

1.1 moves to amend H.F. No. 4307 as follows:

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

1.4 Page 2, after line 20, insert:

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

1.6 Page 2, after line 29, insert:

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

1.8 Page 3, after line 21, insert:

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

1.10 Page 3, after line 29, insert:

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

1.12 Page 4, after line 18, insert:

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

1.14 Page 4, after line 34, insert:

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

1.16 Page 5, after line 7, insert:

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

1.18 Page 5, after line 32, insert:

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

1.20 Page 6, after line 6, insert:

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

2.1 Page 6, after line 18, insert:

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

2.3 Page 6, after line 27, insert:

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

2.5 Page 7, after line 9, insert:

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

2.7 Page 7, after line 15, insert:

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

2.9 Page 8, after line 17, insert:

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

2.11 Page 9, after line 4, insert:

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

2.13 Page 11, after line 7, insert:

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

2.15 Page 12, after line 16, insert:

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

2.17 Page 14, after line 6, insert:

2.18 "Sec. 23. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;

2.19 CHILD CARE AND DEVELOPMENT FUND ALLOCATION.

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

2.23 Page 14, after line 11, insert:

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

2.25 Page 14, before line 12, insert:

3.1 "ARTICLE 2

3.2 CHILD WELFARE

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

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

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

3.23 Subd. 8a. **Transition planning.** For a youth who will be discharged from foster care at
 3.24 18 years of age or older, the responsible social services agency must develop a personalized
 3.25 transition plan as directed by the youth during the 180-day period immediately prior to the
 3.26 expected date of discharge according to section 260C.452, subdivision 4. The personalized
 3.27 transition plan shall include the support beyond 21 program under subdivision 8b for eligible
 3.28 youth. This plan may be shared with a contracted agency providing case management
 3.29 services under section 260C.452 with the youth's consent.

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

3.32 Subd. 8b. **Support beyond 21 program.** For a youth who was eligible for extended
 3.33 foster care under subdivision 3 and is discharged at age 21, the responsible social services

4.1 agency must ensure the youth is referred to the support beyond 21 program. The support
 4.2 beyond 21 program provides one additional year of financial support for housing and basic
 4.3 needs to assist youth aging out of extended foster care at age 21. A youth receiving benefits
 4.4 under the support beyond 21 program is also eligible for the successful transition to adulthood
 4.5 program for additional support under section 260C.452. A youth who transitions to residential
 4.6 services under sections 256B.092 and 256B.49 is not eligible for the support beyond 21
 4.7 program."

4.8 Page 15, after line 25, insert:

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

4.10 Page 15, after line 29, insert:

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

4.12 Page 16, after line 7, insert:

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

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

4.15 Page 16, line 12, delete "income"

4.16 Page 18, after line 4, insert:

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

4.18 Page 19, after line 23, insert:

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

4.20 Page 20, after line 1, insert:

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

4.22 Page 20, after line 23, insert:

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

4.24 Page 20, before line 24, insert:

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

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

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

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

5.4 (d) "Emergency services" means:

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

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

5.7 (i) access to permanent housing;

5.8 (ii) medical and psychological help;

5.9 (iii) employment counseling and job placement;

5.10 (iv) substance abuse treatment;

5.11 (v) financial assistance available from other programs;

5.12 (vi) emergency child care;

5.13 (vii) transportation; and

5.14 (viii) other services needed to stabilize housing.

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

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

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

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

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

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

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

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

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

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

6.13 Subd. 5. **Criteria for grant awards.** The commissioner shall award grants based on the
 6.14 following criteria:

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

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

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

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

6.25 Page 20, after line 27, insert:

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

6.27 Page 21, after line 7, insert:

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

6.29 Page 21, after line 24, insert:

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

6.31 Page 21, after line 31, insert:

- 7.1 "EFFECTIVE DATE. This section is effective July 1, 2022."
- 7.2 Page 22, after line 15, insert:
- 7.3 "EFFECTIVE DATE. This section is effective March 1, 2024."
- 7.4 Page 22, after line 21, insert:
- 7.5 "EFFECTIVE DATE. This section is effective March 1, 2024."
- 7.6 Page 23, after line 12, insert:
- 7.7 "EFFECTIVE DATE. This section is effective March 1, 2024."
- 7.8 Page 24, after line 8, insert:
- 7.9 "EFFECTIVE DATE. This section is effective March 1, 2024."
- 7.10 Page 24, after line 27, insert:
- 7.11 "EFFECTIVE DATE. This section is effective March 1, 2024, except that the
7.12 amendment to paragraph (b) striking "10" and inserting "9" is effective July 1, 2023."
- 7.13 Page 25, after line 2, insert:
- 7.14 "EFFECTIVE DATE. This section is effective March 1, 2024."
- 7.15 Page 25, after line 8, insert:
- 7.16 "EFFECTIVE DATE. This section is effective March 1, 2024."
- 7.17 Page 25, after line 29, insert:
- 7.18 "EFFECTIVE DATE. This section is effective March 1, 2024."
- 7.19 Page 26, after line 8, insert:
- 7.20 "EFFECTIVE DATE. This section is effective March 1, 2024."
- 7.21 Page 26, after line 30, insert:
- 7.22 "EFFECTIVE DATE. This section is effective July 1, 2022."
- 7.23 Page 27, after line 4, insert:
- 7.24 "EFFECTIVE DATE. This section is effective March 1, 2024."
- 7.25 Page 27, after line 11, insert:
- 7.26 "EFFECTIVE DATE. This section is effective July 1, 2022."
- 7.27 Page 27, after line 21, insert:

- 8.1 **"EFFECTIVE DATE. This section is effective July 1, 2022."**
- 8.2 Page 27, after line 28, insert:
- 8.3 **"EFFECTIVE DATE. This section is effective July 1, 2022."**
- 8.4 Page 28, after line 23, insert:
- 8.5 **"EFFECTIVE DATE. This section is effective July 1, 2023."**
- 8.6 Page 28, after line 30, insert:
- 8.7 **"EFFECTIVE DATE. This section is effective March 1, 2024."**
- 8.8 Page 30, after line 10, insert:
- 8.9 **"EFFECTIVE DATE. This section is effective July 1, 2023."**
- 8.10 Page 30, after line 15, insert:
- 8.11 **"EFFECTIVE DATE. This section is effective March 1, 2024."**
- 8.12 Page 30, after line 20, insert:
- 8.13 **"EFFECTIVE DATE. This section is effective March 1, 2024."**
- 8.14 Page 30, after line 30, insert:
- 8.15 **"EFFECTIVE DATE. This section is effective March 1, 2024."**
- 8.16 Page 32, after line 23, insert:
- 8.17 **"EFFECTIVE DATE. This section is effective March 1, 2024, except that the**
- 8.18 **amendment striking clause (6) is effective July 1, 2023."**
- 8.19 Page 33, after line 2, insert:
- 8.20 **"EFFECTIVE DATE. This section is effective March 1, 2024."**
- 8.21 Page 33, after line 19, insert:
- 8.22 **"EFFECTIVE DATE. This section is effective March 1, 2024."**
- 8.23 Page 34, after line 2, insert:
- 8.24 **"EFFECTIVE DATE. This section is effective March 1, 2024."**
- 8.25 Page 34, after line 17, insert:
- 8.26 **"EFFECTIVE DATE. This section is effective March 1, 2024."**
- 8.27 Page 34, after line 27, insert:

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

9.2 Page 35, after line 17, insert:

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

9.4 Page 36, after line 11, insert:

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

9.6 Page 36, before line 12, insert:

9.7 "Sec. 47. [2569.10] SIX-MONTH REPORTING.

9.8 Subdivision 1. Exempted programs. Assistance units that qualify for child care
 9.9 assistance programs under chapter 119B, assistance units that qualify for Minnesota
 9.10 supplemental aid under chapter 256D, and assistance units that qualify for housing support
 9.11 under chapter 256I and also receive Supplemental Security Income are exempt from this
 9.12 section.

9.13 Subd. 2. Reporting. (a) Every six months, an assistance unit that qualifies for the
 9.14 Minnesota family investment program under chapter 256J, an assistance unit that qualifies
 9.15 for general assistance under chapter 256D with an earned income of \$100 per month or
 9.16 greater, or an assistance unit that qualifies for housing support under chapter 256I with an
 9.17 earned income of \$100 per month or greater is subject to six-month reviews. The initial
 9.18 reporting period may be shorter than six months in order to align with other programs'
 9.19 reporting periods.

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

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

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

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

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

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

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

10.10 Page 36, delete lines 20 to 24

10.11 Page 36, after line 30, insert:

10.12 "**EFFECTIVE DATE.** This section is effective March 1, 2024, except the repeal of
 10.13 Minnesota Statutes 2020, sections 256J.08, subdivision 62, and 256J.37, subdivision 10,
 10.14 and Minnesota Statutes 2021 Supplement, section 256J.08, subdivision 53, is effective July
 10.15 1, 2023."

10.16 Page 51, after line 23, insert:

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

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

10.27 ~~(b)~~ (a) Notwithstanding the requirements of comprehensive assessments in section
 10.28 245G.05, the assessment must be completed within 21 days from the day of service initiation.

10.29 ~~(e)~~ (b) Notwithstanding the requirements of individual treatment plans set forth in section
 10.30 245G.06:

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

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

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

11.8 Page 52, strike lines 1 to 4

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

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

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

11.14 Page 60, after line 9, insert:

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

11.16 Subd. 4. **Division of costs.** (a) Except for services provided by a county under section
11.17 254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out
11.18 of local money, pay the state for 22.95 percent of the cost of chemical dependency services,
11.19 except for those services provided to persons enrolled in medical assistance under chapter
11.20 256B and room and board services under section 254B.05, subdivision 5, paragraph (b),
11.21 clause ~~(12)~~ (11). Counties may use the indigent hospitalization levy for treatment and hospital
11.22 payments made under this section.

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

11.26 Page 60, delete section 39 and insert:

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

11.29 Subdivision 1. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
11.30 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
11.31 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health

12.1 fund services. State money appropriated for this paragraph must be placed in a separate
12.2 account established for this purpose.

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

12.10 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
12.11 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
12.12 ~~(12)~~ (11).

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

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

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

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

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

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

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

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

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

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

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

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

13.9 (h) If a county commits a client under chapter 253B to a regional treatment center for
 13.10 substance use disorder services and the client is ineligible for the behavioral health fund,
 13.11 the county is responsible for payment to the regional treatment center according to section
 13.12 254B.05, subdivision 4.

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

13.14 Page 69, strike lines 19 and 20

13.15 Renumber the clauses in sequence

13.16 Page 73, line 12, delete "and"

13.17 Page 73, line 15, delete the period and insert "; and"

13.18 Page 73, after line 15, insert:

13.19 "(8) consult with relevant stakeholders, including lead agencies and municipalities, to
 13.20 review and provide recommendations for necessary revisions to required reporting to ensure
 13.21 the reporting reflects measures of progress in addressing the harms of the opioid epidemic."

13.22 Page 73, line 17, after "or" insert "may select"

13.23 Page 74, line 5, delete "28" and insert "30"

13.24 Page 75, after line 11, insert:

13.25 "(13) two members representing the urban American Indian population;"

13.26 Renumber the clauses in sequence

13.27 Page 75, line 22, before the period, insert "and that at least one-half of the members
 13.28 have lived experience with opiate addiction"

13.29 Page 77, line 25, delete everything after the period

13.30 Page 77, delete lines 26 to 28 and insert:

14.1 "The report must include data and measurable outcomes on expenditures funded with
 14.2 opioid settlement funds, as identified by the commissioner, including details on services
 14.3 drawn from the categories of approved uses, as identified in agreements between the state
 14.4 of Minnesota, the Association of Minnesota Counties, and the League of Minnesota Cities.

14.5 Minimum reporting requirements must include:

14.6 (1) contact information;

14.7 (2) information on funded services and programs; and

14.8 (3) target populations for each funded service and program.

14.9 (e) In reporting data and outcomes under paragraph (d), municipalities should include
 14.10 information on the use of evidence-based and culturally relevant services, to the extent
 14.11 feasible.

14.12 (f) Reporting requirements for municipal projects using \$25,000 or more of settlement
 14.13 funds in a calendar year must also include:

14.14 (1) a brief qualitative description of successes or challenges; and

14.15 (2) results using process and quality measures."

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

14.17 Page 77, after line 30, insert:

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

14.20 **Subd. 4. Provider payment rates.** (a) Payment rates for participating providers must
 14.21 be increased for services provided to medical assistance enrollees. To receive a rate increase,
 14.22 participating providers must meet demonstration project requirements and provide evidence
 14.23 of formal referral arrangements with providers delivering step-up or step-down levels of
 14.24 care. Providers that have enrolled in the demonstration project but have not met the provider
 14.25 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under
 14.26 this subdivision until the date that the provider meets the provider standards in subdivision
 14.27 3. Services provided from July 1, 2022, to the date that the provider meets the provider
 14.28 standards under subdivision 3 shall be reimbursed at rates according to section 254B.05,
 14.29 subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for
 14.30 services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment
 14.31 when the provider is taking meaningful steps to meet demonstration project requirements

15.1 that are not otherwise required by law, and the provider provides documentation to the
15.2 commissioner, upon request, of the steps being taken.

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

15.7 (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph
15.8 (b), clause ~~(8)~~ (7), provided on or after July 1, 2020, payment rates must be increased by
15.9 25 percent over the rates in effect on December 31, 2019.

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

15.15 (e) Effective January 1, 2021, and contingent on annual federal approval, managed care
15.16 plans and county-based purchasing plans must reimburse providers of the substance use
15.17 disorder services meeting the criteria described in paragraph (a) who are employed by or
15.18 under contract with the plan an amount that is at least equal to the fee-for-service base rate
15.19 payment for the substance use disorder services described in paragraphs (c) and (d). The
15.20 commissioner must monitor the effect of this requirement on the rate of access to substance
15.21 use disorder services and residential substance use disorder rates. Capitation rates paid to
15.22 managed care organizations and county-based purchasing plans must reflect the impact of
15.23 this requirement. This paragraph expires if federal approval is not received at any time as
15.24 required under this paragraph.

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

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

15.32 Page 85, after line 15, insert:

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

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

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

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

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

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

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

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

16.23 (3) the side effects of medications.

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

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

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

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

17.1 (h) "Transition services" means:

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

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

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

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

17.9 (5) establishing and enforcing procedures and schedules.

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

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

17.15 (j) "Family peer specialist" means a staff person who is qualified under section
17.16 256B.0616.

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

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

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

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

17.24 (3) has received a level of care assessment as defined in section 245I.02, subdivision
17.25 19, that indicates a need for intensive integrated intervention without 24-hour medical
17.26 monitoring and a need for extensive collaboration among multiple providers;

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

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

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

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

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

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

18.16 (1) Based on professional qualifications and client needs, clinically qualified core team
18.17 members are assigned on a rotating basis as the client's lead worker to coordinate a client's
18.18 care. The core team must comprise at least four full-time equivalent direct care staff and
18.19 must minimally include:

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

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

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

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

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

18.30 (i) additional mental health professionals;

18.31 (ii) a vocational specialist;

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

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

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

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

19.7 (vii) a case management service provider, as defined in section 245.4871, subdivision
19.8 4;

19.9 (viii) a housing access specialist; and

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

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

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

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

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

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

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

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

19.27 (d) The treatment supervisor shall be an active member of the treatment team and shall
19.28 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
19.29 with the treatment supervisor at least weekly to discuss recipients' progress and make rapid
19.30 adjustments to meet recipients' needs. The team meeting must include client-specific case

20.1 reviews and general treatment discussions among team members. Client-specific case
 20.2 reviews and planning must be documented in the individual client's treatment record.

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

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

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

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

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

20.17 Page 97, after line 25, insert:

20.18 "Sec. 78. **DIRECTION TO THE COMMISSIONER; BEHAVIORAL HEALTH**
 20.19 **FUND ALLOCATION.**

20.20 The commissioner of human services, in consultation with counties and Tribal Nations,
 20.21 must make recommendations on an updated allocation to local agencies from funds allocated
 20.22 under Minnesota Statutes, section 254B.02, subdivision 5. The commissioner must submit
 20.23 the recommendations to the chairs and ranking minority members of the legislative
 20.24 committees with jurisdiction over health and human services finance and policy by January
 20.25 1, 2024."

20.26 Page 98, after line 18, insert:

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

20.28 Subd. 3. **Asset limitations for certain individuals.** (a) To be eligible for medical
 20.29 assistance, a person must not individually own more than \$3,000 in assets, or if a member
 20.30 of a household with two family members, husband and wife, or parent and child, the
 20.31 household must not own more than \$6,000 in assets, plus \$200 for each additional legal

21.1 dependent. In addition to these maximum amounts, an eligible individual or family may
21.2 accrue interest on these amounts, but they must be reduced to the maximum at the time of
21.3 an eligibility redetermination. The accumulation of the clothing and personal needs allowance
21.4 according to section 256B.35 must also be reduced to the maximum at the time of the
21.5 eligibility redetermination. The value of assets that are not considered in determining
21.6 eligibility for medical assistance is the value of those assets excluded under the Supplemental
21.7 Security Income program for aged, blind, and disabled persons, with the following
21.8 exceptions:

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

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

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

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

21.18 (5) for a person who no longer qualifies as an employed person with a disability due to
21.19 loss of earnings, assets allowed while eligible for medical assistance under section 256B.057,
21.20 subdivision 9, are not considered for 12 months, beginning with the first month of ineligibility
21.21 as an employed person with a disability, to the extent that the person's total assets remain
21.22 within the allowed limits of section 256B.057, subdivision 9, paragraph (d);

21.23 (6) a designated employment incentives asset account is disregarded when determining
21.24 eligibility for medical assistance for a person age 65 years or older under section 256B.055,
21.25 subdivision 7. An employment incentives asset account must only be designated by a person
21.26 who has been enrolled in medical assistance under section 256B.057, subdivision 9, for a
21.27 24-consecutive-month period. A designated employment incentives asset account contains
21.28 qualified assets owned by the person and the person's spouse in the last month of enrollment
21.29 in medical assistance under section 256B.057, subdivision 9. Qualified assets include
21.30 retirement and pension accounts, medical expense accounts, and up to \$17,000 of the person's
21.31 other nonexcluded assets. An employment incentives asset account is no longer designated
21.32 when a person loses medical assistance eligibility for a calendar month or more before
21.33 turning age 65. A person who loses medical assistance eligibility before age 65 can establish
21.34 a new designated employment incentives asset account by establishing a new

22.1 24-consecutive-month period of enrollment under section 256B.057, subdivision 9. The
 22.2 income of a spouse of a person enrolled in medical assistance under section 256B.057,
 22.3 subdivision 9, during each of the 24 consecutive months before the person's 65th birthday
 22.4 must be disregarded when determining eligibility for medical assistance under section
 22.5 256B.055, subdivision 7. Persons eligible under this clause are not subject to the provisions
 22.6 in section 256B.059; ~~and~~

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

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

22.17 (b) No asset limit shall apply to persons eligible under section 256B.055, subdivision
 22.18 15.

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

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

22.23 Page 99, after line 16, insert:

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

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

22.32 (b) A federally qualified health center (FQHC) that is beginning initial operation shall
 22.33 submit an estimate of budgeted costs and visits for the initial reporting period in the form

23.1 and detail required by the commissioner. An FQHC that is already in operation shall submit
23.2 an initial report using actual costs and visits for the initial reporting period. Within 90 days
23.3 of the end of its reporting period, an FQHC shall submit, in the form and detail required by
23.4 the commissioner, a report of its operations, including allowable costs actually incurred for
23.5 the period and the actual number of visits for services furnished during the period, and other
23.6 information required by the commissioner. FQHCs that file Medicare cost reports shall
23.7 provide the commissioner with a copy of the most recent Medicare cost report filed with
23.8 the Medicare program intermediary for the reporting year which support the costs claimed
23.9 on their cost report to the state.

23.10 (c) In order to continue cost-based payment under the medical assistance program
23.11 according to paragraphs (a) and (b), an FQHC or rural health clinic must apply for designation
23.12 as an essential community provider within six months of final adoption of rules by the
23.13 Department of Health according to section 62Q.19, subdivision 7. For those FQHCs and
23.14 rural health clinics that have applied for essential community provider status within the
23.15 six-month time prescribed, medical assistance payments will continue to be made according
23.16 to paragraphs (a) and (b) for the first three years after application. For FQHCs and rural
23.17 health clinics that either do not apply within the time specified above or who have had
23.18 essential community provider status for three years, medical assistance payments for health
23.19 services provided by these entities shall be according to the same rates and conditions
23.20 applicable to the same service provided by health care providers that are not FQHCs or rural
23.21 health clinics.

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

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

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

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

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

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

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

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

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

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

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

24.17 (i) Effective for services provided on or after January 1, 2015, all claims for payment
24.18 of clinic services provided by FQHCs and rural health clinics shall be paid by the
24.19 commissioner. the commissioner shall determine the most feasible method for paying claims
24.20 from the following options:

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

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

24.27 (j) For clinic services provided prior to January 1, 2015, the commissioner shall calculate
24.28 and pay monthly the proposed managed care supplemental payments to clinics, and clinics
24.29 shall conduct a timely review of the payment calculation data in order to finalize all
24.30 supplemental payments in accordance with federal law. Any issues arising from a clinic's
24.31 review must be reported to the commissioner by January 1, 2017. Upon final agreement
24.32 between the commissioner and a clinic on issues identified under this subdivision, and in

25.1 accordance with United States Code, title 42, section 1396a(bb), no supplemental payments
25.2 for managed care plan or county-based purchasing plan claims for services provided prior
25.3 to January 1, 2015, shall be made after June 30, 2017. If the commissioner and clinics are
25.4 unable to resolve issues under this subdivision, the parties shall submit the dispute to the
25.5 arbitration process under section 14.57.

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

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

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

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

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

25.26 (i) general social services and administrative costs;

25.27 (ii) retail pharmacy;

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

25.29 (iv) external lab and x-ray;

25.30 (v) navigation services;

25.31 (vi) health care taxes;

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

- 26.1 (viii) office entertainment costs, food, alcohol, and gifts;
- 26.2 (ix) contributions and donations;
- 26.3 (x) bad debts or losses on awards or contracts;
- 26.4 (xi) fines, penalties, damages, or other settlements;
- 26.5 (xii) fund-raising, investment management, and associated administrative costs;
- 26.6 (xiii) research and associated administrative costs;
- 26.7 (xiv) nonpaid workers;
- 26.8 (xv) lobbying;
- 26.9 (xvi) scholarships and student aid; and
- 26.10 (xvii) nonmedical assistance covered services;
- 26.11 (4) the commissioner shall review the list of nonallowable costs in the years between
- 26.12 the rebasing process established in clause (5), in consultation with the Minnesota Association
- 26.13 of Community Health Centers, FQHCs, and rural health clinics. The commissioner shall
- 26.14 publish the list and any updates in the Minnesota health care programs provider manual;
- 26.15 (5) the initial applicable base year organization encounter rates for FQHCs and rural
- 26.16 health clinics shall be computed for services delivered on or after January 1, 2021, and:
- 26.17 (i) must be determined using each FQHC's and rural health clinic's Medicare cost reports
- 26.18 from 2017 and 2018;
- 26.19 (ii) must be according to current applicable Medicare cost principles as applicable to
- 26.20 FQHCs and rural health clinics without the application of productivity screens and upper
- 26.21 payment limits or the Medicare prospective payment system FQHC aggregate mean upper
- 26.22 payment limit;
- 26.23 (iii) must be subsequently rebased every two years thereafter using the Medicare cost
- 26.24 reports that are three and four years prior to the rebasing year. Years in which organizational
- 26.25 cost or claims volume is reduced or altered due to a pandemic, disease, or other public health
- 26.26 emergency shall not be used as part of a base year when the base year includes more than
- 26.27 one year. The commissioner may use the Medicare cost reports of a year unaffected by a
- 26.28 pandemic, disease, or other public health emergency, or previous two consecutive years,
- 26.29 inflated to the base year as established under item (iv);
- 26.30 (iv) must be inflated to the base year using the inflation factor described in clause (6);
- 26.31 and

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

27.2 (6) the commissioner shall annually inflate the applicable organization encounter rates
27.3 for FQHCs and rural health clinics from the base year payment rate to the effective date by
27.4 using the CMS FQHC Market Basket inflator established under United States Code, title
27.5 42, section 1395m(o), less productivity;

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

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

27.14 (9) FQHCs and rural health clinics may submit change of scope requests to the
27.15 commissioner if the change of scope would result in an increase or decrease of 2.5 percent
27.16 or higher in the medical or dental organization encounter rate currently received by the
27.17 FQHC or rural health clinic;

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

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

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

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

28.1 (11) for change of scope requests that do not require federal Health Resources Services
 28.2 Administration approval, the FQHC and rural health clinic shall submit the request to the
 28.3 commissioner before implementing the change, and the effective date of the change is the
 28.4 date the commissioner received the FQHC's or rural health clinic's request, or the effective
 28.5 start date of the service, whichever is later. The commissioner shall provide a response to
 28.6 the FQHC's or rural health clinic's request within 45 days of submission and provide a final
 28.7 approval within 120 days of submission. This timeline may be waived at the mutual
 28.8 agreement of the commissioner and the FQHC or rural health clinic if more information is
 28.9 needed to evaluate the request;

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

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

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

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

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

28.31 Subd. 64. **Investigational drugs, biological products, devices, and clinical**
 28.32 **trials.** Medical assistance and the early periodic screening, diagnosis, and treatment (EPSDT)
 28.33 program do not cover ~~the costs of any services that are incidental to, associated with, or~~
 28.34 ~~resulting from the use of~~ investigational drugs, biological products, or devices as defined

29.1 in section 151.375 or any other treatment that is part of an approved clinical trial as defined
 29.2 in section 62Q.526. Participation of an enrollee in an approved clinical trial does not preclude
 29.3 coverage of medically necessary services covered under this chapter that are not related to
 29.4 the approved clinical trial. Any items purchased or services rendered solely to satisfy data
 29.5 collection and analysis for a clinical trial and not for direct clinical management of the
 29.6 member are not covered.

29.7 **Sec. 7. [256B.161] CLIENT ERROR OVERPAYMENT.**

29.8 Subdivision 1. **Scope.** (a) Subject to federal law and regulation, when a local agency or
 29.9 the Department of Human Services determines a person under section 256.98, subdivision
 29.10 4, is liable for recovery of medical assistance incorrectly paid as a result of client error or
 29.11 when a recipient or former recipient receives medical assistance while an appeal is pending
 29.12 pursuant to section 256.045, subdivision 10, and the recipient or former recipient is later
 29.13 determined to have been ineligible for the medical assistance received or for less medical
 29.14 assistance than was received during the pendency of the appeal, the local agency or the
 29.15 Department of Human Services must:

29.16 (1) determine the eligibility months during which medical assistance was incorrectly
 29.17 paid;

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

29.20 (3) assess an overpayment against persons liable for recovery under section 256.98,
 29.21 subdivision 4, for the amount of incorrectly paid medical assistance pursuant to section
 29.22 256.98, subdivision 3.

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

29.27 (1) receiving payment from a trust pursuant to United States Code, title 42, section
 29.28 1396p(d)(4)(A) or (C), for medical assistance paid on behalf of the trust beneficiary for
 29.29 services received at any age; or

29.30 (2) claiming against the designated beneficiary of an Achieving a Better Life Experience
 29.31 (ABLE) account or the ABLE account itself pursuant to Code of Federal Regulations, title
 29.32 26, section 1.529A-2(o), for the amount of the total medical assistance paid for the designated
 29.33 beneficiary at any age after establishment of the ABLE account.

30.1 Subd. 2. **Recovering client error overpayment.** (a) The local agency or the Department
 30.2 of Human Services must not attempt recovery of the overpayment amount pursuant to
 30.3 chapter 270A or section 256.0471 when a person liable for a client error overpayment under
 30.4 section 256.98, subdivision 4, voluntarily repays the overpayment amount or establishes a
 30.5 payment plan in writing with the local agency or the Department of Human Services to
 30.6 repay the overpayment amount within 90 days after receiving the overpayment notice or
 30.7 after resolution of a fair hearing regarding the overpayment under section 256.045, whichever
 30.8 is later. When a liable person agrees to a payment plan in writing with the local agency or
 30.9 the Department of Human Services but has not repaid any amount six months after entering
 30.10 the agreement, the local agency or Department of Human Services must pursue recovery
 30.11 under paragraph (b).

30.12 (b) If the liable person does not voluntarily repay the overpayment amount or establish
 30.13 a repayment agreement under paragraph (a), the local agency or the Department of Human
 30.14 Services must attempt recovery of the overpayment amount pursuant to chapter 270A when
 30.15 the overpayment amount is eligible for recovery as a public assistance debt under chapter
 30.16 270A. For any overpaid amount of solely state-funded medical assistance, the local agency
 30.17 or the Department of Human Services must attempt recovery pursuant to section 256.0471.

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

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

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

30.30 (1) payment for level one Centers for Medicare and Medicaid Services' common
 30.31 procedural coding system codes titled "office and other outpatient services," "preventive
 30.32 medicine new and established patient," "delivery, antepartum, and postpartum care," "critical
 30.33 care," cesarean delivery and pharmacologic management provided to psychiatric patients,

31.1 and level three codes for enhanced services for prenatal high risk, shall be paid at the lower
31.2 of (i) submitted charges, or (ii) 25 percent above the rate in effect on June 30, 1992;

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

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

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

31.13 (c) Effective for services rendered on or after July 1, 2009, payment rates for physician
31.14 and professional services shall be reduced by five percent, except that for the period July
31.15 1, 2009, through June 30, 2010, payment rates shall be reduced by 6.5 percent for the medical
31.16 assistance and general assistance medical care programs, over the rates in effect on June
31.17 30, 2009. This reduction and the reductions in paragraph (d) do not apply to office or other
31.18 outpatient visits, preventive medicine visits and family planning visits billed by physicians,
31.19 advanced practice nurses, or physician assistants in a family planning agency or in one of
31.20 the following primary care practices: general practice, general internal medicine, general
31.21 pediatrics, general geriatrics, and family medicine. This reduction and the reductions in
31.22 paragraph (d) do not apply to federally qualified health centers, rural health centers, and
31.23 Indian health services. Effective October 1, 2009, payments made to managed care plans
31.24 and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall
31.25 reflect the payment reduction described in this paragraph.

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

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

32.5 (f) Effective for services rendered on or after September 1, 2014, payment rates for
 32.6 physician and professional services, including physical therapy, occupational therapy, speech
 32.7 pathology, and mental health services shall be increased by five percent from the rates in
 32.8 effect on August 31, 2014. In calculating this rate increase, the commissioner shall not
 32.9 include in the base rate for August 31, 2014, the rate increase provided under section
 32.10 256B.76, subdivision 7. This increase does not apply to federally qualified health centers,
 32.11 rural health centers, and Indian health services. Payments made to managed care plans and
 32.12 county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

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

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

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

32.27 Page 99, after line 32, insert:

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

32.29 Subdivision 1. Scope. (a) Subject to federal law and regulation, when a local agency or
 32.30 the Department of Human Services determines a person under section 256.98, subdivision
 32.31 4, is liable for recovery of medical assistance incorrectly paid as a result of client error or
 32.32 when a recipient or former recipient receives medical assistance while an appeal is pending
 32.33 pursuant to section 256.045, subdivision 10, and the recipient or former recipient is later

33.1 determined to have been ineligible for the medical assistance received or for less medical
33.2 assistance than was received during the pendency of the appeal, the local agency or the
33.3 Department of Human Services must:

33.4 (1) determine the eligibility months during which medical assistance was incorrectly
33.5 paid;

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

33.8 (3) assess an overpayment against persons liable for recovery under section 256.98,
33.9 subdivision 4, for the amount of incorrectly paid medical assistance pursuant to section
33.10 256.98, subdivision 3.

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

33.15 (1) receiving payment from a trust pursuant to United States Code, title 42, section
33.16 1396p(d)(4)(A) or (C), for medical assistance paid on behalf of the trust beneficiary for
33.17 services received at any age; or

33.18 (2) claiming against the designated beneficiary of an Achieving a Better Life Experience
33.19 (ABLE) account or the ABLE account itself pursuant to Code of Federal Regulations, title
33.20 26, section 1.529A-2(o), for the amount of the total medical assistance paid for the designated
33.21 beneficiary at any age after establishment of the ABLE account.

33.22 Subd. 2. **Recovering client error overpayment.** (a) The local agency or the Department
33.23 of Human Services must not attempt recovery of the overpayment amount pursuant to
33.24 chapter 270A or section 256.0471 when a person liable for a client error overpayment under
33.25 section 256.98, subdivision 4, voluntarily repays the overpayment amount or establishes a
33.26 payment plan in writing with the local agency or the Department of Human Services to
33.27 repay the overpayment amount within 90 days after receiving the overpayment notice or
33.28 after resolution of a fair hearing regarding the overpayment under section 256.045, whichever
33.29 is later. When a liable person agrees to a payment plan in writing with the local agency or
33.30 the Department of Human Services but has not repaid any amount six months after entering
33.31 the agreement, the local agency or Department of Human Services must pursue recovery
33.32 under paragraph (b).

34.1 (b) If the liable person does not voluntarily repay the overpayment amount or establish
 34.2 a repayment agreement under paragraph (a), the local agency or the Department of Human
 34.3 Services must attempt recovery of the overpayment amount pursuant to chapter 270A when
 34.4 the overpayment amount is eligible for recovery as a public assistance debt under chapter
 34.5 270A. For any overpaid amount of solely state-funded medical assistance, the local agency
 34.6 or the Department of Human Services must attempt recovery pursuant to section 256.0471.

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

34.16 Sec. 11. Laws 2015, chapter 71, article 14, section 2, subdivision 5, as amended by Laws
 34.17 2015, First Special Session chapter 6, section 1, is amended to read:

34.18 **Subd. 5. Grant Programs**

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

34.21 **(a) Support Services Grants**

	Appropriations by Fund		
34.22			
34.23	General	13,133,000	8,715,000
34.24	Federal TANF	96,311,000	96,311,000
34.25	(b) Basic Sliding Fee Child Care Assistance		
34.26	Grants	48,439,000	51,559,000

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

34.28 Notwithstanding Minnesota Statutes, section
 34.29 119B.03, \$5,413,000 in fiscal year 2016 is to
 34.30 reduce the basic sliding fee program waiting
 34.31 list as follows:

34.32 (1) The calendar year 2016 allocation shall be
 34.33 increased to serve families on the waiting list.

35.1 To receive funds appropriated for this purpose,
 35.2 a county must have:
 35.3 (i) a waiting list in the most recent published
 35.4 waiting list month;
 35.5 (ii) an average of at least ten families on the
 35.6 most recent six months of published waiting
 35.7 list; and
 35.8 (iii) total expenditures in calendar year 2014
 35.9 that met or exceeded 80 percent of the county's
 35.10 available final allocation.

35.11 (2) Funds shall be distributed proportionately
 35.12 based on the average of the most recent six
 35.13 months of published waiting lists to counties
 35.14 that meet the criteria in clause (1).

35.15 (3) Allocations in calendar years 2017 and
 35.16 beyond shall be calculated using the allocation
 35.17 formula in Minnesota Statutes, section
 35.18 119B.03.

35.19 (4) The guaranteed floor for calendar year
 35.20 2017 shall be based on the revised calendar
 35.21 year 2016 allocation.

35.22 **Base Level Adjustment.** The general fund
 35.23 base is increased by \$810,000 in fiscal year
 35.24 2018 and increased by \$821,000 in fiscal year
 35.25 2019.

35.26 (c) **Child Care Development Grants** 1,737,000 1,737,000

35.27 (d) **Child Support Enforcement Grants** 50,000 50,000

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

35.29	Appropriations by Fund		
35.30	General	39,015,000	38,665,000
35.31	Federal TANF	140,000	140,000

36.1 **Safe Place for Newborns.** \$350,000 from the
 36.2 general fund in fiscal year 2016 is to distribute
 36.3 information on the Safe Place for Newborns
 36.4 law in Minnesota to increase public awareness
 36.5 of the law. This is a onetime appropriation.

36.6 **Child Protection.** \$23,350,000 in fiscal year
 36.7 2016 and \$23,350,000 in fiscal year 2017 are
 36.8 to address child protection staffing and
 36.9 services under Minnesota Statutes, section
 36.10 256M.41. \$1,650,000 in fiscal year 2016 and
 36.11 \$1,650,000 in fiscal year 2017 are for child
 36.12 protection grants to address child welfare
 36.13 disparities under Minnesota Statutes, section
 36.14 256E.28.

36.15 **Title IV-E Adoption Assistance.** Additional
 36.16 federal reimbursement to the state as a result
 36.17 of the Fostering Connections to Success and
 36.18 Increasing Adoptions Act's expanded
 36.19 eligibility for title IV-E adoption assistance is
 36.20 appropriated to the commissioner for
 36.21 postadoption services, including a
 36.22 parent-to-parent support network.

36.23 **Adoption Assistance Incentive Grants.**
 36.24 Federal funds available during fiscal years
 36.25 2016 and 2017 for adoption incentive grants
 36.26 are appropriated to the commissioner for
 36.27 postadoption services, including a
 36.28 parent-to-parent support network.

36.29	(f) Children and Community Service Grants	56,301,000	56,301,000
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36.30	(g) Children and Economic Support Grants	26,778,000	26,966,000
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36.31 **Mobile Food Shelf Grants.** (a) \$1,000,000
 36.32 in fiscal year 2016 and \$1,000,000 in fiscal
 36.33 year 2017 are for a grant to Hunger Solutions.

- 37.1 This is a onetime appropriation and is
37.2 available until June 30, 2017.
- 37.3 (b) Hunger Solutions shall award grants of up
37.4 to \$75,000 on a competitive basis. Grant
37.5 applications must include:
- 37.6 (1) the location of the project;
- 37.7 (2) a description of the mobile program,
37.8 including size and scope;
- 37.9 (3) evidence regarding the unserved or
37.10 underserved nature of the community in which
37.11 the project is to be located;
- 37.12 (4) evidence of community support for the
37.13 project;
- 37.14 (5) the total cost of the project;
- 37.15 (6) the amount of the grant request and how
37.16 funds will be used;
- 37.17 (7) sources of funding or in-kind contributions
37.18 for the project that will supplement any grant
37.19 award;
- 37.20 (8) a commitment to mobile programs by the
37.21 applicant and an ongoing commitment to
37.22 maintain the mobile program; and
- 37.23 (9) any additional information requested by
37.24 Hunger Solutions.
- 37.25 (c) Priority may be given to applicants who:
- 37.26 (1) serve underserved areas;
- 37.27 (2) create a new or expand an existing mobile
37.28 program;
- 37.29 (3) serve areas where a high amount of need
37.30 is identified;

38.1 (4) provide evidence of strong support for the
38.2 project from citizens and other institutions in
38.3 the community;

38.4 (5) leverage funding for the project from other
38.5 private and public sources; and

38.6 (6) commit to maintaining the program on a
38.7 multilayer basis.

38.8 **Homeless Youth Act.** At least \$500,000 of
38.9 the appropriation for the Homeless Youth Act
38.10 must be awarded to providers in greater
38.11 Minnesota, with at least 25 percent of this
38.12 amount for new applicant providers. The
38.13 commissioner shall provide outreach and
38.14 technical assistance to greater Minnesota
38.15 providers and new providers to encourage
38.16 responding to the request for proposals.

38.17 **Stearns County Veterans Housing.** \$85,000
38.18 in fiscal year 2016 and \$85,000 in fiscal year
38.19 2017 are for a grant to Stearns County to
38.20 provide administrative funding in support of
38.21 a service provider serving veterans in Stearns
38.22 County. The administrative funding grant may
38.23 be used to support group residential housing
38.24 services, corrections-related services, veteran
38.25 services, and other social services related to
38.26 the service provider serving veterans in
38.27 Stearns County.

38.28 **Safe Harbor.** \$800,000 in fiscal year 2016
38.29 and \$800,000 in fiscal year 2017 are from the
38.30 general fund for emergency shelter and
38.31 transitional and long-term housing beds for
38.32 sexually exploited youth and youth at risk of
38.33 sexual exploitation. Of this appropriation,
38.34 \$150,000 in fiscal year 2016 and \$150,000 in

39.1 fiscal year 2017 are from the general fund for
 39.2 statewide youth outreach workers connecting
 39.3 sexually exploited youth and youth at risk of
 39.4 sexual exploitation with shelter and services.

39.5 **Minnesota Food Assistance Program.**

39.6 Unexpended funds for the Minnesota food
 39.7 assistance program for fiscal year 2016 do not
 39.8 cancel but are available for this purpose in
 39.9 fiscal year 2017.

39.10 **Base Level Adjustment.** The general fund
 39.11 base is decreased by \$816,000 in fiscal year
 39.12 2018 and is decreased by \$606,000 in fiscal
 39.13 year 2019.

39.14 **(h) Health Care Grants**

39.15	Appropriations by Fund		
39.16	General	536,000	2,482,000
39.17	Health Care Access	3,341,000	3,465,000

39.18 **Grants for Periodic Data Matching for**
 39.19 **Medical Assistance and MinnesotaCare.** Of
 39.20 the general fund appropriation, \$26,000 in
 39.21 fiscal year 2016 and \$1,276,000 in fiscal year
 39.22 2017 are for grants to counties for costs related
 39.23 to periodic data matching for medical
 39.24 assistance and MinnesotaCare recipients under
 39.25 Minnesota Statutes, section 256B.0561. The
 39.26 commissioner must distribute these grants to
 39.27 counties in proportion to each county's number
 39.28 of cases in the prior year in the affected
 39.29 programs.

39.30 **Base Level Adjustment.** The general fund
 39.31 base is ~~increased by \$1,637,000 in fiscal year~~
 39.32 ~~2018 and increased by \$1,229,000 in fiscal~~
 39.33 ~~year 2019~~ maintained in fiscal years 2020 and
 39.34 2021.

40.1	(i) Other Long-Term Care Grants	1,551,000	3,069,000
40.2	Transition Populations. \$1,551,000 in fiscal		
40.3	year 2016 and \$1,725,000 in fiscal year 2017		
40.4	are for home and community-based services		
40.5	transition grants to assist in providing home		
40.6	and community-based services and treatment		
40.7	for transition populations under Minnesota		
40.8	Statutes, section 256.478.		
40.9	Base Level Adjustment. The general fund		
40.10	base is increased by \$156,000 in fiscal year		
40.11	2018 and by \$581,000 in fiscal year 2019.		
40.12	(j) Aging and Adult Services Grants	28,463,000	28,162,000
40.13	Dementia Grants. \$750,000 in fiscal year		
40.14	2016 and \$750,000 in fiscal year 2017 are for		
40.15	the Minnesota Board on Aging for regional		
40.16	and local dementia grants authorized in		
40.17	Minnesota Statutes, section 256.975,		
40.18	subdivision 11.		
40.19	(k) Deaf and Hard-of-Hearing Grants	2,225,000	2,375,000
40.20	Deaf, Deafblind, and Hard-of-Hearing		
40.21	Grants. \$350,000 in fiscal year 2016 and		
40.22	\$500,000 in fiscal year 2017 are for deaf and		
40.23	hard-of-hearing grants. The funds must be		
40.24	used to increase the number of deafblind		
40.25	Minnesotans receiving services under		
40.26	Minnesota Statutes, section 256C.261, and to		
40.27	provide linguistically and culturally		
40.28	appropriate mental health services to children		
40.29	who are deaf, deafblind, and hard-of-hearing.		
40.30	This is a onetime appropriation.		
40.31	Base Level Adjustment. The general fund		
40.32	base is decreased by \$500,000 in fiscal year		
40.33	2018 and by \$500,000 in fiscal year 2019.		
40.34	(l) Disabilities Grants	20,820,000	20,858,000

41.1 **State Quality Council.** \$573,000 in fiscal
 41.2 year 2016 and \$600,000 in fiscal year 2017
 41.3 are for the State Quality Council to provide
 41.4 technical assistance and monitoring of
 41.5 person-centered outcomes related to inclusive
 41.6 community living and employment. The
 41.7 funding must be used by the State Quality
 41.8 Council to assure a statewide plan for systems
 41.9 change in person-centered planning that will
 41.10 achieve desired outcomes including increased
 41.11 integrated employment and community living.

41.12 **(m) Adult Mental Health Grants**

41.13	Appropriations by Fund		
41.14	General	69,992,000	71,244,000
41.15	Health Care Access	1,575,000	2,473,000
41.16	Lottery Prize	1,733,000	1,733,000

41.17 **Funding Usage.** Up to 75 percent of a fiscal
 41.18 year's appropriation for adult mental health
 41.19 grants may be used to fund allocations in that
 41.20 portion of the fiscal year ending December
 41.21 31.

41.22 **Culturally Specific Mental Health Services.**

41.23 \$100,000 in fiscal year 2016 is for grants to
 41.24 nonprofit organizations to provide resources
 41.25 and referrals for culturally specific mental
 41.26 health services to Southeast Asian veterans
 41.27 born before 1965 who do not qualify for
 41.28 services available to veterans formally
 41.29 discharged from the United States armed
 41.30 forces.

41.31 **Problem Gambling.** \$225,000 in fiscal year
 41.32 2016 and \$225,000 in fiscal year 2017 are
 41.33 from the lottery prize fund for a grant to the
 41.34 state affiliate recognized by the National
 41.35 Council on Problem Gambling. The affiliate

42.1 must provide services to increase public
 42.2 awareness of problem gambling, education,
 42.3 and training for individuals and organizations
 42.4 providing effective treatment services to
 42.5 problem gamblers and their families, and
 42.6 research related to problem gambling.

42.7 **Sustainability Grants.** \$2,125,000 in fiscal
 42.8 year 2016 and \$2,125,000 in fiscal year 2017
 42.9 are for sustainability grants under Minnesota
 42.10 Statutes, section 256B.0622, subdivision 11.

42.11 **Beltrami County Mental Health Services**
 42.12 **Grant.** \$1,000,000 in fiscal year 2016 and
 42.13 \$1,000,000 in fiscal year 2017 are from the
 42.14 general fund for a grant to Beltrami County
 42.15 to fund the planning and development of a
 42.16 comprehensive mental health services program
 42.17 under article 2, section 41, Comprehensive
 42.18 Mental Health Program in Beltrami County.
 42.19 This is a onetime appropriation.

42.20 **Base Level Adjustment.** The general fund
 42.21 base is increased by \$723,000 in fiscal year
 42.22 2018 and by \$723,000 in fiscal year 2019. The
 42.23 health care access fund base is decreased by
 42.24 \$1,723,000 in fiscal year 2018 and by
 42.25 \$1,723,000 in fiscal year 2019.

42.26 (n) Child Mental Health Grants	23,386,000	24,313,000
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42.27 **Services and Supports for First Episode**
 42.28 **Psychosis.** \$177,000 in fiscal year 2017 is for
 42.29 grants under Minnesota Statutes, section
 42.30 245.4889, to mental health providers to pilot
 42.31 evidence-based interventions for youth at risk
 42.32 of developing or experiencing a first episode
 42.33 of psychosis and for a public awareness
 42.34 campaign on the signs and symptoms of

43.1 psychosis. The base for these grants is
 43.2 \$236,000 in fiscal year 2018 and \$301,000 in
 43.3 fiscal year 2019.

43.4 **Adverse Childhood Experiences.** The base
 43.5 for grants under Minnesota Statutes, section
 43.6 245.4889, to children's mental health and
 43.7 family services collaboratives for adverse
 43.8 childhood experiences (ACEs) training grants
 43.9 and for an interactive Web site connection to
 43.10 support ACEs in Minnesota is \$363,000 in
 43.11 fiscal year 2018 and \$363,000 in fiscal year
 43.12 2019.

43.13 **Funding Usage.** Up to 75 percent of a fiscal
 43.14 year's appropriation for child mental health
 43.15 grants may be used to fund allocations in that
 43.16 portion of the fiscal year ending December
 43.17 31.

43.18 **Base Level Adjustment.** The general fund
 43.19 base is increased by \$422,000 in fiscal year
 43.20 2018 and is increased by \$487,000 in fiscal
 43.21 year 2019.

43.22 **(o) Chemical Dependency Treatment Support**
 43.23 **Grants**

1,561,000

1,561,000

43.24 **Chemical Dependency Prevention.** \$150,000
 43.25 in fiscal year 2016 and \$150,000 in fiscal year
 43.26 2017 are for grants to nonprofit organizations
 43.27 to provide chemical dependency prevention
 43.28 programs in secondary schools. When making
 43.29 grants, the commissioner must consider the
 43.30 expertise, prior experience, and outcomes
 43.31 achieved by applicants that have provided
 43.32 prevention programming in secondary
 43.33 education environments. An applicant for the
 43.34 grant funds must provide verification to the
 43.35 commissioner that the applicant has available

44.1 and will contribute sufficient funds to match
 44.2 the grant given by the commissioner. This is
 44.3 a onetime appropriation.

44.4 **Fetal Alcohol Syndrome Grants.** \$250,000
 44.5 in fiscal year 2016 and \$250,000 in fiscal year
 44.6 2017 are for grants to be administered by the
 44.7 Minnesota Organization on Fetal Alcohol
 44.8 Syndrome to provide comprehensive,
 44.9 gender-specific services to pregnant and
 44.10 parenting women suspected of or known to
 44.11 use or abuse alcohol or other drugs. This
 44.12 appropriation is for grants to no fewer than
 44.13 three eligible recipients. Minnesota
 44.14 Organization on Fetal Alcohol Syndrome must
 44.15 report to the commissioner of human services
 44.16 annually by January 15 on the grants funded
 44.17 by this appropriation. The report must include
 44.18 measurable outcomes for the previous year,
 44.19 including the number of pregnant women
 44.20 served and the number of toxic-free babies
 44.21 born.

44.22 **Base Level Adjustment.** The general fund
 44.23 base is decreased by \$150,000 in fiscal year
 44.24 2018 and by \$150,000 in fiscal year 2019.

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

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

- 45.1 (1) CV15: allowing telephone or video visits for waiver programs;
- 45.2 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare
45.3 as needed to comply with federal guidance from the Centers for Medicare and Medicaid
45.4 Services, and until the enrollee's first renewal following the resumption of medical assistance
45.5 and MinnesotaCare renewals after the end of the COVID-19 public health emergency
45.6 declared by the United States Secretary of Health and Human Services;
- 45.7 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance
45.8 Program;
- 45.9 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;
- 45.10 (5) CV24: allowing telephone or video use for targeted case management visits;
- 45.11 (6) CV30: expanding telemedicine in health care, mental health, and substance use
45.12 disorder settings;
- 45.13 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance
45.14 Program;
- 45.15 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance
45.16 Program;
- 45.17 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance
45.18 Program;
- 45.19 (10) CV43: expanding remote home and community-based waiver services;
- 45.20 (11) CV44: allowing remote delivery of adult day services;
- 45.21 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance
45.22 Program;
- 45.23 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services
45.24 Program; and
- 45.25 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and
45.26 Minnesota Family Investment Program maximum food benefits.

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

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

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

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

46.15 (c) Notwithstanding any provision to the contrary, the requirement for the commissioner
46.16 of human services to issue an annual report on periodic data matching under Minnesota
46.17 Statutes, section 256B.0561, is suspended for one year following the last day of the
46.18 COVID-19 public health emergency declared by the United States Secretary of Health and
46.19 Human Services.

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

46.26 Page 104, delete section 1 and insert:

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

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

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

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

47.1 (3) employee benefits factor, 12.04 percent;

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

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

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

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

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

47.7 (b) For purposes of implementation, the commissioner shall use the following

47.8 implementation components:

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

47.10 (2) enhanced rate personal care assistance services and enhanced rate CFSS: ~~75.45~~ 79.5

47.11 percent; and

47.12 (3) qualified professional services and CFSS worker training and development: ~~75.45~~

47.13 79.5 percent.

47.14 **EFFECTIVE DATE.** This section is effective January 1, 2023, or 60 days following

47.15 federal approval, whichever is later. The commissioner of human services shall notify the

47.16 revisor of statutes when federal approval is obtained.

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

47.18 **Subdivision 1. Grant program established.** The commissioner of human services shall

47.19 establish grants for behavioral health, housing, disability, and home and community-based

47.20 older adult providers to assist with recruiting and retaining direct support and frontline

47.21 workers.

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

47.23 meanings given.

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

47.25 (c) "Eligible employer" means a nonprofit organization enrolled in a Minnesota health

47.26 care program or providing housing services that is:

47.27 (1) a provider of home and community-based services under Minnesota Statutes, chapter

47.28 245D;

47.29 (2) an agency provider or financial management service provider under Minnesota

47.30 Statutes, section 256B.85;

- 48.1 (3) a home care provider licensed under Minnesota Statutes, sections 144A.43 to
48.2 144A.482;
- 48.3 (4) a facility certified as an intermediate care facility for persons with developmental
48.4 disabilities;
- 48.5 (5) a provider of home care services as defined in Minnesota Statutes, section 256B.0651,
48.6 subdivision 1, paragraph (d);
- 48.7 (6) an agency as defined in Minnesota Statutes, section 256B.0949, subdivision 2;
- 48.8 (7) a provider of mental health day treatment services for children or adults;
- 48.9 (8) a provider of emergency services as defined in Minnesota Statutes, section 256E.36;
- 48.10 (9) a provider of housing support as defined in Minnesota Statutes, chapter 256I;
- 48.11 (10) a provider of housing stabilization services as defined in Minnesota Statutes, section
48.12 256B.051;
- 48.13 (11) a provider of transitional housing programs as defined in Minnesota Statutes, section
48.14 256E.33;
- 48.15 (12) a provider of substance use disorder services as defined in Minnesota Statutes,
48.16 chapter 245G;
- 48.17 (13) an eligible financial management service provider serving people through
48.18 consumer-directed community supports under Minnesota Statutes, sections 256B.092 and
48.19 256B.49, and chapter 256S, and consumer support grants under Minnesota Statutes, section
48.20 256.476;
- 48.21 (14) a provider of customized living services as defined in Minnesota Statutes, section
48.22 256S.02, subdivision 12; or
- 48.23 (15) a provider who serves children with an emotional disorder or adults with mental
48.24 illness under Minnesota Statutes, section 245I.011 or 256B.0671, providing services,
48.25 including:
- 48.26 (i) assertive community treatment;
- 48.27 (ii) intensive residential treatment services;
- 48.28 (iii) adult rehabilitative mental health services;
- 48.29 (iv) mobile crisis services;
- 48.30 (v) children's therapeutic services and supports;

49.1 (vi) children's residential services;

49.2 (vii) psychiatric residential treatment services;

49.3 (viii) outpatient mental health treatment provided by mental health professionals,

49.4 community mental health center services, or certified community behavioral health clinics;

49.5 and

49.6 (ix) intensive mental health outpatient treatment services.

49.7 (d) "Eligible worker" means a worker who earns \$30 per hour or less and has worked

49.8 in an eligible profession for at least six months. Eligible workers may receive up to \$5,000

49.9 annually in payments from the workforce incentive fund.

49.10 Subd. 3. **Allowable uses of grant money.** (a) Grantees must use money awarded to

49.11 provide payments to eligible workers for the following purposes:

49.12 (1) retention and incentive payments;

49.13 (2) postsecondary loan and tuition payments;

49.14 (3) child care costs;

49.15 (4) transportation-related costs; and

49.16 (5) other costs associated with retaining and recruiting workers, as approved by the

49.17 commissioner.

49.18 (b) The commissioner must develop a grant cycle distribution plan that allows for

49.19 equitable distribution of funding among eligible employer types. The commissioner's

49.20 determination of the grant awards and amounts is final and is not subject to appeal.

49.21 (c) The commissioner must make efforts to prioritize eligible employers owned by

49.22 persons who are Black, Indigenous, and People of Color and small- to mid-sized eligible

49.23 employers.

49.24 Subd. 4. **Attestation.** As a condition of obtaining grant payments under this section, an

49.25 eligible employer must attest and agree to the following:

49.26 (1) the employer is an eligible employer;

49.27 (2) the total number of eligible employees;

49.28 (3) the employer will distribute the entire value of the grant to eligible employees, as

49.29 allowed under this section;

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

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

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

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

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

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

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

50.10 (b) If the commissioner determines that a grantee used awarded money for purposes not
50.11 authorized under this section, the commissioner must treat any amount used for a purpose
50.12 not authorized under this section as an overpayment. The commissioner must recover any
50.13 overpayment.

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

50.19 Subd. 7. **Grants not to be considered income.** (a) For the purposes of this subdivision,
50.20 "subtraction" has the meaning given in Minnesota Statutes, section 290.0132, subdivision
50.21 1, paragraph (a), and the rules in that subdivision apply for this subdivision. The definitions
50.22 in Minnesota Statutes, section 290.01, apply to this subdivision.

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

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

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

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

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

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

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

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

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

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

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

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

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

51.15 (c) "Underrepresented community" has the meaning given in Minnesota Statutes, section
51.16 148E.010, subdivision 20.

51.17 Subd. 2. **Grant program established.** The commissioner of human services shall award
51.18 grants to licensed or certified mental health providers that meet the criteria in subdivision
51.19 3 to fund supervision of interns and clinical trainees who are working toward becoming
51.20 licensed mental health professionals and to subsidize the costs of mental health professional
51.21 licensing applications and examination fees for clinical trainees.

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

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

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

51.30 Subd. 4. **Application; grant award.** A mental health provider seeking a grant under
51.31 this section must apply to the commissioner at a time and in a manner specified by the

52.1 commissioner. The commissioner shall review each application to determine if the application
 52.2 is complete, the mental health provider is eligible for a grant, and the proposed project is
 52.3 an allowable use of grant funds. The commissioner must determine the grant amount awarded
 52.4 to each grantee.

52.5 Subd. 5. Allowable uses of grant money. A mental health provider must use grant
 52.6 money received under this section:

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

52.9 (2) to establish a program to provide supervision to multiple interns or clinical trainees;
 52.10 or

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

52.13 Subd. 6. Program oversight. During the grant period the commissioner may require
 52.14 grant recipients to provide the commissioner with information necessary to evaluate the
 52.15 program.

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

52.17 Page 105, line 22, delete "(349,333,000)" and insert "(585,901,000)" and delete
 52.18 "97,064,000" and insert "182,791,000"

52.19 Page 105, line 24, delete "(234,016,000)" and insert "(406,629,000)" and delete
 52.20 "120,525,000" and insert "185,395,000"

52.21 Page 105, line 26, delete "(25,878,000)" and insert "(86,146,000)" and delete
 52.22 "(18,853,000)" and insert "(11,799,000)"

52.23 Page 105, line 27, delete "(89,439,000)" and insert "(93,126,000)" and delete
 52.24 "(4,608,000)" and insert "9,195,000"

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

52.27 Page 105, line 32, delete "(89,439,000)" and insert "(93,126,000)" and delete
 52.28 "(4,608,000)" and insert "9,195,000"

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

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

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

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

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

53.7 Page 106, line 5, delete "(25,878,000)" and insert "(86,146,000)" and delete
53.8 "(18,853,000)" and insert "(11,799,000)"

53.9 Page 106, line 10, delete "(180,728,000)" and insert "(348,364,000)" and delete
53.10 "183,979,000" and insert "292,880,000"

53.11 Page 106, line 14, delete "(12,889,000)" and insert "(11,560,000)" and delete
53.12 "(25,318,000)" and insert "(23,867,000)"

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

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

53.17 Page 107, line 11, delete "-0-" and insert "1,963,000" and delete "61,517,000" and insert
53.18 "61,788,000"

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

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

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

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

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

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

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

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

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

53.29 Page 108, delete lines 8 to 15

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

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

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

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

54.4 Page 108, after line 34, insert:

54.5 "(c) Responding to COVID-19 in Minnesota

54.6 Health Care Programs. \$1,000,000 in fiscal

54.7 year 2023 is for contract assistance relating to

54.8 the resumption of eligibility and

54.9 redetermination processes in Minnesota health

54.10 care programs after the expiration of the

54.11 federal public health emergency. Contracts

54.12 entered into under this section are for

54.13 emergency acquisition and are not subject to

54.14 solicitation requirements under Minnesota

54.15 Statutes, section 16C.10, subdivision 2. This

54.16 is a onetime appropriation. Money is available

54.17 until spent."

54.18 Page 109, line 1, delete "(c)" and insert "(d)"

54.19 Page 109, line 2, delete "836,000" and insert "1,666,000"

54.20 Page 109, line 3, delete "836,000" and insert "1,651,000"

54.21 Page 109, line 9, delete "4,858,000" and insert "7,119,000"

54.22 Page 109, line 11, delete "539,000" and insert "551,000"

54.23 Page 109, after line 11, insert:

54.24 "SEIU Healthcare Arbitration Award.

54.25 \$5,444 in fiscal year 2023 is for arbitration

54.26 awards resulting from a SEIU grievance. This

54.27 is a onetime appropriation."

54.28 Page 109, line 13, delete "6,660,000" and insert "9,460,000"

54.29 Page 109, line 14, delete "8,395,000" and insert "10,602,000"

54.30 Page 109, line 17, delete "285,000" and insert "5,000"

54.31 Page 109, line 18, delete "529,000" and insert "7,000"

- 55.1 Page 109, line 20, delete "101,000" and insert "1,000"
- 55.2 Page 109, delete subdivision 8 and insert:
- 55.3 **"Subd. 8. Forecasted Programs; Minnesota**
- 55.4 **Supplemental Aid** -0- 1,000
- 55.5 **Subd. 9. Forecasted Programs; Housing**
- 55.6 **Supports** -0- 1,000"
- 55.7 Page 109, line 23, delete "15,116,000" and insert "15,257,000"
- 55.8 Page 109, line 29, delete "(8,571,000)" and insert "7,571,000"
- 55.9 Page 109, after line 30, insert
- 55.10 **"Subd. 12. Forecasted Programs; Alternative**
- 55.11 **Care** -0- 161,000"
- 55.12 Renumber the subdivisions in sequence
- 55.13 Page 110, line 2, delete the second "-0-" and insert "(683,000)"
- 55.14 Page 110, line 4, delete "248,359,000" and insert "240,477,000"
- 55.15 Page 110, line 5, delete "546,442,000" and insert "546,025,000"
- 55.16 Page 110, line 7, delete "31,706,000" and insert "31,703,000"
- 55.17 Page 111, line 11, delete "67,088,000" and insert "66,824,000"
- 55.18 Page 111, line 14, delete "4,040,000" and insert "3,882,000"
- 55.19 Page 113, line 22, delete "47,571,000" and insert "47,440,000"
- 55.20 Page 113, line 23, delete "44,900,000" and insert "44,769,000"
- 55.21 Page 113, line 24, before "Refugee" insert "Grant Program;"
- 55.22 Page 113, line 33, delete "increased" and delete "5,083,000" and insert "5,111,000"
- 55.23 Page 113, after line 34, insert:
- 55.24 **"Subd. 17. Grant Programs; Children and**
- 55.25 **Community Service Grants** -0- -0-
- 55.26 **Base Level Adjustment.** The Opiate
- 55.27 Epidemic Response Base is increased
- 55.28 \$100,000 in fiscal year 2025."
- 55.29 Page 114, line 1, delete "15" and insert "18"
- 55.30 Page 114, line 2, delete "69,099,000" and insert "89,099,000"

56.1 Page 115, after line 24, insert:

56.2 **"(f) Emergency Services Grants.**
 56.3 \$54,782,000 in fiscal year 2023 is for
 56.4 emergency services grants under Minnesota
 56.5 Statutes, section 256E.36. This is a onetime
 56.6 appropriation and is available until June 30,
 56.7 2024. Beginning in fiscal year 2024, the base
 56.8 for emergency services grants under
 56.9 Minnesota Statutes, section 256E.36, shall be
 56.10 increased by \$29,751,000."

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

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

56.13 Page 115, line 28, delete everything after "**Grants**"

56.14 Page 115, after line 28, insert:

56.15 "Appropriations by Fund

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

56.19 Page 115, delete line 29 and insert:

56.20 **"(a) Grant Funding to Support Urban**
 56.21 **American Indians in Minnesota Health**
 56.22 **Care Programs.** \$2,500,000 in fiscal year
 56.23 2023 is for funding to the Indian Health Board
 56.24 of Minneapolis to support continued access to
 56.25 health care coverage through Minnesota health
 56.26 care programs, improve access to quality care,
 56.27 and increase vaccination rates among urban
 56.28 American Indians.

56.29 **(b) Grants for Navigator Organizations. (1)**
 56.30 \$1,936,000 in fiscal year 2023 is from the
 56.31 health care access fund for grants to
 56.32 organizations with a MNsure grant services
 56.33 navigator assister contract in good standing

57.1 as of June 30, 2022. The grants to each
 57.2 organization must be in proportion to the
 57.3 number of medical assistance and
 57.4 MinnesotaCare enrollees each organization
 57.5 assisted that resulted in a successful
 57.6 enrollment in the second quarter of fiscal year
 57.7 2020, as determined by MNsure's navigator
 57.8 payment process. This is a onetime
 57.9 appropriation. Money from this appropriation
 57.10 is available until spent. (2) \$2,000,000 in fiscal
 57.11 year 2023 is from the health care access fund
 57.12 for incentive payments as defined in
 57.13 Minnesota Statutes, section 256.962,
 57.14 subdivision 5. The general fund base for this
 57.15 appropriation is \$1,000,000 in fiscal year 2024
 57.16 and \$0 in fiscal year 2025. Money from this
 57.17 appropriation is available until spent.

57.18 **(c) Base level adjustment.** The general fund
 57.19 base is increased \$3,750,000 in fiscal year
 57.20 2024 and \$1,250,000 in fiscal year 2025. The
 57.21 health care access fund base is increased
 57.22 \$1,000,000 in fiscal year 2024, and \$0 in fiscal
 57.23 year 2025."

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

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

57.26 **"Workforce Incentive Fund Grant**
 57.27 **Program.** \$118,000,000 in fiscal year 2023
 57.28 is to assist disability, housing, substance use,
 57.29 and older adult service providers of public
 57.30 programs to pay for incentive benefits to
 57.31 current and new workers. This is a onetime
 57.32 appropriation and is available until June 30,
 57.33 2025. Three percent of the total amount of the
 57.34 appropriation may be used to administer the

58.1 program, which could include contracting with
 58.2 a third-party administrator."

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

58.4 Page 116, after line 12, insert:

58.5 **"(a) Electronic Visit Verification (EVV)**
 58.6 **Stipends. \$6,440,000 in fiscal year 2023 is**
 58.7 **for onetime stipends of \$200 to bargaining**
 58.8 **members to offset the potential costs related**
 58.9 **to people using individual devices to access**
 58.10 **EVV. \$5,600,000 of the appropriation is for**
 58.11 **stipends and the remaining 15 percent is for**
 58.12 **administration of these stipends. This is a**
 58.13 **onetime appropriation.**

58.14 **(b) Self-Directed Collective Bargaining**
 58.15 **Agreement; Temporary Rate Increase**
 58.16 **Memorandum of Understanding. \$1,610,000**
 58.17 **in fiscal year 2023 is for onetime stipends for**
 58.18 **individual providers covered by the SEIU**
 58.19 **collective bargaining agreement based on the**
 58.20 **memorandum of understanding related to the**
 58.21 **temporary rate increase in effect between**
 58.22 **December 1, 2020, and February 7, 2021.**
 58.23 **\$1,400,000 of the appropriation is for stipends**
 58.24 **and the remaining 15 percent is for**
 58.25 **administration of the stipends. This is a**
 58.26 **onetime appropriation.**

58.27 **(c) Service Employees International Union**
 58.28 **Memorandums. The memorandums of**
 58.29 **understanding submitted by the commissioner**
 58.30 **of management and budget to the Legislative**
 58.31 **Coordinating Commission Subcommittee on**
 58.32 **Employee Relations on March 17, 2022, are**
 58.33 **ratified."**

58.34 Page 116, line 13, before "**Base**" insert "**(d)**"

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

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

59.3 Page 116, line 27, delete "-0-" and insert "20,000,000" and delete "7,927,000" and insert
59.4 "18,927,000"

59.5 Page 117, after line 21, insert:

59.6 "**(c) Workforce Incentive Fund Grant**

59.7 **Program.** \$20,000,000 in fiscal year 2022

59.8 from the general fund is to provide mental

59.9 health public program providers the ability to

59.10 pay for incentive benefits to current and new

59.11 workers. This is a onetime appropriation and

59.12 is available until June 30, 2025. Three percent

59.13 of the total amount of the appropriation may

59.14 be used to administer the program, which

59.15 could include contracting with a third-party

59.16 administrator.

59.17 **(d) Cultural and Ethnic Infrastructure**

59.18 **Grant Funding.** \$5,000,000 in fiscal year

59.19 2023 is for increasing cultural and ethnic

59.20 infrastructure grant funding under Minnesota

59.21 Statutes, section 245.4661, subdivision 6. This

59.22 grant funding will be used to alleviate the

59.23 workforce shortage and will be used to recruit

59.24 more providers who are Black, Indigenous,

59.25 and people of color for both mental health and

59.26 substance use disorder organizations.

59.27 **(e) Mental Health Provider Grants to Rural**

59.28 **and Underserved Communities.** \$5,000,000

59.29 in fiscal year 2023 is for a grant program to

59.30 recruit mental health providers in rural areas

59.31 and underserved communities. This money

59.32 can be used for reimbursement of supervision

59.33 costs of interns and clinical trainees,

59.34 reimbursing staff for master's degree tuition

60.1 costs in mental health fields, and licensing and
60.2 exam fees.

60.3 **(f) Culturally Specific Grants. \$2,000,000**
60.4 **in fiscal year 2023 and \$2,000,000 in fiscal**
60.5 **year 2024 are for grants for small to midsize**
60.6 **nonprofit organizations who represent and**
60.7 **support American Indian, Indigenous, and**
60.8 **other communities disproportionately affected**
60.9 **by the opiate crisis. These grants utilize**
60.10 **traditional healing practices and other**
60.11 **culturally congruent and relevant supports to**
60.12 **prevent and curb opiate use disorders through**
60.13 **housing, treatment, education, aftercare, and**
60.14 **other activities as determined by the**
60.15 **commissioner. This is a onetime**
60.16 **appropriation."**

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

60.18 Page 117, line 23, delete "12,791,000" and insert "23,791,000"

60.19 Page 117, line 24, delete "19,916,000" and insert "30,916,000"

60.20 Page 117, line 33, delete "2,000,000" and insert "4,000,000"

60.21 Page 118, line 25, delete "2,000,000" and insert "4,000,000"

60.22 Page 118, line 32, delete "26,000,000" and insert "-0-"

60.23 Page 119, line 7, delete "49,500,000" and insert "23,500,000"

60.24 Page 119, line 8, delete "49,500,000" and insert "23,500,000"

60.25 Renumber the subdivisions in sequence

60.26 Page 119, after line 22, insert:

60.27 "Sec. 4. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29,
60.28 is amended to read:

60.29 Subd. 29. **Grant Programs; Disabilities Grants** 31,398,000 31,010,000

60.30 **(a) Training Stipends for Direct Support**
60.31 **Services Providers. \$1,000,000 in fiscal year**

61.1 2022 is from the general fund for stipends for
61.2 individual providers of direct support services
61.3 as defined in Minnesota Statutes, section
61.4 256B.0711, subdivision 1. These stipends are
61.5 available to individual providers who have
61.6 completed designated voluntary trainings
61.7 made available through the State-Provider
61.8 Cooperation Committee formed by the State
61.9 of Minnesota and the Service Employees
61.10 International Union Healthcare Minnesota.
61.11 Any unspent appropriation in fiscal year 2022
61.12 is available in fiscal year 2023. This is a
61.13 onetime appropriation. This appropriation is
61.14 available only if the labor agreement between
61.15 the state of Minnesota and the Service
61.16 Employees International Union Healthcare
61.17 Minnesota under Minnesota Statutes, section
61.18 179A.54, is approved under Minnesota
61.19 Statutes, section 3.855.

61.20 **(b) Parent-to-Parent Peer Support.** \$125,000
61.21 in fiscal year 2022 and \$125,000 in fiscal year
61.22 2023 are from the general fund for a grant to
61.23 an alliance member of Parent to Parent USA
61.24 to support the alliance member's
61.25 parent-to-parent peer support program for
61.26 families of children with a disability or special
61.27 health care need.

61.28 **(c) Self-Advocacy Grants.** (1) \$143,000 in
61.29 fiscal year 2022 and \$143,000 in fiscal year
61.30 2023 are from the general fund for a grant
61.31 under Minnesota Statutes, section 256.477,
61.32 subdivision 1.

61.33 (2) \$105,000 in fiscal year 2022 and \$105,000
61.34 in fiscal year 2023 are from the general fund

62.1 for subgrants under Minnesota Statutes,
62.2 section 256.477, subdivision 2.

62.3 **(d) Minnesota Inclusion Initiative Grants.**
62.4 \$150,000 in fiscal year 2022 and \$150,000 in
62.5 fiscal year 2023 are from the general fund for
62.6 grants under Minnesota Statutes, section
62.7 256.4772.

62.8 **(e) Grants to Expand Access to Child Care**
62.9 **for Children with Disabilities.** \$250,000 in
62.10 fiscal year 2022 and \$250,000 in fiscal year
62.11 2023 are from the general fund for grants to
62.12 expand access to child care for children with
62.13 disabilities. Any unspent amount in fiscal year
62.14 2022 is available through June 30, 2023. This
62.15 is a onetime appropriation.

62.16 **(f) Parenting with a Disability Pilot Project.**
62.17 The general fund base includes \$1,000,000 in
62.18 fiscal year 2024 and \$0 in fiscal year 2025 to
62.19 implement the parenting with a disability pilot
62.20 project.

62.21 **(g) Base Level Adjustment.** The general fund
62.22 base is \$29,260,000 in fiscal year 2024 and
62.23 \$22,260,000 in fiscal year 2025.

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

62.26 **Subd. 31. Grant Programs; Adult Mental Health**
62.27 **Grants**

62.28	Appropriations by Fund		
62.29	General	98,772,000	98,703,000
62.30	Opiate Epidemic		
62.31	Response	2,000,000	2,000,000

62.32 **(a) Culturally and Linguistically**
62.33 **Appropriate Services Implementation**
62.34 **Grants.** \$2,275,000 in fiscal year 2022 and

63.1 \$2,206,000 in fiscal year 2023 are from the
 63.2 general fund for grants to disability services,
 63.3 mental health, and substance use disorder
 63.4 treatment providers to implement culturally
 63.5 and linguistically appropriate services
 63.6 standards, according to the implementation
 63.7 and transition plan developed by the
 63.8 commissioner. Any unspent amount in fiscal
 63.9 year 2022 is available through June 30, 2023.

63.10 The general fund base for this appropriation
 63.11 is \$1,655,000 in fiscal year 2024 and \$0 in
 63.12 fiscal year 2025.

63.13 **(b) Base Level Adjustment.** The general fund
 63.14 base is \$93,295,000 in fiscal year 2024 and
 63.15 \$83,324,000 in fiscal year 2025. The opiate
 63.16 epidemic response fund base is \$2,000,000 in
 63.17 fiscal year 2024 and \$0 in fiscal year 2025.

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

63.20 **Subd. 33. Grant Programs; Chemical**
 63.21 **Dependency Treatment Support Grants**

63.22	Appropriations by Fund		
63.23	General	4,273,000	4,274,000
63.24	Lottery Prize	1,733,000	1,733,000
63.25	Opiate Epidemic		
63.26	Response	500,000	500,000

63.27 **(a) Problem Gambling.** \$225,000 in fiscal
 63.28 year 2022 and \$225,000 in fiscal year 2023
 63.29 are from the lottery prize fund for a grant to
 63.30 the state affiliate recognized by the National
 63.31 Council on Problem Gambling. The affiliate
 63.32 must provide services to increase public
 63.33 awareness of problem gambling, education,
 63.34 training for individuals and organizations
 63.35 providing effective treatment services to

64.1 problem gamblers and their families, and
64.2 research related to problem gambling.

64.3 **(b) Recovery Community Organization**

64.4 **Grants.** \$2,000,000 in fiscal year 2022 and
64.5 \$2,000,000 in fiscal year 2023 are from the
64.6 general fund for grants to recovery community
64.7 organizations, as defined in Minnesota
64.8 Statutes, section 254B.01, subdivision 8, to
64.9 provide for costs and community-based peer
64.10 recovery support services that are not
64.11 otherwise eligible for reimbursement under
64.12 Minnesota Statutes, section 254B.05, as part
64.13 of the continuum of care for substance use
64.14 disorders. Any unspent amount in fiscal year
64.15 2022 is available through June 30, 2023. The
64.16 general fund base for this appropriation is
64.17 \$2,000,000 in fiscal year 2024 and \$0 in fiscal
64.18 year 2025

64.19 **(c) Base Level Adjustment.** The general fund
64.20 base is \$4,636,000 in fiscal year 2024 and
64.21 \$2,636,000 in fiscal year 2025. The opiate
64.22 epidemic response fund base is \$500,000 in
64.23 fiscal year 2024 and \$0 in fiscal year 2025.

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

64.26 Sec. 28. **CONTINGENT APPROPRIATIONS.**

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

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

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

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

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

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

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

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

65.17 (a) This act includes \$5,500,000 in fiscal year 2022 and \$5,500,000 in fiscal year 2023
65.18 for additional funding for grants awarded under the transition to community initiative
65.19 described in Minnesota Statutes, section 256.478. Any unspent amount in fiscal year 2022
65.20 is available through June 30, 2023. The general fund base in this act for this purpose is
65.21 \$4,125,000 in fiscal year 2024 and \$0 in fiscal year 2025.

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

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

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

65.26 **Sec. 10. PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED**
65.27 **COMMUNITIES.**

65.28 (a) This act includes \$6,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
65.29 for the commissioner to establish a grant program for small provider organizations that
65.30 provide services to rural or underserved communities with limited home and

66.1 community-based services provider capacity. The grants are available to build organizational
66.2 capacity to provide home and community-based services in Minnesota and to build new or
66.3 expanded infrastructure to access medical assistance reimbursement. Any unspent amount
66.4 in fiscal year 2022 is available through June 30, 2023. The general fund base in this act for
66.5 this purpose is \$8,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

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

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

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

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

66.17 Sec. 11. **EXPAND MOBILE CRISIS.**

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

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

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

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

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

67.3 Sec. 12. **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD**
67.4 **AND ADOLESCENT MOBILE TRANSITION UNIT.**

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

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

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

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

67.17 Subd. 3. **Respite services for older adults grants.** (a) This act includes \$2,000,000 in
67.18 fiscal year 2022 and \$2,000,000 in fiscal year 2023 for the commissioner of human services
67.19 to establish a grant program for respite services for older adults. The commissioner must
67.20 award grants on a competitive basis to respite service providers. Any unspent amount in
67.21 fiscal year 2022 is available through June 30, 2023. The general fund base included in this
67.22 act for this purpose is \$2,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

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

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

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

67.26 Amend the title accordingly