..... moves to amend H.F. No. 4579, the delete everything amendment (A22-0415), as follows:

Page 52, line 12, after "Statutes" insert "and Minnesota Rules"

Page 57, line 10, delete everything after "(e)"

Page 57, line 11, delete everything before "The"

Page 57, line 12, after "are" insert "confidential data on individuals or"

Page 57, line 13, delete "subdivision" and insert "subdivisions 3 and" and delete ", and" and insert ". Data that document a person's opinions formed as a result of the review"

Page 57, line 15, delete "reviews" and insert "is reviewing"

Page 57, line 21, delete "the person's presentation of information to the review team or"

Page 57, after line 22, insert:

"(f) By October 1 of each year, the commissioner shall prepare an annual public report containing the following information:

(1) the number of cases reviewed under each critical incident category identified in paragraph (b) and a geographical description of where cases under each category originated;

(2) an aggregate summary of the systemic themes from the critical incidents examined by the critical incident review team during the previous year;

(3) a synopsis of the conclusions, incident analyses, or exploratory activities taken in regard to the critical incidents examined by the critical incident review team; and

(4) recommendations made to the commissioner regarding systemic changes that could decrease the number and severity of critical incidents in the future or improve the quality of the home and community-based service system."

Page 65, line 26, before "90" insert "within" and delete "following" and insert "of"

Page 66, line 23, before "90" insert "within" and delete "following" and insert "of"

Page 68, line 16, before "90" insert "within" and delete "following" and insert "of"

Page 69, line 27, before "90" insert "within" and delete "following" and insert "of"

Page 71, delete section 13

Page 72, lines 15, 22, and 23, delete the new language and reinstate the stricken language

Page 73, line 20, delete everything after "later"

Page 73, line 21, delete everything before the period

Page 74, lines 17, 24, and 25, delete the new language and reinstate the stricken language

Page 75, line 16, delete everything after "later"

Page 75, line 17, delete everything before the period

Page 77, after line 16, insert:

"Sec. .... Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 8, is amended to read:

Subd. 8. **Determination of CFSS service authorization amount.** (a) All community first services and supports must be authorized by the commissioner or the commissioner's designee before services begin. The authorization for CFSS must be completed as soon as possible following an assessment but no later than 40 calendar days from the date of the assessment.

(b) The amount of CFSS authorized must be based on the participant's home care rating described in paragraphs (d) and (e) and any additional service units for which the participant qualifies as described in paragraph (f).

(c) The home care rating shall be determined by the commissioner or the commissioner's designee based on information submitted to the commissioner identifying the following for a participant:

(1) the total number of dependencies of activities of daily living;

(2) the presence of complex health-related needs; and

(3) the presence of Level I behavior.

(d) The methodology to determine the total service units for CFSS for each home care rating is based on the median paid units per day for each home care rating from fiscal year 2007 data for the PCA program.

(e) Each home care rating is designated by the letters P through Z and EN and has the following base number of service units assigned:

(1) P home care rating requires Level I behavior or one to three dependencies in ADLs and qualifies the person for five service units;

(2) Q home care rating requires Level I behavior and one to three dependencies in ADLs and qualifies the person for six service units;

(3) R home care rating requires a complex health-related need and one to three dependencies in ADLs and qualifies the person for seven service units;

(4) S home care rating requires four to six dependencies in ADLs and qualifies the person for ten service units;

(5) T home care rating requires four to six dependencies in ADLs and Level I behavior and qualifies the person for 11 service units;

(6) U home care rating requires four to six dependencies in ADLs and a complex health-related need and qualifies the person for 14 service units;

(7) V home care rating requires seven to eight dependencies in ADLs and qualifies the person for 17 service units;

(8) W home care rating requires seven to eight dependencies in ADLs and Level I behavior and qualifies the person for 20 service units;

(9) Z home care rating requires seven to eight dependencies in ADLs and a complex health-related need and qualifies the person for 30 service units; and

(10) EN home care rating includes ventilator dependency as defined in section 256B.0651, subdivision 1, paragraph ~~(g)~~ (i). A person who meets the definition of ventilator-dependent and the EN home care rating and utilize a combination of CFSS and home care nursing services is limited to a total of 96 service units per day for those services in combination. Additional units may be authorized when a person's assessment indicates a need for two staff to perform activities. Additional time is limited to 16 service units per day.

(f) Additional service units are provided through the assessment and identification of the following:

(1) 30 additional minutes per day for a dependency in each critical activity of daily living;

(2) 30 additional minutes per day for each complex health-related need; and

(3) 30 additional minutes per day for each behavior under this clause that requires assistance at least four times per week:

(i) level I behavior that requires the immediate response of another person;

(ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior; or

(iii) increased need for assistance for participants who are verbally aggressive or resistive to care so that the time needed to perform activities of daily living is increased.

(g) The service budget for budget model participants shall be based on:

(1) assessed units as determined by the home care rating; and

(2) an adjustment needed for administrative expenses.

**EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained."

Page 78, line 22, strike "226" and insert "500"

Page 80, after line 4, insert:

"(c) The appropriation for this subdivision must include administrative funding equal to the cost of two full-time equivalent employees to process eligibility. The commissioner must disburse administrative funding to the fiscal agent for the counties under this subdivision."

Page 80, after line 17, insert:

"Sec. .... Minnesota Statutes 2020, section 256S.18, subdivision 1, is amended to read:

Subdivision 1. **Case mix classifications.** (a) The elderly waiver case mix classifications A to K shall be the resident classes A to K established under Minnesota Rules, parts 9549.0058 and 9549.0059.

(b) A participant assigned to elderly waiver case mix classification A must be reassigned to elderly waiver case mix classification L if an assessment or reassessment performed under section 256B.0911 determines that the participant has:

(1) no dependencies in activities of daily living; or

(2) up to two dependencies in bathing, dressing, grooming, walking, or eating when the dependency score in eating is three or greater.

(c) A participant must be assigned to elderly waiver case mix classification V if the participant meets the definition of ventilator-dependent in section 256B.0651, subdivision 1, paragraph ~~(g)~~ (i).

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

Sec. .... Laws 2021, First Special Session chapter 7, article 17, section 14, subdivision 3, is amended to read:

Subd. 3. **Membership.** (a) The task force consists of ~~16~~ 20 members, appointed as follows:

(1) the commissioner of human services or a designee;

(2) the commissioner of labor and industry or a designee;

(3) the commissioner of education or a designee;

(4) the commissioner of employment and economic development or a designee;

(5) a representative of the Department of Employment and Economic Development's Vocational Rehabilitation Services Division appointed by the commissioner of employment and economic development;

(6) one member appointed by the Minnesota Disability Law Center;

(7) one member appointed by The Arc of Minnesota;

(8) ~~three~~ four members who are persons with disabilities appointed by the commissioner of human services, at least one of whom ~~must be~~ is neurodiverse, ~~and~~ at least one of whom ~~must have~~ has a significant physical disability, and at least one of whom at the time of the appointment is being paid a subminimum wage;

(9) two representatives of employers authorized to pay subminimum wage and one representative of an employer who successfully transitioned away from payment of subminimum wages to people with disabilities, appointed by the commissioner of human services;

(10) one member appointed by the Minnesota Organization for Habilitation and Rehabilitation;

(11) one member appointed by ARRM; ~~and~~

(12) one member appointed by the State Rehabilitation Council; and

(13) three members who are parents or guardians of persons with disabilities appointed by the commissioner of human services, at least one of whom is a parent or guardian of a person who is neurodiverse, at least one of whom is a parent or guardian of a person with a significant physical disability, and at least one of whom is a parent or guardian of a person being paid a subminimum wage as of the date of the appointment.

(b) To the extent possible, membership on the task force under paragraph (a) shall reflect geographic parity throughout the state and representation from Black, Indigenous, and communities of color.

**EFFECTIVE DATE.** This section is effective the day following final enactment. The commissioner of human services must make the additional appointments required under this section within 30 days following final enactment."

Page 82, delete section 22

Page 83, delete sections 23, 24, and 25

Page 84, delete section 26

Page 85, delete section 27

Page 87, delete section 28

Page 88, delete section 29

Page 90, delete section 30

Page 91, delete section 31

Page 93, delete section 32

Page 95, line 26, delete the new language and reinstate the stricken language

Page 96, delete section 34

Page 96, lines 3 and 4, delete the new language and reinstate the stricken language

Page 96, line 22, delete everything after "later"

Page 96, line 23, delete everything before the period

Page 104, line 1, delete "23" and insert "24"

Page 104, after line 19, insert:

"(14) one member appointed by the Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing;"

Renumber the clauses in sequence

Page 110, delete section 41

Page 128, after line 26, insert:

"Sec. .... Minnesota Statutes 2021 Supplement, section 245A.043, subdivision 3, is amended to read:

Subd. 3. **Change of ownership process.** (a) When a change in ownership is proposed and the party intends to assume operation without an interruption in service longer than 60 days after acquiring the program or service, the license holder must provide the commissioner with written notice of the proposed change on a form provided by the commissioner at least 60 days before the anticipated date of the change in ownership. For purposes of this subdivision and subdivision 4, "party" means the party that intends to operate the service or program.

(b) The party must submit a license application under this chapter on the form and in the manner prescribed by the commissioner at least 30 days before the change in ownership is complete, and must include documentation to support the upcoming change. The party must comply with background study requirements under chapter 245C and shall pay the application fee required under section 245A.10. A party that intends to assume operation without an interruption in service longer than 60 days after acquiring the program or service is exempt from the requirements of sections 245G.03, subdivision 2, paragraph (b), and 254B.03, subdivision 2, paragraphs ~~(d)~~ (c) and ~~(e)~~ (d).

(c) The commissioner may streamline application procedures when the party is an existing license holder under this chapter and is acquiring a program licensed under this chapter or service in the same service class as one or more licensed programs or services the party operates and those licenses are in substantial compliance. For purposes of this subdivision, "substantial compliance" means within the previous 12 months the commissioner did not (1) issue a sanction under section 245A.07 against a license held by the party, or (2) make a license held by the party conditional according to section 245A.06.

(d) Except when a temporary change in ownership license is issued pursuant to subdivision 4, the existing license holder is solely responsible for operating the program according to applicable laws and rules until a license under this chapter is issued to the party.

(e) If a licensing inspection of the program or service was conducted within the previous 12 months and the existing license holder's license record demonstrates substantial compliance with the applicable licensing requirements, the commissioner may waive the party's inspection required by section 245A.04, subdivision 4. The party must submit to the commissioner (1) proof that the premises was inspected by a fire marshal or that the fire marshal deemed that an inspection was not warranted, and (2) proof that the premises was inspected for compliance with the building code or that no inspection was deemed warranted.

(f) If the party is seeking a license for a program or service that has an outstanding action under section 245A.06 or 245A.07, the party must submit a letter as part of the application process identifying how the party has or will come into full compliance with the licensing requirements.

(g) The commissioner shall evaluate the party's application according to section 245A.04, subdivision 6. If the commissioner determines that the party has remedied or demonstrates the ability to remedy the outstanding actions under section 245A.06 or 245A.07 and has determined that the program otherwise complies with all applicable laws and rules, the commissioner shall issue a license or conditional license under this chapter. The conditional license remains in effect until the commissioner determines that the grounds for the action are corrected or no longer exist.

(h) The commissioner may deny an application as provided in section 245A.05. An applicant whose application was denied by the commissioner may appeal the denial according to section 245A.05.

(i) This subdivision does not apply to a licensed program or service located in a home where the license holder resides."

Page 138, line 26, delete "2960.0500" and insert "2960.0490"

Page 153, line 22, before "mental" insert "children's"

Page 163, after line 29, insert:

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

Subd. 5m. **Certified community behavioral health clinic services.** (a) Medical assistance covers services provided by a not-for-profit certified community behavioral health clinic (CCBHC) ~~services~~ that ~~meet the requirements of section 245.735, subdivision 3~~ is licensed by the commissioner under section 245I.30 and chapter 245A.

(b) The commissioner shall reimburse CCBHCs on a ~~per-visit~~ per-day basis ~~under the prospective payment~~ for each day that an eligible service is delivered, using the CCBHC daily bundled rate system for medical assistance payments as described in paragraph (c). The commissioner shall include a quality incentive payment in the ~~prospective payment~~ CCBHC daily bundled rate system as described in paragraph (e). There is no county share for medical assistance services when reimbursed through the CCBHC ~~prospective payment~~ daily bundled rate system.

(c) The commissioner shall ensure that the ~~prospective payment~~ CCBHC daily bundled rate system for CCBHC payments under medical assistance meets the following requirements:

(1) the ~~prospective payment~~ CCBHC daily bundled rate shall be a provider-specific rate calculated for each CCBHC, based on the daily cost of providing CCBHC services and the total annual allowable CCBHC costs ~~for CCBHCs~~ divided by the total annual number of CCBHC visits. For calculating the payment rate, total annual visits include visits covered by medical assistance and visits not covered by medical assistance. Allowable costs include but are not limited to the salaries and benefits of medical assistance providers; the cost of CCBHC services provided under section ~~245.735, subdivision 3, paragraph (a), clauses (6) and (7)~~ 245I.30, subdivision 6, paragraph (a); and other costs such as insurance or supplies needed to provide CCBHC services;

(2) payment shall be limited to one payment per day per medical assistance enrollee ~~for each~~ when an eligible CCBHC ~~visit eligible for reimbursement~~ service is provided. A CCBHC visit is eligible for reimbursement if at least one of the CCBHC services listed under section ~~245.735, subdivision 3, paragraph (a), clause (6)~~ 245I.30, subdivision 6, paragraph (a), is furnished to a medical assistance enrollee by a health care practitioner or licensed agency employed by or under contract with a CCBHC;

(3) ~~new payment~~ initial CCBHC daily bundled rates ~~set by the commissioner~~ for newly ~~certified~~ licensed CCBHCs under section ~~245.735, subdivision 3,~~ 245I.30 shall be ~~based on rates for established CCBHCs with a similar scope of services. If no comparable CCBHC exists, the commissioner shall establish a clinic-specific rate using audited historical cost~~

~~report data adjusted for the estimated cost of delivering CCBHC services, including the estimated cost of providing the full scope of services and the projected change in visits resulting from the change in scope~~ established by the commissioner using a provider-specific rate based on the newly certified CCBHC's audited historical cost report data adjusted for the expected cost of delivering CCBHC services. Estimates are subject to review by the commissioner and must include the expected cost of providing the full scope of CCBHC services and the expected number of visits for the rate period;

(4) the commissioner shall rebase CCBHC rates once every three years following the last rebasing and no less than 12 months following an initial rate or a rate change due to a change in the scope of services;

(5) the commissioner shall provide for a 60-day appeals process after notice of the results of the rebasing;

(6) the ~~prospective payment~~ CCBHC daily bundled rate under this section does not apply to services rendered by CCBHCs to individuals who are dually eligible for Medicare and medical assistance when Medicare is the primary payer for the service. An entity that receives a ~~prospective payment~~ CCBHC daily bundled rate system ~~rate~~ that overlaps with the CCBHC rate is not eligible for the CCBHC rate;

(7) payments for CCBHC services to individuals enrolled in managed care shall be coordinated with the state's phase-out of CCBHC wrap payments. The commissioner shall complete the phase-out of CCBHC wrap payments within 60 days of the implementation of the ~~prospective payment~~ CCBHC daily bundled rate system in the Medicaid Management Information System (MMIS), for CCBHCs reimbursed under this chapter, with a final settlement of payments due made payable to CCBHCs no later than 18 months thereafter;

(8) the ~~prospective payment~~ CCBHC daily bundled rate for each CCBHC shall be updated by trending each provider-specific rate by the Medicare Economic Index for primary care services. This update shall occur each year in between rebasing periods determined by the commissioner in accordance with clause (4). CCBHCs must provide data on costs and visits to the state annually using the CCBHC cost report established by the commissioner; and

(9) a CCBHC may request a rate adjustment for changes in the CCBHC's scope of services when such changes are expected to result in an adjustment to the CCBHC payment rate by 2.5 percent or more. The CCBHC must provide the commissioner with information regarding the changes in the scope of services, including the estimated cost of providing the new or modified services and any projected increase or decrease in the number of visits resulting from the change. Estimated costs are subject to review by the commissioner. Rate

adjustments for changes in scope shall occur no more than once per year in between rebasing periods per CCBHC and are effective on the date of the annual CCBHC rate update.

(d) Managed care plans and county-based purchasing plans shall reimburse CCBHC providers at the ~~prospective payment~~ CCBHC daily bundled rate. The commissioner shall monitor the effect of this requirement on the rate of access to the services delivered by CCBHC providers. If, for any contract year, federal approval is not received for this paragraph, the commissioner must adjust the capitation rates paid to managed care plans and county-based purchasing plans for that contract year to reflect the removal of this provision. Contracts between managed care plans and county-based purchasing plans and providers to whom this paragraph applies must allow recovery of payments from those providers if capitation rates are adjusted in accordance with this paragraph. Payment recoveries must not exceed the amount equal to any increase in rates that results from this provision. This paragraph expires if federal approval is not received for this paragraph at any time.

(e) The commissioner shall implement a quality incentive payment program for CCBHCs that meets the following requirements:

(1) a CCBHC shall receive a quality incentive payment upon meeting specific numeric thresholds for performance metrics established by the commissioner, in addition to payments for which the CCBHC is eligible under the ~~prospective payment~~ CCBHC daily bundled rate system described in paragraph (c);

(2) a CCBHC must be certified and enrolled as a CCBHC for the entire measurement year to be eligible for incentive payments;

(3) each CCBHC shall receive written notice of the criteria that must be met in order to receive quality incentive payments at least 90 days prior to the measurement year; and

(4) a CCBHC must provide the commissioner with data needed to determine incentive payment eligibility within six months following the measurement year. The commissioner shall notify CCBHC providers of their performance on the required measures and the incentive payment amount within 12 months following the measurement year.

(f) All claims to managed care plans for CCBHC services as provided under this section shall be submitted directly to, and paid by, the commissioner on the dates specified no later than January 1 of the following calendar year, if:

(1) one or more managed care plans does not comply with the federal requirement for payment of clean claims to CCBHCs, as defined in Code of Federal Regulations, title 42,

section 447.45(b), and the managed care plan does not resolve the payment issue within 30 days of noncompliance; and

(2) the total amount of clean claims not paid in accordance with federal requirements by one or more managed care plans is 50 percent of, or greater than, the total CCBHC claims eligible for payment by managed care plans.

If the conditions in this paragraph are met between January 1 and June 30 of a calendar year, claims shall be submitted to and paid by the commissioner beginning on January 1 of the following year. If the conditions in this paragraph are met between July 1 and December 31 of a calendar year, claims shall be submitted to and paid by the commissioner beginning on July 1 of the following year."

Page 167, line 18, after "intensive" insert "behavioral health"

Page 167, line 23, after "Intensive" insert "behavioral health"

Page 170, line 29, after "intensive" insert "behavioral health" and strike "within a foster family setting"

Page 171, line 8, before "intensive" insert "children's"

Page 171, line 9, strike "children's mental health" and insert "behavioral health"

Page 171, line 30, before "intensive" insert "children's" and strike "treatment" and insert "behavioral health services" and delete "for children"

Page 192, after line 26, insert:

"Sec. .... **REVISOR INSTRUCTION.**

The revisor of statutes shall change the term "intensive treatment in foster care" or similar terms to "children's intensive behavioral health services" wherever they appear in Minnesota Statutes and Minnesota Rules when referring to those providers and services regulated under Minnesota Statutes, section 256B.0946. The revisor shall make technical and grammatical changes related to the changes in terms."

Page 223, line 7, strike "and"

Page 223, after line 7, insert:

"(4) homemaker services under the developmental disability waiver under section 256B.092 and community alternative care, community access for disability inclusion, and brain injury waiver under section 256B.49; and"

Page 223, line 8, delete "(4)" and insert "(5)"

Page 223, after line 9, insert:

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

Page 224, line 3, delete "service" and insert "homemaker services"

Page 224, line 4, delete everything after "for" and insert "homemaker services"

Page 224, line 5, delete everything before "as" and before the period, insert ", subdivisions 9 to 11"

Page 224, line 7, delete "wages" and insert "wage index for homemaker services" and after "256S.212" insert ", subdivisions 8 to 10,"

Page 224, line 9, after the second comma, insert "and the general and administrative factor in section 256S.213, subdivision 2,"

Page 224, line 11, delete "and the"

Page 224, delete lines 12 and 13, and insert "in section 256S.213, subdivision 4, based on the most recently available Bureau of Labor Statistics Minneapolis-St. Paul-Bloomington, MN-WI MetroSA data; and"

Page 224, line 14, before "services" insert "homemaker"

Page 235, after line 6, insert:

"Sec. .... **REVISOR INSTRUCTION.**

In Minnesota Statutes, chapter 256S, the revisor of statutes shall change the following terms: (1) "homemaker services and assistance with personal care" to "homemaker assistance with personal care services"; (2) "homemaker services and cleaning" to "homemaker cleaning services"; and (3) "homemaker services and home management" to "homemaker home management services" wherever the terms appear. The revisor shall also make necessary grammatical changes related to the changes in terms."

Page 240, after line 4, insert:

"Sec. .... Minnesota Statutes 2020, section 260C.001, subdivision 3, is amended to read:

Subd. 3. **Permanency, termination of parental rights, and adoption.** The purpose of the laws relating to permanency, termination of parental rights, and children who come under the guardianship of the commissioner of human services is to ensure that:

(1) when required and appropriate, reasonable efforts have been made by the social services agency to reunite the child with the child's parents in a home that is safe and permanent;

(2) if placement with the parents is not reasonably foreseeable, to secure for the child a safe and permanent placement according to the requirements of section 260C.212, subdivision 2, preferably ~~with adoptive parents~~ with a relative through an adoption or a transfer of permanent legal and physical custody or, if that is not possible or in the best interests of the child, ~~a fit and willing relative through transfer of permanent legal and physical custody to that relative~~ with a nonrelative caregiver through adoption; and

(3) when a child is under the guardianship of the commissioner of human services, reasonable efforts are made to finalize an adoptive home for the child in a timely manner.

Nothing in this section requires reasonable efforts to prevent placement or to reunify the child with the parent or guardian to be made in circumstances where the court has determined that the child has been subjected to egregious harm, when the child is an abandoned infant, the parent has involuntarily lost custody of another child through a proceeding under section 260C.515, subdivision 4, or similar law of another state, the parental rights of the parent to a sibling have been involuntarily terminated, or the court has determined that reasonable efforts or further reasonable efforts to reunify the child with the parent or guardian would be futile.

The paramount consideration in all proceedings for permanent placement of the child under sections 260C.503 to 260C.521, or the termination of parental rights is the best interests of the child. In proceedings involving an American Indian child, as defined in section 260.755, subdivision 8, the best interests of the child must be determined consistent with the Indian Child Welfare Act of 1978, United States Code, title 25, section 1901, et seq."

Page 273, after line 16, insert:

"Sec. .... Minnesota Statutes 2020, section 260C.513, is amended to read:

**260C.513 PERMANENCY DISPOSITIONS WHEN CHILD CANNOT RETURN HOME.**

(a) ~~Termination of parental rights and adoption, or guardianship to the commissioner of human services through a consent to adopt, are preferred permanency options for a child who cannot return home. If the court finds that termination of parental rights and guardianship to the commissioner is not in the child's best interests, the court may transfer permanent legal and physical custody of the child to a relative when that order is in the child's best~~

~~interests~~ In determining a permanency disposition under section 260C.515 for a child who cannot return home, the court shall give preference to a permanency disposition that will result in the child being placed in the permanent care of a relative through a termination of parental rights and adoption, guardianship to the commissioner of human services through a consent to adopt, or a transfer of permanent legal and physical custody, consistent with the best interests of the child and section 260C.212, subdivision 2, paragraph (a). If a relative is not available to accept placement or the court finds that a permanent placement with a relative is not in the child's best interests, the court may consider a permanency disposition that may result in the child being permanently placed in the care of a nonrelative caregiver, including adoption.

(b) When the court has determined that permanent placement of the child away from the parent is necessary, the court shall consider permanent alternative homes that are available both inside and outside the state."

Page 321, delete section 26

Page 341, delete line 15 and insert:

"**EFFECTIVE DATE.** This section is effective July 1, 2022, except the amendment removing nonrecurring income over $60 per quarter is effective July 1, 2023."

Page 350, delete section 1

Page 350, after line 6, insert:

"Sec. .... **DIRECTION TO THE COMMISSIONER; INCOME AND ASSET EXCLUSION FOR LOCAL GUARANTEED INCOME DEMONSTRATION PROJECTS.**

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

(b) "Commissioner" means the commissioner of human services unless specified otherwise.

(c) "Guaranteed income demonstration project" means a local demonstration project to evaluate how unconditional cash payments have a causal effect on income volatility, financial well-being, and early childhood development in infants and toddlers.

Subd. 2. **Commissioner; income and asset exclusion.** (a) During the duration of the guaranteed income demonstration project, the commissioner shall not count payments made

to families by the guaranteed income demonstration project as income or assets for purposes of determining or redetermining eligibility for the following programs:

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

(2) the Minnesota family investment program, work benefit program, or diversionary work program under Minnesota Statutes, chapter 256J.

(b) During the duration of the guaranteed income demonstration project, the commissioner shall not count payments made to families by the guaranteed income demonstration project as income or assets for purposes of determining or redetermining eligibility for the following programs:

(1) medical assistance under Minnesota Statutes, chapter 256B; and

(2) MinnesotaCare under Minnesota Statutes, chapter 256L.

**EFFECTIVE DATE.** This section is effective July 1, 2022, except for subdivision 2, paragraph (b), which is effective July 1, 2022, or upon federal approval, whichever is later."

Page 351, lines 17, 18, 21, and 22, after "secure" insert "treatment"

Page 351, line 19, before the period, insert "with the consent of the head of the treatment facility"

Page 351, line 26, delete "judicial appeal" and insert "commissioner"

Page 351, line 27, delete "panel"

Page 351, line 29, delete "or judicial appeal panel"

Page 352, line 14, delete "and" and insert a comma and before the period, insert ", and the designated agency"

Page 352, line 23, delete "judicial appeal panel" and insert "commissioner"

Page 352, after line 25, insert:

"Sec. .... Minnesota Statutes 2021 Supplement, section 256.01, subdivision 42, is amended to read:

Subd. 42. **Expiration of report mandates.** (a) If the submission of a report by the commissioner of human services to the legislature is mandated by statute and the enabling legislation does not include a date for the submission of a final report or an expiration date, the mandate to submit the report shall expire in accordance with this section.

(b) If the mandate requires the submission of an annual or more frequent report and the mandate was enacted before January 1, 2021, the mandate shall expire on January 1, 2023. If the mandate requires the submission of a biennial or less frequent report and the mandate was enacted before January 1, 2021, the mandate shall expire on January 1, 2024.

(c) Any reporting mandate enacted on or after January 1, 2021, shall expire three years after the date of enactment if the mandate requires the submission of an annual or more frequent report and shall expire five years after the date of enactment if the mandate requires the submission of a biennial or less frequent report unless the enacting legislation provides for a different expiration date.

(d) By January 15 of each year, the commissioner shall submit a list ~~to the chairs and ranking minority members of the legislative committees with jurisdiction over human services by February 15 of each year, beginning February 15, 2022,~~ of all reports set to expire during the following calendar year ~~in accordance with this section~~ to the chairs and ranking minority members of the legislative committees with jurisdiction over human services. Notwithstanding paragraph (c), this paragraph does not expire."

Page 389, line 5, delete "36,333,000" and insert "32,461,000" and delete "308,379,000" and insert "315,995,000"

Page 389, line 8, delete "401,851,000" and insert "403,270,000"

Page 389, line 9, delete "1,936,000" and insert "(1,936,000)" and delete "(94,030,000)" and insert "(88,042,000)"

Page 389, line 12, delete "551,000" and insert "760,000"

Page 389, line 15, delete "96,197,000" and insert "96,320,000"

Page 389, line 16, delete "10,029,000" and insert "13,729,000"

Page 389, line 32, delete "$11,788,000" and insert "$11,868,000"

Page 389, line 33, delete "$9,301,000" and insert "$9,369,000"

Page 390, line 1, delete "$636,000" and insert "$1,551,000" and delete "$2,015,000" and insert "$1,455,000"

Page 390, line 3, delete "21,888,000" and insert "21,992,000"

Page 390, line 29, delete "$7,782,000" and insert "$7,823,000"

Page 390, line 30, delete "$7,537,000" and insert "$7,578,000"

Page 390, line 34, delete "811,000" and insert "2,475,000"

Page 391, line 8, after "appropriation" insert "and is available until June 30, 2025"

Page 392, line 1, delete "$3,147,000" and insert "$5,123,000"

Page 392, line 3, delete "$2,547,000" and insert "$4,357,000" and delete "$5,715,000" and insert "$7,550,000"

Page 392, line 26, delete "551,000" and insert "760,000"

Page 393, after line 12, insert:

"(d) **Online tool accessibility and capacity expansion.** $395,000 in fiscal year 2023 is to expand the accessibility and capacity of online tools for people receiving services and direct support workers. The base for this appropriation is $664,000 in fiscal year 2024 and $681,000 in fiscal year 2025.

(e) **Systemic critical incident review team.** $459,000 in fiscal year 2023 is to implement the systemic critical incident review process in Minnesota Statutes, section 256.01, subdivision 12b. The base for this appropriation is $498,000 in fiscal year 2024 and $498,000 in fiscal year 2025."

Page 393, line 13, delete "(d)" and insert "(f)"

Page 393, line 14, delete "$9,803,000" and insert "$9,908,000"

Page 393, line 15, delete "$8,105,000" and insert "$8,210,000" and after the period, insert "The opiate epidemic response base is increased $790,000 in fiscal year 2024 and $790,000 in fiscal year 2025."

Page 393, line 25, delete "2,181,000" and insert "4,304,000"

Page 393, line 29, delete "29,066,000" and insert "28,724,000"

Page 394, line 2, delete "(56,603,000)" and insert "(54,031,000)"

Page 394, line 3, delete "(134,000,000)" and insert "(136,906,000)"

Page 394, line 14, delete "9,032,000" and insert "8,984,000"

Page 396, line 13, delete "used" and insert "available"

Page 397, line 25, delete "required" and insert "determined"

Page 398, line 2, delete "$52,440,000" and insert "$52,386,000"

Page 398, line 3, delete "$49,769,000" and insert "$49,715,000"

Page 398, line 10, delete "144,386,000" and insert "145,931,000"

Page 401, line 30, delete everything after the period

Page 401, delete line 31

Page 401, line 32, delete "May 1, 2022."

Page 404, line 8, delete "$61,559,000" and insert "$63,104,000"

Page 404, line 9, delete "$65,209,000" and insert "$66,754,000"

Page 404, line 14, delete "1,936,000" and insert "(1,936,000)" and delete "64,000" and insert "3,936,000"

Page 404, line 26, delete "2022" and insert "2023"

Page 404, line 30, delete "June 30," and insert "July 1,"

Page 405, line 1, delete "2020" and insert "2022"

Page 405, line 4, delete "$64,000" and insert "$2,000,000"

Page 405, line 9, delete "general" and insert "health care access"

Page 405, line 29, delete "could" and insert "may"

Page 408, line 22, delete "33,280,000" and insert "31,076,000"

Page 409, line 8, delete "can" and insert "may"

Page 409, delete lines 34 and 35

Page 410, delete lines 1 to 8

Reletter the paragraphs in sequence

Page 411, line 26, delete "$32,092,000" and insert "$27,092,000"

Page 411, line 27, delete "$39,216,000" and insert "$34,216,000"

Page 411, line 31, delete "16,396,000" and insert "13,660,000"

Page 414, line 4, delete "266,597,000" and insert "266,507,000"

Page 414, line 7, delete "260,127,000" and insert "258,888,000"

Page 414, line 9, delete "4,895,000" and insert "6,044,000"

Page 414, line 13, delete "182,977,000" and insert "222,757,000"

Page 414, line 19, after "for" insert "the"

Page 414, line 20, delete "grants" and after the period insert "Of this appropriation, $455,000 is for administration and $7,890,000 is for grants."

Page 414, line 22, delete "$10,014,000" and insert "$8,671,000" and after "2024" insert ", of which $455,000 is for administration and $7,890,000 is for grants,"

Page 414, delete line 23 and insert "$8,671,000 in fiscal year 2025, of which $455,000 is for administration and $7,890,000 is for grants."

Page 421, line 8, delete "$3,275,000" and insert "$4,275,000"

Page 421, line 21, delete "$2,000,000" and insert "$3,000,000"

Page 423, line 1, delete "for a"

Page 423, line 2, delete "contract"

Page 423, line 5, after the period, insert "Of this appropriation, $250,000 is for a contract with the University of Minnesota School of Public Health and the Carlson School of Management."

Page 423, line 7, after "2024" insert ", of which $250,000 is for a contract with the University of Minnesota School of Public Health and the Carlson School of Management,"

Page 423, after line 14, insert:

"(w) **Sexual Exploitation and Trafficking Study.** $300,000 in fiscal year 2023 is to fund a prevalence study on youth and adult victim survivors of sexual exploitation and trafficking. This is a onetime appropriation and is available until June 30, 2024.

(x) **Local and Tribal Public Health Emergency Preparedness and Response.** $9,000,000 in fiscal year 2023 is from the general fund for distribution to local and Tribal public health organizations for emergency preparedness and response capabilities. At

least 90 percent of this appropriation must be distributed to local and Tribal public health organizations, and up to ten percent of this appropriation may be used by the commissioner for administrative costs. Use of this appropriation must align with the Centers for Disease Control and Prevention's issued report, Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health.

(y) **Grants to Local Public Health Departments.** $16,172,000 in fiscal year 2023 is from the general fund for grants to local public health departments for public health response related to defining elevated blood lead level as 3.5 micrograms of lead or greater per deciliter of whole blood. Of this amount, $172,000 is available to the commissioner for administrative costs. This appropriation is available until June 30, 2025. The general fund base for this appropriation is $5,000,000 in fiscal year 2024 and $5,000,000 in fiscal year 2025.

(z) **Loan Forgiveness for Nursing Instructors.** Notwithstanding the priorities and distribution requirements in Minnesota Statutes, section 144.1501, $50,000 in fiscal year 2023 is from the general fund for loan forgiveness under the health professional education loan forgiveness program under Minnesota Statutes, section 144.1501, for eligible nurses who agree to teach.

(aa) **Mental Health of Health Care Workers.** $1,000,000 in fiscal year 2023 is from the

general fund for competitive grants to hospitals, community health centers, rural health clinics, and medical professional associations to establish or enhance evidence-based or evidence-informed programs dedicated to improving the mental health of health care professionals.

(bb) **Prevention of Violence in Health Care.** $50,000 in fiscal year 2023 is from the general fund to continue the prevention of violence in health care programs and to create violence prevention resources for hospitals and other health care providers to use to train their staff on violence prevention.

(cc) **Hospital Nursing Loan Forgiveness.** $5,000,000 in fiscal year 2023 is from the general fund for the hospital nursing loan forgiveness program under Minnesota Statutes, section 144.1504.

(dd) **Program to Distribute COVID-19 Tests, Masks, and Respirators.** $15,000,000 in fiscal year 2023 is from the general fund for a program to distribute COVID-19 tests, masks, and respirators to individuals in the state. This is a onetime appropriation.

(ee) **Safe Harbor Grants.** $1,000,000 in fiscal year 2023 is for grants to fund supportive services including but not limited to legal services, mental health therapy, substance use disorder counseling, and case management for sexually exploited youth or youth at risk of sexual exploitation under Minnesota Statutes, section 145.4716.

(ff) **Safe Harbor Regional Navigators.**
$700,000 in fiscal year 2023 is for safe harbor regional navigators under Minnesota Statutes, section 145.4717."

Reletter the paragraphs in sequence

Page 423, line 16, delete "$181,679,000" and insert "$195,645,000"

Page 423, line 17, delete "$181,156,000" and insert "$195,063,000"

Page 423, line 26, delete "77,150,000" and insert "36,131,000"

Page 423, line 28, delete "4,386,000" and insert "5,535,000"

Page 425, delete lines 33 to 35

Page 426, delete lines 1 to 3

Page 426, delete lines 21 to 35

Page 427, delete lines 1 to 35

Page 428, delete lines 1 to 28

Reletter the paragraphs in sequence

Page 429, line 2, delete "$32,206,000" and insert "$17,269,000"

Page 429, line 3, delete "$20,021,000" and insert "$5,065,000"

Page 429, line 5, delete "$4,299,000" and insert "$5,242,000"

Page 429, line 6, delete "$4,288,000" and insert "$5,171,000"

Page 430, line 10, delete "1,000,000" and insert "1,070,000"

Page 430, line 12, delete "$1,000,000" and insert "$1,070,000"

Page 430, line 17, delete "$500,000" and insert "$347,000"

Page 430, line 18, delete "$1,000,000" and insert "$415,000"

Renumber the sections in sequence and correct the internal references