

1.1 Senator moves to amend the delete-everything amendment (SCS5335A-3)
1.2 to S.F. No. 5335 as follows:

1.3 Page 19, after line 12, insert:

1.4 "Sec. 22. Laws 2023, chapter 61, article 1, section 60, subdivision 1, is amended to read:

1.5 Subdivision 1. **Definition.** "New American" means an individual born abroad and the
1.6 individual's children, ~~irrespective of immigration status.~~

1.7 Sec. 23. Laws 2023, chapter 61, article 1, section 60, subdivision 2, is amended to read:

1.8 Subd. 2. **Grant program established.** The commissioner of human services shall
1.9 establish a new American legal, social services, and long-term care workforce grant program
1.10 for organizations that serve and support new Americans:

1.11 (1) in seeking or maintaining legal or citizenship status ~~to legally obtain or retain and~~
1.12 obtaining or retaining legal authorization for employment in the United States in any field
1.13 or industry; or

1.14 (2) to provide specialized services and supports to new Americans to enter the long-term
1.15 care workforce."

1.16 Page 38, lines 21, 23, 25, 26, and 29, delete "July 1, 2024" and insert "January 1, 2025"

1.17 Page 45, after line 2, insert:

1.18 "Sec. 3. **ELECTRONIC VISIT VERIFICATION IMPLEMENTATION GRANT.**

1.19 Subdivision 1. **Establishment.** The commissioner of human services must establish a
1.20 onetime grant program to assist home care service providers with a portion of the costs of
1.21 implementation of electronic visit verification.

1.22 Subd. 2. **Eligible grant recipients.** Eligible grant recipients must be:

1.23 (1) providers of home care services licensed under chapter 144A;

1.24 (2) with an average daily census of at least 30 individuals; and

1.25 (3) with an average daily census of medical assistance and MinnesotaCare enrollees of
1.26 20 percent or higher in the 12 months prior to application.

1.27 Subd. 3. **Allowable uses.** Allowable uses of grant money include:

(1) administrative implementation of an electronic visit verification system, including but not limited to staff costs for loading patient information into the portal, programming, and training staff;

(2) electronic visit verification operations and maintenance, including but not limited to staff costs for addressing system flaws related to geographical location and clocking in and out;

(3) purchase and monthly fees for an upgraded electronic visit verification system;

(4) purchase of or reimbursement for cell phones and electronic tablets to be used by staff and the monthly fee for the phone service; and

(5) other activities approved by the commissioner.

Subd. 4. **Application for and distribution of grant funds.** In order to receive a grant under this section, providers must apply to the commissioner by November 1, 2024. Grants shall be distributed no later than February 1, 2025. Grant fund amounts awarded to each approved applicant will be determined by the total number of approved grantees and each approved applicant's medical assistance and MinnesotaCare average daily census.

Subd. 5. **Expiration.** This section expires June 30, 2026."

Page 79, lines 21 and 23, delete "chief medical officer" and insert "executive medical director"

Page 94, delete article 6 and insert:

"ARTICLE 6 MISCELLANEOUS

Section 1. [246.0142] FREE COMMUNICATION SERVICES FOR CONFINED PERSONS.

Subdivision 1. **Free communication services.** (a) A facility must provide confined persons with voice communication services. A facility may supplement voice communication services with other communication services, including but not limited to video communication and email or electronic messaging services. A facility must at least continue to offer the services the facility offered as of January 1, 2023.

(b) To the extent that voice or other communication services are provided, which must not be limited beyond program participation and routine facility policies and procedures,

3.1 neither the individual initiating the communication nor the individual receiving the
3.2 communication must be charged for the service.

3.3 Subd. 2. **Communication services restrictions.** Nothing in this section allows a confined
3.4 person to violate an active protection order, harassment restraining order, or other no-contact
3.5 order or directive. Notwithstanding section 241.252, subdivisions 2 and 4, nothing in this
3.6 section entitles a civilly committed person to communication services restricted or limited
3.7 under section 253B.03, subdivision 3, or 253D.19.

3.8 Subd. 3. **Revenue prohibited.** An agency operating a facility must not receive revenue
3.9 from the provision of voice communication services or any other communication services
3.10 under this section.

3.11 Subd. 4. **Visitation programs.** (a) Facilities shall maintain in-person visits for confined
3.12 persons. Communication services, including video calls, must not be used to replace a
3.13 facility's in-person visitation program or be counted toward a confined person's in-person
3.14 visitation limit.

3.15 (b) Notwithstanding paragraph (a), the agency operating the facility may waive the
3.16 in-person visitation program requirement under this subdivision if there is:

3.17 (1) a declared emergency under section 12.31; or

3.18 (2) a local-, state-, or federal-declared natural disaster.

3.19 Subd. 5. **Reporting.** (a) By January 15 of each year, the Department of Direct Care and
3.20 Treatment must report the information described in paragraph (b) to the commissioner of
3.21 corrections. By March 15 of each year, the commissioner of corrections shall submit a
3.22 summary of the information submitted under this paragraph to the chairs and ranking minority
3.23 members of the legislative committees having jurisdiction over corrections and human
3.24 services policy and finance.

3.25 (b) The Department of Direct Care and Treatment must include the following information
3.26 covering the previous calendar year in its annual report to the commissioner of corrections
3.27 required under paragraph (a):

3.28 (1) the status of all the agency's communication contracts; efforts to renegotiate the
3.29 agency's communication contracts, including the rates the agency is paying or charging
3.30 confined people or community members for any and all services in the contracts; and plans
3.31 to consolidate the agency's communication contracts to maximize purchasing power;

(2) a complete and detailed accounting of how appropriated funds for communication services are spent, including spending on expenses previously covered by commissions; and

(3) summary data on usage of all communication services, including monthly call and message volume.

Subd. 6. **Definitions.** For the purposes of this section, the following terms have the meanings given:

(1) "voice communications" means real-time, audio-only communication services, namely phone calls made over wireline telephony, voice over Internet protocol, or any other technology infrastructure;

(2) "other communication services" means communication services other than voice communications, including but not limited to video calls and electronic messages; and

(3) "facility" means any facility, setting, or program owned, operated, or under the programmatic or fiscal control of the Department of Direct Care and Treatment.

Sec. 2. **PLANNING COMMUNITY CARE HUB GRANT.**

Subdivision 1. **Establishment.** The commissioner of health shall establish a single grant to develop and design programs to expand and strengthen the community care hub model, which organizes and supports a network of health and social care service providers to address health-related social needs.

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

(b) "Community-based organization" means a public or private nonprofit organization of demonstrated effectiveness that is representative of a community or significant segments of a community and provides educational or related services to individuals in the community.

(c) "Community care hub" means a nonprofit organization that provides a centralized administrative and operational interface between health care institutions and a network of community-based organizations that provide health promotion and social care services.

(d) "Health-related social needs" means the individual-level, adverse social conditions that can negatively impact a person's health or health care, such as poor health literacy, food insecurity, housing instability, and lack of access to transportation.

(e) "Social care services" means culturally informed services to address health-related social needs and community-informed health promotion programs.

Subd. 3. **Eligible applicants.** To be eligible for the single grant available under this section, a grant applicant must:

(1) be recognized as a selected community care hub by the federal Administration for Community Living and the Centers for Disease Control and Prevention;

(2) hold contracts with health plans within Minnesota that allow the applicant to provide social care services to a plan's covered member population; and

(3) demonstrate active engagement in providing, coordinating, and aiding health care and social care services at the community level.

Subd. 4. **Eligible uses.** The grantee must use awarded funding to develop and design programs that support the development of a social care network that provides services to address health-related social needs. Activities eligible for funding under this section include but are not limited to education activities, feasibility studies, program design, and pilots.

EFFECTIVE DATE. This section is effective July 1, 2024."

Page 97, line 19, delete "2026" and insert "2025"

Page 99, after line 14, insert:

"Critical Access Nursing Facility Rate

Adjustments. \$3,277,000 is for rate adjustments for critical access nursing facilities under Minnesota Statutes, section 256R.47. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027. This is a onetime appropriation. "

Page 99, delete lines 18 to 29 and insert:

<u>"Subd. 8. Grant Programs; Health Care Grants</u>	<u>-0-</u>	<u>500,000</u>
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Community Care Hub Grant. \$500,000 in fiscal year 2025 is from the general fund for the community care hub planning grant. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027. This is a onetime appropriation. Notwithstanding Minnesota

6.1 Statutes, section 16B.98, subdivision 14, the
6.2 commissioner must not use any of this grant
6.3 amount for administrative costs."

6.4 Renumber the subdivisions in sequence

6.5 Page 101, after line 31, insert:

6.6 "(d) SEWA-AIFW. \$250,000 in fiscal year
6.7 2025 is for a grant to SEWA-AIFW. Of this
6.8 amount, \$75,000 is for SEWA-AIRW's South
6.9 Asian persons of neurodiverse abilities
6.10 (SAPNA) program and \$175,000 is for
6.11 SEWA-AIRW's senior program. This is a
6.12 onetime appropriation. Notwithstanding
6.13 Minnesota Statutes, section 16A.28,
6.14 subdivision 3, this appropriation is available
6.15 until June 30, 2027. Notwithstanding
6.16 Minnesota Statutes, section 16B.98,
6.17 subdivision 14, the commissioner must not
6.18 use any of this grant amount for administrative
6.19 costs."

6.20 Page 102, after line 15, insert:

6.21 "(c) **Electronic visit verification**
6.22 **implementation grants.** \$2,000,000 in fiscal
6.23 year 2025 is for electronic visit verification
6.24 implementation grants. This is a onetime
6.25 appropriation. Notwithstanding Minnesota
6.26 Statutes, section 16A.28, subdivision 3, this
6.27 appropriation is available until June 30, 2027.
6.28 Notwithstanding Minnesota Statutes, section
6.29 16B.98, subdivision 14, the commissioner
6.30 must not use any of this grant amount for
6.31 administrative costs."

6.32 Page 104, line 13, delete "\$460,000" and insert "\$690,000"

6.33 Page 105, after line 10, insert:

7.1 "(h) Self-Advocacy Grants for Persons with
7.2 Intellectual and Developmental Disabilities.

7.3 \$648,000 in fiscal year 2025 is for
7.4 self-advocacy grants under Minnesota Statutes,
7.5 section 256.477. Of these amounts, \$438,000
7.6 in fiscal year 2025 are for the activities under
7.7 Minnesota Statutes, section 256.477,
7.8 subdivision 1, paragraph (a), clauses (5) to (7),
7.9 and for administrative costs, and \$210,000 in
7.10 fiscal year 2025 is for the activities under
7.11 Minnesota Statutes, section 256.477,
7.12 subdivision 2. This is onetime appropriation.
7.13 Notwithstanding Minnesota Statutes, section
7.14 16A.28, subdivision 3, this appropriation is
7.15 available until June 30, 2027."

7.16 Page 106, after line 2, insert:

7.17 "(a) Free Communication Services for
7.18 Patients and Clients. \$292,000 in fiscal year
7.19 2025 is for free communication services under
7.20 Minnesota Statutes, section 246.0142. This is
7.21 a onetime appropriation. Notwithstanding
7.22 Minnesota Statutes, section 16A.28,
7.23 subdivision 3, this appropriation is available
7.24 until June 30, 2027."

7.25 Page 106, line 3, before "Base" insert "(a)"

7.26 Renumber the sections and articles in sequence and correct the internal references