

1.1 moves to amend H.F. No. 927, the first engrossment, as follows:

1.2 Page 309, delete section 20, and insert:

1.3 "Sec. 20. **SIMPLIFICATION OF ELIGIBILITY AND ENROLLMENT**
1.4 **PROCESS.**

1.5 (a) The commissioner of human services shall issue a request for proposals for a
1.6 contract to create an implementation plan for an integrated service delivery framework
1.7 including, at a minimum, all service delivery components specified in paragraph (f). The
1.8 implementation plan shall include proposed implementation phasing with implementation
1.9 timelines, estimated costs and savings associated with each implementation phase, tasks
1.10 related to obtaining federal financial participation, and a draft of the first implementation
1.11 request for proposals that will be issued. The first implementation request for proposals
1.12 shall be for implementation of a phased-in integrated online eligibility and application
1.13 portal for health care programs, food support, cash assistance, and child care, if federal
1.14 matching funds are available. The implementation request for proposals may incorporate
1.15 a performance-based vendor financing option in which the vendor shares the risk of the
1.16 project's success. The health care portal must be developed in phases with the capacity to
1.17 integrate food support, cash assistance, and child care programs as funds are available.
1.18 The request for proposals must require that the system recommended and implemented
1.19 by the contractor:

1.20 (1) streamline eligibility determinations and case processing to support statewide
1.21 eligibility processing. Responses to the request for proposals must specify components of
1.22 the service delivery framework the proposal addresses and the expected administrative
1.23 savings;

1.24 (2) enable interested persons to determine eligibility for each program, and to apply
1.25 for programs online in a manner that the applicant will be asked only those questions
1.26 relevant to the programs for which the person is applying;

2.1 (3) leverage technology that has been operational in other state environments with
2.2 similar requirements; and

2.3 (4) include Web-based application, worker application processing support, and the
2.4 opportunity for expansion. Responses to the request for proposals must indicate how
2.5 future expansion can include remaining service delivery components as specified in
2.6 paragraph (f).

2.7 (b) The commissioner shall issue a final report, including the implementation
2.8 plan and first implementation request for proposals, to the chairs and ranking minority
2.9 members of the legislative committees with jurisdiction over health and human services
2.10 no later than April 30, 2012.

2.11 (c) The commissioner shall partner with counties, a service delivery authority
2.12 established under Minnesota Statutes, chapter 402A, the Office of Enterprise Technology,
2.13 other state agencies, and service partners to develop an integrated service delivery
2.14 framework which will simplify and streamline human services eligibility and enrollment
2.15 processes. The primary objectives for the simplification effort include significantly
2.16 improved eligibility processing productivity resulting in reduced time for eligibility
2.17 determination and enrollment, increased customer service for applicants and recipients of
2.18 services, increased program integrity, and greater administrative flexibility.

2.19 (d) The commissioner shall develop a service oriented business architecture for
2.20 a fully automated medical, cash support, food support, and child care eligibility and
2.21 enrollment process that aligns with, and supports, the business processes and technology
2.22 tools of any state developed health care insurance exchange. The commissioner shall
2.23 use the eligibility and enrollment business architecture to create an integrated and
2.24 collaborative service delivery framework for evolving or maintaining existing information
2.25 technology and acquiring new information technology. The agency's plan and program for
2.26 creating the business architecture and integrated service delivery framework shall include
2.27 counties, service delivery authorities, collaborative partners, the Office of Enterprise
2.28 Technology, and end-users in the delivery of human services. An Enterprise Architecture
2.29 Board shall govern these efforts and shall be chaired by the commissioner.

2.30 (e) The commissioner will ensure agency compliance with the prompt, efficient, and
2.31 effective implementation of these governance provisions and specific service delivery
2.32 components. The commissioner, along with a county representative appointed by the
2.33 Association of Minnesota Counties, shall report specific implementation progress to the
2.34 legislature every six months beginning January 15, 2012.

2.35 (f) The commissioner shall work with the Minnesota Association of County Social
2.36 Service Administrators and the Office of Enterprise Technology to develop collaborative

3.1 task forces, as necessary, to support implementation of these service delivery components.

3.2 The commissioner must develop and include, as part of the integrated eligibility and

3.3 enrollment service delivery framework, the following:

3.4 (1) screening tools for applicants to determine potential eligibility as part of an

3.5 online application process;

3.6 (2) the capacity to use databases to electronically verify application and renewal

3.7 data as required by law;

3.8 (3) online accounts accessible by applicants, enrollees, and third-parties acting on

3.9 behalf of applicants and enrollees. At a minimum, online accounts must contain date of

3.10 application, application data, status of eligibility determination, premium and spend down

3.11 amounts and due dates, recertification dates, required verifications, and supplemental

3.12 information. These accounts must be a component of a self-service Web site that includes

3.13 the capacity for online application and renewal;

3.14 (4) recertification forms prepopulated with name, case number, eligibility data,

3.15 and a bar code for use statewide;

3.16 (5) an Interactive Voice Response system, available statewide, that provides case

3.17 information for applicants, enrollees, and authorized third parties;

3.18 (6) a statewide electronic document management system that provides seamless

3.19 electronic transfer of all documents required for eligibility and enrollment processes. All

3.20 entities processing eligibility and enrollment within the state shall use the electronic

3.21 document management system to accept and transfer any eligibility and enrollment

3.22 documents. Processing entities include the state, counties, service delivery authorities

3.23 established under Minnesota Statutes, chapter 402A, any health insurance exchange, and

3.24 authorized third parties. The electronic document management system must interface

3.25 with existing document management systems and automated eligibility systems. Agency

3.26 produced documents will contain bar codes that must be used by all eligibility processing

3.27 entities; and

3.28 (7) a centralized customer contact center that applicants, enrollees, and authorized

3.29 third parties can use statewide to receive program information, application assistance, and

3.30 case information; to report changes; to make cost-sharing payments; and conduct other

3.31 eligibility and enrollment transactions.

3.32 (g) All provisions in paragraph (f) must be fully integrated as part of any automated

3.33 eligibility systems. The commissioner must seek federal financial participation to fund

3.34 system development.

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