Supplement, sections 119B.03,
 1.39 subdivisions 4a, 6; 254A.19, subdivision 5; 256J.08, subdivision 53; 256J.30, subdivision
 1.40 8; 256J.33, subdivision 4; Minnesota Rules, parts 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10,
 1.41 11, 13, 14, 15, 17a, 19, 20, 21; 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1,
 1.42 2a, 4, 5, 6; 9530.7020, subparts 1, 1a, 2; 9530.7021; 9530.7022, subpart 1; 9530.7025;
 1.43 9530.7030, subpart 1.

1.44 Reports the same back with the recommendation that the bill be amended as follows:

1.45 Page 2, line 18, delete the second comma and insert a period and strike "who are" and
 1.46 insert "Applicants must be"

1.47 Page 2, after line 20, insert:

1.48 "EFFECTIVE DATE. This section is effective August 7, 2023."

1.49 Page 2, after line 29, insert:

- 2.1 **"EFFECTIVE DATE. This section is effective August 7, 2023."**
- 2.2 Page 3, after line 21, insert:
- 2.3 **"EFFECTIVE DATE. This section is effective August 7, 2023."**
- 2.4 Page 3, after line 29, insert:
- 2.5 **"EFFECTIVE DATE. This section is effective July 10, 2023."**
- 2.6 Page 4, after line 18, insert:
- 2.7 **"EFFECTIVE DATE. This section is effective July 10, 2023."**
- 2.8 Page 4, after line 34, insert:
- 2.9 **"EFFECTIVE DATE. This section is effective July 10, 2023."**
- 2.10 Page 5, after line 7, insert:
- 2.11 **"EFFECTIVE DATE. This section is effective July 10, 2023."**
- 2.12 Page 5, after line 32, insert:
- 2.13 **"EFFECTIVE DATE. This section is effective July 10, 2023."**
- 2.14 Page 6, after line 6, insert:
- 2.15 **"EFFECTIVE DATE. This section is effective July 10, 2023."**
- 2.16 Page 6, after line 18, insert:
- 2.17 **"EFFECTIVE DATE. This section is effective July 10, 2023."**
- 2.18 Page 6, after line 27, insert:
- 2.19 **"EFFECTIVE DATE. This section is effective July 10, 2023."**
- 2.20 Page 7, after line 9, insert:
- 2.21 **"EFFECTIVE DATE. This section is effective July 10, 2023."**
- 2.22 Page 7, after line 15, insert:
- 2.23 **"EFFECTIVE DATE. This section is effective July 10, 2023."**
- 2.24 Page 8, after line 17, insert:
- 2.25 **"EFFECTIVE DATE. This section is effective July 10, 2023."**
- 2.26 Page 9, after line 4, insert:
- 2.27 **"EFFECTIVE DATE. This section is effective July 10, 2023."**

3.1 Page 11, after line 7, insert:

3.2 **"EFFECTIVE DATE. This section is effective July 10, 2023."**

3.3 Page 12, after line 16, insert:

3.4 **"EFFECTIVE DATE. This section is effective July 10, 2023."**

3.5 Page 14, after line 6, insert:

3.6 "Sec. 23. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
3.7 **CHILD CARE AND DEVELOPMENT FUND ALLOCATION.**

3.8 The commissioner of human services shall allocate \$75,364,000 in fiscal year 2023 from
3.9 the child care and development fund for rate and registration fee increases under Minnesota
3.10 Statutes, section 119B.13, subdivision 1, paragraphs (a) and (j). This is a onetime allocation."

3.11 Page 14, after line 11, insert:

3.12 **"EFFECTIVE DATE. This section is effective July 10, 2023."**

3.13 Page 14, before line 12, insert:

3.14 **"ARTICLE 2**
3.15 **CHILD WELFARE**

3.16 Section 1. Minnesota Statutes 2020, section 260C.451, subdivision 8, is amended to read:

3.17 Subd. 8. **Notice of termination of foster care.** When a child in foster care between the
3.18 ages of 18 and 21 ceases to meet one of the eligibility criteria of subdivision 3a, the
3.19 responsible social services agency shall give the child written notice that foster care will
3.20 terminate 30 days from the date the notice is sent. The child or the child's guardian ad litem
3.21 may file a motion asking the court to review the agency's determination within 15 days of
3.22 receiving the notice. The agency shall work with the child to prepare for the child's transition
3.23 out of foster care and provide the personalized transition plan required to be developed
3.24 under section 260C.452, subdivision 4, to the court if the motion is filed. The child shall
3.25 not be discharged from foster care until the motion is heard. ~~The agency shall work with~~
3.26 ~~the child to transition out of foster care as required under section 260C.203, paragraph (d),~~
3.27 ~~clause (2).~~ The written notice of termination of benefits shall be on a form prescribed by
3.28 the commissioner and shall also give notice of the right to have the agency's determination
3.29 reviewed by the court in the proceeding where the court conducts the reviews required under
3.30 section 260C.203, 260C.317, or 260C.515, subdivision 5 or 6. A copy of the termination
3.31 notice shall be sent to the child and the child's attorney, if any, the foster care provider, the

4.1 child's guardian ad litem, and the court. The agency is not responsible for paying foster care
 4.2 benefits for any period of time after the child actually leaves foster care.

4.3 Sec. 2. Minnesota Statutes 2020, section 260C.451, is amended by adding a subdivision
 4.4 to read:

4.5 Subd. 8a. **Transition planning.** For a youth who will be discharged from foster care at
 4.6 18 years of age or older, the responsible social services agency must develop a personalized
 4.7 transition plan as directed by the youth during the 180-day period immediately prior to the
 4.8 expected date of discharge according to section 260C.452, subdivision 4. The personalized
 4.9 transition plan shall include the support beyond 21 program under subdivision 8b for eligible
 4.10 youth. This plan may be shared with a contracted agency providing case management
 4.11 services under section 260C.452 with the youth's consent.

4.12 Sec. 3. Minnesota Statutes 2020, section 260C.451, is amended by adding a subdivision
 4.13 to read:

4.14 Subd. 8b. **Support beyond 21 program.** For a youth who was eligible for extended
 4.15 foster care under subdivision 3 and is discharged at age 21, the responsible social services
 4.16 agency must ensure the youth is referred to the support beyond 21 program. The support
 4.17 beyond 21 program provides one additional year of financial support for housing and basic
 4.18 needs to assist youth aging out of extended foster care at age 21. A youth receiving benefits
 4.19 under the support beyond 21 program is also eligible for the successful transition to adulthood
 4.20 program for additional support under section 260C.452. A youth who transitions to residential
 4.21 services under sections 256B.092 and 256B.49 is not eligible for the support beyond 21
 4.22 program."

4.23 Page 15, after line 25, insert:

4.24 "**EFFECTIVE DATE.** This section is effective March 1, 2024."

4.25 Page 15, after line 29, insert:

4.26 "**EFFECTIVE DATE.** This section is effective March 1, 2024."

4.27 Page 16, after line 7, insert:

4.28 "**EFFECTIVE DATE.** This section is effective March 1, 2024."

4.29 Page 16, line 11, after "between" insert "the countable income"

4.30 Page 16, line 12, delete "income"

4.31 Page 18, after line 4, insert:

5.1 **"EFFECTIVE DATE. This section is effective July 1, 2022."**

5.2 Page 19, after line 23, insert:

5.3 **"EFFECTIVE DATE. This section is effective July 1, 2022."**

5.4 Page 20, after line 1, insert:

5.5 **"EFFECTIVE DATE. This section is effective July 1, 2022."**

5.6 Page 20, after line 23, insert:

5.7 **"EFFECTIVE DATE. This section is effective July 1, 2022."**

5.8 Page 20, before line 24, insert:

5.9 "Sec. 12. Minnesota Statutes 2020, section 256E.36, subdivision 1, is amended to read:

5.10 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

5.11 (b) "Commissioner" means the commissioner of human services.

5.12 (c) "Eligible organization" means a local governmental unit, federally recognized Tribal
5.13 Nation, or nonprofit organization providing or seeking to provide emergency services for
5.14 homeless persons.

5.15 (d) "Emergency services" means:

5.16 (1) providing emergency shelter for homeless persons; and

5.17 (2) assisting homeless persons in obtaining essential services, including:

5.18 (i) access to permanent housing;

5.19 (ii) medical and psychological help;

5.20 (iii) employment counseling and job placement;

5.21 (iv) substance abuse treatment;

5.22 (v) financial assistance available from other programs;

5.23 (vi) emergency child care;

5.24 (vii) transportation; and

5.25 (viii) other services needed to stabilize housing.

5.26 **EFFECTIVE DATE. This section is effective July 1, 2022.**

6.1 Sec. 13. [256E.361] EMERGENCY SHELTER FACILITIES GRANTS.

6.2 Subdivision 1. Definitions. (a) For the purposes of this section, the terms defined in this
6.3 subdivision have the meanings given.

6.4 (b) "Commissioner" means the commissioner of human services.

6.5 (c) "Eligible organization" means a local governmental unit, federally recognized Tribal
6.6 Nation, or nonprofit organization seeking to acquire, construct, renovate, furnish, or equip
6.7 facilities for emergency homeless shelters for individuals and families experiencing
6.8 homelessness.

6.9 (d) "Emergency services" has the meaning given in section 256E.36, subdivision 1,
6.10 paragraph (d).

6.11 (e) "Emergency shelter facility" or "facility" means a facility that provides a safe, sanitary,
6.12 accessible, and suitable emergency shelter for individuals and families experiencing
6.13 homelessness, regardless of whether the facility provides emergency shelter for emergency
6.14 services during the day, overnight, or both.

6.15 Subd. 2. Program established; purpose. An emergency shelter facilities grant program
6.16 is established to help eligible organizations acquire, construct, renovate, furnish, or equip
6.17 emergency shelter facilities for individuals and families experiencing homelessness. The
6.18 program shall be administered by the commissioner.

6.19 Subd. 3. Distribution of grants. The commissioner must make grants with the purpose
6.20 of ensuring that emergency shelter facilities are available to meet the needs of individuals
6.21 and families experiencing homelessness statewide.

6.22 Subd. 4. Applications. An eligible organization may apply to the commissioner for a
6.23 grant to acquire, construct, renovate, furnish, or equip an emergency shelter facility providing
6.24 or seeking to provide emergency services for individuals and families experiencing
6.25 homelessness. The commissioner shall use a competitive request for proposal process to
6.26 identify potential projects and eligible organizations on a statewide basis.

6.27 Subd. 5. Criteria for grant awards. The commissioner shall award grants based on the
6.28 following criteria:

6.29 (1) whether the application is for a grant to acquire, construct, renovate, furnish, or equip
6.30 an emergency shelter facility for individuals and families experiencing homelessness;

6.31 (2) evidence of the applicant's need for state assistance and the need for the particular
6.32 facility to be funded; and

7.1 (3) the applicant's long-range plans for future funding if the need continues to exist for
7.2 the emergency services provided at the facility.

7.3 Subd. 6. Availability of appropriations. Appropriations under this section are available
7.4 for a four-year period that begins on July 1 of the fiscal year in which the appropriation
7.5 occurs. Unspent funds at the end of the four-year period shall cancel back to the general
7.6 fund."

7.7 Page 20, after line 27, insert:

7.8 "EFFECTIVE DATE. This section is effective March 1, 2024."

7.9 Page 21, after line 7, insert:

7.10 "EFFECTIVE DATE. This section is effective March 1, 2024."

7.11 Page 21, after line 24, insert:

7.12 "EFFECTIVE DATE. This section is effective March 1, 2024."

7.13 Page 21, after line 31, insert:

7.14 "EFFECTIVE DATE. This section is effective July 1, 2022."

7.15 Page 22, after line 15, insert:

7.16 "EFFECTIVE DATE. This section is effective March 1, 2024."

7.17 Page 22, after line 21, insert:

7.18 "EFFECTIVE DATE. This section is effective March 1, 2024."

7.19 Page 23, after line 12, insert:

7.20 "EFFECTIVE DATE. This section is effective March 1, 2024."

7.21 Page 24, after line 8, insert:

7.22 "EFFECTIVE DATE. This section is effective March 1, 2024."

7.23 Page 24, after line 27, insert:

7.24 "EFFECTIVE DATE. This section is effective March 1, 2024, except that the
7.25 amendment to paragraph (b) striking "10" and inserting "9" is effective July 1, 2023."

7.26 Page 25, after line 2, insert:

7.27 "EFFECTIVE DATE. This section is effective March 1, 2024."

7.28 Page 25, after line 8, insert:

8.1 **"EFFECTIVE DATE. This section is effective March 1, 2024."**

8.2 Page 25, after line 29, insert:

8.3 **"EFFECTIVE DATE. This section is effective March 1, 2024."**

8.4 Page 26, after line 8, insert:

8.5 **"EFFECTIVE DATE. This section is effective March 1, 2024."**

8.6 Page 26, after line 30, insert:

8.7 **"EFFECTIVE DATE. This section is effective July 1, 2022."**

8.8 Page 27, after line 4, insert:

8.9 **"EFFECTIVE DATE. This section is effective March 1, 2024."**

8.10 Page 27, after line 11, insert:

8.11 **"EFFECTIVE DATE. This section is effective July 1, 2022."**

8.12 Page 27, after line 21, insert:

8.13 **"EFFECTIVE DATE. This section is effective July 1, 2022."**

8.14 Page 27, after line 28, insert:

8.15 **"EFFECTIVE DATE. This section is effective July 1, 2022."**

8.16 Page 28, after line 23, insert:

8.17 **"EFFECTIVE DATE. This section is effective July 1, 2023."**

8.18 Page 28, after line 30, insert:

8.19 **"EFFECTIVE DATE. This section is effective March 1, 2024."**

8.20 Page 30, after line 10, insert:

8.21 **"EFFECTIVE DATE. This section is effective July 1, 2023."**

8.22 Page 30, after line 15, insert:

8.23 **"EFFECTIVE DATE. This section is effective March 1, 2024."**

8.24 Page 30, after line 20, insert:

8.25 **"EFFECTIVE DATE. This section is effective March 1, 2024."**

8.26 Page 30, after line 30, insert:

8.27 **"EFFECTIVE DATE. This section is effective March 1, 2024."**

9.1 Page 32, after line 23, insert:

9.2 "**EFFECTIVE DATE.** This section is effective March 1, 2024, except that the
 9.3 amendment striking clause (6) is effective July 1, 2023."

9.4 Page 33, after line 2, insert:

9.5 "**EFFECTIVE DATE.** This section is effective March 1, 2024."

9.6 Page 33, after line 19, insert:

9.7 "**EFFECTIVE DATE.** This section is effective March 1, 2024."

9.8 Page 34, after line 2, insert:

9.9 "**EFFECTIVE DATE.** This section is effective March 1, 2024."

9.10 Page 34, after line 17, insert:

9.11 "**EFFECTIVE DATE.** This section is effective March 1, 2024."

9.12 Page 34, after line 27, insert:

9.13 "**EFFECTIVE DATE.** This section is effective March 1, 2024."

9.14 Page 35, after line 17, insert:

9.15 "**EFFECTIVE DATE.** This section is effective July 1, 2022."

9.16 Page 36, after line 11, insert:

9.17 "**EFFECTIVE DATE.** This section is effective March 1, 2024."

9.18 Page 36, before line 12, insert:

9.19 "Sec. 47. **[2569.10] SIX-MONTH REPORTING.**

9.20 Subdivision 1. **Exempted programs.** Assistance units that qualify for child care
 9.21 assistance programs under chapter 119B, assistance units that qualify for Minnesota
 9.22 supplemental aid under chapter 256D, and assistance units that qualify for housing support
 9.23 under chapter 256I and also receive Supplemental Security Income are exempt from this
 9.24 section.

9.25 Subd. 2. **Reporting.** (a) Every six months, an assistance unit that qualifies for the
 9.26 Minnesota family investment program under chapter 256J, an assistance unit that qualifies
 9.27 for general assistance under chapter 256D with an earned income of \$100 per month or
 9.28 greater, or an assistance unit that qualifies for housing support under chapter 256I with an
 9.29 earned income of \$100 per month or greater is subject to six-month reviews. The initial

10.1 reporting period may be shorter than six months in order to align with other programs'
 10.2 reporting periods.

10.3 (b) An assistance unit that qualifies for the Minnesota family investment program or an
 10.4 assistance unit that qualifies for general assistance with an earned income of \$100 per month
 10.5 or greater must complete household report forms as required by the commissioner for
 10.6 redetermination of benefits.

10.7 (c) An assistance unit that qualifies for housing support with an earned income of \$100
 10.8 per month or greater must complete household report forms as prescribed by the
 10.9 commissioner to provide information about earned income.

10.10 (d) An assistance unit that qualifies for housing support and also receives assistance
 10.11 through the Minnesota family investment program shall be subject to requirements of this
 10.12 section for purposes of the Minnesota family investment program but not for housing support.

10.13 (e) An assistance unit covered by this section must submit a household report form in
 10.14 compliance with the provisions in section 256P.04, subdivision 11.

10.15 (f) An assistance unit covered by this section may choose to report changes under this
 10.16 section at any time.

10.17 Subd. 3. **When to terminate assistance.** (a) An agency must terminate benefits when
 10.18 the assistance unit fails to submit the household report form before the end of the six-month
 10.19 review period as described in subdivision 2, paragraph (a). If the assistance unit submits
 10.20 the household report form within 30 days of the termination of benefits and remains eligible,
 10.21 benefits must be reinstated and made available retroactively for the full benefit month.

10.22 (b) When an assistance unit is determined to be ineligible for assistance according to
 10.23 this section and chapter 256D, 256I, or 256J, the commissioner must terminate assistance."

10.24 Page 36, delete lines 20 to 24

10.25 Page 36, after line 30, insert:

10.26 "**EFFECTIVE DATE.** This section is effective March 1, 2024, except the repeal of
 10.27 Minnesota Statutes 2020, sections 256J.08, subdivision 62, and 256J.37, subdivision 10,
 10.28 and Minnesota Statutes 2021 Supplement, section 256J.08, subdivision 53, is effective July
 10.29 1, 2023."

10.30 Page 51, after line 23, insert:

11.1 "Sec. 17. Minnesota Statutes 2020, section 245G.22, subdivision 15, is amended to read:

11.2 Subd. 15. **Nonmedication treatment services; documentation.** ~~(a) The program must~~
 11.3 ~~offer at least 50 consecutive minutes of individual or group therapy treatment services as~~
 11.4 ~~defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first~~
 11.5 ~~ten weeks following the day of service initiation, and at least 50 consecutive minutes per~~
 11.6 ~~month thereafter. As clinically appropriate, the program may offer these services cumulatively~~
 11.7 ~~and not consecutively in increments of no less than 15 minutes over the required time period,~~
 11.8 ~~and for a total of 60 minutes of treatment services over the time period, and must document~~
 11.9 ~~the reason for providing services cumulatively in the client's record. The program may offer~~
 11.10 ~~additional levels of service when deemed clinically necessary.~~

11.11 ~~(b)~~ (a) Notwithstanding the requirements of comprehensive assessments in section
 11.12 245G.05, the assessment must be completed within 21 days from the day of service initiation.

11.13 ~~(e)~~ (b) Notwithstanding the requirements of individual treatment plans set forth in section
 11.14 245G.06:

11.15 (1) treatment plan contents for a maintenance client are not required to include goals
 11.16 the client must reach to complete treatment and have services terminated;

11.17 (2) treatment plans for a client in a taper or detox status must include goals the client
 11.18 must reach to complete treatment and have services terminated; and

11.19 (3) for the ten weeks following the day of service initiation for all new admissions,
 11.20 readmissions, and transfers, a weekly treatment plan review must be documented once the
 11.21 treatment plan is completed. Subsequently, the counselor must document treatment plan
 11.22 reviews in the six dimensions at least once monthly or, when clinical need warrants, more
 11.23 frequently."

11.24 Page 52, strike lines 1 to 4

11.25 Page 52, line 31, strike "home county" and insert "county of residence"

11.26 Page 53, line 3, delete "provide" and insert "facilitate"

11.27 Page 54, line 4, after the period, insert "An eligible vendor of a comprehensive assessment
 11.28 must provide information, in a format provided by the commissioner, on medical assistance
 11.29 and the behavioral health fund to individuals seeking an assessment."

11.30 Page 60, after line 9, insert:

12.1 "Sec. 24. Minnesota Statutes 2020, section 254B.03, subdivision 4, is amended to read:

12.2 Subd. 4. **Division of costs.** (a) Except for services provided by a county under section
12.3 254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out
12.4 of local money, pay the state for 22.95 percent of the cost of chemical dependency services,
12.5 except for those services provided to persons enrolled in medical assistance under chapter
12.6 256B and room and board services under section 254B.05, subdivision 5, paragraph (b),
12.7 clause ~~(12)~~ (11). Counties may use the indigent hospitalization levy for treatment and hospital
12.8 payments made under this section.

12.9 (b) 22.95 percent of any state collections from private or third-party pay, less 15 percent
12.10 for the cost of payment and collections, must be distributed to the county that paid for a
12.11 portion of the treatment under this section."

12.12 Page 60, after line 16, delete section 39 and insert:

12.13 "Sec. 26. Minnesota Statutes 2021 Supplement, section 254B.04, subdivision 1, is amended
12.14 to read:

12.15 Subdivision 1. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
12.16 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
12.17 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
12.18 fund services. State money appropriated for this paragraph must be placed in a separate
12.19 account established for this purpose.

12.20 (b) Persons with dependent children who are determined to be in need of chemical
12.21 dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or
12.22 a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the
12.23 local agency to access needed treatment services. Treatment services must be appropriate
12.24 for the individual or family, which may include long-term care treatment or treatment in a
12.25 facility that allows the dependent children to stay in the treatment facility. The county shall
12.26 pay for out-of-home placement costs, if applicable.

12.27 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
12.28 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
12.29 ~~(12)~~ (11).

12.30 (d) A client is eligible to have substance use disorder treatment paid for with funds from
12.31 the behavioral health fund if:

12.32 (1) the client is eligible for MFIP as determined under chapter 256J;

13.1 (2) the client is eligible for medical assistance as determined under Minnesota Rules,
 13.2 parts 9505.0010 to 9505.0150;

13.3 (3) the client is eligible for general assistance, general assistance medical care, or work
 13.4 readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1272; or

13.5 (4) the client's income is within current household size and income guidelines for entitled
 13.6 persons, as defined in this subdivision and subdivision 7.

13.7 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have
 13.8 a third-party payment source are eligible for the behavioral health fund if the third-party
 13.9 payment source pays less than 100 percent of the cost of treatment services for eligible
 13.10 clients.

13.11 (f) A client is ineligible to have substance use disorder treatment services paid for by
 13.12 the behavioral health fund if the client:

13.13 (1) has an income that exceeds current household size and income guidelines for entitled
 13.14 persons, as defined in this subdivision and subdivision 7; or

13.15 (2) has an available third-party payment source that will pay the total cost of the client's
 13.16 treatment.

13.17 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode
 13.18 is eligible for continued treatment service paid for by the behavioral health fund until the
 13.19 treatment episode is completed or the client is re-enrolled in a state prepaid health plan if
 13.20 the client:

13.21 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance
 13.22 medical care; or

13.23 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local
 13.24 agency under this section.

13.25 (h) If a county commits a client under chapter 253B to a regional treatment center for
 13.26 substance use disorder services and the client is ineligible for the behavioral health fund,
 13.27 the county is responsible for payment to the regional treatment center according to section
 13.28 254B.05, subdivision 4.

13.29 **EFFECTIVE DATE.** This section is effective July 1, 2022."

13.30 Page 69, strike lines 19 and 20

13.31 Renumber the clauses in sequence

- 14.1 Page 73, line 12, delete "and"
- 14.2 Page 73, line 15, delete the period and insert "; and"
- 14.3 Page 73, after line 15, insert:
- 14.4 "(8) consult with relevant stakeholders, including lead agencies and municipalities, to
- 14.5 review and provide recommendations for necessary revisions to required reporting to ensure
- 14.6 the reporting reflects measures of progress in addressing the harms of the opioid epidemic."
- 14.7 Page 73, line 17, after "or" insert "may select"
- 14.8 Page 74, line 5, delete "28" and insert "30"
- 14.9 Page 75, after line 11, insert:
- 14.10 "(13) two members representing the urban American Indian population;"
- 14.11 Renumber the clauses in sequence
- 14.12 Page 75, line 22, before the period, insert "and that at least one-half of the members
- 14.13 have lived experience with opiate addiction"
- 14.14 Page 77, line 25, delete everything after the period
- 14.15 Page 77, delete lines 26 to 28 and insert:
- 14.16 "The report must include data and measurable outcomes on expenditures funded with
- 14.17 opioid settlement funds, as identified by the commissioner, including details on services
- 14.18 drawn from the categories of approved uses, as identified in agreements between the state
- 14.19 of Minnesota, the Association of Minnesota Counties, and the League of Minnesota Cities.
- 14.20 Minimum reporting requirements must include:
- 14.21 (1) contact information;
- 14.22 (2) information on funded services and programs; and
- 14.23 (3) target populations for each funded service and program.
- 14.24 (e) In reporting data and outcomes under paragraph (d), municipalities should include
- 14.25 information on the use of evidence-based and culturally relevant services, to the extent
- 14.26 feasible.
- 14.27 (f) Reporting requirements for municipal projects using \$25,000 or more of settlement
- 14.28 funds in a calendar year must also include:
- 14.29 (1) a brief qualitative description of successes or challenges; and
- 14.30 (2) results using process and quality measures."

15.1 Page 77, line 29, delete "(e)" and insert "(g)"

15.2 Page 77, after line 30, insert:

15.3 "Sec. 54. Minnesota Statutes 2021 Supplement, section 256B.0759, subdivision 4, is
15.4 amended to read:

15.5 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must
15.6 be increased for services provided to medical assistance enrollees. To receive a rate increase,
15.7 participating providers must meet demonstration project requirements and provide evidence
15.8 of formal referral arrangements with providers delivering step-up or step-down levels of
15.9 care. Providers that have enrolled in the demonstration project but have not met the provider
15.10 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under
15.11 this subdivision until the date that the provider meets the provider standards in subdivision
15.12 3. Services provided from July 1, 2022, to the date that the provider meets the provider
15.13 standards under subdivision 3 shall be reimbursed at rates according to section 254B.05,
15.14 subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for
15.15 services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment
15.16 when the provider is taking meaningful steps to meet demonstration project requirements
15.17 that are not otherwise required by law, and the provider provides documentation to the
15.18 commissioner, upon request, of the steps being taken.

15.19 (b) The commissioner may temporarily suspend payments to the provider according to
15.20 section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements
15.21 in paragraph (a). Payments withheld from the provider must be made once the commissioner
15.22 determines that the requirements in paragraph (a) are met.

15.23 (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph
15.24 (b), clause ~~(8)~~ (7), provided on or after July 1, 2020, payment rates must be increased by
15.25 25 percent over the rates in effect on December 31, 2019.

15.26 (d) For substance use disorder services under section 254B.05, subdivision 5, paragraph
15.27 (b), clauses (1), and (6), ~~and (7)~~, and adolescent treatment programs that are licensed as
15.28 outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or
15.29 after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect
15.30 on December 31, 2020.

15.31 (e) Effective January 1, 2021, and contingent on annual federal approval, managed care
15.32 plans and county-based purchasing plans must reimburse providers of the substance use
15.33 disorder services meeting the criteria described in paragraph (a) who are employed by or

16.1 under contract with the plan an amount that is at least equal to the fee-for-service base rate
16.2 payment for the substance use disorder services described in paragraphs (c) and (d). The
16.3 commissioner must monitor the effect of this requirement on the rate of access to substance
16.4 use disorder services and residential substance use disorder rates. Capitation rates paid to
16.5 managed care organizations and county-based purchasing plans must reflect the impact of
16.6 this requirement. This paragraph expires if federal approval is not received at any time as
16.7 required under this paragraph.

16.8 (f) Effective July 1, 2021, contracts between managed care plans and county-based
16.9 purchasing plans and providers to whom paragraph (e) applies must allow recovery of
16.10 payments from those providers if, for any contract year, federal approval for the provisions
16.11 of paragraph (e) is not received, and capitation rates are adjusted as a result. Payment
16.12 recoveries must not exceed the amount equal to any decrease in rates that results from this
16.13 provision."

16.14 Page 79, line 8, after "and" insert "has one of the following"

16.15 Page 85, after line 15, insert:

16.16 "Sec. 64. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
16.17 amended to read:

16.18 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
16.19 given them.

16.20 (a) "Intensive nonresidential rehabilitative mental health services" means child
16.21 rehabilitative mental health services as defined in section 256B.0943, except that these
16.22 services are provided by a multidisciplinary staff using a total team approach consistent
16.23 with assertive community treatment, as adapted for youth, and are directed to recipients
16.24 who are eight years of age or older and under ~~26~~ 21 years of age who require intensive
16.25 services to prevent admission to an inpatient psychiatric hospital or placement in a residential
16.26 treatment facility or who require intensive services to step down from inpatient or residential
16.27 care to community-based care.

16.28 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
16.29 at least one form of mental illness and at least one substance use disorder. Substance use
16.30 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

16.31 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
16.32 subdivision 6.

17.1 (d) "Medication education services" means services provided individually or in groups,
17.2 which focus on:

17.3 (1) educating the client and client's family or significant nonfamilial supporters about
17.4 mental illness and symptoms;

17.5 (2) the role and effects of medications in treating symptoms of mental illness; and

17.6 (3) the side effects of medications.

17.7 Medication education is coordinated with medication management services and does not
17.8 duplicate it. Medication education services are provided by physicians, pharmacists, or
17.9 registered nurses with certification in psychiatric and mental health care.

17.10 (e) "Mental health professional" means a staff person who is qualified according to
17.11 section 245I.04, subdivision 2.

17.12 (f) "Provider agency" means a for-profit or nonprofit organization established to
17.13 administer an assertive community treatment for youth team.

17.14 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
17.15 and statistical manual of mental disorders, current edition.

17.16 (h) "Transition services" means:

17.17 (1) activities, materials, consultation, and coordination that ensures continuity of the
17.18 client's care in advance of and in preparation for the client's move from one stage of care
17.19 or life to another by maintaining contact with the client and assisting the client to establish
17.20 provider relationships;

17.21 (2) providing the client with knowledge and skills needed posttransition;

17.22 (3) establishing communication between sending and receiving entities;

17.23 (4) supporting a client's request for service authorization and enrollment; and

17.24 (5) establishing and enforcing procedures and schedules.

17.25 A youth's transition from the children's mental health system and services to the adult
17.26 mental health system and services and return to the client's home and entry or re-entry into
17.27 community-based mental health services following discharge from an out-of-home placement
17.28 or inpatient hospital stay.

17.29 (i) "Treatment team" means all staff who provide services to recipients under this section.

17.30 (j) "Family peer specialist" means a staff person who is qualified under section
17.31 256B.0616.

18.1 Sec. 65. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 3, is
18.2 amended to read:

18.3 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

18.4 (1) is eight years of age or older and under ~~26~~ 21 years of age;

18.5 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
18.6 use disorder, for which intensive nonresidential rehabilitative mental health services are
18.7 needed;

18.8 (3) has received a level of care assessment as defined in section 245I.02, subdivision
18.9 19, that indicates a need for intensive integrated intervention without 24-hour medical
18.10 monitoring and a need for extensive collaboration among multiple providers;

18.11 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,
18.12 that indicates functional impairment and a history of difficulty in functioning safely and
18.13 successfully in the community, school, home, or job; or who is likely to need services from
18.14 the adult mental health system during adulthood; and

18.15 (5) has had a recent standard diagnostic assessment that documents that intensive
18.16 nonresidential rehabilitative mental health services are medically necessary to ameliorate
18.17 identified symptoms and functional impairments and to achieve individual transition goals.

18.18 Sec. 66. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 5, is
18.19 amended to read:

18.20 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
18.21 must meet the standards in this section and chapter 245I as required in section 245I.011,
18.22 subdivision 5.

18.23 (b) The treatment team must have specialized training in providing services to the specific
18.24 age group of youth that the team serves. An individual treatment team must serve youth
18.25 who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14
18.26 years of age or older and under ~~26~~ 21 years of age.

18.27 (c) The treatment team for intensive nonresidential rehabilitative mental health services
18.28 comprises both permanently employed core team members and client-specific team members
18.29 as follows:

18.30 (1) Based on professional qualifications and client needs, clinically qualified core team
18.31 members are assigned on a rotating basis as the client's lead worker to coordinate a client's

19.1 care. The core team must comprise at least four full-time equivalent direct care staff and
19.2 must minimally include:

19.3 (i) a mental health professional who serves as team leader to provide administrative
19.4 direction and treatment supervision to the team;

19.5 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
19.6 health care or a board-certified child and adolescent psychiatrist, either of which must be
19.7 credentialed to prescribe medications;

19.8 (iii) a licensed alcohol and drug counselor who is also trained in mental health
19.9 interventions; and

19.10 (iv) a mental health certified peer specialist who is qualified according to section 245I.04,
19.11 subdivision 10, and is also a former children's mental health consumer.

19.12 (2) The core team may also include any of the following:

19.13 (i) additional mental health professionals;

19.14 (ii) a vocational specialist;

19.15 (iii) an educational specialist with knowledge and experience working with youth
19.16 regarding special education requirements and goals, special education plans, and coordination
19.17 of educational activities with health care activities;

19.18 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

19.19 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

19.20 (vi) a mental health practitioner qualified according to section 245I.04, subdivision 4;

19.21 (vii) a case management service provider, as defined in section 245.4871, subdivision
19.22 4;

19.23 (viii) a housing access specialist; and

19.24 (ix) a family peer specialist as defined in subdivision 2, paragraph (j).

19.25 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
19.26 members not employed by the team who consult on a specific client and who must accept
19.27 overall clinical direction from the treatment team for the duration of the client's placement
19.28 with the treatment team and must be paid by the provider agency at the rate for a typical
19.29 session by that provider with that client or at a rate negotiated with the client-specific
19.30 member. Client-specific treatment team members may include:

20.1 (i) the mental health professional treating the client prior to placement with the treatment
20.2 team;

20.3 (ii) the client's current substance use counselor, if applicable;

20.4 (iii) a lead member of the client's individualized education program team or school-based
20.5 mental health provider, if applicable;

20.6 (iv) a representative from the client's health care home or primary care clinic, as needed
20.7 to ensure integration of medical and behavioral health care;

20.8 (v) the client's probation officer or other juvenile justice representative, if applicable;
20.9 and

20.10 (vi) the client's current vocational or employment counselor, if applicable.

20.11 (d) The treatment supervisor shall be an active member of the treatment team and shall
20.12 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
20.13 with the treatment supervisor at least weekly to discuss recipients' progress and make rapid
20.14 adjustments to meet recipients' needs. The team meeting must include client-specific case
20.15 reviews and general treatment discussions among team members. Client-specific case
20.16 reviews and planning must be documented in the individual client's treatment record.

20.17 (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
20.18 team position.

20.19 (f) The treatment team shall serve no more than 80 clients at any one time. Should local
20.20 demand exceed the team's capacity, an additional team must be established rather than
20.21 exceed this limit.

20.22 (g) Nonclinical staff shall have prompt access in person or by telephone to a mental
20.23 health practitioner, clinical trainee, or mental health professional. The provider shall have
20.24 the capacity to promptly and appropriately respond to emergent needs and make any
20.25 necessary staffing adjustments to ensure the health and safety of clients.

20.26 (h) The intensive nonresidential rehabilitative mental health services provider shall
20.27 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
20.28 as conducted by the commissioner, including the collection and reporting of data and the
20.29 reporting of performance measures as specified by contract with the commissioner.

20.30 (i) A regional treatment team may serve multiple counties."

20.31 Page 97, after line 25, insert:

21.1 "Sec. 78. **DIRECTION TO THE COMMISSIONER; BEHAVIORAL HEALTH**
 21.2 **FUND ALLOCATION.**

21.3 The commissioner of human services, in consultation with counties and Tribal Nations,
 21.4 must make recommendations on an updated allocation to local agencies from funds allocated
 21.5 under Minnesota Statutes, section 254B.02, subdivision 5. The commissioner must submit
 21.6 the recommendations to the chairs and ranking minority members of the legislative
 21.7 committees with jurisdiction over health and human services finance and policy by January
 21.8 1, 2024."

21.9 Page 98, after line 18, insert:

21.10 "Sec. 2. Minnesota Statutes 2020, section 256B.056, subdivision 3, is amended to read:

21.11 Subd. 3. **Asset limitations for certain individuals.** (a) To be eligible for medical
 21.12 assistance, a person must not individually own more than \$3,000 in assets, or if a member
 21.13 of a household with two family members, husband and wife, or parent and child, the
 21.14 household must not own more than \$6,000 in assets, plus \$200 for each additional legal
 21.15 dependent. In addition to these maximum amounts, an eligible individual or family may
 21.16 accrue interest on these amounts, but they must be reduced to the maximum at the time of
 21.17 an eligibility redetermination. The accumulation of the clothing and personal needs allowance
 21.18 according to section 256B.35 must also be reduced to the maximum at the time of the
 21.19 eligibility redetermination. The value of assets that are not considered in determining
 21.20 eligibility for medical assistance is the value of those assets excluded under the Supplemental
 21.21 Security Income program for aged, blind, and disabled persons, with the following
 21.22 exceptions:

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

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

21.26 (3) motor vehicles are excluded to the same extent excluded by the Supplemental Security
 21.27 Income program;

21.28 (4) assets designated as burial expenses are excluded to the same extent excluded by the
 21.29 Supplemental Security Income program. Burial expenses funded by annuity contracts or
 21.30 life insurance policies must irrevocably designate the individual's estate as contingent
 21.31 beneficiary to the extent proceeds are not used for payment of selected burial expenses;

21.32 (5) for a person who no longer qualifies as an employed person with a disability due to
 21.33 loss of earnings, assets allowed while eligible for medical assistance under section 256B.057,

22.1 subdivision 9, are not considered for 12 months, beginning with the first month of ineligibility
22.2 as an employed person with a disability, to the extent that the person's total assets remain
22.3 within the allowed limits of section 256B.057, subdivision 9, paragraph (d);

22.4 (6) a designated employment incentives asset account is disregarded when determining
22.5 eligibility for medical assistance for a person age 65 years or older under section 256B.055,
22.6 subdivision 7. An employment incentives asset account must only be designated by a person
22.7 who has been enrolled in medical assistance under section 256B.057, subdivision 9, for a
22.8 24-consecutive-month period. A designated employment incentives asset account contains
22.9 qualified assets owned by the person and the person's spouse in the last month of enrollment
22.10 in medical assistance under section 256B.057, subdivision 9. Qualified assets include
22.11 retirement and pension accounts, medical expense accounts, and up to \$17,000 of the person's
22.12 other nonexcluded assets. An employment incentives asset account is no longer designated
22.13 when a person loses medical assistance eligibility for a calendar month or more before
22.14 turning age 65. A person who loses medical assistance eligibility before age 65 can establish
22.15 a new designated employment incentives asset account by establishing a new
22.16 24-consecutive-month period of enrollment under section 256B.057, subdivision 9. The
22.17 income of a spouse of a person enrolled in medical assistance under section 256B.057,
22.18 subdivision 9, during each of the 24 consecutive months before the person's 65th birthday
22.19 must be disregarded when determining eligibility for medical assistance under section
22.20 256B.055, subdivision 7. Persons eligible under this clause are not subject to the provisions
22.21 in section 256B.059; ~~and~~

22.22 (7) effective July 1, 2009, certain assets owned by American Indians are excluded as
22.23 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public
22.24 Law 111-5. For purposes of this clause, an American Indian is any person who meets the
22.25 definition of Indian according to Code of Federal Regulations, title 42, section 447.50; and

22.26 (8) for individuals who were enrolled in medical assistance during the COVID-19 federal
22.27 public health emergency declared by the United States Secretary of Health and Human
22.28 Services and who are subject to the asset limits established by this subdivision, assets in
22.29 excess of the limits shall be disregarded until 95 days after the individual's first renewal
22.30 occurring after the expiration of the COVID-19 federal public health emergency declared
22.31 by the United States Secretary of Health and Human Services.

22.32 (b) No asset limit shall apply to persons eligible under section 256B.055, subdivision
22.33 15.

23.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
 23.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
 23.3 when federal approval is obtained."

23.4 Page 99, line 14, delete "2023" and insert "2024"

23.5 Page 99, after line 16, insert:

23.6 "Sec. 5. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 30, is
 23.7 amended to read:

23.8 Subd. 30. **Other clinic services.** (a) Medical assistance covers rural health clinic services,
 23.9 federally qualified health center services, nonprofit community health clinic services, and
 23.10 public health clinic services. Rural health clinic services and federally qualified health center
 23.11 services mean services defined in United States Code, title 42, section 1396d(a)(2)(B) and
 23.12 (C). Payment for rural health clinic and federally qualified health center services shall be
 23.13 made according to applicable federal law and regulation.

23.14 (b) A federally qualified health center (FQHC) that is beginning initial operation shall
 23.15 submit an estimate of budgeted costs and visits for the initial reporting period in the form
 23.16 and detail required by the commissioner. An FQHC that is already in operation shall submit
 23.17 an initial report using actual costs and visits for the initial reporting period. Within 90 days
 23.18 of the end of its reporting period, an FQHC shall submit, in the form and detail required by
 23.19 the commissioner, a report of its operations, including allowable costs actually incurred for
 23.20 the period and the actual number of visits for services furnished during the period, and other
 23.21 information required by the commissioner. FQHCs that file Medicare cost reports shall
 23.22 provide the commissioner with a copy of the most recent Medicare cost report filed with
 23.23 the Medicare program intermediary for the reporting year which support the costs claimed
 23.24 on their cost report to the state.

23.25 (c) In order to continue cost-based payment under the medical assistance program
 23.26 according to paragraphs (a) and (b), an FQHC or rural health clinic must apply for designation
 23.27 as an essential community provider within six months of final adoption of rules by the
 23.28 Department of Health according to section 62Q.19, subdivision 7. For those FQHCs and
 23.29 rural health clinics that have applied for essential community provider status within the
 23.30 six-month time prescribed, medical assistance payments will continue to be made according
 23.31 to paragraphs (a) and (b) for the first three years after application. For FQHCs and rural
 23.32 health clinics that either do not apply within the time specified above or who have had
 23.33 essential community provider status for three years, medical assistance payments for health
 23.34 services provided by these entities shall be according to the same rates and conditions

24.1 applicable to the same service provided by health care providers that are not FQHCs or rural
24.2 health clinics.

24.3 (d) Effective July 1, 1999, the provisions of paragraph (c) requiring an FQHC or a rural
24.4 health clinic to make application for an essential community provider designation in order
24.5 to have cost-based payments made according to paragraphs (a) and (b) no longer apply.

24.6 (e) Effective January 1, 2000, payments made according to paragraphs (a) and (b) shall
24.7 be limited to the cost phase-out schedule of the Balanced Budget Act of 1997.

24.8 (f) Effective January 1, 2001, through December 31, 2020, each FQHC and rural health
24.9 clinic may elect to be paid either under the prospective payment system established in United
24.10 States Code, title 42, section 1396a(aa), or under an alternative payment methodology
24.11 consistent with the requirements of United States Code, title 42, section 1396a(aa), and
24.12 approved by the Centers for Medicare and Medicaid Services. The alternative payment
24.13 methodology shall be 100 percent of cost as determined according to Medicare cost
24.14 principles.

24.15 (g) Effective for services provided on or after January 1, 2021, all claims for payment
24.16 of clinic services provided by FQHCs and rural health clinics shall be paid by the
24.17 commissioner, according to an annual election by the FQHC or rural health clinic, under
24.18 the current prospective payment system described in paragraph (f) or the alternative payment
24.19 methodology described in paragraph (l).

24.20 (h) For purposes of this section, "nonprofit community clinic" is a clinic that:

24.21 (1) has nonprofit status as specified in chapter 317A;

24.22 (2) has tax exempt status as provided in Internal Revenue Code, section 501(c)(3);

24.23 (3) is established to provide health services to low-income population groups, uninsured,
24.24 high-risk and special needs populations, underserved and other special needs populations;

24.25 (4) employs professional staff at least one-half of which are familiar with the cultural
24.26 background of their clients;

24.27 (5) charges for services on a sliding fee scale designed to provide assistance to
24.28 low-income clients based on current poverty income guidelines and family size; and

24.29 (6) does not restrict access or services because of a client's financial limitations or public
24.30 assistance status and provides no-cost care as needed.

24.31 (i) Effective for services provided on or after January 1, 2015, all claims for payment
24.32 of clinic services provided by FQHCs and rural health clinics shall be paid by the

25.1 commissioner. the commissioner shall determine the most feasible method for paying claims
25.2 from the following options:

25.3 (1) FQHCs and rural health clinics submit claims directly to the commissioner for
25.4 payment, and the commissioner provides claims information for recipients enrolled in a
25.5 managed care or county-based purchasing plan to the plan, on a regular basis; or

25.6 (2) FQHCs and rural health clinics submit claims for recipients enrolled in a managed
25.7 care or county-based purchasing plan to the plan, and those claims are submitted by the
25.8 plan to the commissioner for payment to the clinic.

25.9 (j) For clinic services provided prior to January 1, 2015, the commissioner shall calculate
25.10 and pay monthly the proposed managed care supplemental payments to clinics, and clinics
25.11 shall conduct a timely review of the payment calculation data in order to finalize all
25.12 supplemental payments in accordance with federal law. Any issues arising from a clinic's
25.13 review must be reported to the commissioner by January 1, 2017. Upon final agreement
25.14 between the commissioner and a clinic on issues identified under this subdivision, and in
25.15 accordance with United States Code, title 42, section 1396a(bb), no supplemental payments
25.16 for managed care plan or county-based purchasing plan claims for services provided prior
25.17 to January 1, 2015, shall be made after June 30, 2017. If the commissioner and clinics are
25.18 unable to resolve issues under this subdivision, the parties shall submit the dispute to the
25.19 arbitration process under section 14.57.

25.20 (k) The commissioner shall seek a federal waiver, authorized under section 1115 of the
25.21 Social Security Act, to obtain federal financial participation at the 100 percent federal
25.22 matching percentage available to facilities of the Indian Health Service or tribal organization
25.23 in accordance with section 1905(b) of the Social Security Act for expenditures made to
25.24 organizations dually certified under Title V of the Indian Health Care Improvement Act,
25.25 Public Law 94-437, and as a federally qualified health center under paragraph (a) that
25.26 provides services to American Indian and Alaskan Native individuals eligible for services
25.27 under this subdivision.

25.28 (l) All claims for payment of clinic services provided by FQHCs and rural health clinics,
25.29 that have elected to be paid under this paragraph, shall be paid by the commissioner according
25.30 to the following requirements:

25.31 (1) the commissioner shall establish a single medical and single dental organization
25.32 encounter rate for each FQHC and rural health clinic when applicable;

26.1 (2) each FQHC and rural health clinic is eligible for same day reimbursement of one
26.2 medical and one dental organization encounter rate if eligible medical and dental visits are
26.3 provided on the same day;

26.4 (3) the commissioner shall reimburse FQHCs and rural health clinics, in accordance
26.5 with current applicable Medicare cost principles, their allowable costs, including direct
26.6 patient care costs and patient-related support services. Nonallowable costs include, but are
26.7 not limited to:

26.8 (i) general social services and administrative costs;

26.9 (ii) retail pharmacy;

26.10 (iii) patient incentives, food, housing assistance, and utility assistance;

26.11 (iv) external lab and x-ray;

26.12 (v) navigation services;

26.13 (vi) health care taxes;

26.14 (vii) advertising, public relations, and marketing;

26.15 (viii) office entertainment costs, food, alcohol, and gifts;

26.16 (ix) contributions and donations;

26.17 (x) bad debts or losses on awards or contracts;

26.18 (xi) fines, penalties, damages, or other settlements;

26.19 (xii) fund-raising, investment management, and associated administrative costs;

26.20 (xiii) research and associated administrative costs;

26.21 (xiv) nonpaid workers;

26.22 (xv) lobbying;

26.23 (xvi) scholarships and student aid; and

26.24 (xvii) nonmedical assistance covered services;

26.25 (4) the commissioner shall review the list of nonallowable costs in the years between
26.26 the rebasing process established in clause (5), in consultation with the Minnesota Association
26.27 of Community Health Centers, FQHCs, and rural health clinics. The commissioner shall
26.28 publish the list and any updates in the Minnesota health care programs provider manual;

27.1 (5) the initial applicable base year organization encounter rates for FQHCs and rural
27.2 health clinics shall be computed for services delivered on or after January 1, 2021, and:

27.3 (i) must be determined using each FQHC's and rural health clinic's Medicare cost reports
27.4 from 2017 and 2018;

27.5 (ii) must be according to current applicable Medicare cost principles as applicable to
27.6 FQHCs and rural health clinics without the application of productivity screens and upper
27.7 payment limits or the Medicare prospective payment system FQHC aggregate mean upper
27.8 payment limit;

27.9 (iii) must be subsequently rebased every two years thereafter using the Medicare cost
27.10 reports that are three and four years prior to the rebasing year. Years in which organizational
27.11 cost or claims volume is reduced or altered due to a pandemic, disease, or other public health
27.12 emergency shall not be used as part of a base year when the base year includes more than
27.13 one year. The commissioner may use the Medicare cost reports of a year unaffected by a
27.14 pandemic, disease, or other public health emergency, or previous two consecutive years,
27.15 inflated to the base year as established under item (iv);

27.16 (iv) must be inflated to the base year using the inflation factor described in clause (6);
27.17 and

27.18 (v) the commissioner must provide for a 60-day appeals process under section 14.57;

27.19 (6) the commissioner shall annually inflate the applicable organization encounter rates
27.20 for FQHCs and rural health clinics from the base year payment rate to the effective date by
27.21 using the CMS FQHC Market Basket inflator established under United States Code, title
27.22 42, section 1395m(o), less productivity;

27.23 (7) FQHCs and rural health clinics that have elected the alternative payment methodology
27.24 under this paragraph shall submit all necessary documentation required by the commissioner
27.25 to compute the rebased organization encounter rates no later than six months following the
27.26 date the applicable Medicare cost reports are due to the Centers for Medicare and Medicaid
27.27 Services;

27.28 (8) the commissioner shall reimburse FQHCs and rural health clinics an additional
27.29 amount relative to their medical and dental organization encounter rates that is attributable
27.30 to the tax required to be paid according to section 295.52, if applicable;

27.31 (9) FQHCs and rural health clinics may submit change of scope requests to the
27.32 commissioner if the change of scope would result in an increase or decrease of 2.5 percent

28.1 or higher in the medical or dental organization encounter rate currently received by the
28.2 FQHC or rural health clinic;

28.3 (10) for FQHCs and rural health clinics seeking a change in scope with the commissioner
28.4 under clause (9) that requires the approval of the scope change by the federal Health
28.5 Resources Services Administration:

28.6 (i) FQHCs and rural health clinics shall submit the change of scope request, including
28.7 the start date of services, to the commissioner within seven business days of submission of
28.8 the scope change to the federal Health Resources Services Administration;

28.9 (ii) the commissioner shall establish the effective date of the payment change as the
28.10 federal Health Resources Services Administration date of approval of the FQHC's or rural
28.11 health clinic's scope change request, or the effective start date of services, whichever is
28.12 later; and

28.13 (iii) within 45 days of one year after the effective date established in item (ii), the
28.14 commissioner shall conduct a retroactive review to determine if the actual costs established
28.15 under clause (3) or encounters result in an increase or decrease of 2.5 percent or higher in
28.16 the medical or dental organization encounter rate, and if this is the case, the commissioner
28.17 shall revise the rate accordingly and shall adjust payments retrospectively to the effective
28.18 date established in item (ii);

28.19 (11) for change of scope requests that do not require federal Health Resources Services
28.20 Administration approval, the FQHC and rural health clinic shall submit the request to the
28.21 commissioner before implementing the change, and the effective date of the change is the
28.22 date the commissioner received the FQHC's or rural health clinic's request, or the effective
28.23 start date of the service, whichever is later. The commissioner shall provide a response to
28.24 the FQHC's or rural health clinic's request within 45 days of submission and provide a final
28.25 approval within 120 days of submission. This timeline may be waived at the mutual
28.26 agreement of the commissioner and the FQHC or rural health clinic if more information is
28.27 needed to evaluate the request;

28.28 (12) the commissioner, when establishing organization encounter rates for new FQHCs
28.29 and rural health clinics, shall consider the patient caseload of existing FQHCs and rural
28.30 health clinics in a 60-mile radius for organizations established outside of the seven-county
28.31 metropolitan area, and in a 30-mile radius for organizations in the seven-county metropolitan
28.32 area. If this information is not available, the commissioner may use Medicare cost reports
28.33 or audited financial statements to establish base rates;

29.1 (13) the commissioner shall establish a quality measures workgroup that includes
 29.2 representatives from the Minnesota Association of Community Health Centers, FQHCs,
 29.3 and rural health clinics, to evaluate clinical and nonclinical measures; and

29.4 (14) the commissioner shall not disallow or reduce costs that are related to an FQHC's
 29.5 or rural health clinic's participation in health care educational programs to the extent that
 29.6 the costs are not accounted for in the alternative payment methodology encounter rate
 29.7 established in this paragraph.

29.8 (m) Effective July 1, 2022, an enrolled Indian Health Service facility or a Tribal health
 29.9 center operating under a 638 contract or compact may elect to also enroll as a Tribal FQHC.
 29.10 No requirements that otherwise apply to FQHCs covered in this subdivision shall apply to
 29.11 Tribal FQHCs enrolled under this paragraph, except those necessary to comply with federal
 29.12 regulations. The commissioner shall establish an alternative payment method for Tribal
 29.13 FQHCs enrolled under this paragraph that uses the same method and rates applicable to a
 29.14 Tribal facility or health center that does not enroll as a Tribal FQHC.

29.15 Sec. 6. Minnesota Statutes 2020, section 256B.0625, subdivision 64, is amended to read:

29.16 Subd. 64. **Investigational drugs, biological products, devices, and clinical**
 29.17 **trials.** Medical assistance and the early periodic screening, diagnosis, and treatment (EPSDT)
 29.18 program do not cover ~~the costs of any services that are incidental to, associated with, or~~
 29.19 ~~resulting from the use of~~ investigational drugs, biological products, or devices as defined
 29.20 in section 151.375 or any other treatment that is part of an approved clinical trial as defined
 29.21 in section 62Q.526. Participation of an enrollee in an approved clinical trial does not preclude
 29.22 coverage of medically necessary services covered under this chapter that are not related to
 29.23 the approved clinical trial. Any items purchased or services rendered solely to satisfy data
 29.24 collection and analysis for a clinical trial and not for direct clinical management of the
 29.25 member are not covered.

29.26 Sec. 7. [256B.161] CLIENT ERROR OVERPAYMENT.

29.27 Subdivision 1. Scope. (a) Subject to federal law and regulation, when a local agency or
 29.28 the Department of Human Services determines a person under section 256.98, subdivision
 29.29 4, is liable for recovery of medical assistance incorrectly paid as a result of client error or
 29.30 when a recipient or former recipient receives medical assistance while an appeal is pending
 29.31 pursuant to section 256.045, subdivision 10, and the recipient or former recipient is later
 29.32 determined to have been ineligible for the medical assistance received or for less medical

30.1 assistance than was received during the pendency of the appeal, the local agency or the
30.2 Department of Human Services must:

30.3 (1) determine the eligibility months during which medical assistance was incorrectly
30.4 paid;

30.5 (2) redetermine eligibility for the incorrectly paid months using department policies and
30.6 procedures that were in effect during each eligibility month that was incorrectly paid; and

30.7 (3) assess an overpayment against persons liable for recovery under section 256.98,
30.8 subdivision 4, for the amount of incorrectly paid medical assistance pursuant to section
30.9 256.98, subdivision 3.

30.10 (b) Notwithstanding section 256.98, subdivision 4, medical assistance incorrectly paid
30.11 to a recipient as a result of client error when the recipient is under 21 years of age is not
30.12 recoverable from the recipient or recipient's estate. This section does not prohibit the state
30.13 agency from:

30.14 (1) receiving payment from a trust pursuant to United States Code, title 42, section
30.15 1396p(d)(4)(A) or (C), for medical assistance paid on behalf of the trust beneficiary for
30.16 services received at any age; or

30.17 (2) claiming against the designated beneficiary of an Achieving a Better Life Experience
30.18 (ABLE) account or the ABLE account itself pursuant to Code of Federal Regulations, title
30.19 26, section 1.529A-2(o), for the amount of the total medical assistance paid for the designated
30.20 beneficiary at any age after establishment of the ABLE account.

30.21 Subd. 2. **Recovering client error overpayment.** (a) The local agency or the Department
30.22 of Human Services must not attempt recovery of the overpayment amount pursuant to
30.23 chapter 270A or section 256.0471 when a person liable for a client error overpayment under
30.24 section 256.98, subdivision 4, voluntarily repays the overpayment amount or establishes a
30.25 payment plan in writing with the local agency or the Department of Human Services to
30.26 repay the overpayment amount within 90 days after receiving the overpayment notice or
30.27 after resolution of a fair hearing regarding the overpayment under section 256.045, whichever
30.28 is later. When a liable person agrees to a payment plan in writing with the local agency or
30.29 the Department of Human Services but has not repaid any amount six months after entering
30.30 the agreement, the local agency or Department of Human Services must pursue recovery
30.31 under paragraph (b).

30.32 (b) If the liable person does not voluntarily repay the overpayment amount or establish
30.33 a repayment agreement under paragraph (a), the local agency or the Department of Human

31.1 Services must attempt recovery of the overpayment amount pursuant to chapter 270A when
31.2 the overpayment amount is eligible for recovery as a public assistance debt under chapter
31.3 270A. For any overpaid amount of solely state-funded medical assistance, the local agency
31.4 or the Department of Human Services must attempt recovery pursuant to section 256.0471.

31.5 Subd. 3. **Writing off client error overpayment.** A local agency or the Department of
31.6 Human Services must not attempt to recover a client error overpayment of less than \$350,
31.7 unless the overpayment is for medical assistance received pursuant to section 256.045,
31.8 subdivision 10, during the pendency of an appeal or unless the recovery is from the recipient's
31.9 estate or the estate of the recipient's surviving spouse. A local agency or the Department of
31.10 Human Services may write off any remaining balance of a client error overpayment when
31.11 the overpayment has not been repaid five years after the effective date of the overpayment
31.12 and the local agency or the Department of Human Services determines it is no longer cost
31.13 effective to attempt recovery of the remaining balance.

31.14 Sec. 8. Minnesota Statutes 2020, section 256B.76, subdivision 1, is amended to read:

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

31.17 (1) payment for level one Centers for Medicare and Medicaid Services' common
31.18 procedural coding system codes titled "office and other outpatient services," "preventive
31.19 medicine new and established patient," "delivery, antepartum, and postpartum care," "critical
31.20 care," cesarean delivery and pharmacologic management provided to psychiatric patients,
31.21 and level three codes for enhanced services for prenatal high risk, shall be paid at the lower
31.22 of (i) submitted charges, or (ii) 25 percent above the rate in effect on June 30, 1992;

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

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

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

32.1 (c) Effective for services rendered on or after July 1, 2009, payment rates for physician
32.2 and professional services shall be reduced by five percent, except that for the period July
32.3 1, 2009, through June 30, 2010, payment rates shall be reduced by 6.5 percent for the medical
32.4 assistance and general assistance medical care programs, over the rates in effect on June
32.5 30, 2009. This reduction and the reductions in paragraph (d) do not apply to office or other
32.6 outpatient visits, preventive medicine visits and family planning visits billed by physicians,
32.7 advanced practice nurses, or physician assistants in a family planning agency or in one of
32.8 the following primary care practices: general practice, general internal medicine, general
32.9 pediatrics, general geriatrics, and family medicine. This reduction and the reductions in
32.10 paragraph (d) do not apply to federally qualified health centers, rural health centers, and
32.11 Indian health services. Effective October 1, 2009, payments made to managed care plans
32.12 and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall
32.13 reflect the payment reduction described in this paragraph.

32.14 (d) Effective for services rendered on or after July 1, 2010, payment rates for physician
32.15 and professional services shall be reduced an additional seven percent over the five percent
32.16 reduction in rates described in paragraph (c). This additional reduction does not apply to
32.17 physical therapy services, occupational therapy services, and speech pathology and related
32.18 services provided on or after July 1, 2010. This additional reduction does not apply to
32.19 physician services billed by a psychiatrist or an advanced practice nurse with a specialty in
32.20 mental health. Effective October 1, 2010, payments made to managed care plans and
32.21 county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect
32.22 the payment reduction described in this paragraph.

32.23 (e) Effective for services rendered on or after September 1, 2011, through June 30, 2013,
32.24 payment rates for physician and professional services shall be reduced three percent from
32.25 the rates in effect on August 31, 2011. This reduction does not apply to physical therapy
32.26 services, occupational therapy services, and speech pathology and related services.

32.27 (f) Effective for services rendered on or after September 1, 2014, payment rates for
32.28 physician and professional services, including physical therapy, occupational therapy, speech
32.29 pathology, and mental health services shall be increased by five percent from the rates in
32.30 effect on August 31, 2014. In calculating this rate increase, the commissioner shall not
32.31 include in the base rate for August 31, 2014, the rate increase provided under section
32.32 256B.76, subdivision 7. This increase does not apply to federally qualified health centers,
32.33 rural health centers, and Indian health services. Payments made to managed care plans and
32.34 county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

33.1 (g) Effective for services rendered on or after July 1, 2015, payment rates for physical
 33.2 therapy, occupational therapy, and speech pathology and related services provided by a
 33.3 hospital meeting the criteria specified in section 62Q.19, subdivision 1, paragraph (a), clause
 33.4 (4), shall be increased by 90 percent from the rates in effect on June 30, 2015. Payments
 33.5 made to managed care plans and county-based purchasing plans shall not be adjusted to
 33.6 reflect payments under this paragraph.

33.7 (h) Any rates effective before July 1, 2015, do not apply to early intensive
 33.8 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

33.9 (i) Medical assistance may reimburse for the cost incurred to pay the Department of
 33.10 Health for metabolic disorder testing of newborns who are medical assistance recipients
 33.11 when the sample is collected outside of an inpatient hospital setting or freestanding birth
 33.12 center setting because the newborn was born outside of a hospital or freestanding birth
 33.13 center or because it is not medically appropriate to collect the sample during the inpatient
 33.14 stay for the birth."

33.15 Page 99, after line 32, insert:

33.16 "Sec. 10. [256L.181] CLIENT ERROR OVERPAYMENT.

33.17 Subdivision 1. Scope. (a) Subject to federal law and regulation, when a local agency or
 33.18 the Department of Human Services determines a person under section 256.98, subdivision
 33.19 4, is liable for recovery of medical assistance incorrectly paid as a result of client error or
 33.20 when a recipient or former recipient receives medical assistance while an appeal is pending
 33.21 pursuant to section 256.045, subdivision 10, and the recipient or former recipient is later
 33.22 determined to have been ineligible for the medical assistance received or for less medical
 33.23 assistance than was received during the pendency of the appeal, the local agency or the
 33.24 Department of Human Services must:

33.25 (1) determine the eligibility months during which medical assistance was incorrectly
 33.26 paid;

33.27 (2) redetermine eligibility for the incorrectly paid months using department policies and
 33.28 procedures that were in effect during each eligibility month that was incorrectly paid; and

33.29 (3) assess an overpayment against persons liable for recovery under section 256.98,
 33.30 subdivision 4, for the amount of incorrectly paid medical assistance pursuant to section
 33.31 256.98, subdivision 3.

33.32 (b) Notwithstanding section 256.98, subdivision 4, medical assistance incorrectly paid
 33.33 to a recipient as a result of client error when the recipient is under 21 years of age is not

34.1 recoverable from the recipient or recipient's estate. This section does not prohibit the state
34.2 agency from:

34.3 (1) receiving payment from a trust pursuant to United States Code, title 42, section
34.4 1396p(d)(4)(A) or (C), for medical assistance paid on behalf of the trust beneficiary for
34.5 services received at any age; or

34.6 (2) claiming against the designated beneficiary of an Achieving a Better Life Experience
34.7 (ABLE) account or the ABLE account itself pursuant to Code of Federal Regulations, title
34.8 26, section 1.529A-2(o), for the amount of the total medical assistance paid for the designated
34.9 beneficiary at any age after establishment of the ABLE account.

34.10 Subd. 2. **Recovering client error overpayment.** (a) The local agency or the Department
34.11 of Human Services must not attempt recovery of the overpayment amount pursuant to
34.12 chapter 270A or section 256.0471 when a person liable for a client error overpayment under
34.13 section 256.98, subdivision 4, voluntarily repays the overpayment amount or establishes a
34.14 payment plan in writing with the local agency or the Department of Human Services to
34.15 repay the overpayment amount within 90 days after receiving the overpayment notice or
34.16 after resolution of a fair hearing regarding the overpayment under section 256.045, whichever
34.17 is later. When a liable person agrees to a payment plan in writing with the local agency or
34.18 the Department of Human Services but has not repaid any amount six months after entering
34.19 the agreement, the local agency or Department of Human Services must pursue recovery
34.20 under paragraph (b).

34.21 (b) If the liable person does not voluntarily repay the overpayment amount or establish
34.22 a repayment agreement under paragraph (a), the local agency or the Department of Human
34.23 Services must attempt recovery of the overpayment amount pursuant to chapter 270A when
34.24 the overpayment amount is eligible for recovery as a public assistance debt under chapter
34.25 270A. For any overpaid amount of solely state-funded medical assistance, the local agency
34.26 or the Department of Human Services must attempt recovery pursuant to section 256.0471.

34.27 Subd. 3. **Writing off client error overpayment.** A local agency or the Department of
34.28 Human Services must not attempt to recover a client error overpayment of less than \$350,
34.29 unless the overpayment is for medical assistance received pursuant to section 256.045,
34.30 subdivision 10, during the pendency of an appeal or unless the recovery is from the recipient's
34.31 estate or the estate of the recipient's surviving spouse. A local agency or the Department of
34.32 Human Services may write off any remaining balance of a client error overpayment when
34.33 the overpayment has not been repaid five years after the effective date of the overpayment

35.1 and the local agency or the Department of Human Services determines it is no longer cost
 35.2 effective to attempt recovery of the remaining balance.

35.3 Sec. 11. Laws 2015, chapter 71, article 14, section 2, subdivision 5, as amended by Laws
 35.4 2015, First Special Session chapter 6, section 1, is amended to read:

35.5 **Subd. 5. Grant Programs**

35.6 The amounts that may be spent from this
 35.7 appropriation for each purpose are as follows:

35.8 **(a) Support Services Grants**

35.9 Appropriations by Fund			
35.10	General	13,133,000	8,715,000
35.11	Federal TANF	96,311,000	96,311,000

35.12	(b) Basic Sliding Fee Child Care Assistance		
35.13	Grants	48,439,000	51,559,000

35.14 **Basic Sliding Fee Waiting List Allocation.**

35.15 Notwithstanding Minnesota Statutes, section
 35.16 119B.03, \$5,413,000 in fiscal year 2016 is to
 35.17 reduce the basic sliding fee program waiting
 35.18 list as follows:

35.19 (1) The calendar year 2016 allocation shall be
 35.20 increased to serve families on the waiting list.
 35.21 To receive funds appropriated for this purpose,
 35.22 a county must have:

35.23 (i) a waiting list in the most recent published
 35.24 waiting list month;

35.25 (ii) an average of at least ten families on the
 35.26 most recent six months of published waiting
 35.27 list; and

35.28 (iii) total expenditures in calendar year 2014
 35.29 that met or exceeded 80 percent of the county's
 35.30 available final allocation.

35.31 (2) Funds shall be distributed proportionately
 35.32 based on the average of the most recent six

36.1 months of published waiting lists to counties
36.2 that meet the criteria in clause (1).

36.3 (3) Allocations in calendar years 2017 and
36.4 beyond shall be calculated using the allocation
36.5 formula in Minnesota Statutes, section
36.6 119B.03.

36.7 (4) The guaranteed floor for calendar year
36.8 2017 shall be based on the revised calendar
36.9 year 2016 allocation.

36.10 **Base Level Adjustment.** The general fund
36.11 base is increased by \$810,000 in fiscal year
36.12 2018 and increased by \$821,000 in fiscal year
36.13 2019.

36.14	(c) Child Care Development Grants	1,737,000	1,737,000
-------	--	-----------	-----------

36.15	(d) Child Support Enforcement Grants	50,000	50,000
-------	---	--------	--------

36.16 (e) **Children's Services Grants**

36.17 Appropriations by Fund

36.18	General	39,015,000	38,665,000
-------	---------	------------	------------

36.19	Federal TANF	140,000	140,000
-------	--------------	---------	---------

36.20 **Safe Place for Newborns.** \$350,000 from the
36.21 general fund in fiscal year 2016 is to distribute
36.22 information on the Safe Place for Newborns
36.23 law in Minnesota to increase public awareness
36.24 of the law. This is a onetime appropriation.

36.25 **Child Protection.** \$23,350,000 in fiscal year
36.26 2016 and \$23,350,000 in fiscal year 2017 are
36.27 to address child protection staffing and
36.28 services under Minnesota Statutes, section
36.29 256M.41. \$1,650,000 in fiscal year 2016 and
36.30 \$1,650,000 in fiscal year 2017 are for child
36.31 protection grants to address child welfare
36.32 disparities under Minnesota Statutes, section
36.33 256E.28.

37.1 **Title IV-E Adoption Assistance.** Additional
 37.2 federal reimbursement to the state as a result
 37.3 of the Fostering Connections to Success and
 37.4 Increasing Adoptions Act's expanded
 37.5 eligibility for title IV-E adoption assistance is
 37.6 appropriated to the commissioner for
 37.7 postadoption services, including a
 37.8 parent-to-parent support network.

37.9 **Adoption Assistance Incentive Grants.**

37.10 Federal funds available during fiscal years
 37.11 2016 and 2017 for adoption incentive grants
 37.12 are appropriated to the commissioner for
 37.13 postadoption services, including a
 37.14 parent-to-parent support network.

37.15	(f) Children and Community Service Grants	56,301,000	56,301,000
-------	--	------------	------------

37.16	(g) Children and Economic Support Grants	26,778,000	26,966,000
-------	---	------------	------------

37.17 **Mobile Food Shelf Grants.** (a) \$1,000,000
 37.18 in fiscal year 2016 and \$1,000,000 in fiscal
 37.19 year 2017 are for a grant to Hunger Solutions.
 37.20 This is a onetime appropriation and is
 37.21 available until June 30, 2017.

37.22 (b) Hunger Solutions shall award grants of up
 37.23 to \$75,000 on a competitive basis. Grant
 37.24 applications must include:

37.25 (1) the location of the project;

37.26 (2) a description of the mobile program,
 37.27 including size and scope;

37.28 (3) evidence regarding the unserved or
 37.29 underserved nature of the community in which
 37.30 the project is to be located;

37.31 (4) evidence of community support for the
 37.32 project;

37.33 (5) the total cost of the project;

- 38.1 (6) the amount of the grant request and how
38.2 funds will be used;
- 38.3 (7) sources of funding or in-kind contributions
38.4 for the project that will supplement any grant
38.5 award;
- 38.6 (8) a commitment to mobile programs by the
38.7 applicant and an ongoing commitment to
38.8 maintain the mobile program; and
- 38.9 (9) any additional information requested by
38.10 Hunger Solutions.
- 38.11 (c) Priority may be given to applicants who:
- 38.12 (1) serve underserved areas;
- 38.13 (2) create a new or expand an existing mobile
38.14 program;
- 38.15 (3) serve areas where a high amount of need
38.16 is identified;
- 38.17 (4) provide evidence of strong support for the
38.18 project from citizens and other institutions in
38.19 the community;
- 38.20 (5) leverage funding for the project from other
38.21 private and public sources; and
- 38.22 (6) commit to maintaining the program on a
38.23 multilayer basis.
- 38.24 **Homeless Youth Act.** At least \$500,000 of
38.25 the appropriation for the Homeless Youth Act
38.26 must be awarded to providers in greater
38.27 Minnesota, with at least 25 percent of this
38.28 amount for new applicant providers. The
38.29 commissioner shall provide outreach and
38.30 technical assistance to greater Minnesota
38.31 providers and new providers to encourage
38.32 responding to the request for proposals.

39.1 **Stearns County Veterans Housing.** \$85,000
 39.2 in fiscal year 2016 and \$85,000 in fiscal year
 39.3 2017 are for a grant to Stearns County to
 39.4 provide administrative funding in support of
 39.5 a service provider serving veterans in Stearns
 39.6 County. The administrative funding grant may
 39.7 be used to support group residential housing
 39.8 services, corrections-related services, veteran
 39.9 services, and other social services related to
 39.10 the service provider serving veterans in
 39.11 Stearns County.

39.12 **Safe Harbor.** \$800,000 in fiscal year 2016
 39.13 and \$800,000 in fiscal year 2017 are from the
 39.14 general fund for emergency shelter and
 39.15 transitional and long-term housing beds for
 39.16 sexually exploited youth and youth at risk of
 39.17 sexual exploitation. Of this appropriation,
 39.18 \$150,000 in fiscal year 2016 and \$150,000 in
 39.19 fiscal year 2017 are from the general fund for
 39.20 statewide youth outreach workers connecting
 39.21 sexually exploited youth and youth at risk of
 39.22 sexual exploitation with shelter and services.

39.23 **Minnesota Food Assistance Program.**
 39.24 Unexpended funds for the Minnesota food
 39.25 assistance program for fiscal year 2016 do not
 39.26 cancel but are available for this purpose in
 39.27 fiscal year 2017.

39.28 **Base Level Adjustment.** The general fund
 39.29 base is decreased by \$816,000 in fiscal year
 39.30 2018 and is decreased by \$606,000 in fiscal
 39.31 year 2019.

39.32 **(h) Health Care Grants**

39.33 Appropriations by Fund		
39.34 General	536,000	2,482,000
39.35 Health Care Access	3,341,000	3,465,000

40.1 **Grants for Periodic Data Matching for**
 40.2 **Medical Assistance and MinnesotaCare.** Of
 40.3 the general fund appropriation, \$26,000 in
 40.4 fiscal year 2016 and \$1,276,000 in fiscal year
 40.5 2017 are for grants to counties for costs related
 40.6 to periodic data matching for medical
 40.7 assistance and MinnesotaCare recipients under
 40.8 Minnesota Statutes, section 256B.0561. The
 40.9 commissioner must distribute these grants to
 40.10 counties in proportion to each county's number
 40.11 of cases in the prior year in the affected
 40.12 programs.

40.13 **Base Level Adjustment.** The general fund
 40.14 base is ~~increased by \$1,637,000 in fiscal year~~
 40.15 ~~2018 and increased by \$1,229,000 in fiscal~~
 40.16 ~~year 2019~~ maintained in fiscal years 2020 and
 40.17 2021.

40.18 **(i) Other Long-Term Care Grants** 1,551,000 3,069,000

40.19 **Transition Populations.** \$1,551,000 in fiscal
 40.20 year 2016 and \$1,725,000 in fiscal year 2017
 40.21 are for home and community-based services
 40.22 transition grants to assist in providing home
 40.23 and community-based services and treatment
 40.24 for transition populations under Minnesota
 40.25 Statutes, section 256.478.

40.26 **Base Level Adjustment.** The general fund
 40.27 base is increased by \$156,000 in fiscal year
 40.28 2018 and by \$581,000 in fiscal year 2019.

40.29 **(j) Aging and Adult Services Grants** 28,463,000 28,162,000

40.30 **Dementia Grants.** \$750,000 in fiscal year
 40.31 2016 and \$750,000 in fiscal year 2017 are for
 40.32 the Minnesota Board on Aging for regional
 40.33 and local dementia grants authorized in

41.1	Minnesota Statutes, section 256.975,		
41.2	subdivision 11.		
41.3	(k) Deaf and Hard-of-Hearing Grants	2,225,000	2,375,000
41.4	Deaf, Deafblind, and Hard-of-Hearing		
41.5	Grants. \$350,000 in fiscal year 2016 and		
41.6	\$500,000 in fiscal year 2017 are for deaf and		
41.7	hard-of-hearing grants. The funds must be		
41.8	used to increase the number of deafblind		
41.9	Minnesotans receiving services under		
41.10	Minnesota Statutes, section 256C.261, and to		
41.11	provide linguistically and culturally		
41.12	appropriate mental health services to children		
41.13	who are deaf, deafblind, and hard-of-hearing.		
41.14	This is a onetime appropriation.		
41.15	Base Level Adjustment. The general fund		
41.16	base is decreased by \$500,000 in fiscal year		
41.17	2018 and by \$500,000 in fiscal year 2019.		
41.18	(l) Disabilities Grants	20,820,000	20,858,000
41.19	State Quality Council. \$573,000 in fiscal		
41.20	year 2016 and \$600,000 in fiscal year 2017		
41.21	are for the State Quality Council to provide		
41.22	technical assistance and monitoring of		
41.23	person-centered outcomes related to inclusive		
41.24	community living and employment. The		
41.25	funding must be used by the State Quality		
41.26	Council to assure a statewide plan for systems		
41.27	change in person-centered planning that will		
41.28	achieve desired outcomes including increased		
41.29	integrated employment and community living.		
41.30	(m) Adult Mental Health Grants		
41.31	Appropriations by Fund		
41.32	General	69,992,000	71,244,000
41.33	Health Care Access	1,575,000	2,473,000
41.34	Lottery Prize	1,733,000	1,733,000

42.1 **Funding Usage.** Up to 75 percent of a fiscal
42.2 year's appropriation for adult mental health
42.3 grants may be used to fund allocations in that
42.4 portion of the fiscal year ending December
42.5 31.

42.6 **Culturally Specific Mental Health Services.**
42.7 \$100,000 in fiscal year 2016 is for grants to
42.8 nonprofit organizations to provide resources
42.9 and referrals for culturally specific mental
42.10 health services to Southeast Asian veterans
42.11 born before 1965 who do not qualify for
42.12 services available to veterans formally
42.13 discharged from the United States armed
42.14 forces.

42.15 **Problem Gambling.** \$225,000 in fiscal year
42.16 2016 and \$225,000 in fiscal year 2017 are
42.17 from the lottery prize fund for a grant to the
42.18 state affiliate recognized by the National
42.19 Council on Problem Gambling. The affiliate
42.20 must provide services to increase public
42.21 awareness of problem gambling, education,
42.22 and training for individuals and organizations
42.23 providing effective treatment services to
42.24 problem gamblers and their families, and
42.25 research related to problem gambling.

42.26 **Sustainability Grants.** \$2,125,000 in fiscal
42.27 year 2016 and \$2,125,000 in fiscal year 2017
42.28 are for sustainability grants under Minnesota
42.29 Statutes, section 256B.0622, subdivision 11.

42.30 **Beltrami County Mental Health Services**
42.31 **Grant.** \$1,000,000 in fiscal year 2016 and
42.32 \$1,000,000 in fiscal year 2017 are from the
42.33 general fund for a grant to Beltrami County
42.34 to fund the planning and development of a
42.35 comprehensive mental health services program

43.1 under article 2, section 41, Comprehensive
 43.2 Mental Health Program in Beltrami County.
 43.3 This is a onetime appropriation.

43.4 **Base Level Adjustment.** The general fund
 43.5 base is increased by \$723,000 in fiscal year
 43.6 2018 and by \$723,000 in fiscal year 2019. The
 43.7 health care access fund base is decreased by
 43.8 \$1,723,000 in fiscal year 2018 and by
 43.9 \$1,723,000 in fiscal year 2019.

43.10	(n) Child Mental Health Grants	23,386,000	24,313,000
-------	---------------------------------------	------------	------------

43.11 **Services and Supports for First Episode**
 43.12 **Psychosis.** \$177,000 in fiscal year 2017 is for
 43.13 grants under Minnesota Statutes, section
 43.14 245.4889, to mental health providers to pilot
 43.15 evidence-based interventions for youth at risk
 43.16 of developing or experiencing a first episode
 43.17 of psychosis and for a public awareness
 43.18 campaign on the signs and symptoms of
 43.19 psychosis. The base for these grants is
 43.20 \$236,000 in fiscal year 2018 and \$301,000 in
 43.21 fiscal year 2019.

43.22 **Adverse Childhood Experiences.** The base
 43.23 for grants under Minnesota Statutes, section
 43.24 245.4889, to children's mental health and
 43.25 family services collaboratives for adverse
 43.26 childhood experiences (ACEs) training grants
 43.27 and for an interactive Web site connection to
 43.28 support ACEs in Minnesota is \$363,000 in
 43.29 fiscal year 2018 and \$363,000 in fiscal year
 43.30 2019.

43.31 **Funding Usage.** Up to 75 percent of a fiscal
 43.32 year's appropriation for child mental health
 43.33 grants may be used to fund allocations in that

44.1 portion of the fiscal year ending December
44.2 31.

44.3 **Base Level Adjustment.** The general fund
44.4 base is increased by \$422,000 in fiscal year
44.5 2018 and is increased by \$487,000 in fiscal
44.6 year 2019.

44.7 **(o) Chemical Dependency Treatment Support**
44.8 **Grants**

1,561,000

1,561,000

44.9 **Chemical Dependency Prevention.** \$150,000
44.10 in fiscal year 2016 and \$150,000 in fiscal year
44.11 2017 are for grants to nonprofit organizations
44.12 to provide chemical dependency prevention
44.13 programs in secondary schools. When making
44.14 grants, the commissioner must consider the
44.15 expertise, prior experience, and outcomes
44.16 achieved by applicants that have provided
44.17 prevention programming in secondary
44.18 education environments. An applicant for the
44.19 grant funds must provide verification to the
44.20 commissioner that the applicant has available
44.21 and will contribute sufficient funds to match
44.22 the grant given by the commissioner. This is
44.23 a onetime appropriation.

44.24 **Fetal Alcohol Syndrome Grants.** \$250,000
44.25 in fiscal year 2016 and \$250,000 in fiscal year
44.26 2017 are for grants to be administered by the
44.27 Minnesota Organization on Fetal Alcohol
44.28 Syndrome to provide comprehensive,
44.29 gender-specific services to pregnant and
44.30 parenting women suspected of or known to
44.31 use or abuse alcohol or other drugs. This
44.32 appropriation is for grants to no fewer than
44.33 three eligible recipients. Minnesota
44.34 Organization on Fetal Alcohol Syndrome must
44.35 report to the commissioner of human services

45.1 annually by January 15 on the grants funded
 45.2 by this appropriation. The report must include
 45.3 measurable outcomes for the previous year,
 45.4 including the number of pregnant women
 45.5 served and the number of toxic-free babies
 45.6 born.

45.7 **Base Level Adjustment.** The general fund
 45.8 base is decreased by \$150,000 in fiscal year
 45.9 2018 and by \$150,000 in fiscal year 2019.

45.10 Sec. 12. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended
 45.11 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

45.12 Subdivision 1. **Waivers and modifications; federal funding extension.** When the
 45.13 peacetime emergency declared by the governor in response to the COVID-19 outbreak
 45.14 expires, is terminated, or is rescinded by the proper authority, the following waivers and
 45.15 modifications to human services programs issued by the commissioner of human services
 45.16 pursuant to Executive Orders 20-11 and 20-12 that are required to comply with federal law
 45.17 may remain in effect for the time period set out in applicable federal law or for the time
 45.18 period set out in any applicable federally approved waiver or state plan amendment,
 45.19 whichever is later:

45.20 (1) CV15: allowing telephone or video visits for waiver programs;

45.21 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare
 45.22 as needed to comply with federal guidance from the Centers for Medicare and Medicaid
 45.23 Services, and until the enrollee's first renewal following the resumption of medical assistance
 45.24 and MinnesotaCare renewals after the end of the COVID-19 public health emergency
 45.25 declared by the United States Secretary of Health and Human Services;

45.26 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance
 45.27 Program;

45.28 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;

45.29 (5) CV24: allowing telephone or video use for targeted case management visits;

45.30 (6) CV30: expanding telemedicine in health care, mental health, and substance use
 45.31 disorder settings;

46.1 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance
46.2 Program;

46.3 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance
46.4 Program;

46.5 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance
46.6 Program;

46.7 (10) CV43: expanding remote home and community-based waiver services;

46.8 (11) CV44: allowing remote delivery of adult day services;

46.9 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance
46.10 Program;

46.11 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services
46.12 Program; and

46.13 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and
46.14 Minnesota Family Investment Program maximum food benefits.

46.15 Sec. 13. Laws 2021, First Special Session chapter 7, article 1, section 36, is amended to
46.16 read:

46.17 **Sec. 36. RESPONSE TO COVID-19 PUBLIC HEALTH EMERGENCY.**

46.18 (a) Notwithstanding Minnesota Statutes, section 256B.057, subdivision 9, 256L.06,
46.19 subdivision 3, or any other provision to the contrary, the commissioner shall not collect any
46.20 unpaid premium for a coverage month ~~that occurred during~~ until the enrollee's first renewal
46.21 after the resumption of medical assistance renewals following the end of the COVID-19
46.22 public health emergency declared by the United States Secretary of Health and Human
46.23 Services.

46.24 (b) Notwithstanding any provision to the contrary, periodic data matching under
46.25 Minnesota Statutes, section 256B.0561, subdivision 2, may be suspended for up to ~~six~~ 12
46.26 months following the last day of resumption of medical assistance and MinnesotaCare
46.27 renewals after the end of the COVID-19 public health emergency declared by the United
46.28 States Secretary of Health and Human Services.

46.29 (c) Notwithstanding any provision to the contrary, the requirement for the commissioner
46.30 of human services to issue an annual report on periodic data matching under Minnesota
46.31 Statutes, section 256B.0561, is suspended for one year following the last day of the

47.1 COVID-19 public health emergency declared by the United States Secretary of Health and
47.2 Human Services.

47.3 (d) The commissioner of human services shall take necessary actions to comply with
47.4 federal guidance pertaining to the appropriate redetermination of medical assistance enrollee
47.5 eligibility following the end of the public health emergency and may waive currently existing
47.6 Minnesota statutes to the minimum level necessary to achieve federal compliance. All
47.7 changes implemented shall be reported to the chairs and ranking minority members of the
47.8 legislative committees with jurisdiction over human services within 90 days."

47.9 Page 104, delete section 1 and insert:

47.10 "Section 1. Minnesota Statutes 2021 Supplement, section 256B.851, subdivision 5, is
47.11 amended to read:

47.12 Subd. 5. **Payment rates; component values.** (a) The commissioner must use the
47.13 following component values:

47.14 (1) employee vacation, sick, and training factor, 8.71 percent;

47.15 (2) employer taxes and workers' compensation factor, 11.56 percent;

47.16 (3) employee benefits factor, 12.04 percent;

47.17 (4) client programming and supports factor, 2.30 percent;

47.18 (5) program plan support factor, 7.00 percent;

47.19 (6) general business and administrative expenses factor, 13.25 percent;

47.20 (7) program administration expenses factor, 2.90 percent; and

47.21 (8) absence and utilization factor, 3.90 percent.

47.22 (b) For purposes of implementation, the commissioner shall use the following
47.23 implementation components:

47.24 (1) personal care assistance services and CFSS: ~~75.45~~ 79.5 percent;

47.25 (2) enhanced rate personal care assistance services and enhanced rate CFSS: ~~75.45~~ 79.5
47.26 percent; and

47.27 (3) qualified professional services and CFSS worker training and development: ~~75.45~~
47.28 79.5 percent.

48.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, or 60 days following
48.2 federal approval, whichever is later. The commissioner of human services shall notify the
48.3 revisor of statutes when federal approval is obtained.

48.4 Sec. 2. **WORKFORCE INCENTIVE FUND GRANTS.**

48.5 Subdivision 1. **Grant program established.** The commissioner of human services shall
48.6 establish grants for behavioral health, housing, disability, and home and community-based
48.7 older adult providers to assist with recruiting and retaining direct support and frontline
48.8 workers.

48.9 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
48.10 meanings given.

48.11 (b) "Commissioner" means the commissioner of human services.

48.12 (c) "Eligible employer" means a nonprofit organization enrolled in a Minnesota health
48.13 care program or providing housing services that is:

48.14 (1) a provider of home and community-based services under Minnesota Statutes, chapter
48.15 245D;

48.16 (2) an agency provider or financial management service provider under Minnesota
48.17 Statutes, section 256B.85;

48.18 (3) a home care provider licensed under Minnesota Statutes, sections 144A.43 to
48.19 144A.482;

48.20 (4) a facility certified as an intermediate care facility for persons with developmental
48.21 disabilities;

48.22 (5) a provider of home care services as defined in Minnesota Statutes, section 256B.0651,
48.23 subdivision 1, paragraph (d);

48.24 (6) an agency as defined in Minnesota Statutes, section 256B.0949, subdivision 2;

48.25 (7) a provider of mental health day treatment services for children or adults;

48.26 (8) a provider of emergency services as defined in Minnesota Statutes, section 256E.36;

48.27 (9) a provider of housing support as defined in Minnesota Statutes, chapter 256I;

48.28 (10) a provider of housing stabilization services as defined in Minnesota Statutes, section
48.29 256B.051;

49.1 (11) a provider of transitional housing programs as defined in Minnesota Statutes, section
49.2 256E.33;

49.3 (12) a provider of substance use disorder services as defined in Minnesota Statutes,
49.4 chapter 245G;

49.5 (13) an eligible financial management service provider serving people through
49.6 consumer-directed community supports under Minnesota Statutes, sections 256B.092 and
49.7 256B.49, and chapter 256S, and consumer support grants under Minnesota Statutes, section
49.8 256.476;

49.9 (14) a provider of customized living services as defined in Minnesota Statutes, section
49.10 256S.02, subdivision 12; or

49.11 (15) a provider who serves children with an emotional disorder or adults with mental
49.12 illness under Minnesota Statutes, section 245I.011 or 256B.0671, providing services,
49.13 including:

49.14 (i) assertive community treatment;

49.15 (ii) intensive residential treatment services;

49.16 (iii) adult rehabilitative mental health services;

49.17 (iv) mobile crisis services;

49.18 (v) children's therapeutic services and supports;

49.19 (vi) children's residential services;

49.20 (vii) psychiatric residential treatment services;

49.21 (viii) outpatient mental health treatment provided by mental health professionals,
49.22 community mental health center services, or certified community behavioral health clinics;
49.23 and

49.24 (ix) intensive mental health outpatient treatment services.

49.25 (d) "Eligible worker" means a worker who earns \$30 per hour or less and has worked
49.26 in an eligible profession for at least six months. Eligible workers may receive up to \$5,000
49.27 annually in payments from the workforce incentive fund.

49.28 Subd. 3. Allowable uses of grant money. (a) Grantees must use money awarded to
49.29 provide payments to eligible workers for the following purposes:

49.30 (1) retention and incentive payments;

50.1 (2) postsecondary loan and tuition payments;

50.2 (3) child care costs;

50.3 (4) transportation-related costs; and

50.4 (5) other costs associated with retaining and recruiting workers, as approved by the
50.5 commissioner.

50.6 (b) The commissioner must develop a grant cycle distribution plan that allows for
50.7 equitable distribution of funding among eligible employer types. The commissioner's
50.8 determination of the grant awards and amounts is final and is not subject to appeal.

50.9 (c) The commissioner must make efforts to prioritize eligible employers owned by
50.10 persons who are Black, Indigenous, and People of Color and small- to mid-sized eligible
50.11 employers.

50.12 Subd. 4. **Attestation.** As a condition of obtaining grant payments under this section, an
50.13 eligible employer must attest and agree to the following:

50.14 (1) the employer is an eligible employer;

50.15 (2) the total number of eligible employees;

50.16 (3) the employer will distribute the entire value of the grant to eligible employees, as
50.17 allowed under this section;

50.18 (4) the employer will create and maintain records under subdivision 6;

50.19 (5) the employer will not use the money appropriated under this section for any purpose
50.20 other than the purposes permitted under this section; and

50.21 (6) the entire value of any grant amounts must be distributed to eligible employees
50.22 identified by the provider.

50.23 Subd. 5. **Audits and recoupment.** (a) The commissioner may perform an audit under
50.24 this section up to six years after the grant is awarded to ensure:

50.25 (1) the grantee used the money solely for the purposes stated in subdivision 3;

50.26 (2) the grantee was truthful when making attestations under subdivision 5; and

50.27 (3) the grantee complied with the conditions of receiving a grant under this section.

50.28 (b) If the commissioner determines that a grantee used awarded money for purposes not
50.29 authorized under this section, the commissioner must treat any amount used for a purpose

51.1 not authorized under this section as an overpayment. The commissioner must recover any
51.2 overpayment.

51.3 Subd. 6. **Self-directed services workforce.** Grants paid to eligible employees providing
51.4 services within the covered programs defined in Minnesota Statutes, section 256B.0711,
51.5 do not constitute a change in a term or condition for individual providers in covered programs
51.6 and are not subject to the state's obligation to meet and negotiate under Minnesota Statutes,
51.7 chapter 179A.

51.8 Subd. 7. **Grants not to be considered income.** (a) For the purposes of this subdivision,
51.9 "subtraction" has the meaning given in Minnesota Statutes, section 290.0132, subdivision
51.10 1, paragraph (a), and the rules in that subdivision apply for this subdivision. The definitions
51.11 in Minnesota Statutes, section 290.01, apply to this subdivision.

51.12 (b) The amount of grant awards received under this section is a subtraction.

51.13 (c) Grant awards under this section are excluded from income, as defined in Minnesota
51.14 Statutes, sections 290.0674, subdivision 2a, and 290A.03, subdivision 3.

51.15 (d) Notwithstanding any law to the contrary, grant awards under this section must not
51.16 be considered income, assets, or personal property for purposes of determining eligibility
51.17 or recertifying eligibility for:

51.18 (1) child care assistance programs under Minnesota Statutes, chapter 119B;

51.19 (2) general assistance, Minnesota supplemental aid, and food support under Minnesota
51.20 Statutes, chapter 256D;

51.21 (3) housing support under Minnesota Statutes, chapter 256I;

51.22 (4) Minnesota family investment program and diversionary work program under
51.23 Minnesota Statutes, chapter 256J; and

51.24 (5) economic assistance programs under Minnesota Statutes, chapter 256P.

51.25 (e) The commissioner of human services must not consider grant awards under this
51.26 section as income or assets under Minnesota Statutes, section 256B.056, subdivision 1a,
51.27 paragraph (a); 3; or 3c, or for persons with eligibility determined under Minnesota Statutes,
51.28 section 256B.057, subdivision 3, 3a, or 3b.

51.29 **EFFECTIVE DATE.** This section is effective July 1, 2022.

52.1 Sec. 3. **MENTAL HEALTH PROVIDER SUPERVISION GRANT PROGRAM.**

52.2 **Subdivision 1. Definitions.** (a) For purposes of this section, the following terms have
52.3 the meanings given.

52.4 (b) "Mental health professional" means an individual with a qualification specified in
52.5 Minnesota Statutes, section 245I.04, subdivision 2.

52.6 (c) "Underrepresented community" has the meaning given in Minnesota Statutes, section
52.7 148E.010, subdivision 20.

52.8 **Subd. 2. Grant program established.** The commissioner of human services shall award
52.9 grants to licensed or certified mental health providers that meet the criteria in subdivision
52.10 3 to fund supervision of interns and clinical trainees who are working toward becoming
52.11 licensed mental health professionals and to subsidize the costs of mental health professional
52.12 licensing applications and examination fees for clinical trainees.

52.13 **Subd. 3. Eligible providers.** In order to be eligible for a grant under this section, a mental
52.14 health provider must:

52.15 (1) provide at least 25 percent of the provider's yearly patient encounters to state public
52.16 program enrollees or patients receiving sliding fee schedule discounts through a formal
52.17 sliding fee schedule meeting the standards established by the United States Department of
52.18 Health and Human Services under Code of Federal Regulations, title 42, section 51c.303;
52.19 or

52.20 (2) primarily serve persons from communities of color or underrepresented communities.

52.21 **Subd. 4. Application; grant award.** A mental health provider seeking a grant under
52.22 this section must apply to the commissioner at a time and in a manner specified by the
52.23 commissioner. The commissioner shall review each application to determine if the application
52.24 is complete, the mental health provider is eligible for a grant, and the proposed project is
52.25 an allowable use of grant funds. The commissioner must determine the grant amount awarded
52.26 to each grantee.

52.27 **Subd. 5. Allowable uses of grant money.** A mental health provider must use grant
52.28 money received under this section:

52.29 (1) to pay for direct supervision hours for interns and clinical trainees in an amount up
52.30 to \$7,500 per intern or clinical trainee;

52.31 (2) to establish a program to provide supervision to multiple interns or clinical trainees;
52.32 or

53.1 (3) to pay mental health professional licensing application and examination fees for
 53.2 clinical trainees.

53.3 Subd. 6. Program oversight. During the grant period the commissioner may require
 53.4 grant recipients to provide the commissioner with information necessary to evaluate the
 53.5 program.

53.6 **EFFECTIVE DATE.** This section is effective July 1, 2022."

53.7 Page 105, line 22, delete "(349,333,000)" and insert "(585,901,000)" and delete
 53.8 "97,064,000" and insert "182,791,000"

53.9 Page 105, line 24, delete "(234,016,000)" and insert "(406,629,000)" and delete
 53.10 "120,525,000" and insert "185,395,000"

53.11 Page 105, line 26, delete "(25,878,000)" and insert "(86,146,000)" and delete
 53.12 "(18,853,000)" and insert "(11,799,000)"

53.13 Page 105, line 27, delete "(89,439,000)" and insert "(93,126,000)" and delete
 53.14 "(4,608,000)" and insert "9,195,000"

53.15 Page 105, line 31, delete "72,512,000" and insert "72,106,000" and delete "(593,000)"
 53.16 and insert "(14,397,000)"

53.17 Page 105, line 32, delete "(89,439,000)" and insert "(93,126,000)" and delete
 53.18 "(4,608,000)" and insert "9,195,000"

53.19 Page 105, line 33, delete "(33,580,000)" and insert "(73,738,000)"

53.20 Page 106, line 1, delete "(2,617,000)" and insert "(4,175,000)"

53.21 Page 106, line 2, delete "(1,003,000)" and insert "318,000" and delete "268,000" and
 53.22 insert "1,613,000"

53.23 Page 106, line 3, delete "(1,151,000)" and insert "(1,994,000)" and delete "4,123,000"
 53.24 and insert "9,257,000"

53.25 Page 106, line 4, delete "(4,793,000)" and insert "(9,613,000)" and delete "(6,866,000)"
 53.26 and insert "(4,865,000)"

53.27 Page 106, line 5, delete "(25,878,000)" and insert "(86,146,000)" and delete
 53.28 "(18,853,000)" and insert "(11,799,000)"

53.29 Page 106, line 10, delete "(180,728,000)" and insert "(348,364,000)" and delete
 53.30 "183,979,000" and insert "292,880,000"

54.1 Page 106, line 14, delete "(12,889,000)" and insert "(11,560,000)" and delete
 54.2 "(25,318,000)" and insert "(23,867,000)"

54.3 Page 107, line 7, delete "335,000" and insert "22,339,000" and delete "441,150,000 "
 54.4 and insert "481,929,000"

54.5 Page 107, line 10, delete "335,000" and insert "20,403,000" and delete "352,565,000"
 54.6 and insert "419,583,000"

54.7 Page 107, line 11, delete "-0-" and insert "1,963,000" and delete "61,517,000" and insert
 54.8 "61,788,000"

54.9 Page 107, line 12, delete "26,529,000" and insert "7,000"

54.10 Page 107, line 14, delete "539,000" and insert "551,000"

54.11 Page 107, line 17, delete "335,000" and insert "403,000" and delete "93,508,000" and
 54.12 insert "95,527,000"

54.13 Page 107, line 18, delete "27,750,000" and insert "27,816,000"

54.14 Page 108, line 2, delete "12,188,000" and insert "12,829,000"

54.15 Page 108, line 3, delete "9,721,000" and insert "10,227,000"

54.16 Page 108, line 5, delete "17,677,000" and insert "17,810,000"

54.17 Page 108, line 6, delete "17,667,000" and insert "17,810,000"

54.18 Page 108, line 7, delete "6,145,000" and insert "5,621,000"

54.19 Page 108, delete lines 8 to 15

54.20 Page 108, line 16, delete "(b)"

54.21 Page 108, line 17, delete "6,799,000" and insert "6,965,000"

54.22 Page 108, line 18, delete "6,012,000" and insert "6,680,000"

54.23 Page 108, line 21, delete "907,000" and insert "2,436,000"

54.24 Page 108, after line 34, insert:

54.25 "**(c) Responding to COVID-19 in Minnesota**

54.26 **Health Care Programs. \$1,000,000 in fiscal**

54.27 **year 2023 is for contract assistance relating to**

54.28 **the resumption of eligibility and**

54.29 **redetermination processes in Minnesota health**

54.30 **care programs after the expiration of the**

- 55.1 federal public health emergency. Contracts
- 55.2 entered into under this section are for
- 55.3 emergency acquisition and are not subject to
- 55.4 solicitation requirements under Minnesota
- 55.5 Statutes, section 16C.10, subdivision 2. This
- 55.6 is a onetime appropriation. Money is available
- 55.7 until spent."
- 55.8 Page 109, line 1, delete "(c)" and insert "(d)"
- 55.9 Page 109, line 2, delete "836,000" and insert "1,666,000"
- 55.10 Page 109, line 3, delete "836,000" and insert "1,651,000"
- 55.11 Page 109, line 9, delete "4,858,000" and insert "7,119,000"
- 55.12 Page 109, line 11, delete "539,000" and insert "551,000"
- 55.13 Page 109, after line 11, insert:
- 55.14 **"SEIU Healthcare Arbitration Award.**
- 55.15 \$5,444 in fiscal year 2023 is for arbitration
- 55.16 awards resulting from a SEIU grievance. This
- 55.17 is a onetime appropriation."
- 55.18 Page 109, line 13, delete "6,660,000" and insert "9,460,000"
- 55.19 Page 109, line 14, delete "8,395,000" and insert "10,602,000"
- 55.20 Page 109, line 17, delete "285,000" and insert "5,000"
- 55.21 Page 109, line 18, delete "529,000" and insert "7,000"
- 55.22 Page 109, line 20, delete "101,000" and insert "1,000"
- 55.23 Page 109, delete subdivision 8 and insert:
- 55.24 **"Subd. 8. Forecasted Programs; Minnesota**
- 55.25 **Supplemental Aid** -0- 1,000
- 55.26 **Subd. 9. Forecasted Programs; Housing**
- 55.27 **Supports** -0- 1,000
- 55.28 Page 109, line 23, delete "15,116,000" and insert "15,257,000"
- 55.29 Page 109, line 29, delete "(8,571,000)" and insert "7,571,000"
- 55.30 Page 109, after line 30, insert

56.1	"Subd. 12. Forecasted Programs; Alternative		
56.2	<u>Care</u>	<u>-0-</u>	<u>161,000"</u>
56.3	Renumber the subdivisions in sequence		
56.4	Page 110, line 2, delete the second " <u>-0-</u> " and insert " <u>(683,000)"</u>		
56.5	Page 110, line 4, delete " <u>248,359,000"</u> and insert " <u>240,477,000"</u>		
56.6	Page 110, line 5, delete " <u>546,442,000"</u> and insert " <u>546,025,000"</u>		
56.7	Page 110, line 7, delete " <u>31,706,000"</u> and insert " <u>31,703,000"</u>		
56.8	Page 111, line 11, delete " <u>67,088,000"</u> and insert " <u>66,824,000"</u>		
56.9	Page 111, line 14, delete " <u>4,040,000"</u> and insert " <u>3,882,000"</u>		
56.10	Page 113, line 22, delete " <u>47,571,000"</u> and insert " <u>47,440,000"</u>		
56.11	Page 113, line 23, delete " <u>44,900,000"</u> and insert " <u>44,769,000"</u>		
56.12	Page 113, line 24, before " <u>Refugee</u> " insert " <u>Grant Program;</u> "		
56.13	Page 113, line 33, delete " <u>increased</u> " and delete " <u>5,083,000"</u> and insert " <u>5,111,000"</u>		
56.14	Page 113, after line 34, insert:		
56.15	"Subd. 17. Grant Programs; Children and		
56.16	<u>Community Service Grants</u>	<u>-0-</u>	<u>-0-</u>
56.17	Base Level Adjustment. The Opiate		
56.18	Epidemic Response Base is increased		
56.19	\$100,000 in fiscal year 2025."		
56.20	Page 114, line 1, delete " <u>15"</u> and insert " <u>18"</u>		
56.21	Page 114, line 2, delete " <u>69,099,000"</u> and insert " <u>89,099,000"</u>		
56.22	Page 115, after line 24, insert:		
56.23	<u>"(f) Emergency Services Grants.</u>		
56.24	<u>\$54,782,000 in fiscal year 2023 is for</u>		
56.25	<u>emergency services grants under Minnesota</u>		
56.26	<u>Statutes, section 256E.36. This is a onetime</u>		
56.27	<u>appropriation and is available until June 30,</u>		
56.28	<u>2024. Beginning in fiscal year 2024, the base</u>		
56.29	<u>for emergency services grants under</u>		
56.30	<u>Minnesota Statutes, section 256E.36, shall be</u>		
56.31	<u>increased by \$29,751,000."</u>		

57.1 Page 115, line 25, delete "(f)" and insert "(g)"

57.2 Page 115, line 26, delete "61,541,000" and insert "60,429,000"

57.3 Page 115, line 28, delete everything after "Grants"

57.4 Page 115, after line 28, insert:

57.5 "Appropriations by Fund

	<u>2022</u>	<u>2023</u>
57.6 <u>General Fund</u>	<u>-0-</u>	<u>4,500,000</u>
57.7 <u>Health Care Access</u>	<u>1,936,000</u>	<u>64,000</u> "

57.8 Page 115, delete line 29 and insert:

57.9 "(a) Grant Funding to Support Urban
 57.10 American Indians in Minnesota Health
 57.11 Care Programs. \$2,500,000 in fiscal year
 57.12 2023 is for funding to the Indian Health Board
 57.13 of Minneapolis to support continued access to
 57.14 health care coverage through Minnesota health
 57.15 care programs, improve access to quality care,
 57.16 and increase vaccination rates among urban
 57.17 American Indians.

57.18 (b) Grants for Navigator Organizations. (1)
 57.19 \$1,936,000 in fiscal year 2023 is from the
 57.20 health care access fund for grants to
 57.21 organizations with a MNSure grant services
 57.22 navigator assister contract in good standing
 57.23 as of June 30, 2022. The grants to each
 57.24 organization must be in proportion to the
 57.25 number of medical assistance and
 57.26 MinnesotaCare enrollees each organization
 57.27 assisted that resulted in a successful
 57.28 enrollment in the second quarter of fiscal year
 57.29 2020, as determined by MNSure's navigator
 57.30 payment process. This is a onetime
 57.31 appropriation. Money from this appropriation
 57.32 is available until spent. (2) \$2,000,000 in fiscal
 57.33 year 2023 is from the health care access fund
 57.34

58.1 for incentive payments as defined in
 58.2 Minnesota Statutes, section 256.962,
 58.3 subdivision 5. The general fund base for this
 58.4 appropriation is \$1,000,000 in fiscal year 2024
 58.5 and \$0 in fiscal year 2025. Money from this
 58.6 appropriation is available until spent.

58.7 (c) **Base level adjustment.** The general fund
 58.8 base is increased \$3,750,000 in fiscal year
 58.9 2024 and \$1,250,000 in fiscal year 2025. The
 58.10 health care access fund base is increased
 58.11 \$1,000,000 in fiscal year 2024, and \$0 in fiscal
 58.12 year 2025."

58.13 Page 116, line 4, delete "115,000,000" and insert "118,000,000"

58.14 Page 116, delete lines 5 to 11 and insert:

58.15 **"Workforce Incentive Fund Grant**
 58.16 **Program.** \$118,000,000 in fiscal year 2023
 58.17 is to assist disability, housing, substance use,
 58.18 and older adult service providers of public
 58.19 programs to pay for incentive benefits to
 58.20 current and new workers. This is a onetime
 58.21 appropriation and is available until June 30,
 58.22 2025. Three percent of the total amount of the
 58.23 appropriation may be used to administer the
 58.24 program, which could include contracting with
 58.25 a third-party administrator."

58.26 Page 116, line 12, delete the second "-0-" and insert "8,200,000"

58.27 Page 116, after line 12, insert:

58.28 **"(a) Electronic Visit Verification (EVV)**
 58.29 **Stipends.** \$6,440,000 in fiscal year 2023 is
 58.30 for onetime stipends of \$200 to bargaining
 58.31 members to offset the potential costs related
 58.32 to people using individual devices to access
 58.33 EVV. \$5,600,000 of the appropriation is for
 58.34 stipends and the remaining 15 percent is for

59.1 administration of these stipends. This is a
 59.2 onetime appropriation.

59.3 **(b) Self-Directed Collective Bargaining**
 59.4 **Agreement; Temporary Rate Increase**
 59.5 **Memorandum of Understanding. \$1,610,000**
 59.6 in fiscal year 2023 is for onetime stipends for
 59.7 individual providers covered by the SEIU
 59.8 collective bargaining agreement based on the
 59.9 memorandum of understanding related to the
 59.10 temporary rate increase in effect between
 59.11 December 1, 2020, and February 7, 2021.
 59.12 \$1,400,000 of the appropriation is for stipends
 59.13 and the remaining 15 percent is for
 59.14 administration of the stipends. This is a
 59.15 onetime appropriation."

59.16 Page 116, line 13, before "**Base**" insert "(c)"

59.17 Page 116, line 14, delete "500,000" and insert "805,000"

59.18 Page 116, line 15, delete "2,000,000" and insert "2,420,000"

59.19 Page 116, line 27, delete "-0-" and insert "20,000,000" and delete "7,927,000" and insert
 59.20 "18,927,000"

59.21 Page 117, after line 21, insert:

59.22 **"(c) Workforce Incentive Fund Grant**
 59.23 **Program. \$20,000,000 in fiscal year 2022**
 59.24 from the general fund is to provide mental
 59.25 health public program providers the ability to
 59.26 pay for incentive benefits to current and new
 59.27 workers. This is a onetime appropriation and
 59.28 is available until June 30, 2025. Three percent
 59.29 of the total amount of the appropriation may
 59.30 be used to administer the program, which
 59.31 could include contracting with a third-party
 59.32 administrator.

60.1 **(d) Cultural and Ethnic Infrastructure**
60.2 **Grant Funding. \$5,000,000 in fiscal year**
60.3 **2023 is for increasing cultural and ethnic**
60.4 **infrastructure grant funding under Minnesota**
60.5 **Statutes, section 245.4661, subdivision 6. This**
60.6 **grant funding will be used to alleviate the**
60.7 **workforce shortage and will be used to recruit**
60.8 **more providers who are Black, Indigenous,**
60.9 **and people of color for both mental health and**
60.10 **substance use disorder organizations.**

60.11 **(e) Mental Health Provider Grants to Rural**
60.12 **and Underserved Communities. \$5,000,000**
60.13 **in fiscal year 2023 is for a grant program to**
60.14 **recruit mental health providers in rural areas**
60.15 **and underserved communities. This money**
60.16 **can be used for reimbursement of supervision**
60.17 **costs of interns and clinical trainees,**
60.18 **reimbursing staff for master's degree tuition**
60.19 **costs in mental health fields, and licensing and**
60.20 **exam fees.**

60.21 **(f) Culturally Specific Grants. \$2,000,000**
60.22 **in fiscal year 2023 and \$2,000,000 in fiscal**
60.23 **year 2024 are for grants for small to midsize**
60.24 **nonprofit organizations who represent and**
60.25 **support American Indian, Indigenous, and**
60.26 **other communities disproportionately affected**
60.27 **by the opiate crisis. These grants utilize**
60.28 **traditional healing practices and other**
60.29 **culturally congruent and relevant supports to**
60.30 **prevent and curb opiate use disorders through**
60.31 **housing, treatment, education, aftercare, and**
60.32 **other activities as determined by the**
60.33 **commissioner. This is a onetime**
60.34 **appropriation."**

60.35 Page 117, line 22, delete "(c)" and insert "(g)"

- 61.1 Page 117, line 23, delete "12,791,000" and insert "23,791,000"
- 61.2 Page 117, line 24, delete "19,916,000" and insert "30,916,000"
- 61.3 Page 117, line 33, delete "2,000,000" and insert "4,000,000"
- 61.4 Page 118, line 25, delete "2,000,000" and insert "4,000,000"
- 61.5 Page 118, line 32, delete "26,000,000" and insert "-0-"
- 61.6 Page 119, line 7, delete "49,500,000" and insert "23,500,000"
- 61.7 Page 119, line 8, delete "49,500,000" and insert "23,500,000"
- 61.8 Renumber the subdivisions in sequence
- 61.9 Page 119, after line 22, insert:
- 61.10 "Sec. 4. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29,
- 61.11 is amended to read:
- | | | | |
|-------|--|------------|------------|
| 61.12 | Subd. 29. Grant Programs; Disabilities Grants | 31,398,000 | 31,010,000 |
|-------|--|------------|------------|
- 61.13 **(a) Training Stipends for Direct Support**
- 61.14 **Services Providers.** \$1,000,000 in fiscal year
- 61.15 2022 is from the general fund for stipends for
- 61.16 individual providers of direct support services
- 61.17 as defined in Minnesota Statutes, section
- 61.18 256B.0711, subdivision 1. These stipends are
- 61.19 available to individual providers who have
- 61.20 completed designated voluntary trainings
- 61.21 made available through the State-Provider
- 61.22 Cooperation Committee formed by the State
- 61.23 of Minnesota and the Service Employees
- 61.24 International Union Healthcare Minnesota.
- 61.25 Any unspent appropriation in fiscal year 2022
- 61.26 is available in fiscal year 2023. This is a
- 61.27 onetime appropriation. This appropriation is
- 61.28 available only if the labor agreement between
- 61.29 the state of Minnesota and the Service
- 61.30 Employees International Union Healthcare
- 61.31 Minnesota under Minnesota Statutes, section

- 62.1 179A.54, is approved under Minnesota
62.2 Statutes, section 3.855.
- 62.3 **(b) Parent-to-Parent Peer Support.** \$125,000
62.4 in fiscal year 2022 and \$125,000 in fiscal year
62.5 2023 are from the general fund for a grant to
62.6 an alliance member of Parent to Parent USA
62.7 to support the alliance member's
62.8 parent-to-parent peer support program for
62.9 families of children with a disability or special
62.10 health care need.
- 62.11 **(c) Self-Advocacy Grants.** (1) \$143,000 in
62.12 fiscal year 2022 and \$143,000 in fiscal year
62.13 2023 are from the general fund for a grant
62.14 under Minnesota Statutes, section 256.477,
62.15 subdivision 1.
- 62.16 (2) \$105,000 in fiscal year 2022 and \$105,000
62.17 in fiscal year 2023 are from the general fund
62.18 for subgrants under Minnesota Statutes,
62.19 section 256.477, subdivision 2.
- 62.20 **(d) Minnesota Inclusion Initiative Grants.**
62.21 \$150,000 in fiscal year 2022 and \$150,000 in
62.22 fiscal year 2023 are from the general fund for
62.23 grants under Minnesota Statutes, section
62.24 256.4772.
- 62.25 **(e) Grants to Expand Access to Child Care**
62.26 **for Children with Disabilities.** \$250,000 in
62.27 fiscal year 2022 and \$250,000 in fiscal year
62.28 2023 are from the general fund for grants to
62.29 expand access to child care for children with
62.30 disabilities. Any unspent amount in fiscal year
62.31 2022 is available through June 30, 2023. This
62.32 is a onetime appropriation.
- 62.33 **(f) Parenting with a Disability Pilot Project.**
62.34 The general fund base includes \$1,000,000 in

63.1 fiscal year 2024 and \$0 in fiscal year 2025 to
 63.2 implement the parenting with a disability pilot
 63.3 project.

63.4 **(g) Base Level Adjustment.** The general fund
 63.5 base is \$29,260,000 in fiscal year 2024 and
 63.6 \$22,260,000 in fiscal year 2025.

63.7 Sec. 5. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 31,
 63.8 is amended to read:

63.9 **Subd. 31. Grant Programs; Adult Mental Health**
 63.10 **Grants**

63.11	Appropriations by Fund		
63.12	General	98,772,000	98,703,000
63.13	Opiate Epidemic		
63.14	Response	2,000,000	2,000,000

63.15 **(a) Culturally and Linguistically**
 63.16 **Appropriate Services Implementation**
 63.17 **Grants.** \$2,275,000 in fiscal year 2022 and
 63.18 \$2,206,000 in fiscal year 2023 are from the
 63.19 general fund for grants to disability services,
 63.20 mental health, and substance use disorder
 63.21 treatment providers to implement culturally
 63.22 and linguistically appropriate services
 63.23 standards, according to the implementation
 63.24 and transition plan developed by the
 63.25 commissioner. Any unspent amount in fiscal
 63.26 year 2022 is available through June 30, 2023.

63.27 The general fund base for this appropriation
 63.28 is \$1,655,000 in fiscal year 2024 and \$0 in
 63.29 fiscal year 2025.

63.30 **(b) Base Level Adjustment.** The general fund
 63.31 base is \$93,295,000 in fiscal year 2024 and
 63.32 \$83,324,000 in fiscal year 2025. The opiate
 63.33 epidemic response fund base is \$2,000,000 in
 63.34 fiscal year 2024 and \$0 in fiscal year 2025.

64.1 Sec. 6. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,
64.2 is amended to read:

64.3 **Subd. 33. Grant Programs; Chemical**
64.4 **Dependency Treatment Support Grants**

64.5 Appropriations by Fund

64.6	General	4,273,000	4,274,000
64.7	Lottery Prize	1,733,000	1,733,000
64.8	Opiate Epidemic		
64.9	Response	500,000	500,000

64.10 (a) **Problem Gambling.** \$225,000 in fiscal
64.11 year 2022 and \$225,000 in fiscal year 2023
64.12 are from the lottery prize fund for a grant to
64.13 the state affiliate recognized by the National
64.14 Council on Problem Gambling. The affiliate
64.15 must provide services to increase public
64.16 awareness of problem gambling, education,
64.17 training for individuals and organizations
64.18 providing effective treatment services to
64.19 problem gamblers and their families, and
64.20 research related to problem gambling.

64.21 (b) **Recovery Community Organization**
64.22 **Grants.** \$2,000,000 in fiscal year 2022 and
64.23 \$2,000,000 in fiscal year 2023 are from the
64.24 general fund for grants to recovery community
64.25 organizations, as defined in Minnesota
64.26 Statutes, section 254B.01, subdivision 8, to
64.27 provide for costs and community-based peer
64.28 recovery support services that are not
64.29 otherwise eligible for reimbursement under
64.30 Minnesota Statutes, section 254B.05, as part
64.31 of the continuum of care for substance use
64.32 disorders. Any unspent amount in fiscal year
64.33 2022 is available through June 30, 2023. The
64.34 general fund base for this appropriation is
64.35 \$2,000,000 in fiscal year 2024 and \$0 in fiscal
64.36 year 2025

65.1 (c) **Base Level Adjustment.** The general fund
65.2 base is \$4,636,000 in fiscal year 2024 and
65.3 \$2,636,000 in fiscal year 2025. The opiate
65.4 epidemic response fund base is \$500,000 in
65.5 fiscal year 2024 and \$0 in fiscal year 2025.

65.6 Sec. 7. Laws 2021, First Special Session chapter 7, article 16, section 28, is amended to
65.7 read:

65.8 Sec. 28. **CONTINGENT APPROPRIATIONS.**

65.9 Any appropriation in this act for a purpose included in Minnesota's initial state spending
65.10 plan as described in guidance issued by the Centers for Medicare and Medicaid Services
65.11 for implementation of section 9817 of the federal American Rescue Plan Act of 2021 is
65.12 contingent upon approval of that purpose by the Centers for Medicare and Medicaid Services,
65.13 except for the rate increases specified in article 11, sections 12 and 19. This section expires
65.14 June 30, 2024.

65.15 Sec. 8. Laws 2021, First Special Session chapter 7, article 17, section 3, is amended to
65.16 read:

65.17 Sec. 3. **GRANTS FOR TECHNOLOGY FOR HCBS RECIPIENTS.**

65.18 (a) This act includes \$500,000 in fiscal year 2022 and \$2,000,000 in fiscal year 2023
65.19 for the commissioner of human services to issue competitive grants to home and
65.20 community-based service providers. Grants must be used to provide technology assistance,
65.21 including but not limited to Internet services, to older adults and people with disabilities
65.22 who do not have access to technology resources necessary to use remote service delivery
65.23 and telehealth. Any unspent amount in fiscal year 2022 is available through June 30, 2023.
65.24 The general fund base included in this act for this purpose is \$1,500,000 in fiscal year 2024
65.25 and \$0 in fiscal year 2025.

65.26 (b) All grant activities must be completed by March 31, 2024.

65.27 (c) This section expires June 30, 2024.

66.1 Sec. 9. Laws 2021, First Special Session chapter 7, article 17, section 6, is amended to
66.2 read:

66.3 **Sec. 6. TRANSITION TO COMMUNITY INITIATIVE.**

66.4 (a) This act includes \$5,500,000 in fiscal year 2022 and \$5,500,000 in fiscal year 2023
66.5 for additional funding for grants awarded under the transition to community initiative
66.6 described in Minnesota Statutes, section 256.478. Any unspent amount in fiscal year 2022
66.7 is available through June 30, 2023. The general fund base in this act for this purpose is
66.8 \$4,125,000 in fiscal year 2024 and \$0 in fiscal year 2025.

66.9 (b) All grant activities must be completed by March 31, 2024.

66.10 (c) This section expires June 30, 2024.

66.11 Sec. 10. Laws 2021, First Special Session chapter 7, article 17, section 10, is amended to
66.12 read:

66.13 **Sec. 10. PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED**
66.14 **COMMUNITIES.**

66.15 (a) This act includes \$6,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
66.16 for the commissioner to establish a grant program for small provider organizations that
66.17 provide services to rural or underserved communities with limited home and
66.18 community-based services provider capacity. The grants are available to build organizational
66.19 capacity to provide home and community-based services in Minnesota and to build new or
66.20 expanded infrastructure to access medical assistance reimbursement. Any unspent amount
66.21 in fiscal year 2022 is available through June 30, 2023. The general fund base in this act for
66.22 this purpose is \$8,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

66.23 (b) The commissioner shall conduct community engagement, provide technical assistance,
66.24 and establish a collaborative learning community related to the grants available under this
66.25 section and work with the commissioner of management and budget and the commissioner
66.26 of the Department of Administration to mitigate barriers in accessing grant funds. Funding
66.27 awarded for the community engagement activities described in this paragraph is exempt
66.28 from state solicitation requirements under Minnesota Statutes, section 16B.97, for activities
66.29 that occur in fiscal year 2022.

66.30 (c) All grant activities must be completed by March 31, 2024.

66.31 (d) This section expires June 30, 2024.

67.1 Sec. 11. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to
67.2 read:

67.3 Sec. 11. **EXPAND MOBILE CRISIS.**

67.4 (a) This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
67.5 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,
67.6 section 245.4661, subdivision 9, paragraph (b), clause (15). Any unspent amount in fiscal
67.7 year 2022 is available through June 30, 2023. The general fund base in this act for this
67.8 purpose is \$4,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

67.9 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
67.10 funded under this section.

67.11 (c) All grant activities must be completed by March 31, 2024.

67.12 (d) This section expires June 30, 2024.

67.13 Sec. 12. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to
67.14 read:

67.15 Sec. 12. **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD**
67.16 **AND ADOLESCENT MOBILE TRANSITION UNIT.**

67.17 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023
67.18 for the commissioner of human services to create children's mental health transition and
67.19 support teams to facilitate transition back to the community of children from psychiatric
67.20 residential treatment facilities, and child and adolescent behavioral health hospitals. Any
67.21 unspent amount in fiscal year 2022 is available through June 30, 2023. The general fund
67.22 base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in fiscal
67.23 year 2025.

67.24 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
67.25 funded under this section.

67.26 (c) This section expires March 31, 2024.

67.27 Sec. 13. Laws 2021, First Special Session chapter 7, article 17, section 17, subdivision 3,
67.28 is amended to read:

67.29 Subd. 3. **Respite services for older adults grants.** (a) This act includes \$2,000,000 in
67.30 fiscal year 2022 and \$2,000,000 in fiscal year 2023 for the commissioner of human services

68.1 to establish a grant program for respite services for older adults. The commissioner must
 68.2 award grants on a competitive basis to respite service providers. Any unspent amount in
 68.3 fiscal year 2022 is available through June 30, 2023. The general fund base included in this
 68.4 act for this purpose is \$2,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

68.5 (b) All grant activities must be completed by March 31, 2024.

68.6 (c) This subdivision expires June 30, 2024."

68.7 Renumber the articles and sections in sequence

68.8 Amend the title numbers accordingly

68.9 And when so amended the bill be re-referred to the Committee on Health and Human
 68.10 Services Finance and Policy without recommendation. Amendments adopted. Report adopted.



68.11
 68.12 (Committee Chair)

68.13 March 17, 2022.....
 68.14 (Date of Committee recommendation)