

DHS Policy bills | Behavioral Health, Housing, Deaf and Hard of Hearing, Disability Services

Human Services jurisdiction bill

- **AD-09 Disability Services Forms Clean-up**
 - This proposal would modify Minnesota Statutes 245D.10 and 256B.4914 to require that lead agencies and providers use a specific form when reporting service terminations or providing information related to the Disability Waiver Rate System (DWRS). The forms have already been created and are already used by the majority of counties.
- **AD-11 Personal Care Assistance (PCA) and Community First Services and Supports (CFSS) Remote Reassessment**
 - This proposal builds on changes made in recent legislative sessions that allowed people on home and community-based waivers to obtain their annual long-term care consultation (LTCC) reassessment remotely, rather than in-person. This modification would ensure people on the PCA program have the same options to complete their required annual reassessment.
- **AD-15: Technology First Policy Update**
 - The 2020 Legislature codified policy statements memorializing that adults and children with disabilities can use assistive technology and remote supports to enhance independence and quality of life and that DHS must ensure individuals with disabilities are offered the opportunity to choose assistive technology or remote supports. This proposal provides a technical clarification to conform the technology policy statement with other disability policy statements to state that individuals should be offered opportunities to choose assistive technology before being offered traditional services.
- **AD-13 Minimum Wage Protections for People with Disabilities**
 - The 2021 Minnesota Legislature created the Task Force on Subminimum Wages (Minnesota Laws 2021, 1st Special Session, Chapter 7, Article 17 section 14) to develop a plan and make recommendations to phase out payment of subminimum wages to people with disabilities on or before August 1, 2028. The 2023 Legislature enacted a number of provisions recommended by the Task Force to support employers, providers, lead agencies and the state phase out the use of subminimum wage. This proposal would require minimum wages for people with disabilities by August 1, 2028.
- **BH-04 Modernization of Deaf and Hard of Hearing Services Act**
 - This proposal will update and modernize the Deaf and Hard of Hearing Services Act. The proposal updates the Deaf and Hard of Hearing Services division duties and responsibilities. It

also modernizes language to respect to the identities and needs of the deaf, deafblind, and hard of hearing communities. The proposal has the following components:

- First, DHHSD's name will formally incorporate the term "DeafBlind" and change to the Deaf, DeafBlind, and Hard of Hearing State Services Division. This change will provide increased recognition and support for people who are deafblind.
- Next, this proposal explicitly requires services that are linguistically affirmative (in addition to being culturally affirmative). This will ensure that services continue to be designed and delivered in the context of the unique identities and needs of people who are deaf, deafblind, and hard of hearing.
- Lastly, there are multiple technical, clarifying, and conforming changes made to the Act to reduce redundancy, enhance readability, and ensure transparency.

- **BH-06 Behavioral Health Technical Corrections**

- This proposal includes technical fixes that are necessary to ensure continued operations and clear requirements for SUD providers, as well as aligning definitions, and providing clarity related to the comprehensive assessment. This proposal includes the following changes:
 - **SUD Cross-reference clean-up.** The 2023 legislature made changes to section 254B.05, subd. 5 that shifted clauses. Cross-references were not updated in section [256B.0759, subd. 4](#) which inadvertently results in the elimination of the rate enhancement for some [1115 SUD demonstration](#) enrollees. Removal of this rate enhancement was unintended and not part of fiscal tracking.
 - **SUD Medically Monitored Intensive Inpatient Services level of care.** Changes are needed regarding the American Society of Addiction Medicine (ASAM) medically monitored level of care (3.7 level) for SUD providers in the 1115 demonstration. Currently there is one 3.7 provider in the state. This level of care is not identified in the demonstration implementation plan. Requiring this provider to enroll in the demonstration, would require them to identify themselves at an incorrect level of care. This change would allow 3.7 providers to allow flexibility for meeting the 1/1/24 deadline set for residential providers to enroll in the demonstration.
 - **SUD Definitions alignment clean-up.** This change would align the definition of peer recovery support services, recovery peer, and recovery peer qualifications for DHS licensed withdrawal management programs with existing language in substance use disorder licensed programs. These definitions were modified by the 2023 Legislature.
 - **SUD Comprehensive Assessment clarifications.** DHS needs to provide clarification on the difference between a comprehensive assessment when it is conducted within a program and needs to meet the licensing guidelines versus assessments completed outside a licensed program when those timelines do not apply. This proposal also moves language about opioid education to service initiation rather than waiting to provide the information when the comprehensive assessment is done because the program has several days to complete. Opioid education would still be included as a requirement for comprehensive assessments completed outside a licensed program and when there is a diagnosis of opioid use disorder.

- **Behavioral Health Fund clarification.** Language passed during the 2023 session conflicts with a different area of statute that needs to be clarified. Minnesota Statutes 254B.05, subdivision 5 (i) allows a program to bill for services prior to the completion of the comprehensive assessment if the assessment is completed within the required 245G licensing timeframes. Section 254B.04, subdivision 6 currently states that behavioral health fund eligibility is to be determined when the comprehensive assessment is complete. Since providers will be seeking funding for treatment prior to completion of the assessment, this provision would align behavioral health fund requirements so that eligibility may be determined upon date of request.
- **Corrections.** This provision reinstates and clarifies clause (6) in Section 254B.05 which was inadvertently deleted in the final human services budget bill. The language reinserts DHS authority to set rates for opioid treatment programs, consistent with Governor’s budget language that was included in previous engrossments of the bill. It also conforms SUD statute to the recent organization name change of the Association for Recovery Community Organizations (ARCO) and clarifies their current scope of services to also include certification.

Health and Human Services jurisdiction bill

- **BH-01 Housing Division Adult Income Technical and Clarifying Corrections**
 - This proposal includes several technical corrections in the General Assistance program statutes:
 - [Minnesota Statutes 2022, section 256D.01, subdivision 1a](#), needs to be amended to correct an error in the effective date of a change to the General Assistance (GA) assistance standard. In the 2023 session, the Legislature increased the monthly GA standard from \$203 to \$350. This change increases the amount of GA benefits two groups of GA recipients -- adults who live in the community and adults who live with their parents – are entitled to receive. Each group is addressed in a separate section of [Minn. Stat. 256D.01 subd. 1a](#), one in section (b) and the other in section (c). Erroneously, the effective dates listed in the two affected sections were different. In subd. 1a(b) the effective date was October 1, 2024, but in subd. 1a(c) the effective date was October 1, 2023. The reference to 2023 was an error and it should be changed to 2024 so the agency can properly implement this change and to align with the conference committee spreadsheet.
 - [Minnesota Statutes 2022, section 256D](#) contains three sections that should be removed because they are unrelated to the General Assistance program. These sections are artifacts from the obsolete “poor relief program.”
- **BH-03 Clarifying Standards for Housing Support and Cost-neutral Transfer Settings**
 - This proposal would clarify Housing Support program standards in [Minn. Stat. 256I.04](#) and standards related to the Housing Support Cost-neutral transfer program in [Minn. Stat. 256I.05](#).
 - **Housing Support Program Standards:** [Minn. Stat. 256I.04 subd. 2f](#) requires that Housing Support locations that are “licensed and registered” under and they must meet minimum program standards. [Minn. Stat. 256I.04 subd. 2a\(b\)](#) provides exemptions from license or registration requirements for Housing Support settings that are: located on

Indian reservations and subject to tribal health and safety requirements and supportive housing establishments where an individual has an approved habitability inspection and an individual lease agreement. This proposal removes the reference to “licensed and registered” settings and replaces it with “authorized.” This change will clarify that the minimum standards in [Minn. Stat. 256I.04 Subd. 2f](#) apply to all authorized Housing Support settings and aligns with housing support agreements.

- **Housing Support Cost-Neutral Program Alignment:** [Minn. Stat. 256I.05](#) authorizes Housing Support cost-neutral transfers in two places, [256I.05 subd 1a\(b\)](#) and [256I.05 subd 11](#). Both references allow the Commissioner of DHS to issue a cost-neutral transfer of Housing Support funds based on a plan submitted by a county or tribal human services agency. However, the two sections are not aligned regarding agency expectations for performance or reporting. The differences between the two sections complicate DHS oversight and county and tribal administration of cost-neutral transfer funds. This proposal aligns standards for the program.
- **BH-05 Streamlining provider requirements and enhancing person-centered engagement for MA Behavioral Health Homes (BHH)**
 - At its core, the BHH service is a care coordination model intended to serve whole person needs across primary care, mental health, substance use disorder treatment, long-term services and supports, and social service components of our health care delivery system. This proposal makes two changes to this service:
 - **Person-centered engagement:** Removes the requirement that a provider obtain written consent before delivering Behavioral Health Home (BHH) services. Instead a person may consent telephonically or electronically similar to other services and flexibilities afforded following learnings from the pandemic.
 - **Streamlining provider requirements:** This proposal removes the statutory requirement for BHH providers to utilize data from the Department of Human Services’ Partner Portal to identify past and current treatment or services and to identify potential gaps in care. Instead providers may use other tools identified by the commissioner.