

SENATE
STATE OF MINNESOTA
NINETIETH SESSION

S.F. No. 1288

(SENATE AUTHORS: UTKE)		
DATE	D-PG	OFFICIAL STATUS
02/22/2017	702	Introduction and first reading
		Referred to Human Services Reform Finance and Policy
03/02/2017	949a	Comm report: To pass as amended and re-refer to State Government Finance and Policy and Elections
03/09/2017		Comm report: To pass as amended
		Second reading

1.1

A bill for an act

1.2

relating to human services; establishing an advisory committee; modifying the tax

1.3

code; modifying assertive community treatment and intensive residential treatment

1.4

services, Minnesota family investment program innovation funds, and appeals and

1.5

fair hearings for Northstar Care for Children; amending Minnesota Statutes 2016,

1.6

sections 256.01, by adding a subdivision; 256B.0622, subdivisions 3a, 4; 256J.626,

1.7

subdivision 5; 270B.14, subdivision 1.

1.8

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.9

Section 1. Minnesota Statutes 2016, section 256.01, is amended by adding a subdivision

1.10

to read:

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Subd. 2c. Program Simplification and Uniformity Advisory Committee. (a) The

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Program Simplification and Uniformity Advisory Committee shall advise the commissioner

1.13

on policies and procedures to create a human services delivery system that simplifies and

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aligns agency programs. The committee shall meet at least quarterly and may meet more

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frequently as required by the commissioner. The committee shall annually elect a chair from

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its members, who shall work with the commissioner to establish the agenda for each meeting.

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The commissioner, or the commissioner's designee, shall attend each advisory committee

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meeting.

1.19

(b) The Program Simplification and Uniformity Advisory Committee shall advise and

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make recommendations to the commissioner on the development of policies, strategies, and

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approaches to simplify, align, and unify programs that will:

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(1) promote client-centered programs;

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(2) reduce program redundancies and duplication;

2.1 (3) prepare for and facilitate the development and implementation of new information
2.2 technology eligibility systems;

2.3 (4) ensure program integrity by preventing waste, fraud, and abuse, and improve program
2.4 efficiency; and

2.5 (5) promote the development and implementation of an integrated human service
2.6 eligibility and delivery system.

2.7 (c) The Program Simplification and Uniformity Advisory Committee consists of:

2.8 (1) four voting members who represent county and social service administrators, at least
2.9 two of whom must represent a county other than Anoka, Carver, Chisago, Dakota, Hennepin,
2.10 Isanti, Ramsey, Scott, Sherburne, Washington, and Wright;

2.11 (2) two voting members who represent tribal social service agencies;

2.12 (3) four voting members of agencies and organizations who represent public assistance
2.13 recipients, including persons with physical and developmental disabilities, persons with
2.14 mental illness, seniors, parents or legal guardians of children, or low-income individuals;

2.15 (4) four voting members who are users of public human services programs, including
2.16 persons with physical and developmental disabilities, persons with mental illness, seniors,
2.17 parents or legal guardians of children, or low-income individuals;

2.18 (5) two voting members who represent county financial and eligibility workers;

2.19 (6) two voting members of the house of representatives, one from the majority party
2.20 appointed by the speaker of the house and one from the minority party appointed by the
2.21 minority leader, and two voting members from the senate, one from the majority party
2.22 appointed by the senate majority leader and one from the minority party appointed by the
2.23 senate minority leader;

2.24 (7) four at-large voting members as determined by the members under clauses (1), (2),
2.25 (3), and (4);

2.26 (8) up to four nonvoting members appointed by the commissioner who are program
2.27 policy experts to provide technical support to the committee;

2.28 (9) one nonvoting member appointed by the commissioner of health who is a program
2.29 policy expert to provide technical support to the committee;

2.30 (10) one nonvoting member appointed by the commissioner of employment and economic
2.31 development who is a program policy expert to provide technical support to the committee;
2.32 and

(11) one nonvoting member appointed by the commissioner of commerce who is a program policy expert to provide technical support to the committee.

(d) A voting committee member shall not be employed by the state of Minnesota except for voting members appointed under clause (6). A committee member shall not receive compensation for committee work.

EFFECTIVE DATE. This section is effective the day following final enactment and expires June 30, 2020.

Sec. 2. Minnesota Statutes 2016, section 256B.0622, subdivision 3a, is amended to read:

Subd. 3a. **Provider certification and contract requirements for assertive community treatment.** (a) The assertive community treatment provider entity must:

~~(1) have a contract with the host county to provide assertive community treatment services; and~~

~~(2)~~ have each ACT team be certified by the state following the certification process and procedures developed by the commissioner. The certification process determines whether the ACT team meets the standards for assertive community treatment under this section as well as minimum program fidelity standards as measured by a nationally recognized fidelity tool approved by the commissioner. Recertification must occur at least every three years.

(b) An ACT team certified under this subdivision must meet the following standards:

(1) have capacity to recruit, hire, manage, and train required ACT team members;

(2) have adequate administrative ability to ensure availability of services;

(3) ensure adequate preservice and ongoing training for staff;

(4) ensure that staff is capable of implementing culturally specific services that are culturally responsive and appropriate as determined by the client's culture, beliefs, values, and language as identified in the individual treatment plan;

(5) ensure flexibility in service delivery to respond to the changing and intermittent care needs of a client as identified by the client and the individual treatment plan;

(6) develop and maintain client files, individual treatment plans, and contact charting;

(7) develop and maintain staff training and personnel files;

(8) submit information as required by the state;

(9) keep all necessary records required by law;

4.1 (10) comply with all applicable laws;

4.2 (11) be an enrolled Medicaid provider;

4.3 (12) establish and maintain a quality assurance plan to determine specific service
4.4 outcomes and the client's satisfaction with services; and

4.5 (13) develop and maintain written policies and procedures regarding service provision
4.6 and administration of the provider entity.

4.7 (c) The commissioner may intervene at any time and decertify an ACT team with cause.
4.8 The commissioner shall establish a process for decertification of an ACT team and shall
4.9 require corrective action, medical assistance repayment, or decertification of an ACT team
4.10 that no longer meets the requirements in this section or that fails to meet the clinical quality
4.11 standards or administrative standards provided by the commissioner in the application and
4.12 certification process. The decertification is subject to appeal to the state.

4.13 (d) A provider entity must specify in the provider entity's application what geographic
4.14 area and populations will be served by the proposed program. A provider entity must
4.15 document that the capacity or program specialties of existing programs are not sufficient
4.16 to meet the service needs of the target population. A provider entity must submit evidence
4.17 of ongoing relationships with other providers and levels of care to facilitate referrals to and
4.18 from the proposed program.

4.19 (e) A provider entity must submit documentation that the provider entity requested a
4.20 statement of need from each county board and tribal authority that serves as a local mental
4.21 health authority in the proposed service area. The statement of need must specify if the local
4.22 mental health authority supports or does not support the need for the proposed program and
4.23 the basis for this determination. If a local mental health authority does not respond within
4.24 60 days of the receipt of the request, the commissioner shall determine the need for the
4.25 program based on the documentation submitted by the provider entity.

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

4.27 Sec. 3. Minnesota Statutes 2016, section 256B.0622, subdivision 4, is amended to read:

4.28 Subd. 4. **Provider entity licensure and contract requirements for intensive residential**
4.29 **treatment services.** (a) The intensive residential treatment services provider entity must:

4.30 (1) be licensed under Minnesota Rules, parts 9520.0500 to 9520.0670;

4.31 (2) not exceed 16 beds per site; and

4.32 (3) comply with the additional standards in this section; ~~and~~.

~~(4) have a contract with the host county to provide these services.~~

(b) The commissioner shall develop procedures for counties and providers to submit contracts and other documentation as needed to allow the commissioner to determine whether the standards in this section are met.

(c) A provider entity must specify in the provider entity's application what geographic area and populations will be served by the proposed program. A provider entity must document that the capacity or program specialties of existing programs are not sufficient to meet the service needs of the target population. A provider entity must submit evidence of ongoing relationships with other providers and levels of care to facilitate referrals to and from the proposed program.

(d) A provider entity must submit documentation that the provider entity requested a statement of need from each county board and tribal authority that serves as a local mental health authority in the proposed service area. The statement of need must specify if the local mental health authority supports or does not support the need for the proposed program and the basis for this determination. If a local mental health authority does not respond within 60 days of the receipt of the request, the commissioner shall determine the need for the program based on the documentation submitted by the provider entity.

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

Sec. 4. Minnesota Statutes 2016, section 256J.626, subdivision 5, is amended to read:

Subd. 5. **Innovation projects.** Beginning January 1, 2005, no more than \$3,000,000 of the funds annually appropriated to the commissioner for use in the consolidated fund shall be available to the commissioner to reward high-performing counties and tribes, support promising practices, ~~and test innovative approaches to improving outcomes, and to provide~~ for evaluation of projects, promising practices, and innovative approaches for MFIP participants, family stabilization services participants, and persons at risk of receiving MFIP as detailed in subdivision 3. Project funds may be targeted to geographic areas with poor outcomes as specified in section 256J.751, subdivision 5, or to subgroups within the MFIP case load who are experiencing poor outcomes.

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

Sec. 5. Minnesota Statutes 2016, section 270B.14, subdivision 1, is amended to read:

Subdivision 1. **Disclosure to commissioner of human services.** (a) On the request of the commissioner of human services, the commissioner shall disclose return information

6.1 regarding taxes imposed by chapter 290, and claims for refunds under chapter 290A, to the
6.2 extent provided in paragraph (b) and for the purposes set forth in paragraph (c).

6.3 (b) Data that may be disclosed are limited to data relating to the identity, whereabouts,
6.4 employment, income, and property of a person owing or alleged to be owing an obligation
6.5 of child support.

6.6 (c) The commissioner of human services may request data only for the purposes of
6.7 carrying out the child support enforcement program and to assist in the location of parents
6.8 who have, or appear to have, deserted their children. Data received may be used only as set
6.9 forth in section 256.978.

6.10 (d) The commissioner shall provide the records and information necessary to administer
6.11 the supplemental housing allowance to the commissioner of human services.

6.12 (e) At the request of the commissioner of human services, the commissioner of revenue
6.13 shall electronically match the Social Security numbers and names of participants in the
6.14 telephone assistance plan operated under sections 237.69 to 237.71, with those of property
6.15 tax refund filers, and determine whether each participant's household income is within the
6.16 eligibility standards for the telephone assistance plan.

6.17 (f) The commissioner may provide records and information collected under sections
6.18 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid
6.19 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law
6.20 102-234. Upon the written agreement by the United States Department of Health and Human
6.21 Services to maintain the confidentiality of the data, the commissioner may provide records
6.22 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and
6.23 Medicaid Services section of the United States Department of Health and Human Services
6.24 for purposes of meeting federal reporting requirements.

6.25 (g) The commissioner may provide records and information to the commissioner of
6.26 human services as necessary to administer the early refund of refundable tax credits.

6.27 (h) The commissioner may disclose information to the commissioner of human services
6.28 as necessary to verify for income verification for eligibility and premium payment under
6.29 the MinnesotaCare program, under section 256L.05, subdivision 2, and the medical assistance
6.30 program under chapter 256B.

6.31 (i) The commissioner may disclose information to the commissioner of human services
6.32 necessary to verify whether applicants or recipients for the Minnesota family investment
6.33 program, general assistance, food support, Minnesota supplemental aid program, and child

7.1 care assistance have claimed refundable tax credits under chapter 290 and the property tax
7.2 refund under chapter 290A, and the amounts of the credits.

7.3 (j) The commissioner may disclose information to the commissioner of human services
7.4 necessary to verify income for purposes of calculating parental contribution amounts under
7.5 section 252.27, subdivision 2a.

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