

A bill for an act

relating to human services; making changes to continuing care provisions; prohibiting the reduction of certain Title 3 funding allocations; clarifying senior nutrition appropriations; amending local certification requirements; amending Minnesota Statutes 2006, section 256.9752, by adding a subdivision; Minnesota Statutes 2007 Supplement, section 256B.49, subdivision 16a; Laws 2007, chapter 147, article 19, section 3, subdivision 8.

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

Section 1. Minnesota Statutes 2006, section 256.9752, is amended by adding a subdivision to read:

Subd. 4. **Title 3 funding.** Title 3 funding allocations under the Older Americans Act of 1965, as amended, to any congregate dining and home delivery service provider shall not be reduced based on the amount of voluntary contributions received.

Sec. 2. Minnesota Statutes 2007 Supplement, section 256B.49, subdivision 16a, is amended to read:

Subd. 16a. **Medical assistance reimbursement.** (a) The commissioner shall seek federal approval for medical assistance reimbursement of independent living skills services, foster care waiver service, supported employment, prevocational service, and structured day service, ~~and adult day care~~ under the home and community-based waiver for persons with a traumatic brain injury, the community alternatives for disabled individuals waivers, and the community alternative care waivers.

(b) Medical reimbursement shall be made only when the provider demonstrates evidence of its capacity to meet basic health, safety, and protection standards through the following methods:

(1) for independent living skills services, supported employment, prevocational service, and structured day service through one of the methods in paragraphs (c) to (e) and (d); and

(2) for foster care waiver services through the method in paragraph (e).

(c) The provider is licensed to provide services under chapter 245B and agrees to apply these standards to services funded through the traumatic brain injury, community alternatives for disabled, or community alternative care home and community-based waivers.

~~(d) The local agency contracting for the services certifies on a form provided by the commissioner shall certify that the provider has the capacity to meet the individual needs as identified in each person's individual service plan. When certifying that the service provider meets the necessary provider qualifications, the local agency shall verify that the provider has policies and procedures governing the following:~~

(1) protection of the consumer's rights and privacy;

(2) risk assessment and planning;

(3) record keeping and reporting of incidents and emergencies with documentation of corrective action if needed;

(4) service outcomes, regular reviews of progress, and periodic reports;

(5) complaint and grievance procedures;

(6) service termination or suspension;

(7) necessary training and supervision of direct care staff that includes:

(i) documentation in personnel files of 20 hours of orientation training in providing training related to service provision;

(ii) training in recognizing the symptoms and effects of certain disabilities, health conditions, and positive behavioral supports and interventions;

(iii) a minimum of five hours of related training annually; and

(iv) when applicable:

(A) safe medication administration;

(B) proper handling of consumer funds; and

(C) compliance with prohibitions and standards developed by the commissioner to satisfy federal requirements regarding the use of restraints and restrictive interventions.

~~The local agency commissioner shall review at least annually~~ biennially that each service provider's continued compliance with the standards policies and procedures governing basic health, safety, and protection of rights continue to meet minimum standards.

(e) The commissioner shall seek federal approval for Medicaid reimbursement of foster care services under the home and community-based waiver for persons with

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a traumatic brain injury, the community alternatives for disabled individuals waiver, and community alternative care waiver when the provider demonstrates evidence of its capacity to meet basic health, safety, and protection standards. The ~~local agency~~ commissioner shall verify that the adult foster care provider is licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, the child foster care provider is licensed as family foster care or a foster care residence under Minnesota Rules, parts 2960.3000 to 2960.3340 and certify that the provider has policies and procedures that govern:

(1) compliance with prohibitions and standards developed by the commissioner to meet federal requirements regarding the use of restraints and restrictive interventions; ~~and~~

(2) documentation of service needs and outcomes, regular reviews of progress, and periodic reports; and

(3) safe medication management and administration.

The ~~local agency commissioner~~ shall review at least ~~annually~~ biennially that each service provider's ~~continued compliance with the standards~~ policies and procedures governing basic health, safety, and protection of rights standards continue to meet minimum standards.

Sec. 3. Laws 2007, chapter 147, article 19, section 3, subdivision 8, is amended to read:

Subd. 8. Continuing Care Grants

The amounts that may be spent from the appropriation for each purpose are as follows:

(a) Aging and Adult Services Grants

General	14,357,000	14,727,000
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Information and Assistance

Reimbursement. Federal administrative reimbursement obtained from information and assistance services provided by the Senior LinkAge Line to people who are identified as eligible for medical assistance is appropriated to the commissioner for this activity.

Senior Companion Program. Of this appropriation, \$42,000 each year is for the

4.1 senior companion program under Minnesota
4.2 Statutes, section 256.977.

4.3 **Volunteer Senior Citizens.** Of this
4.4 appropriation, \$42,000 each year is for the
4.5 volunteer programs for retired senior citizens
4.6 under Minnesota Statutes, section 256.9753.

4.7 **Foster Grandparent Program.** Of this
4.8 appropriation, \$41,000 each year is for the
4.9 foster grandparent program in Minnesota
4.10 Statutes, section 256.976.

4.11 **Senior Nutrition.** Of this appropriation,
4.12 \$125,000 each year is for the senior nutrition
4.13 programs under Minnesota Statutes, section
4.14 256.9752. The commissioner shall give
4.15 priority to ~~increase services to: (1) persons~~
4.16 ~~facing language or cultural barriers, (2)~~
4.17 ~~persons with special diets, (3) persons~~
4.18 ~~living in isolated rural areas, and (4) other~~
4.19 ~~hard-to-serve populations~~ maintaining home
4.20 delivery and congregate dining services
4.21 existing on July 1, 2007.

4.22 **Base Adjustment.** The general fund base
4.23 is \$14,774,000 in fiscal year 2010 and
4.24 \$14,899,000 in fiscal year 2011.

4.25 **(b) Alternative Care Grants**

4.26 General 49,858,000 51,758,000

4.27 **Alternative Care Transfer.** Any money
4.28 allocated to the alternative care program that
4.29 is not spent for the purposes indicated does
4.30 not cancel but is transferred to the medical
4.31 assistance account.

4.32 **Base Adjustment.** The general fund
4.33 base is \$52,120,000 in fiscal year 2010

5.1 and \$52,277,000 in fiscal year 2011 for
5.2 alternative care grants.

5.3 **(c) Medical Assistance Grants - Long-Term**
5.4 **Care Facilities**

5.5 General 496,920,000 499,556,000

5.6 **Long-Term Care Consultation Funding**

5.7 **Increase.** For the rate year beginning
5.8 October 1, 2008, the county long-term
5.9 care consultation allocations in Minnesota
5.10 Statutes, section 256B.0911, subdivision
5.11 6, must be increased based on the number
5.12 of transitional long-term care consultation
5.13 visits projected by the commissioner in
5.14 each county. For the rate year beginning
5.15 October 1, 2009, final allocations must be
5.16 determined based on the average between
5.17 the actual number of transitional long-term
5.18 care visits that were conducted in the prior
5.19 12-month period and the projected number
5.20 of consultations that will be provided in
5.21 the rate year beginning October 1, 2009.
5.22 Notwithstanding any contrary provision in
5.23 this article, this paragraph expires June 30,
5.24 2010.

5.25 **Nursing Facility Sprinkler Systems.** Of
5.26 the general fund appropriation, \$2,500,000
5.27 the first year is to reimburse the costs of
5.28 nursing facility sprinkler systems under
5.29 Minnesota Statutes, section 256B.434,
5.30 subdivision 4, paragraph (e). Any portion of
5.31 this appropriation not spent in the first year
5.32 shall not cancel but shall be available for the
5.33 second year.

5.34 **Nursing Home Moratorium Exceptions.**
5.35 During fiscal year 2008, the commissioner of

6.1 health may approve moratorium exception
6.2 projects under Minnesota Statutes, section
6.3 144A.073, for which the full annualized
6.4 state share of medical assistance costs does
6.5 not exceed \$3,000,000. During fiscal year
6.6 2009, the commissioner of health may
6.7 approve moratorium exception projects
6.8 under Minnesota Statutes, section 144A.073,
6.9 for which the full annualized state share of
6.10 medical assistance costs does not exceed
6.11 \$3,000,000 less the amount approved during
6.12 the first year. Priority shall be given to
6.13 proposals that entail:

6.14 (1) complete building replacement in
6.15 conjunction with reductions in the number of
6.16 beds in a county, with greater weight given
6.17 to projects in counties with a greater than
6.18 average number of beds per 1,000 elderly;

6.19 (2) technology improvements;

6.20 (3) improvements in life safety;

6.21 (4) construction of nursing facilities that are
6.22 part of senior services campuses; and

6.23 (5) improvements in the work environment.

6.24 **(d) Medical Assistance Grants - Long-Term**
6.25 **Care Waivers and Home Care Grants**

6.26 General 957,020,000 1,075,074,000

6.27 **County CADI allocation adjustment.**

6.28 (1) The commissioner shall adjust 2007
6.29 home and community-based allocations
6.30 under Minnesota Statutes, section 256B.49,
6.31 to qualifying counties that transferred
6.32 persons to the community alternatives for
6.33 disabled individuals (CADI) waiver program
6.34 under Laws 2006, chapter 282, article 20,

7.1 section 35. The adjustment shall reflect
7.2 the amount that county-authorized funding
7.3 for CADI waiver services exceeded the
7.4 allowable amount as shown in the Medicaid
7.5 Management Information System (MMIS)
7.6 on March 1, 2007.

7.7 (2) A county that may qualify under
7.8 paragraph (1) shall apply to the commissioner
7.9 by June 10, 2007. Following a review of the
7.10 county request and the MMIS documentation,
7.11 the commissioner shall adjust the county
7.12 allocation, as appropriate, by June 25, 2007.

7.13 (3) The amounts provided to a county under
7.14 this section shall become part of the county's
7.15 base level state allocation for the CADI
7.16 waiver for the biennium beginning July 1,
7.17 2007.

7.18 (4) This rider is effective the day following
7.19 final enactment.

7.20 (e) **Mental Health Grants**

7.21	Appropriations by Fund		
7.22	General	59,632,000	62,217,000
7.23	Health Care Access	750,000	750,000
7.24	Lottery Prize	1,933,000	1,633,000

7.25 **Mental Health Crisis Services.** Of the
7.26 general fund appropriation, \$2,528,000 in
7.27 fiscal year 2008 and \$3,278,000 in fiscal
7.28 year 2009 are for statewide funding of adult
7.29 mental health crisis services. Providers must
7.30 utilize all available funding streams.

7.31 **Adult Mental Health Evidence-Based**
7.32 **and Best Practices.** Of the general fund
7.33 appropriation, \$375,000 in fiscal year 2008
7.34 and \$750,000 in fiscal year 2009 are for
7.35 adult mental health evidence-based and

best practices including, but not limited to, Assertive Community Treatment and Integrated Dual Diagnosis Treatment services. The commissioner shall require grantees to utilize all available third-party reimbursement sources as a condition of using state grant funds.

Culturally Specific Mental Health

Treatment Grants. Of the general fund appropriation, \$75,000 in fiscal year 2008 and \$300,000 in fiscal year 2009 are for adult mental health grants to support increased availability of mental health services for persons from cultural and ethnic minorities within the state. The commissioner shall use at least 20 percent of these funds to help members of cultural and ethnic minority communities to become qualified mental health professionals and practitioners. The commissioner shall assist grantees to meet third-party credentialing requirements and require them to utilize all available third-party reimbursement sources as a condition of using state grant funds.

Mental Health Services for Adults with

Special Treatment Needs. Of the general fund appropriation, \$50,000 in fiscal year 2008 and \$200,000 in fiscal year 2009 are for adult mental health grants to support increased availability of mental health services for adults with special treatment needs. These adults shall include, but not be limited to: victims of trauma, including persons subjected to abuse or neglect, veterans and their families, and refugee populations; person's with complex treatment

9.1 needs, such as eating disorders; and those
9.2 with low incidence disorders.

9.3 **Supportive Housing Services for Adults**
9.4 **with Mental Illness.** Of the general fund
9.5 appropriation, \$1,750,000 in fiscal year
9.6 2008 and \$1,500,000 in fiscal year 2009 are
9.7 for adult mental health grants to support
9.8 increased availability of a range of housing
9.9 options with supports for persons with
9.10 serious mental illness.

9.11 **National Council on Problem Gambling.**
9.12 (1) Of the appropriation from the lottery prize
9.13 fund, \$225,000 each year is for a grant to
9.14 the state affiliate recognized by the National
9.15 Council on Problem Gambling. The affiliate
9.16 must provide services to increase public
9.17 awareness of problem gambling, education,
9.18 and training for individuals and organizations
9.19 providing effective treatment services to
9.20 problem gamblers and their families, and
9.21 research relating to problem gambling. These
9.22 services must be complementary to and not
9.23 duplicative of the services provided through
9.24 the problem gambling program administered
9.25 by the commissioner of human services. This
9.26 grant does not prevent the commissioner
9.27 from regular monitoring and oversight of the
9.28 grant or the ability to reallocate the funds to
9.29 other services within the problem gambling
9.30 program for nonperformance of duties by
9.31 the grantee.

9.32 (2) Of this appropriation, \$100,000 in
9.33 fiscal year 2008 and \$100,000 in fiscal year
9.34 2009 are contingent on the contribution
9.35 of nonstate matching funds. Matching

10.1 funds may be either cash or qualifying
10.2 in-kind contributions. The commissioner of
10.3 finance may disburse the state portion of the
10.4 matching funds in increments of \$25,000
10.5 upon receipt of a commitment for an equal
10.6 amount of matching nonstate funds. The
10.7 general fund base shall be \$100,000 in fiscal
10.8 year 2010 and \$100,000 in fiscal year 2011.

10.9 (3) Of the lottery prize fund appropriation,
10.10 \$100,000 in fiscal year 2008 is for a grant
10.11 or grants to be awarded competitively
10.12 to develop programs and services for
10.13 problem gambling treatment, prevention,
10.14 and education in immigrant communities.
10.15 This appropriation is available until June
10.16 30, 2009, at which time the project must
10.17 be completed and final products delivered,
10.18 unless an earlier completion date is specified
10.19 in the work program.

10.20 **Compulsive Gambling.** Of the lottery prize
10.21 fund appropriation, \$300,000 in fiscal year
10.22 2008 and \$100,000 in fiscal year 2009 are for
10.23 purposes of compulsive gambling education,
10.24 assessment, and treatment under Minnesota
10.25 Statutes, section 245.98.

10.26 **Compulsive Gambling Study.** Of the lottery
10.27 prize fund appropriation, \$100,000 in fiscal
10.28 year 2008 is to continue the study currently
10.29 being done on compulsive gambling
10.30 treatment effectiveness and long-term effects
10.31 of gambling.

10.32 **Base Adjustment.** The general fund base
10.33 is \$59,460,000 in each of fiscal years 2010
10.34 and 2011.

11.1 **Base Adjustment.** The lottery prize fund
11.2 base is \$1,508,000 in each of fiscal years
11.3 2010 and 2011.

11.4 **(f) Deaf and Hard-of-Hearing Grants**

11.5	General	1,730,000	1,964,000
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11.6 **Hearing Loss Mentors.** Of the general
11.7 fund appropriation, \$40,000 each year is to
11.8 provide mentors who have a hearing loss
11.9 to parents of newly identified infants and
11.10 children with hearing loss.

11.11 **Base Adjustment.** The general fund base is
11.12 \$1,968,000 in each of fiscal years 2010 and
11.13 2011.

11.14 **(g) Chemical Dependency Entitlement Grants**

11.15	General	78,225,000	88,138,000
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11.16 **(h) Chemical Dependency Nonentitlement**
11.17 **Grants**

11.18	General	1,655,000	1,805,000
11.19	TANF	150,000	150,000

11.20 **Methamphetamine Abuse Grants.** Of the
11.21 general fund appropriation, \$175,000 in the
11.22 first year and \$375,000 in the second year
11.23 are for grants to existing programs that treat
11.24 methamphetamine abuse, and the abuse
11.25 of other substances in Carlton, Faribault,
11.26 Martin, Olmsted, and Anoka Counties, that
11.27 received grant funds under Laws 2005,
11.28 chapter 136, article 1, section 9, subdivision
11.29 6. The commissioner shall administer the
11.30 grants to programs that the commissioner
11.31 deems successful, and may discontinue
11.32 grants to programs after an evaluation of
11.33 the program and a determination by the
11.34 commissioner that the program should no

12.1 longer receive funds. This appropriation
12.2 shall not become part of base level funding.

12.3 **Native American Juvenile Treatment**
12.4 **Center.** Of the general fund appropriation,
12.5 \$50,000 is to conduct a feasibility study
12.6 of and to predesign a Native American
12.7 juvenile treatment center on or near the
12.8 White Earth Reservation. The facility must
12.9 house and treat Native American juveniles
12.10 and provide culturally specific programming
12.11 to juveniles placed in the treatment center.
12.12 The commissioner of human services may
12.13 contract with parties who have experience
12.14 in the design and construction of juvenile
12.15 treatment centers to assist in the feasibility
12.16 study and predesign. On or before January
12.17 15, 2008, the commissioner shall present
12.18 the results of the feasibility study and the
12.19 predesign of the facility to the chairs of house
12.20 of representatives and senate committees
12.21 having jurisdiction over human services
12.22 finance, public safety finance, and capital
12.23 investment.

12.24 **Leech Lake Youth Treatment Center.** Of
12.25 the general fund appropriation, \$75,000 each
12.26 year are for a grant to the Leech Lake Youth
12.27 Treatment Center project partners, in order
12.28 to pay the salaries and other directly related
12.29 costs associated with the development of this
12.30 project. This is a onetime appropriation.

12.31 **Base Adjustment.** The general fund base is
12.32 \$1,055,000 in each of fiscal years 2010 and
12.33 2011.

12.34 **(i) Other Continuing Care Grants**

12.35	General	21,409,000	16,983,000
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- 13.1 **Repayment.** Of the general fund
13.2 appropriation, \$4,302,000 the first year
13.3 is to repay the amount of overspending
13.4 in the waiver program for persons with
13.5 developmental disabilities incurred by
13.6 Fillmore, Steele, and St. Louis Counties
13.7 in calendar years 2004 and 2005. * (The
13.8 preceding text beginning "Repayment. Of
13.9 the general fund" was indicated as vetoed by
13.10 the governor.)
- 13.11 **Department of Employment and Economic**
13.12 **Development Transfer.** For fiscal year 2008,
13.13 the commissioner of finance shall transfer
13.14 \$200,000 from the methamphetamine
13.15 abatement loan fund to the commissioner
13.16 of human services for methamphetamine
13.17 treatment programs.
- 13.18 **Disability Linkage Line.** Of the general
13.19 fund appropriation, \$469,000 in fiscal year
13.20 2008 and \$626,000 in fiscal year 2009 are to
13.21 establish and maintain the disability linkage
13.22 line.
- 13.23 **Base Adjustment.** The general fund base
13.24 is \$17,103,000 in fiscal year 2010 and
13.25 \$17,141,000 in fiscal year 2011 for other
13.26 continuing care grants.