

This Document can be made available  
in alternative formats upon request

State of Minnesota  
**HOUSE OF REPRESENTATIVES**

EIGHTY-EIGHTH SESSION

**H. F. No. 2150**

02/25/2014 Authored by Huntley

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

03/03/2014 Adoption of Report: Re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to human services; making technical corrections to health and human  
1.3 services appropriations and policy provisions; amending Minnesota Statutes  
1.4 2013 Supplement, section 626.557, subdivision 9; Laws 2013, chapter 1, section  
1.5 6, as amended; Laws 2013, chapter 108, article 14, sections 2, subdivision 6; 3,  
1.6 subdivisions 1, 2, 4; 4, subdivision 8; 12.

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

1.8 Section 1. Minnesota Statutes 2013 Supplement, section 626.557, subdivision 9,  
1.9 is amended to read:

1.10 Subd. 9. **Common entry point designation.** (a) The commissioner of human  
1.11 services shall establish a common entry point effective July 1, ~~2014~~ 2015. The common  
1.12 entry point is the unit responsible for receiving the report of suspected maltreatment  
1.13 under this section.

1.14 (b) The common entry point must be available 24 hours per day to take calls from  
1.15 reporters of suspected maltreatment. The common entry point shall use a standard intake  
1.16 form that includes:

- 1.17 (1) the time and date of the report;
- 1.18 (2) the name, address, and telephone number of the person reporting;
- 1.19 (3) the time, date, and location of the incident;
- 1.20 (4) the names of the persons involved, including but not limited to, perpetrators,
- 1.21 alleged victims, and witnesses;
- 1.22 (5) whether there was a risk of imminent danger to the alleged victim;
- 1.23 (6) a description of the suspected maltreatment;
- 1.24 (7) the disability, if any, of the alleged victim;
- 1.25 (8) the relationship of the alleged perpetrator to the alleged victim;

(9) whether a facility was involved and, if so, which agency licenses the facility;  
(10) any action taken by the common entry point;  
(11) whether law enforcement has been notified;

(12) whether the reporter wishes to receive notification of the initial and final reports; and

(13) if the report is from a facility with an internal reporting procedure, the name, mailing address, and telephone number of the person who initiated the report internally.

(c) The common entry point is not required to complete each item on the form prior to dispatching the report to the appropriate lead investigative agency.

(d) The common entry point shall immediately report to a law enforcement agency any incident in which there is reason to believe a crime has been committed.

(e) If a report is initially made to a law enforcement agency or a lead investigative agency, those agencies shall take the report on the appropriate common entry point intake forms and immediately forward a copy to the common entry point.

(f) The common entry point staff must receive training on how to screen and dispatch reports efficiently and in accordance with this section.

(g) The commissioner of human services shall maintain a centralized database for the collection of common entry point data, lead investigative agency data including maltreatment report disposition, and appeals data. The common entry point shall have access to the centralized database and must log the reports into the database and immediately identify and locate prior reports of abuse, neglect, or exploitation.

(h) When appropriate, the common entry point staff must refer calls that do not allege the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might resolve the reporter's concerns.

(i) A common entry point must be operated in a manner that enables the commissioner of human services to:

(1) track critical steps in the reporting, evaluation, referral, response, disposition, and investigative process to ensure compliance with all requirements for all reports;

(2) maintain data to facilitate the production of aggregate statistical reports for monitoring patterns of abuse, neglect, or exploitation;

(3) serve as a resource for the evaluation, management, and planning of preventative and remedial services for vulnerable adults who have been subject to abuse, neglect, or exploitation;

(4) set standards, priorities, and policies to maximize the efficiency and effectiveness of the common entry point; and

(5) track and manage consumer complaints related to the common entry point.

(j) The commissioners of human services and health shall collaborate on the creation of a system for referring reports to the lead investigative agencies. This system shall enable the commissioner of human services to track critical steps in the reporting, evaluation, referral, response, disposition, investigation, notification, determination, and appeal processes.

**EFFECTIVE DATE.** This section is effective July 1, 2014.

Sec. 2. Laws 2013, chapter 1, section 6, as amended by Laws 2013, chapter 108, article 6, section 32, is amended to read:

**Sec. 6. TRANSFER.**

(a) The commissioner of management and budget shall transfer from the health care access fund to the general fund up to \$21,319,000 in fiscal year 2014; up to \$42,314,000 in fiscal year 2015; up to \$56,147,000 in fiscal year 2016; and up to \$64,683,000 in fiscal year 2017.

(b) The commissioner of human services shall determine the difference between the actual or forecasted cost to the medical assistance program of adding 19- and 20-year-olds and parents and relative caretaker populations with income between 100 and 138 percent of the federal poverty guidelines and the cost of adding those populations that was estimated during the 2013 legislative session based on the data from the February 2013 forecast.

(c) For each fiscal year from 2014 to 2017, the commissioner of human services shall certify and report to the commissioner of management and budget the actual or ~~forecasted~~ estimated cost difference of adding 19- and 20-year-olds and parents and relative caretaker populations with income between 100 and 138 percent of the federal poverty guidelines, as determined under paragraph (b), to the commissioner of management and budget at least four weeks prior to the release of a forecast under Minnesota Statutes, section 16A.103, of each fiscal year.

~~(d) No later than three weeks before the release of the forecast~~ For fiscal years 2014 to 2017, forecasts under Minnesota Statutes, section 16A.103, prepared by the commissioner of management and budget shall ~~reduce the~~ include actual or estimated adjustments to health care access fund ~~transfer~~ transfers in paragraph (a), ~~by the cumulative differences in costs reported by the commissioner of human services under~~ according to paragraph (e) (e). If, for any fiscal year, the amount of the cumulative cost differences determined under paragraph (b) is positive, no change is made to the appropriation. If, for any fiscal year, the amount of the cumulative cost differences determined under paragraph (b) is less than the amount of the original appropriation, the appropriation for that year must be zero.

(e) For each fiscal year from 2014 to 2017, the commissioner of management and budget must adjust the transfer amounts in paragraph (a) by the cumulative difference in costs reported by the commissioner of human services under paragraph (c). If, for any fiscal year, the amount of the cumulative difference in costs reported under paragraph (c) is positive, no adjustment shall be made.

**EFFECTIVE DATE.** This section is effective retroactively from July 1, 2013.

Sec. 3. Laws 2013, chapter 108, article 14, section 2, subdivision 6, is amended to read:  
Subd. 6. **Grant Programs**

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

**(a) Support Services Grants**

Appropriations by Fund			
General	8,915,000	13,333,000	
Federal TANF	94,611,000	94,611,000	

**Paid Work Experience.** \$2,168,000 each year in fiscal years 2015 and 2016 is from the general fund for paid work experience for long-term MFIP recipients. Paid work includes full and partial wage subsidies and other related services such as job development, marketing, preworksite training, job coaching, and postplacement services. These are onetime appropriations. Unexpended funds for fiscal year 2015 do not cancel, but are available to the commissioner for this purpose in fiscal year 2016.

**Work Study Funding for MFIP**

**Participants.** \$250,000 each year in fiscal years 2015 and 2016 is from the general fund to pilot work study jobs for MFIP recipients in approved postsecondary education programs. This is a onetime appropriation. Unexpended funds for fiscal year 2015 do

5.1 not cancel, but are available for this purpose  
5.2 in fiscal year 2016.

5.3 **Local Strategies to Reduce Disparities.**

5.4 \$2,000,000 each year in fiscal years 2015  
5.5 and 2016 is from the general fund for  
5.6 local projects that focus on services for  
5.7 subgroups within the MFIP caseload  
5.8 who are experiencing poor employment  
5.9 outcomes. These are onetime appropriations.  
5.10 Unexpended funds for fiscal year 2015 do not  
5.11 cancel, but are available to the commissioner  
5.12 for this purpose in fiscal year 2016.

5.13 **Home Visiting Collaborations for MFIP**

5.14 **Teen Parents.** \$200,000 per year in fiscal  
5.15 years 2014 and 2015 is from the general fund  
5.16 and \$200,000 in fiscal year 2016 is from the  
5.17 federal TANF fund for technical assistance  
5.18 and training to support local collaborations  
5.19 that provide home visiting services for  
5.20 MFIP teen parents. The general fund  
5.21 appropriation is onetime. The federal TANF  
5.22 fund appropriation is added to the base.

5.23 **Performance Bonus Funds for Counties.**

5.24 The TANF fund base is increased by  
5.25 \$1,500,000 each year in fiscal years 2016  
5.26 and 2017. The commissioner must allocate  
5.27 this amount each year to counties that exceed  
5.28 their expected range of performance on the  
5.29 annualized three-year self-support index  
5.30 as defined in Minnesota Statutes, section  
5.31 256J.751, subdivision 2, clause (6). This is a  
5.32 permanent base adjustment. Notwithstanding  
5.33 any contrary provisions in this article, this  
5.34 provision expires June 30, 2016.

6.1 **Base Adjustment.** The general fund base is  
6.2 decreased by \$200,000 in fiscal year 2016  
6.3 and \$4,618,000 in fiscal year 2017. The  
6.4 TANF fund base is increased by \$1,700,000  
6.5 in fiscal years 2016 and 2017.

6.6	<b>(b) Basic Sliding Fee Child Care Assistance</b>		
6.7	<b>Grants</b>	36,836,000	42,318,000

6.8 **Base Adjustment.** The general fund base is  
6.9 increased by \$3,778,000 in fiscal year 2016  
6.10 and by \$3,849,000 in fiscal year 2017.

6.11	<b>(c) Child Care Development Grants</b>	1,612,000	1,737,000
------	--	-----------	-----------

6.12	<b>(d) Child Support Enforcement Grants</b>	50,000	50,000
------	---	--------	--------

6.13 **Federal Child Support Demonstration**  
6.14 **Grants.** Federal administrative  
6.15 reimbursement resulting from the federal  
6.16 child support grant expenditures authorized  
6.17 under United States Code, title 42, section  
6.18 1315, is appropriated to the commissioner  
6.19 for this activity.

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

6.21	Appropriations by Fund		
6.22	General	49,760,000	52,961,000
6.23	Federal TANF	140,000	140,000

6.24 **Adoption Assistance and Relative Custody**  
6.25 **Assistance.** ~~\$37,453,000~~ \$36,456,000  
6.26 in fiscal year 2014 and ~~\$37,453,000~~  
6.27 \$36,855,000 in fiscal year 2015 is for the  
6.28 adoption assistance and relative custody  
6.29 assistance programs. The commissioner  
6.30 shall determine with the commissioner of  
6.31 Minnesota Management and Budget the  
6.32 appropriation for Northstar Care for Children  
6.33 effective January 1, 2015. The commissioner  
6.34 may transfer appropriations for adoption  
6.35 assistance, relative custody assistance, and

7.1 Northstar Care for Children between fiscal  
 7.2 years and among programs to adjust for  
 7.3 transfers across the programs.

7.4 **Title IV-E Adoption Assistance.** Additional  
 7.5 federal reimbursements to the state as a result  
 7.6 of the Fostering Connections to Success  
 7.7 and Increasing Adoptions Act's expanded  
 7.8 eligibility for Title IV-E adoption assistance  
 7.9 are appropriated for postadoption services,  
 7.10 including a parent-to-parent support network.

7.11 **Privatized Adoption Grants.** Federal  
 7.12 reimbursement for privatized adoption grant  
 7.13 and foster care recruitment grant expenditures  
 7.14 is appropriated to the commissioner for  
 7.15 adoption grants and foster care and adoption  
 7.16 administrative purposes.

7.17 **Adoption Assistance Incentive Grants.**  
 7.18 Federal funds available during fiscal years  
 7.19 2014 and 2015 for adoption incentive grants  
 7.20 are appropriated for postadoption services,  
 7.21 including a parent-to-parent support network.

7.22 **Base Adjustment.** The general fund base is  
 7.23 increased by \$5,913,000 in fiscal year 2016  
 7.24 and by \$10,297,000 in fiscal year 2017.

7.25 <b>(f) Child and Community Service Grants</b>	53,301,000	53,301,000
--	------------	------------

7.26 <b>(g) Child and Economic Support Grants</b>	21,047,000	20,848,000
---	------------	------------

7.27 **Minnesota Food Assistance Program.**  
 7.28 Unexpended funds for the Minnesota food  
 7.29 assistance program for fiscal year 2014 do  
 7.30 not cancel but are available for this purpose  
 7.31 in fiscal year 2015.

7.32 **Transitional Housing.** \$250,000 each year  
 7.33 is for the transitional housing programs under  
 7.34 Minnesota Statutes, section 256E.33.

8.1 **Emergency Services.** \$250,000 each year  
8.2 is for emergency services grants under  
8.3 Minnesota Statutes, section 256E.36.

8.4 **Family Assets for Independence.** \$250,000  
8.5 each year is for the Family Assets for  
8.6 Independence Minnesota program. This  
8.7 appropriation is available in either year of the  
8.8 biennium and may be transferred between  
8.9 fiscal years.

8.10 **Food Shelf Programs.** \$375,000 in fiscal  
8.11 year 2014 and \$375,000 in fiscal year  
8.12 2015 are for food shelf programs under  
8.13 Minnesota Statutes, section 256E.34. If the  
8.14 appropriation for either year is insufficient,  
8.15 the appropriation for the other year is  
8.16 available for it. Notwithstanding Minnesota  
8.17 Statutes, section 256E.34, subdivision 4, no  
8.18 portion of this appropriation may be used  
8.19 by Hunger Solutions for its administrative  
8.20 expenses, including but not limited to rent  
8.21 and salaries.

8.22 **Homeless Youth Act.** \$2,000,000 in fiscal  
8.23 year 2014 and \$2,000,000 in fiscal year 2015  
8.24 is for purposes of Minnesota Statutes, section  
8.25 256K.45.

8.26 **Safe Harbor Shelter and Housing.**  
8.27 \$500,000 in fiscal year 2014 and \$500,000 in  
8.28 fiscal year 2015 is for a safe harbor shelter  
8.29 and housing fund for housing and supportive  
8.30 services for youth who are sexually exploited.

8.31 **High-risk adults.** \$200,000 in fiscal  
8.32 year 2014 is for a grant to the nonprofit  
8.33 organization selected to administer the  
8.34 demonstration project for high-risk adults  
8.35 under Laws 2007, chapter 54, article 1,



9.1 section 19, in order to complete the project.

9.2 This is a onetime appropriation.

9.3 **(h) Health Care Grants**

9.4 Appropriations by Fund

9.5 General 190,000 190,000

9.6 Health Care Access 190,000 190,000

9.7 **Emergency Medical Assistance Referral**

9.8 **and Assistance Grants.** (a) The

9.9 commissioner of human services shall

9.10 award grants to nonprofit programs that

9.11 provide immigration legal services based

9.12 on indigency to provide legal services for

9.13 immigration assistance to individuals with

9.14 emergency medical conditions or complex

9.15 and chronic health conditions who are not

9.16 currently eligible for medical assistance

9.17 or other public health care programs, but

9.18 who may meet eligibility requirements with

9.19 immigration assistance.

9.20 (b) The grantees, in collaboration with

9.21 hospitals and safety net providers, shall

9.22 provide referral assistance to connect

9.23 individuals identified in paragraph (a) with

9.24 alternative resources and services to assist in

9.25 meeting their health care needs. \$100,000

9.26 is appropriated in fiscal year 2014 and

9.27 \$100,000 in fiscal year 2015. This is a

9.28 onetime appropriation.

9.29 **Base Adjustment.** The general fund is

9.30 decreased by \$100,000 in fiscal year 2016

9.31 and \$100,000 in fiscal year 2017.

9.32 **(i) Aging and Adult Services Grants**

14,827,000

15,010,000

9.33 **Base Adjustment.** The general fund is

9.34 increased by \$1,150,000 in fiscal year 2016

9.35 and \$1,151,000 in fiscal year 2017.

10.1 **Community Service Development**

10.2 **Grants and Community Services Grants.**

10.3 Community service development grants and  
10.4 community services grants are reduced by  
10.5 \$1,150,000 each year. This is a onetime  
10.6 reduction.

10.7	<b>(j) Deaf and Hard-of-Hearing Grants</b>	1,771,000	1,785,000
------	--	-----------	-----------

10.8	<b>(k) Disabilities Grants</b>	18,605,000	18,823,000
------	--------------------------------	------------	------------

10.9 **Advocating Change Together.** \$310,000 in  
10.10 fiscal year 2014 is for a grant to Advocating  
10.11 Change Together (ACT) to maintain and  
10.12 promote services for persons with intellectual  
10.13 and developmental disabilities throughout  
10.14 the state. This appropriation is onetime. Of  
10.15 this appropriation:

10.16 (1) \$120,000 is for direct costs associated  
10.17 with the delivery and evaluation of  
10.18 peer-to-peer training programs administered  
10.19 throughout the state, focusing on education,  
10.20 employment, housing, transportation, and  
10.21 voting;

10.22 (2) \$100,000 is for delivery of statewide  
10.23 conferences focusing on leadership and  
10.24 skill development within the disability  
10.25 community; and

10.26 (3) \$90,000 is for administrative and general  
10.27 operating costs associated with managing  
10.28 or maintaining facilities, program delivery,  
10.29 staff, and technology.

10.30 **Base Adjustment.** The general fund base  
10.31 is increased by \$535,000 in fiscal year 2016  
10.32 and by \$709,000 in fiscal year 2017.

10.33 **(l) Adult Mental Health Grants**

11.1	Appropriations by Fund		
11.2	General	71,199,000	69,530,000
11.3	Health Care Access	750,000	750,000
11.4	Lottery Prize	1,733,000	1,733,000

11.5 **Problem Gambling.** \$225,000 in fiscal year  
 11.6 2014 and \$225,000 in fiscal year 2015 is  
 11.7 appropriated from the lottery prize fund for a  
 11.8 grant to the state affiliate recognized by the  
 11.9 National Council on Problem Gambling. The  
 11.10 affiliate must provide services to increase  
 11.11 public awareness of problem gambling,  
 11.12 education and training for individuals and  
 11.13 organizations providing effective treatment  
 11.14 services to problem gamblers and their  
 11.15 families, and research relating to problem  
 11.16 gambling.

11.17 **Funding Usage.** Up to 75 percent of a fiscal  
 11.18 year's appropriations for adult mental health  
 11.19 grants may be used to fund allocations in that  
 11.20 portion of the fiscal year ending December  
 11.21 31.

11.22 **Base Adjustment.** The general fund base is  
 11.23 decreased by \$4,427,000 in fiscal years 2016  
 11.24 and 2017.

11.25 **Mental Health Pilot Project.** \$230,000  
 11.26 each year is for a grant to the Zumbro  
 11.27 Valley Mental Health Center. The grant  
 11.28 shall be used to implement a pilot project  
 11.29 to test an integrated behavioral health care  
 11.30 coordination model. The grant recipient must  
 11.31 report measurable outcomes and savings  
 11.32 to the commissioner of human services  
 11.33 by January 15, 2016. This is a onetime  
 11.34 appropriation.

12.1 ~~**High-risk adults.** \$200,000 in fiscal~~  
 12.2 ~~year 2014 is for a grant to the nonprofit~~  
 12.3 ~~organization selected to administer the~~  
 12.4 ~~demonstration project for high-risk adults~~  
 12.5 ~~under Laws 2007, chapter 54, article 1,~~  
 12.6 ~~section 19, in order to complete the project.~~  
 12.7 ~~This is a onetime appropriation.~~

12.8	<b>(m) Child Mental Health Grants</b>	18,246,000	20,636,000
------	---------------------------------------	------------	------------

12.9 **Text Message Suicide Prevention**  
 12.10 **Program.** \$625,000 in fiscal year 2014 and  
 12.11 \$625,000 in fiscal year 2015 is for a grant  
 12.12 to a nonprofit organization to establish and  
 12.13 implement a statewide text message suicide  
 12.14 prevention program. The program shall  
 12.15 implement a suicide prevention counseling  
 12.16 text line designed to use text messaging to  
 12.17 connect with crisis counselors and to obtain  
 12.18 emergency information and referrals to  
 12.19 local resources in the local community. The  
 12.20 program shall include training within schools  
 12.21 and communities to encourage the use of the  
 12.22 program.

12.23 **Mental Health First Aid Training.** \$22,000  
 12.24 in fiscal year 2014 and \$23,000 in fiscal  
 12.25 year 2015 is to train teachers, social service  
 12.26 personnel, law enforcement, and others who  
 12.27 come into contact with children with mental  
 12.28 illnesses, in children and adolescents mental  
 12.29 health first aid training.

12.30 **Funding Usage.** Up to 75 percent of a fiscal  
 12.31 year's appropriation for child mental health  
 12.32 grants may be used to fund allocations in that  
 12.33 portion of the fiscal year ending December  
 12.34 31.

12.35	<b>(n) CD Treatment Support Grants</b>	1,816,000	1,816,000
-------	--	-----------	-----------

13.1 **SBIRT Training.** (1) \$300,000 each year is  
13.2 for grants to train primary care clinicians to  
13.3 provide substance abuse brief intervention  
13.4 and referral to treatment (SBIRT). This is a  
13.5 onetime appropriation. The commissioner of  
13.6 human services shall apply to SAMHSA for  
13.7 an SBIRT professional training grant.

13.8 (2) If the commissioner of human services  
13.9 receives a grant under clause (1) funds  
13.10 appropriated under this clause, equal to  
13.11 the grant amount, up to the available  
13.12 appropriation, shall be transferred to the  
13.13 Minnesota Organization on Fetal Alcohol  
13.14 Syndrome (MOFAS). MOFAS must use  
13.15 the funds for grants. Grant recipients must  
13.16 be selected from communities that are  
13.17 not currently served by federal Substance  
13.18 Abuse Prevention and Treatment Block  
13.19 Grant funds. Grant money must be used to  
13.20 reduce the rates of fetal alcohol syndrome  
13.21 and fetal alcohol effects, and the number of  
13.22 drug-exposed infants. Grant money may be  
13.23 used for prevention and intervention services  
13.24 and programs, including, but not limited to,  
13.25 community grants, professional education,  
13.26 public awareness, and diagnosis.

13.27 **Fetal Alcohol Syndrome Grant.** \$180,000  
13.28 each year from the general fund is for a  
13.29 grant to the Minnesota Organization on Fetal  
13.30 Alcohol Syndrome (MOFAS) to support  
13.31 nonprofit Fetal Alcohol Spectrum Disorders  
13.32 (FASD) outreach prevention programs  
13.33 in Olmsted County. This is a onetime  
13.34 appropriation.

14.1 **Base Adjustment.** The general fund base is  
14.2 decreased by \$480,000 in fiscal year 2016  
14.3 and \$480,000 in fiscal year 2017.

14.4 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2013.

14.5 Sec. 4. Laws 2013, chapter 108, article 14, section 3, subdivision 1, is amended to read:

14.6			<del>169,326,000</del>	<del>165,531,000</del>
14.7	Subdivision 1. <b>Total Appropriation</b>	\$	<u>169,148,000</u>	\$ <u>165,256,000</u>

14.8	Appropriations by Fund		
14.9		2014	2015
14.10		<del>79,476,000</del>	<del>74,256,000</del>
14.11	General	<u>79,451,000</u>	<u>74,281,000</u>
14.12	State Government	<del>48,094,000</del>	
14.13	Special Revenue	<u>48,241,000</u>	50,119,000
14.14	Health Care Access	29,743,000	29,143,000
14.15	Federal TANF	11,713,000	11,713,000
14.16	<del>Special Revenue</del>	<del>300,000</del>	<del>300,000</del>

14.17 The amounts that may be spent for each  
14.18 purpose are specified in the following  
14.19 subdivisions.

14.20 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2013.

14.21 Sec. 5. Laws 2013, chapter 108, article 14, section 3, subdivision 2, is amended to read:

14.22 Subd. 2. **Health Improvement**

14.23	Appropriations by Fund		
14.24		<del>52,864,000</del>	<del>47,644,000</del>
14.25	General	<u>52,839,000</u>	<u>47,669,000</u>
14.26	State Government		
14.27	Special Revenue	1,033,000	1,033,000
14.28	Health Care Access	17,500,000	17,500,000
14.29	Federal TANF	11,713,000	11,713,000

14.30 Notwithstanding the cancellation requirement  
14.31 in Minnesota Statutes, section 256J.02,  
14.32 subdivision 6, TANF funds awarded under  
14.33 Minnesota Statutes, section 145.928, during  
14.34 fiscal year 2013 to grantees determined  
14.35 during the application process to have limited

15.1 financial capacity, are available until June  
15.2 30, 2014.

15.3 **Statewide Health Improvement Program.**

15.4 \$17,500,000 in fiscal year 2014 and  
15.5 \$17,500,000 in fiscal year 2015 is from the  
15.6 health care access fund for the statewide  
15.7 health improvement program under  
15.8 Minnesota Statutes, section 145.986. Funds  
15.9 appropriated under this paragraph are  
15.10 available until expended. No more than 16  
15.11 percent of the SHIP budget may be used  
15.12 for administration, technical assistance,  
15.13 and state-level evaluation costs. The  
15.14 commissioner shall incorporate strategies  
15.15 for improving health outcomes and reducing  
15.16 health care costs in populations over age 60  
15.17 to the menu of statewide health improvement  
15.18 program strategies.

15.19 **Statewide Cancer Surveillance System.** Of  
15.20 the general fund appropriation, \$350,000 in  
15.21 fiscal year 2014 and \$350,000 in fiscal year  
15.22 2015 is to develop and implement a new  
15.23 cancer reporting system under Minnesota  
15.24 Statutes, sections 144.671 to 144.69. Any  
15.25 information technology development or  
15.26 support costs necessary for the cancer  
15.27 surveillance system must be incorporated  
15.28 into the agency's service level agreement and  
15.29 paid to the Office of Enterprise Technology.

15.30 **Minnesota Poison Information Center.**

15.31 \$500,000 in fiscal year 2014 and \$500,000  
15.32 in fiscal year 2015 from the general fund  
15.33 is for regional poison information centers  
15.34 according to Minnesota Statutes, section  
15.35 145.93.

16.1 **Support Services for Deaf and**  
16.2 **Hard-of-Hearing.** (a) \$365,000 in fiscal  
16.3 year 2014 and \$349,000 in fiscal year 2015  
16.4 are for providing support services to families  
16.5 as required under Minnesota Statutes, section  
16.6 144.966, subdivision 3a.

16.7 (b) \$164,000 in fiscal year 2014 and \$156,000  
16.8 in fiscal year 2015 are for home-based  
16.9 education in American Sign Language for  
16.10 families with children who are deaf or have  
16.11 hearing loss, as required under Minnesota  
16.12 Statutes, section 144.966, subdivision 3a.

16.13 **Reproductive Health Strategic Plan to**  
16.14 **Reduce Health Disparities for Somali**  
16.15 **Women.** To the extent funds are available  
16.16 for fiscal years 2014 and 2015 for grants  
16.17 provided pursuant to Minnesota Statutes,  
16.18 section 145.928, the commissioner  
16.19 shall provide a grant to a Somali-based  
16.20 organization located in the metropolitan area  
16.21 to develop a reproductive health strategic  
16.22 plan to eliminate reproductive health  
16.23 disparities for Somali women. The plan shall  
16.24 develop initiatives to provide educational  
16.25 and information resources to health care  
16.26 providers, community organizations, and  
16.27 Somali women to ensure effective interaction  
16.28 with Somali culture and western medicine  
16.29 and the delivery of appropriate health care  
16.30 services, and the achievement of better health  
16.31 outcomes for Somali women. The plan must  
16.32 engage health care providers, the Somali  
16.33 community, and Somali health-centered  
16.34 organizations. The commissioner shall  
16.35 submit a report to the chairs and ranking  
16.36 minority members of the senate and house



17.1 committees with jurisdiction over health  
17.2 policy on the strategic plan developed under  
17.3 this grant for eliminating reproductive health  
17.4 disparities for Somali women. The report  
17.5 must be submitted by February 15, 2014.

17.6 **Sexual Violence Prevention.** Within  
17.7 available appropriations, by January 15,  
17.8 2015, the commissioner must report to the  
17.9 legislature on its activities to prevent sexual  
17.10 violence, including activities to promote  
17.11 coordination of existing state programs and  
17.12 services to achieve maximum impact on  
17.13 addressing the root causes of sexual violence.

17.14 **Safe Harbor for Sexually Exploited**

17.15 **Youth.** (a) \$375,000 in fiscal year 2014 and  
17.16 \$375,000 in fiscal year 2015 are for grants  
17.17 to six regional navigators under Minnesota  
17.18 Statutes, section 145.4717.

17.19 (b) \$100,000 in fiscal year 2014 and \$100,000  
17.20 in fiscal year 2015 are for the director of  
17.21 child sex trafficking prevention position.

17.22 (c) \$50,000 in fiscal year 2015 is for program  
17.23 evaluation required under Minnesota  
17.24 Statutes, section 145.4718.

17.25 **TANF Appropriations.** (1) \$1,156,000 of  
17.26 the TANF funds is appropriated each year of  
17.27 the biennium to the commissioner for family  
17.28 planning grants under Minnesota Statutes,  
17.29 section 145.925.

17.30 (2) \$3,579,000 of the TANF funds is  
17.31 appropriated each year of the biennium to  
17.32 the commissioner for home visiting and  
17.33 nutritional services listed under Minnesota  
17.34 Statutes, section 145.882, subdivision 7,  
17.35 clauses (6) and (7). Funds must be distributed

18.1 to community health boards according to  
18.2 Minnesota Statutes, section 145A.131,  
18.3 subdivision 1.

18.4 (3) \$2,000,000 of the TANF funds is  
18.5 appropriated each year of the biennium to  
18.6 the commissioner for decreasing racial and  
18.7 ethnic disparities in infant mortality rates  
18.8 under Minnesota Statutes, section 145.928,  
18.9 subdivision 7.

18.10 (4) \$4,978,000 of the TANF funds is  
18.11 appropriated each year of the biennium to the  
18.12 commissioner for the family home visiting  
18.13 grant program according to Minnesota  
18.14 Statutes, section 145A.17. \$4,000,000 of the  
18.15 funding must be distributed to community  
18.16 health boards according to Minnesota  
18.17 Statutes, section 145A.131, subdivision 1.  
18.18 \$978,000 of the funding must be distributed  
18.19 to tribal governments based on Minnesota  
18.20 Statutes, section 145A.14, subdivision 2a.

18.21 (5) The commissioner may use up to 6.23  
18.22 percent of the funds appropriated each fiscal  
18.23 year to conduct the ongoing evaluations  
18.24 required under Minnesota Statutes, section  
18.25 145A.17, subdivision 7, and training and  
18.26 technical assistance as required under  
18.27 Minnesota Statutes, section 145A.17,  
18.28 subdivisions 4 and 5.

18.29 **TANF Carryforward.** Any unexpended  
18.30 balance of the TANF appropriation in the  
18.31 first year of the biennium does not cancel but  
18.32 is available for the second year.

18.33 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2013.

18.34 Sec. 6. Laws 2013, chapter 108, article 14, section 3, subdivision 4, is amended to read:

19.1 Subd. 4. **Health Protection**

19.2 Appropriations by Fund

19.3	General	9,201,000	9,201,000
19.4	State Government	<del>32,633,000</del>	
19.5	Special Revenue	<u>32,780,000</u>	32,636,000
19.6	<del>Special Revenue</del>	<del>300,000</del>	<del>300,000</del>

19.7 **Infectious Disease Laboratory.** Of the  
 19.8 general fund appropriation, \$200,000 in  
 19.9 fiscal year 2014 and \$200,000 in fiscal year  
 19.10 2015 are to monitor infectious disease trends  
 19.11 and investigate infectious disease outbreaks.

19.12 **Surveillance for Elevated Blood Lead**  
 19.13 **Levels.** Of the general fund appropriation,  
 19.14 \$100,000 in fiscal year 2014 and \$100,000  
 19.15 in fiscal year 2015 are for the blood lead  
 19.16 surveillance system under Minnesota  
 19.17 Statutes, section 144.9502.

19.18 **Base Level Adjustment.** The state  
 19.19 government special revenue base is increased  
 19.20 by \$6,000 in fiscal year 2016 and by \$13,000  
 19.21 in fiscal year 2017.

19.22 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2013.

19.23 Sec. 7. Laws 2013, chapter 108, article 14, section 4, subdivision 8, is amended to read:

19.24 Subd. 8. **Board of Nursing Home**  
 19.25 **Administrators**

3,742,000 2,252,000

19.26 **Administrative Services Unit - Operating**

19.27 **Costs.** Of this appropriation, \$676,000  
 19.28 in fiscal year 2014 and \$626,000 in  
 19.29 fiscal year 2015 are for operating costs  
 19.30 of the administrative services unit. The  
 19.31 administrative services unit may receive  
 19.32 and expend reimbursements for services  
 19.33 performed by other agencies.

20.1 **Administrative Services Unit - Volunteer**

20.2 **Health Care Provider Program.** Of this  
20.3 appropriation, \$150,000 in fiscal year 2014  
20.4 and \$150,000 in fiscal year 2015 are to pay  
20.5 for medical professional liability coverage  
20.6 required under Minnesota Statutes, section  
20.7 214.40.

20.8 **Administrative Services Unit - Contested**

20.9 **Cases and Other Legal Proceedings.** Of  
20.10 this appropriation, \$200,000 in fiscal year  
20.11 2014 and \$200,000 in fiscal year 2015 are  
20.12 for costs of contested case hearings and other  
20.13 unanticipated costs of legal proceedings  
20.14 involving health-related boards funded  
20.15 under this section. Upon certification of a  
20.16 health-related board to the administrative  
20.17 services unit that the costs will be incurred  
20.18 and that there is insufficient money available  
20.19 to pay for the costs out of money currently  
20.20 available to that board, the administrative  
20.21 services unit is authorized to transfer money  
20.22 from this appropriation to the board for  
20.23 payment of those costs with the approval  
20.24 of the commissioner of management and  
20.25 budget. This appropriation does not cancel  
20.26 and is available until expended.

20.27 This appropriation includes \$44,000 in  
20.28 fiscal year 2014 for rulemaking. This is  
20.29 a onetime appropriation. \$1,441,000 in  
20.30 fiscal year 2014 and \$420,000 in fiscal year  
20.31 2015 are for the development of a shared  
20.32 disciplinary, regulatory, licensing, and  
20.33 information management system. \$391,000  
20.34 in fiscal year 2014 is a onetime appropriation  
20.35 for retirement costs in the health-related  
20.36 boards. This funding may be transferred to

21.1 the health boards incurring retirement costs.  
21.2 These funds are available either year of the  
21.3 biennium.

21.4 This appropriation includes \$16,000 in fiscal  
21.5 years 2014 and 2015 for evening security,  
21.6 \$2,000 in fiscal years 2014 and 2015 for a  
21.7 state vehicle lease, and \$18,000 in fiscal  
21.8 years 2014 and 2015 for shared office space  
21.9 and administrative support. \$205,000 in  
21.10 fiscal year 2014 and \$221,000 in fiscal year  
21.11 2015 are for shared information technology  
21.12 services, equipment, and maintenance.

21.13 The remaining balance of the state  
21.14 government special revenue fund  
21.15 appropriation in Laws 2011, First Special  
21.16 Session chapter 9, article 10, section 8,  
21.17 subdivision 8, for Board of Nursing Home  
21.18 Administrators rulemaking, estimated to  
21.19 be \$44,000, is canceled, and the remaining  
21.20 balance of the state government special  
21.21 revenue fund appropriation in Laws 2011,  
21.22 First Special Session chapter 9, article 10,  
21.23 section 8, subdivision 8, for electronic  
21.24 licensing system adaptors, estimated to be  
21.25 \$761,000, and for the development and  
21.26 implementation of a disciplinary, regulatory,  
21.27 licensing, and information management  
21.28 system, estimated to be \$1,100,000, are  
21.29 canceled. This paragraph is effective the day  
21.30 following final enactment.

21.31 **Base Adjustment.** The base is decreased by  
21.32 \$370,000 in fiscal years 2016 and 2017.

21.33 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2013.

21.34 Sec. 8. Laws 2013, chapter 108, article 14, section 12, is amended to read:

22.1           Sec. 12. **APPROPRIATION ADJUSTMENTS.**

22.2           (a) The general fund appropriation in section 2, subdivision 5, paragraph (g),  
22.3 includes up to \$53,391,000 in fiscal year 2014; \$216,637,000 in fiscal year 2015;  
22.4 \$261,660,000 in fiscal year 2016; and \$279,984,000 in fiscal year 2017, for medical  
22.5 assistance eligibility and administration changes related to:

22.6           (1) eligibility for children age two to 18 with income up to 275 percent of the federal  
22.7 poverty guidelines;

22.8           (2) eligibility for pregnant women with income up to 275 percent of the federal  
22.9 poverty guidelines;

22.10          (3) Affordable Care Act enrollment and renewal processes, including elimination  
22.11 of six-month renewals, ex parte eligibility reviews, preprinted renewal forms, changes  
22.12 in verification requirements, and other changes in the eligibility determination and  
22.13 enrollment and renewal process;

22.14          (4) automatic eligibility for children who turn 18 in foster care until they reach age 26;

22.15          (5) eligibility related to spousal impoverishment provisions for waiver recipients; and

22.16          (6) presumptive eligibility determinations by hospitals.

22.17          (b) the commissioner of human services shall determine the difference between the  
22.18 actual or ~~foreeasted~~ estimated costs to the medical assistance program attributable to  
22.19 the program changes in paragraph (a), clauses (1) to (6), and the costs of paragraph (a),  
22.20 clauses (1) to (6), that were estimated during the 2013 legislative session based on data  
22.21 from the 2013 February forecast. ~~The costs in this paragraph must be calculated between~~  
22.22 ~~January 1, 2014, and June 30, 2017.~~

22.23          (c) For each fiscal year from 2014 to 2017, the commissioner of human services  
22.24 shall certify the actual or ~~foreeasted~~ estimated cost differences to the medical assistance  
22.25 program determined under paragraph (b), and report the difference in costs to the  
22.26 commissioner of management and budget at least four weeks prior to a forecast under  
22.27 Minnesota Statutes, section 16A.103. ~~No later than three weeks before the release of~~  
22.28 ~~the forecast~~ For fiscal years 2014 to 2017, forecasts under Minnesota Statutes, section  
22.29 16A.103, prepared by the commissioner of management and budget shall ~~reduce~~ include  
22.30 actual or estimated adjustments to the health care access fund appropriation in section  
22.31 2, subdivision 5, paragraph (g), by the cumulative difference in costs determined in  
22.32 according to paragraph (b) (d). ~~If for any fiscal year, the amount of the cumulative cost~~  
22.33 ~~differences determined under paragraph (b) is positive, no adjustment shall be made to the~~  
22.34 ~~health care access fund appropriation. If for any fiscal year, the amount of the cumulative~~  
22.35 ~~cost differences determined under paragraph (b) is less than the original appropriation, the~~  
22.36 ~~appropriation for that fiscal year is zero.~~

23.1 (d) For each fiscal year from 2014 to 2017, the commissioner of management and  
23.2 budget must adjust the health care access fund appropriation by the cumulative difference  
23.3 in costs reported by the commissioner of human services under paragraph (b). If, for any  
23.4 fiscal year, the amount of the cumulative difference in costs determined under paragraph  
23.5 (b) is positive, no adjustment shall be made to the health care access fund appropriation.

23.6 (e) This section expires on January 1, 2018.

23.7 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2013.