

1.1 Senator moves to amend the delete-everything amendment (SCS2934A-1)
1.2 to S.F. No. 2934 as follows:

1.3 Page 13, line 1, delete "SUPPORTING NEW AMERICANS IN THE"

1.4 Page 13, line 2, after "GRANTS" insert "FOR NEW AMERICANS"

1.5 Page 14, line 4, delete "or"

1.6 Page 14, line 5, delete "and" and insert "; or (vii)"

1.7 Page 18, after line 27, insert:

1.8 "Sec. 13. [256.4773] TECHNOLOGY FOR HOME GRANT.

1.9 Subdivision 1. Establishment. The commissioner must establish a technology for home
1.10 grant program that provides assistive technology consultations and resources for people
1.11 with disabilities who want to stay in their own home, move to their own home, or remain
1.12 in the less restrictive residential settings. The grant program may be administered using a
1.13 team approach that allows multiple professionals to assess and meet a person's assistive
1.14 technology needs. The team may include, but is not limited to, occupational therapists,
1.15 physical therapists, speech therapists, nurses, and engineers.

1.16 Subd. 2. Eligible applicants. An eligible applicant is a person who uses or is eligible
1.17 for home care services under section 256B.0651, home and community-based services under
1.18 section 256B.092 or 256B.49, personal care assistance under section 256B.0659, or
1.19 community first services and supports under section 256B.85, and who meets one of the
1.20 following conditions:

1.21 (1) lives in the applicant's own home and may benefit from assistive technology for
1.22 safety, communication, community engagement, or independence;

1.23 (2) is currently seeking to live in the applicant's own home and needs assistive technology
1.24 to meet that goal; or

1.25 (3) resides in a residential setting under section 256B.4914, subdivision 3, and is seeking
1.26 to reduce reliance on paid staff to live more independently in the setting.

1.27 Subd. 3. Allowable grant activities. The technology for home grant program must
1.28 provide at-home, in-person assistive technology consultation and technical assistance to
1.29 help people with disabilities live more independently. Allowable activities include, but are
1.30 not limited to:

1.31 (1) consultations in people's homes, workplaces, or community locations;

2.1 (2) connecting people to resources to help them live in their own homes, transition to
2.2 their own homes, or live more independently in a residential setting;

2.3 (3) conduct training and set-up and installation of assistive technology; and

2.4 (4) participate on a person's care team to develop a plan to ensure assistive technology
2.5 goals are met.

2.6 Subd. 4. **Data collection and outcomes.** Grantees must provide data summaries to the
2.7 commissioner for the purpose of evaluating the effectiveness of the grant program. The
2.8 commissioner must identify outcome measures to evaluate program activities to assess
2.9 whether the grant programs help people transition to or remain in the least restrictive setting."

2.10 Page 53, line 9, delete "1.0" and insert "zero"

2.11 Page 53, line 11, delete "1.0217" and insert "2.17"

2.12 Page 53, line 13, delete "1.0436" and insert "4.36"

2.13 Page 53, line 15, delete "1.0735" and insert "7.35"

2.14 Page 53, line 18, delete "1.1081" and insert "10.81"

2.15 Page 54, line 19, reinstate the stricken "and"

2.16 Page 54, line 21, reinstate the stricken language and delete the new language

2.17 Page 54, after line 21, insert:

2.18 "(b) In processing claims, the commissioner shall incorporate a staff retention component
2.19 as specified under subdivision 5 by multiplying the total adjusted payment rate by one plus
2.20 the appropriate staff retention component under subdivision 5. This is the total payment
2.21 rate."

2.22 Page 54, delete lines 22 and 23

2.23 Page 54, line 24, strike "(b)" and insert "(c)"

2.24 Page 57, line 20, strike "\$5,588,000" and insert "\$0"

2.25 Page 57, line 23, strike "\$5,588,000" and insert "\$11,176,000"

2.26 Page 58, line 15, delete "or" and after "3b" insert ", 4, or 9"

2.27 Page 58, after line 15, insert:

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

2.29 Page 60, line 8, delete "(q)" and insert "(c)"

- 3.1 Page 62, line 13, after "include" insert "surveying community providers as to the barriers
- 3.2 to meeting people's needs, and"
- 3.3 Page 62, line 14, after "plan" insert a comma
- 3.4 Page 62, delete line 25
- 3.5 Page 79, line 2, after "section" insert "626.557, or for multidisciplinary teams under
- 3.6 section 626.5571"
- 3.7 Page 79, line 32, delete "January 1, 2024" and insert "July 1, 2023"
- 3.8 Page 81, line 17, delete "January 1, 2024" and insert "July 1, 2023"
- 3.9 Page 83, line 4, delete "January 1, 2024" and insert "July 1, 2023"
- 3.10 Page 102, line 24, delete "2024" and insert "2025"
- 3.11 Page 119, after line 15, insert:
- 3.12 "EFFECTIVE DATE. This section is effective January 1, 2024."
- 3.13 Page 120, after line 3, insert:
- 3.14 "EFFECTIVE DATE. This section is effective January 1, 2024."
- 3.15 Page 125, after line 23, insert:
- 3.16 "EFFECTIVE DATE. This section is effective January 1, 2024."
- 3.17 Page 125, after line 30, insert:
- 3.18 "EFFECTIVE DATE. This section is effective January 1, 2024."
- 3.19 Page 126, after line 13, insert:
- 3.20 "EFFECTIVE DATE. This section is effective January 1, 2024."
- 3.21 Page 128, after line 26, insert:
- 3.22 "EFFECTIVE DATE. This section is effective January 1, 2024."
- 3.23 Page 129, line 6, delete "according to section" and after the semicolon, insert "and"
- 3.24 Page 129, delete lines 7 and 8
- 3.25 Page 129, line 9, delete "254B,"
- 3.26 Page 129, line 16, delete the semicolon and insert a period
- 3.27 Page 129, delete lines 17 to 19
- 3.28 Page 129, after line 22, insert:

4.1 **"EFFECTIVE DATE. This section is effective January 1, 2024."**

4.2 Page 129, line 29, delete "For the" and insert "The number of days to complete the
4.3 individual treatment plan excludes the day of service initiation."

4.4 Page 129, delete line 30

4.5 Page 129, line 31, delete the new language

4.6 Page 130, after line 12, insert:

4.7 **"EFFECTIVE DATE. This section is effective January 1, 2024."**

4.8 Page 130, line 23, delete "245G.05, subdivision 2" and insert "254B.04, subdivision 4"

4.9 Page 130, line 26, delete "254B.05" and insert "254B.19, subdivision 1"

4.10 Page 130, line 27, delete everything before "that"

4.11 Page 131, after line 2, insert:

4.12 **"EFFECTIVE DATE. This section is effective January 1, 2024."**

4.13 Page 131, line 15, delete "significant others" and insert "natural supports"

4.14 Page 131, after line 21, insert:

4.15 **"EFFECTIVE DATE. This section is effective January 1, 2024."**

4.16 Page 131, line 28, delete "254B.05, subdivision 5" and insert "254B.19, subdivision 1"

4.17 Page 131, line 29, before the comma, insert "or residential hospital-based services"

4.18 Page 132, line 9, after "receiving" insert "nonresidential"

4.19 Page 132, after line 16, insert:

4.20 **"EFFECTIVE DATE. This section is effective January 1, 2024."**

4.21 Page 132, before line 17, insert:

4.22 "Sec. 13. Minnesota Statutes 2022, section 245G.06, subdivision 4, is amended to read:

4.23 Subd. 4. **Service discharge summary.** (a) An alcohol and drug counselor must write a
4.24 service discharge summary for each client. The service discharge summary must be
4.25 completed within five days of the client's service termination. A copy of the client's service
4.26 discharge summary must be provided to the client upon the client's request.

5.1 (b) The service discharge summary must be recorded in the six dimensions listed in
5.2 section ~~245G.05, subdivision 2, paragraph (e)~~ 254B.04, subdivision 4, and include the
5.3 following information:

5.4 (1) the client's issues, strengths, and needs while participating in treatment, including
5.5 services provided;

5.6 (2) the client's progress toward achieving each goal identified in the individual treatment
5.7 plan;

5.8 (3) a risk description according to section ~~245G.05~~ 254B.04, subdivision 4;

5.9 (4) the reasons for and circumstances of service termination. If a program discharges a
5.10 client at staff request, the reason for discharge and the procedure followed for the decision
5.11 to discharge must be documented and comply with the requirements in section 245G.14,
5.12 subdivision 3, clause (3);

5.13 (5) the client's living arrangements at service termination;

5.14 (6) continuing care recommendations, including transitions between more or less intense
5.15 services, or more frequent to less frequent services, and referrals made with specific attention
5.16 to continuity of care for mental health, as needed; and

5.17 (7) service termination diagnosis.

5.18 Sec. 14. Minnesota Statutes 2022, section 245G.09, subdivision 3, is amended to read:

5.19 Subd. 3. **Contents.** Client records must contain the following:

5.20 (1) documentation that the client was given information on client rights and
5.21 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided
5.22 an orientation to the program abuse prevention plan required under section 245A.65,
5.23 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record
5.24 must contain documentation that the client was provided educational information according
5.25 to section 245G.05, subdivision ~~2~~ 3, paragraph (b);

5.26 (2) an initial services plan completed according to section 245G.04;

5.27 (3) a comprehensive assessment completed according to section 245G.05;

5.28 (4) ~~an assessment summary completed according to section 245G.05, subdivision 2;~~

5.29 (5) ~~an individual abuse prevention plan according to sections 245A.65, subdivision 2,~~
5.30 ~~and 626.557, subdivision 14, when applicable;~~

6.1 ~~(6)~~ (5) an individual treatment plan according to section 245G.06, subdivisions 1 and 2
6.2 1a;

6.3 ~~(7)~~ (6) documentation of treatment services, significant events, appointments, concerns,
6.4 and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, ~~and 3,~~ and
6.5 3a; and

6.6 ~~(8)~~ (7) a summary at the time of service termination according to section 245G.06,
6.7 subdivision 4."

6.8 Page 133, line 9, delete the new language and strike the old language

6.9 Page 133, strike lines 10 to 13

6.10 Page 133, after line 13, insert:

6.11 **"EFFECTIVE DATE. This section is effective January 1, 2024."**

6.12 Page 137, after line 5, insert:

6.13 "Sec. 21. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
6.14 to read:

6.15 Subd. 4. **Assessment criteria and risk descriptions.** (a) The level of care determination
6.16 must use the following criteria to assess risk.

6.17 (b) Dimension 1: Acute intoxication/withdrawal potential. A vendor must use the criteria
6.18 in Dimension 1 to determine a client's acute intoxication and withdrawal potential, the
6.19 client's ability to cope with withdrawal symptoms, and the client's current state of
6.20 intoxication.

6.21 "0" The client displays full functioning with good ability to tolerate and cope with
6.22 withdrawal discomfort, and the client shows no signs or symptoms of intoxication or
6.23 withdrawal or diminishing signs or symptoms.

6.24 "1" The client can tolerate and cope with withdrawal discomfort. The client displays
6.25 mild to moderate intoxication or signs and symptoms interfering with daily functioning but
6.26 does not immediately endanger self or others. The client poses a minimal risk of severe
6.27 withdrawal.

6.28 "2" The client has some difficulty tolerating and coping with withdrawal discomfort.
6.29 The client's intoxication may be severe but responds to support and treatment such that the
6.30 client does not immediately endanger self or others. The client displays moderate signs and
6.31 symptoms of withdrawal with moderate risk of severe withdrawal.

7.1 "3" The client tolerates and copes with withdrawal discomfort poorly. The client has
7.2 severe intoxication, such that the client endangers self or others, or intoxication has not
7.3 abated with less intensive services. The client displays severe signs and symptoms of
7.4 withdrawal, has a risk of severe but manageable withdrawal, or has worsening withdrawal
7.5 despite detoxification at less intensive level.

7.6 "4" The client is incapacitated with severe signs and symptoms. The client displays
7.7 severe withdrawal and is a danger to self or others.

7.8 (c) Dimension 2: biomedical conditions and complications. The vendor must use the
7.9 criteria in Dimension 2 to determine a client's biomedical conditions and complications, the
7.10 degree to which any physical disorder of the client would interfere with treatment for
7.11 substance use, and the client's ability to tolerate any related discomfort. If the client is
7.12 pregnant, the provider must determine the impact of continued substance use on the unborn
7.13 child.

7.14 "0" The client displays full functioning with good ability to cope with physical discomfort.

7.15 "1" The client tolerates and copes with physical discomfort and is able to get the services
7.16 that the client needs.

7.17 "2" The client has difficulty tolerating and coping with physical problems or has other
7.18 biomedical problems that interfere with recovery and treatment. The client neglects or does
7.19 not seek care for serious biomedical problems.

7.20 "3" The client tolerates and copes poorly with physical problems or has poor general
7.21 health. The client neglects the client's medical problems without active assistance.

7.22 "4" The client is unable to participate in substance use disorder treatment and has severe
7.23 medical problems, a condition that requires immediate intervention, or is incapacitated.

7.24 (d) Dimension 3: Emotional, behavioral, and cognitive conditions and complications.
7.25 The vendor must use the criteria in Dimension 3 to determine a client's: emotional, behavioral,
7.26 and cognitive conditions and complications; the degree to which any condition or
7.27 complication is likely to interfere with treatment for substance use or with functioning in
7.28 significant life areas; and the likelihood of harm to self or others.

7.29 "0" The client has good impulse control and coping skills and presents no risk of harm
7.30 to self or others. The client functions in all life areas and displays no emotional, behavioral,
7.31 or cognitive problems or the problems are stable.

7.32 "1" The client has impulse control and coping skills. The client presents a mild to
7.33 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or

8.1 cognitive problems. The client has a mental health diagnosis and is stable. The client
8.2 functions adequately in significant life areas.

8.3 "2" The client has difficulty with impulse control and lacks coping skills. The client has
8.4 thoughts of suicide or harm to others without means; however, the thoughts may interfere
8.5 with participation in some activities. The client has difficulty functioning in significant life
8.6 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.
8.7 The client is able to participate in most treatment activities.

8.8 "3" The client has a severe lack of impulse control and coping skills. The client also has
8.9 frequent thoughts of suicide or harm to others including a plan and the means to carry out
8.10 the plan. In addition, the client is severely impaired in significant life areas and has severe
8.11 symptoms of emotional, behavioral, or cognitive problems that interfere with the client's
8.12 participation in treatment activities.

8.13 "4" The client has severe emotional or behavioral symptoms that place the client or
8.14 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.
8.15 The client is unable to participate in treatment activities.

8.16 (e) Dimension 4: Readiness for change. The vendor must use the criteria in Dimension
8.17 4 to determine a client's readiness for change and the support necessary to keep the client
8.18 involved in treatment services.

8.19 "0" The client is cooperative, motivated, ready to change, admits problems, committed
8.20 to change, and engaged in treatment as a responsible participant.

8.21 "1" The client is motivated with active reinforcement to explore treatment and strategies
8.22 for change but ambivalent about illness or need for change.

8.23 "2" The client displays verbal compliance, but lacks consistent behaviors; has low
8.24 motivation for change; and is passively involved in treatment.

8.25 "3" The client displays inconsistent compliance, minimal awareness of either the client's
8.26 addiction or mental disorder, and is minimally cooperative.

8.27 "4" The client is:

8.28 (i) noncompliant with treatment and has no awareness of addiction or mental disorder
8.29 and does not want or is unwilling to explore change or is in total denial of the client's illness
8.30 and its implications; or

8.31 (ii) the client is dangerously oppositional to the extent that the client is a threat of
8.32 imminent harm to self and others.

9.1 (f) Dimension 5: Relapse, continued use, and continued problem potential. The vendor
9.2 must use the criteria in Dimension 5 to determine a client's relapse, continued use, and
9.3 continued problem potential and the degree to which the client recognizes relapse issues
9.4 and has the skills to prevent relapse of either substance use or mental health problems.

9.5 "0" The client recognizes risk well and is able to manage potential problems.

9.6 "1" The client recognizes relapse issues and prevention strategies but displays some
9.7 vulnerability for further substance use or mental health problems.

9.8 "2" The client has:

9.9 (i) minimal recognition and understanding of relapse and recidivism issues and displays
9.10 moderate vulnerability for further substance use or mental health problems; or

9.11 (ii) some coping skills inconsistently applied.

9.12 "3" The client has poor recognition and understanding of relapse and recidivism issues
9.13 and displays moderately high vulnerability for further substance use or mental health
9.14 problems. The client has few coping skills and rarely applies coping skills.

9.15 "4" The client has no coping skills to arrest mental health or addiction illnesses or prevent
9.16 relapse. The client has no recognition or understanding of relapse and recidivism issues and
9.17 displays high vulnerability for further substance use disorder or mental health problems.

9.18 (g) Dimension 6: Recovery environment. The vendor must use the criteria in Dimension
9.19 6 to determine a client's recovery environment, whether the areas of the client's life are
9.20 supportive of or antagonistic to treatment participation and recovery.

9.21 "0" The client is engaged in structured meaningful activity and has a supportive significant
9.22 other, family, and living environment.

9.23 "1" The client has passive social network support, or family and significant other are
9.24 not interested in the client's recovery. The client is engaged in structured meaningful activity.

9.25 "2" The client is engaged in structured, meaningful activity, but peers, family, significant
9.26 other, and living environment are unsupportive, or there is criminal justice involvement by
9.27 the client or among the client's peers, significant other, or in the client's living environment.

9.28 "3" The client is not engaged in structured meaningful activity and the client's peers,
9.29 family, significant other, and living environment are unsupportive, or there is significant
9.30 criminal justice system involvement.

9.31 "4" The client has:

10.1 (i) a chronically antagonistic significant other, living environment, family, peer group,
10.2 or long-term criminal justice involvement that is harmful to recovery or treatment progress;
10.3 or

10.4 (ii) the client has an actively antagonistic significant other, family, work, or living
10.5 environment that poses an immediate threat to the client's safety and well-being. "

10.6 Page 141, after line 19, insert:

10.7 "**EFFECTIVE DATE.** The amendments to paragraph (b), clause (1), items (i) to (iv),
10.8 are effective January 1, 2025, or upon federal approval, whichever is later. The amendments
10.9 to paragraph (b), clause (1), items (v) to (vii), are effective January 1, 2024, or upon federal
10.10 approval, whichever is later. The amendments to paragraph (b), clauses (2) to (10), are
10.11 effective January 1, 2024."

10.12 Page 144, line 19, delete "245G" and insert "245F"

10.13 Page 146, line 25, after the semicolon, insert "and"

10.14 Page 146, line 27, delete "; and" and insert a period

10.15 Page 146, delete line 28

10.16 Page 148, delete section 29

10.17 Page 152, delete section 39 and insert:

10.18 "Sec. 39. **REPEALER.**

10.19 (a) Minnesota Statutes 2022, sections 245G.05, subdivision 2; and 256B.0759, subdivision
10.20 6, are repealed.

10.21 (b) Minnesota Statutes 2022, section 246.18, subdivisions 2 and 2a, are repealed.

10.22 **EFFECTIVE DATE.** Paragraph (a) is effective January 1, 2024. Paragraph (b) is
10.23 effective July 1, 2023."

10.24 Page 152, after line 27, insert:

10.25 "Section 1. Minnesota Statutes 2022, section 16A.151, subdivision 2, is amended to read:

10.26 Subd. 2. **Exceptions.** (a) If a state official litigates or settles a matter on behalf of specific
10.27 injured persons or entities, this section does not prohibit distribution of money to the specific
10.28 injured persons or entities on whose behalf the litigation or settlement efforts were initiated.
10.29 If money recovered on behalf of injured persons or entities cannot reasonably be distributed
10.30 to those persons or entities because they cannot readily be located or identified or because

11.1 the cost of distributing the money would outweigh the benefit to the persons or entities, the
11.2 money must be paid into the general fund.

11.3 (b) Money recovered on behalf of a fund in the state treasury other than the general fund
11.4 may be deposited in that fund.

11.5 (c) This section does not prohibit a state official from distributing money to a person or
11.6 entity other than the state in litigation or potential litigation in which the state is a defendant
11.7 or potential defendant.

11.8 (d) State agencies may accept funds as directed by a federal court for any restitution or
11.9 monetary penalty under United States Code, title 18, section 3663(a)(3), or United States
11.10 Code, title 18, section 3663A(a)(3). Funds received must be deposited in a special revenue
11.11 account and are appropriated to the commissioner of the agency for the purpose as directed
11.12 by the federal court.

11.13 (e) Tobacco settlement revenues as defined in section 16A.98, subdivision 1, paragraph
11.14 (t), may be deposited as provided in section 16A.98, subdivision 12.

11.15 (f) Any money received by the state resulting from a settlement agreement or an assurance
11.16 of discontinuance entered into by the attorney general of the state, or a court order in litigation
11.17 brought by the attorney general of the state, on behalf of the state or a state agency, related
11.18 to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids
11.19 in this state or other alleged illegal actions that contributed to the excessive use of opioids,
11.20 must be deposited in the settlement account established in the opiate epidemic response
11.21 fund under section 256.043, subdivision 1. This paragraph does not apply to attorney fees
11.22 and costs awarded to the state or the Attorney General's Office, to contract attorneys hired
11.23 by the state or Attorney General's Office, or to other state agency attorneys.

11.24 (g) Notwithstanding paragraph (f), if money is received from a settlement agreement or
11.25 an assurance of discontinuance entered into by the attorney general of the state or a court
11.26 order in litigation brought by the attorney general of the state on behalf of the state or a state
11.27 agency against a consulting firm working for an opioid manufacturer or opioid wholesale
11.28 drug distributor, the commissioner shall deposit any money received into the settlement
11.29 account established within the opiate epidemic response fund under section 256.042,
11.30 subdivision 1. Notwithstanding section 256.043, subdivision 3a, paragraph (a), any amount
11.31 deposited into the settlement account in accordance with this paragraph shall be appropriated
11.32 to the commissioner of human services to award as grants as specified by the opiate epidemic
11.33 response advisory council in accordance with section 256.043, subdivision 3a, paragraph
11.34 ~~(d)~~ (e)."

12.1 Page 158, after line 14, insert:

12.2 "(e) Training grant funds may be used to provide information and training on safe storage
12.3 and use of opiate antagonists. Training may be conducted via multiple modalities, including
12.4 but not limited to in-person, virtual, written, and video recordings."

12.5 Page 158, line 19, delete "may" and insert "must"

12.6 Page 158, line 27, delete "(k)" and insert "(j)"

12.7 Page 159, after line 7, insert:

12.8 "(e) \$400,000 is appropriated to the commissioner of human services for grants of
12.9 \$200,000 to CHI St. Gabriel's Health Family Medical Center for the opioid-focused Project
12.10 ECHO program and \$200,000 to Hennepin Health Care for the opioid-focused Project
12.11 ECHO program."

12.12 Page 159, delete lines 8 to 10

12.13 Page 160, delete lines 11 to 12

12.14 Page 162, line 3, strike "\$60,000 in fiscal year 2024," and strike "2025" and insert "2024"

12.15 Renumber the sections in sequence