State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-SEVENTH SESSION

H. F. No. 2911

03/15/2012 Authored by Greiling; Murphy, E.; Huntley; Hosch; Fritz and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

A bill for an act

relating to state government; requiring development of outreach, public education, and screening for maternal depression; expanding medical assistance eligibility for pregnant women and infants; requiring the commissioner of human services to provide technical assistance related to maternal depression screening and referrals; adding parenting skills to adult rehabilitative mental health services; expanding Minnesota health care program outreach; providing appointments; requiring reports; appropriating money; amending Minnesota Statutes 2010, sections 119B.03, subdivision 3; 119B.05, subdivision 1; 125A.27, subdivision 11; 145.906; 145A.17, subdivisions 1, 8, by adding a subdivision; 214.12, by adding a subdivision; 256B.04, by adding a subdivision; 256B.055, subdivisions 5, 6; 256B.057, subdivision 1; 256B.0623, subdivision 2; Minnesota Statutes 2011 Supplement, section 119B.13, subdivision 7; Laws 2011, First Special Session chapter 9, article 10, section 3, subdivision 4; Laws 2011, First Special Session chapter 11, article 7, section 2, subdivision 5; proposing coding for new law in Minnesota Statutes, chapter 145; repealing Minnesota Statutes 2010, section 256J.24, subdivision 6.

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

ARTICLE 1

HEALTH CARE

Section 1. Minnesota Statutes 2010, section 145.906, is amended to read:

145.906 POSTPARTUM DEPRESSION EDUCATION AND INFORMATION.

(a) The commissioner of health shall work with health care facilities, licensed health and mental health care professionals, the women, infants, and children (WIC) program, mental health advocates, consumers, and families in the state to develop materials and information about postpartum depression, including treatment resources, and develop policies and procedures to comply with this section.

(b) Physicians, traditional midwives, and other licensed health care professionals providing prenatal care to women must have available to women and their families information about postpartum depression.

(c) Hospitals and other health care facilities in the state must provide departing new mothers and fathers and other family members, as appropriate, with written information about postpartum depression, including its symptoms, methods of coping with the illness, and treatment resources.

(d) The commissioner of health, in collaboration with the commissioner of human services and to the extent authorized by the federal Centers for Disease Control and Prevention, shall reduce racial disparities in postpartum information reported in surveys of maternal attitudes and experiences before, during, and after pregnancy, such as those conducted by the commissioner of health.

Sec. 2. **[145.907] MATERNAL DEPRESSION; DEFINITION.**

"Maternal depression" means depression or other perinatal mood or anxiety disorder experienced by a woman during pregnancy or during the first two years following the birth of her child.

Sec. 3. Minnesota Statutes 2010, section 145A.17, subdivision 1, is amended to read:

Subdivision 1. **Establishment; goals.** The commissioner shall establish a program to fund family home visiting programs designed to foster healthy beginnings, improve pregnancy outcomes, promote school readiness, prevent child abuse and neglect, reduce juvenile delinquency, promote positive parenting and resiliency in children, and promote family health and economic self-sufficiency for children and families. The commissioner shall promote partnerships, collaboration, and multidisciplinary visiting done by teams of professionals and paraprofessionals from the fields of public health nursing, social work, and early childhood education. A program funded under this section must serve families at or below 200 percent of the federal poverty guidelines, and other families determined to be at risk, including but not limited to being at risk for child abuse, child neglect, or juvenile delinquency. Programs must begin prenatally whenever possible and must be targeted to families with:

(1) adolescent parents;

(2) a history of alcohol or other drug abuse;

(3) a history of child abuse, domestic abuse, or other types of violence;

(4) a history of domestic abuse, rape, or other forms of victimization;

(5) reduced cognitive functioning;

(6) a lack of knowledge of child growth and development stages;

(7) low resiliency to adversities and environmental stresses;

(8) insufficient financial resources to meet family needs;

(9) a history of homelessness;

(10) a risk of long-term welfare dependence or family instability due to employment barriers; ~~or~~

(11) a serious mental health disorder, including maternal depression as defined in section 145.907; or

~~(11)~~ (12) other risk factors as determined by the commissioner.

Sec. 4. Minnesota Statutes 2010, section 145A.17, is amended by adding a subdivision to read:

Subd. 6a. **Practice standards; development.** The commissioner, in consultation with others including representatives of family home visiting providers, community health boards, tribal governments, and mental health services providers, shall develop practice standards and a common set of measurable outcomes for family home visiting programs. The practice standards must include screening of all primary caregivers for depression or other serious mental illness who are not being successfully treated.

Sec. 5. Minnesota Statutes 2010, section 145A.17, subdivision 8, is amended to read:

Subd. 8. **Report.** By January 15, 2002, and January 15 of each even-numbered year thereafter, the commissioner shall submit a report to the legislature on the family home visiting programs funded under this section including data collected under subdivision 6, and on the results of the evaluations conducted under subdivision 7.

Sec. 6. Minnesota Statutes 2010, section 256B.04, is amended by adding a subdivision to read:

Subd. 22. **Maternal depression screening and referral.** (a) The commissioner shall provide technical assistance to health care providers to improve maternal depression screening and referral rates for medical assistance and MinnesotaCare enrollees. The technical assistance must include, but is not limited to, the provision of information on culturally competent practice, administrative and legal liability issues, and best practices for discussing mental health issues with patients.

(b) The commissioner, in consultation with the commissioners of health and education, shall monitor: (1) maternal depression screening and referral rates based on medical assistance and MinnesotaCare claims and Pregnancy Risk Assessment Monitoring

System (PRAMS) survey findings; and (2) the impact of improved screening and referral rates on child well-being using a variety of methods, including but not limited to analyzing trends in measures of children's school readiness. The information must be publicly available and reported annually on the agency Web site.

(c) For purposes of this subdivision, "maternal depression" has the meaning provided in section 145.907.

Sec. 7. Minnesota Statutes 2010, section 256B.055, subdivision 5, is amended to read:

Subd. 5. **Pregnant women; dependent unborn child.** Medical assistance may be paid for a pregnant woman who has written verification of a positive pregnancy test from a physician or licensed registered nurse, who meets the other eligibility criteria of this section and who would be categorically eligible for assistance under the state's AFDC plan in effect as of July 16, 1996, as required by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, if the child had been born and was living with the woman. For purposes of this subdivision, a woman is considered pregnant for ~~60 days~~ two years postpartum.

EFFECTIVE DATE. This section is effective July 1, 2012, or upon federal approval, whichever is later.

Sec. 8. Minnesota Statutes 2010, section 256B.055, subdivision 6, is amended to read:

Subd. 6. **Pregnant women; needy unborn child.** Medical assistance may be paid for a pregnant woman who has written verification of a positive pregnancy test from a physician or licensed registered nurse, who meets the other eligibility criteria of this section and whose unborn child would be eligible as a needy child under subdivision 10 if born and living with the woman. For purposes of this subdivision, a woman is considered pregnant for ~~60 days~~ two years postpartum.

EFFECTIVE DATE. This section is effective July 1, 2012, or upon federal approval, whichever is later.

Sec. 9. Minnesota Statutes 2010, section 256B.057, subdivision 1, is amended to read:

Subdivision 1. **Infants and pregnant women.** (a)(1) An infant less than one year of age or a pregnant woman who has written verification of a positive pregnancy test from a physician or licensed registered nurse is eligible for medical assistance if countable family income is equal to or less than 275 percent of the federal poverty guideline for the same family size. For purposes of this subdivision, "countable family income" means the

amount of income considered available using the methodology of the AFDC program under the state's AFDC plan as of July 16, 1996, as required by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, except for the earned income disregard and employment deductions.

(2) For applications processed within one calendar month prior to the effective date, eligibility shall be determined by applying the income standards and methodologies in effect prior to the effective date for any months in the six-month budget period before that date and the income standards and methodologies in effect on the effective date for any months in the six-month budget period on or after that date. The income standards for each month shall be added together and compared to the applicant's total countable income for the six-month budget period to determine eligibility.

(b)(1) [Expired, 1Sp2003 c 14 art 12 s 19]

(2) For applications processed within one calendar month prior to July 1, 2003, eligibility shall be determined by applying the income standards and methodologies in effect prior to July 1, 2003, for any months in the six-month budget period before July 1, 2003, and the income standards and methodologies in effect on the expiration date for any months in the six-month budget period on or after July 1, 2003. The income standards for each month shall be added together and compared to the applicant's total countable income for the six-month budget period to determine eligibility.

(3) An amount equal to the amount of earned income exceeding 275 percent of the federal poverty guideline, up to a maximum of the amount by which the combined total of 185 percent of the federal poverty guideline plus the earned income disregards and deductions allowed under the state's AFDC plan as of July 16, 1996, as required by the Personal Responsibility and Work Opportunity Act of 1996 (PRWORA), Public Law 104-193, exceeds 275 percent of the federal poverty guideline will be deducted for pregnant women and infants less than one year of age.

(c) Dependent care and child support paid under court order shall be deducted from the countable income of pregnant women.

(d) An infant born to a woman who was eligible for and receiving medical assistance on the date of the child's birth shall continue to be eligible for medical assistance without redetermination until the child's ~~first~~ second birthday.

EFFECTIVE DATE. This section is effective July 1, 2012, or upon federal approval, whichever is later.

Sec. 10. Minnesota Statutes 2010, section 256B.0623, subdivision 2, is amended to read:

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

(a) "Adult rehabilitative mental health services" means mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living, parenting, and community skills, when these abilities are impaired by the symptoms of mental illness. Adult rehabilitative mental health services are also appropriate when provided to enable a recipient to retain stability and functioning, if the recipient would be at risk of significant functional decompensation or more restrictive service settings without these services.

(1) Adult rehabilitative mental health services instruct, assist, and support the recipient in areas such as: interpersonal communication skills, community resource utilization and integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills, transportation skills, medication education and monitoring, mental illness symptom management skills, household management skills, employment-related skills, parenting, and transition to community living services.

(2) These services shall be provided to the recipient on a one-to-one basis in the recipient's home or another community setting or in groups.

(b) "Medication education services" means services provided individually or in groups which focus on educating the recipient about mental illness and symptoms; the role and effects of medications in treating symptoms of mental illness; and the side effects of medications. Medication education is coordinated with medication management services and does not duplicate it. Medication education services are provided by physicians, pharmacists, physician's assistants, or registered nurses.

(c) "Transition to community living services" means services which maintain continuity of contact between the rehabilitation services provider and the recipient and which facilitate discharge from a hospital, residential treatment program under Minnesota Rules, chapter 9505, board and lodging facility, or nursing home. Transition to community living services are not intended to provide other areas of adult rehabilitative mental health services.

Sec. 11. **HEALTH CARE PROGRAM OUTREACH.**

$..... is appropriated from the general fund to the commissioner of human services for the fiscal year ending June 30, 2013, to award health care program outreach grants and

to fund the incentive program under Minnesota Statutes, section 256.962, subdivisions 2 and 5.

ARTICLE 2

MISCELLANEOUS

Section 1. Minnesota Statutes 2010, section 125A.27, subdivision 11, is amended to read:

Subd. 11. **Interagency child find systems.** "Interagency child find systems" means activities developed on an interagency basis with the involvement of interagency early intervention committees and other relevant community groups using rigorous standards to actively seek out, identify, and refer infants and young children, with, or at risk of, disabilities, and their families, including a child under the age of three who:

(1) is involved in a substantiated case of abuse or neglect~~, or~~;

(2) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure, to reduce the need for future services; or

(3) has a parent with a diagnosis of depression or other serious mental illness within the prior three years.

EFFECTIVE DATE. This section is effective July 1, 2012.

Sec. 2. Minnesota Statutes 2010, section 214.12, is amended by adding a subdivision to read:

Subd. 4. **Parental depression.** (a) The health-related licensing boards that regulate professions that serve caregivers at risk of depression, or their children, including behavioral health and therapy, chiropractic, marriage and family therapy, medical practice, nursing, psychology, and social work, shall require licensees to receive education on the subject of parental depression and its potential effects on children if unaddressed, including how to:

(1) screen mothers for depression;

(2) identify children who are affected by their mother's depression; and

(3) provide treatment or referral information on needed services.

(b) The health-related licensing boards shall require at least two hours of continuing education credit each reporting period on delivery of culturally competent services to parents with depression.

Sec. 3. Laws 2011, First Special Session chapter 9, article 10, section 3, subdivision 4, is amended to read:

Subd. 4. **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	8,715,000	8,715,000
Federal TANF	100,525,000	94,611,000

MFIP Consolidated Fund Grants. The TANF fund base is reduced by $10,000,000 each year beginning in fiscal year 2012.

Subsidized Employment Funding Through ARRA. The commissioner is authorized to apply for TANF emergency fund grants for subsidized employment activities. Growth in expenditures for subsidized employment within the supported work program and the MFIP consolidated fund over the amount expended in the calendar year quarters in the TANF emergency fund base year shall be used to leverage the TANF emergency fund grants for subsidized employment and to fund supported work. The commissioner shall develop procedures to maximize reimbursement of these expenditures over the TANF emergency fund base year quarters, and may contract directly with employers and providers to maximize these TANF emergency fund grants.

(b) **Basic Sliding Fee Child Care Assistance Grants** 37,144,000 38,678,000

Base Adjustment. The general fund base is decreased by $990,000 in fiscal year 2014 and $979,000 in fiscal year 2015.

Child Care and Development Fund Unexpended Balance. In addition to the amount provided in this section, the commissioner shall expend $5,000,000 in fiscal year 2012 from the federal child care and development fund unexpended balance for basic sliding fee child care under Minnesota Statutes, section 119B.03. The commissioner shall ensure that all child care and development funds are expended according to the federal child care and development fund regulations.

(c) **Child Care Development Grants** 774,000 774,000

Base Adjustment. The general fund base is increased by $713,000 in fiscal years 2014 and 2015.

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

Federal Child Support Demonstration Grants. Federal administrative reimbursement resulting from the federal child support grant expenditures authorized under section 1115a of the Social Security Act is appropriated to the commissioner for this activity.

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

	Appropriations by Fund	
General	47,949,000	48,507,000
Federal TANF	140,000	140,000

Adoption Assistance and Relative Custody Assistance Transfer. The commissioner may transfer unencumbered appropriation balances for adoption assistance and relative custody assistance between fiscal years and between programs.

Privatized Adoption Grants. Federal reimbursement for privatized adoption grant and foster care recruitment grant expenditures is appropriated to the commissioner for adoption grants and foster care and adoption administrative purposes.

Adoption Assistance Incentive Grants. Federal funds available during fiscal year 2012 and fiscal year 2013 for adoption incentive grants are appropriated to the commissioner for these purposes.

(f) **Children and Community Services Grants** 53,301,000 53,301,000

(g) **Children and Economic Support Grants**

	Appropriations by Fund	
General	16,103,000	16,180,000
Federal TANF	700,000	0

Long-Term Homeless Services. $700,000 is appropriated from the federal TANF fund for the biennium beginning July 1, 2011, to the commissioner of human services for long-term homeless services for low-income homeless families under Minnesota Statutes, section 256K.26. This is a onetime appropriation and is not added to the base.

Base Adjustment. The general fund base is increased by $42,000 in fiscal year 2014 and $43,000 in fiscal year 2015.

Minnesota Food Assistance Program. $333,000 in fiscal year 2012 and $408,000 in fiscal year 2013 are to increase the general fund base for the Minnesota food assistance program. Unexpended funds for fiscal year 2012 do not cancel but are available to the

commissioner for this purpose in fiscal year 2013.

(h) **Health Care Grants**

	Appropriations by Fund	
General	26,000	66,000
Health Care Access	190,000	190,000

Base Adjustment. The general fund base is increased by $24,000 in each of fiscal years 2014 and 2015.

(i) **Aging and Adult Services Grants** 12,154,000 11,456,000

Aging Grants Reduction. Effective July 1, 2011, funding for grants made under Minnesota Statutes, sections 256.9754 and 256B.0917, subdivision 13, is reduced by $3,600,000 for each year of the biennium. These reductions are onetime and do not affect base funding for the 2014-2015 biennium. Grants made during the 2012-2013 biennium under Minnesota Statutes, section 256B.9754, must not be used for new construction or building renovation.

Essential Community Support Grant Delay. Upon federal approval to implement the nursing facility level of care on July 1, 2013, essential community supports grants under Minnesota Statutes, section 256B.0917, subdivision 14, are reduced by $6,410,000 in fiscal year 2013. Base level funding is increased by $5,541,000 in fiscal year 2014 and $6,410,000 in fiscal year 2015.

Base Level Adjustment. The general fund base is increased by $10,035,000 in fiscal year 2014 and increased by $10,901,000 in fiscal year 2015.

(j) **Deaf and Hard-of-Hearing Grants**	1,936,000	1,767,000
(k) **Disabilities Grants**	15,945,000	18,284,000

Grants for Housing Access Services. In fiscal year 2012, the commissioner shall make available a total of $161,000 in housing access services grants to individuals who relocate from an adult foster care home to a community living setting for assistance with completion of rental applications or lease agreements; assistance with publicly financed housing options; development of household budgets; and assistance with funding affordable furnishings and related household matters.

HIV Grants. The general fund appropriation for the HIV drug and insurance grant program shall be reduced by $2,425,000 in fiscal year 2012 and increased by $2,425,000 in fiscal year 2014. These adjustments are onetime and shall not be applied to the base. Notwithstanding any contrary provision, this provision expires June 30, 2014.

Region 10. Of this appropriation, $100,000 each year is for a grant provided under Minnesota Statutes, section 256B.097.

Base Level Adjustment. The general fund base is increased by $2,944,000 in fiscal year 2014 and $653,000 in fiscal year 2015.

Local Planning Grants for Creating Alternatives to Congregate Living for Individuals with Lower Needs. The commissioner shall make available a total of $250,000 per year in local planning grants, beginning July 1, 2011, to assist

lead agencies and provider organizations in developing alternatives to congregate living within the available level of resources for the home and community-based services waivers for persons with disabilities.

Disability Linkage Line. Of this appropriation, $125,000 in fiscal year 2012 and $300,000 in fiscal year 2013 are for assistance to people with disabilities who are considering enrolling in managed care.

(l) **Adult Mental Health Grants**

	Appropriations by Fund	
General	70,570,000	70,570,000
Health Care Access	750,000	750,000
Lottery Prize	1,508,000	1,508,000

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

Base Adjustment. The general fund base is increased by $200,000 in fiscal years 2014 and 2015.

(m) **Children's Mental Health Grants** 16,457,000 16,457,000

Funding Usage. Up to 75 percent of a fiscal year's appropriation for children's mental health grants may be used to fund allocations in that portion of the fiscal year ending December 31.

Base Adjustment. The general fund base is increased by ~~$225,000~~ $..... in fiscal years 2014 and 2015.

(n) **Chemical Dependency Nonentitlement Grants** 1,336,000 1,336,000

Sec. 4. Laws 2011, First Special Session chapter 11, article 7, section 2, subdivision 5, is amended to read:

Subd. 5. **Head Start program.** (a) For Head Start programs under Minnesota Statutes, section 119A.52:

$ 20,100,000 2012

$ ~~20,100,000~~ 2013

(b) As a condition of receiving an appropriation under this subdivision, a Head Start program must provide training to its staff regarding maternal depression and other mental illnesses that may affect the child's parent or guardian.

(c) $..... of the fiscal year 2013 appropriation under paragraph (a) must be reserved and used only for early Head Start programs.

(d) The appropriation base for this program for fiscal year 2014 and later is $.....

EFFECTIVE DATE. This section is effective July 1, 2012.

Sec. 5. **INSTRUCTIONS TO COMMISSIONERS; PLAN.**

(a) By January 15, 2013, the commissioners of human services, health, and education shall develop a joint plan to reduce the prevalence of parental depression and other serious mental illness and the potential impact of unaddressed parental mental illness on children. The plan must include specific goals, outcomes, and recommended measures to determine the impact of interventions on the incidence of parental depression and child well-being, including early childhood screening and the school readiness of high-risk children. The plan shall address ways to encourage a multigenerational approach to adult mental health and child well-being in public health, health care, adult and child mental health, child welfare, and other relevant programs and policies, and include recommendations to increase public awareness about untreated parental depression and its potential harmful impact on children.

(b) The commissioners shall convene a multisector, multidisciplinary task force to identify key goals and objectives to be included in the plan. The task force shall include, but not be limited to, health providers, mental health providers, researchers, early childhood professionals, and advocates.

(c) Jointly prepared biennial reports must be submitted to the legislature beginning December 15, 2014. The reports must address progress on plan implementation, budget and policy recommendations, and data on access to relevant services and resources reported by race, geography, and income. The reports must address progress in achieving goals established by Minnesota Milestones.

(d) The Department of Human Services shall be the lead agency. The Children's Mental Health Division shall be responsible for compiling data, developing joint performance measures, and defining the roles and responsibilities of collaborating agencies and divisions in order to reduce the prevalence of maternal depression and its adverse impact on child development. The Children's Mental Health Division shall be responsible for submitting the initial plan and the biennial plans.

Sec. 6. **MENTAL HEALTH CONSULTATION.**

$..... is appropriated from the general fund to the commissioner of human services to provide mental health consultation to child care centers, family day care providers, and legally unlicensed family child care providers in order to reduce the number of children expelled from these programs due to behavioral, emotional, and developmental issues.

ARTICLE 3

CHILDREN AND FAMILY SERVICES

Section 1. Minnesota Statutes 2010, section 119B.03, subdivision 3, is amended to read:

Subd. 3. **Eligible participants.** Families that meet the eligibility requirements under sections 119B.07, 119B.09, and 119B.10, except MFIP participants, diversionary work program, and transition year families are eligible for child care assistance under the basic sliding fee program. Families in which a parent is unable to work due to a diagnosis of mental illness may retain eligibility for child care assistance under this section for up to six months if the parent is seeking or obtaining mental health treatment and the family continues to meet all other eligibility requirements under this chapter. Families following a recommended treatment plan may retain their child care assistance for an additional six months if needed to continue to access mental health treatment. Families in which a parent experiences a temporary break in the need for child care assistance due to changes in the parent's work schedule or employment may retain eligibility for child care assistance under this section for up to three months if the family continues to meet all other eligibility requirements under this chapter. Families enrolled in the basic sliding fee program shall be continued until they are no longer eligible. Child care assistance provided through the child care fund is considered assistance to the parent.

Sec. 2. Minnesota Statutes 2010, section 119B.05, subdivision 1, is amended to read:

Subdivision 1. **Eligible participants.** Families eligible for child care assistance under the MFIP child care program are:

(1) MFIP participants who are employed or in job search and meet the requirements of section 119B.10;

(2) persons who are members of transition year families under section 119B.011, subdivision 20, and meet the requirements of section 119B.10;

(3) families who are participating in employment orientation or job search, or other employment or training activities that are included in an approved employability development plan under section 256J.95;

(4) MFIP families who are participating in work job search, job support, employment, or training activities as required in their employment plan, or in appeals, hearings, assessments, or orientations according to chapter 256J;

(5) MFIP families who are participating in social services activities under chapter 256J or mental health treatment as required in their employment plan approved according to chapter 256J;

(6) families who are participating in services or activities that are included in an approved family stabilization plan under section 256J.575;

(7) MFIP child-only cases under section 256J.88. MFIP child-only cases may be authorized to receive up to 12 hours of MFIP child care assistance per week as approved by the county, if the child's primary caregiver has a diagnosis of depression or other serious mental illness and is exempt from work requirements because of the primary caregiver's disability;

~~(7)~~ (8) families who are participating in programs as required in tribal contracts under section 119B.02, subdivision 2, or 256.01, subdivision 2; and

~~(8)~~ (9) families who are participating in the transition year extension under section 119B.011, subdivision 20a.

Sec. 3. Minnesota Statutes 2011 Supplement, section 119B.13, subdivision 7, is amended to read:

Subd. 7. **Absent days.** (a) Licensed child care providers and license-exempt centers must not be reimbursed for more than ten full-day absent days per child, excluding holidays, in a fiscal year. However, licensed child care providers and license-exempt centers may be reimbursed for an additional ..... absent days per child, excluding holidays, in a fiscal year if a parent or guardian has a diagnosis of mental illness and is receiving documented mental health services. Legal nonlicensed family child care providers must not be reimbursed for absent days. If a child attends for part of the time authorized to be in care in a day, but is absent for part of the time authorized to be in care in that same day, the absent time must be reimbursed but the time must not count toward

the ten absent day limit. Child care providers must only be reimbursed for absent days if the provider has a written policy for child absences and charges all other families in care for similar absences.

(b) Child care providers must be reimbursed for up to ten federal or state holidays or designated holidays per year when the provider charges all families for these days and the holiday or designated holiday falls on a day when the child is authorized to be in attendance. Parents may substitute other cultural or religious holidays for the ten recognized state and federal holidays. Holidays do not count toward the ten absent day limit.

(c) A family or child care provider must not be assessed an overpayment for an absent day payment unless (1) there was an error in the amount of care authorized for the family, (2) all of the allowed full-day absent payments for the child have been paid, or (3) the family or provider did not timely report a change as required under law.

(d) The provider and family shall receive notification of the number of absent days used upon initial provider authorization for a family and ongoing notification of the number of absent days used as of the date of the notification.

Sec. 4. **TASK FORCE ON LOW-INCOME FAMILIES.**

Subdivision 1. **Purpose.** A task force on low-income families is established to review the adequacy of state programs and tax policies to support low-income families.

Subd. 2. **Membership.** The task force shall include the following members:

(1) the commissioner of economic development or designee;

(2) the commissioner of health or designee;

(3) the commissioner of human services or designee;

(4) the commissioner of education or designee;

(5) the commissioner of revenue or designee;

(6) two county representatives appointed by the governor;

(7) two advocates for low-income families appointed by the governor;

(8) two members of the house of representatives, one from the majority party and one from the minority party, appointed by the speaker of the house; and

(9) two members of the senate, one from the majority party and one from the minority party, appointed by the Subcommittee on Committees of the Committee on Rules and Administration.

Subd. 3. **Staff.** The Department of Employment and Economic Development shall provide staff support for the task force.

Subd. 4. **Duties.** Within the context of the state's projected workforce and economic development needs, the task force shall review state programs and tax policies affecting low-income families. The task force shall consider the return on investment to the public and private sectors of family support policies such as paid sick leave, parental leave, early childhood programs, and family tax policies. The task force shall make recommendations to the legislature by January 15, 2014, to modify state programs and tax policies to improve family economic security and child outcomes, including future worker productivity. The recommendations must be related to the Minnesota Milestones goals and measures.

Subd. 5. **Expiration.** The task force under this section expires June 30, 2013.

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

Sec. 5. **APPROPRIATIONS.**

Subd. 1. **School readiness service agreements.** $..... is appropriated from the general fund to the commissioner of human services in fiscal year 2013 for the purposes of school readiness service agreements under Minnesota Statutes, section 119B.231.

Subd. 2. **MFIP family stabilization services.** $..... is appropriated from the general fund to the commissioner of human services in fiscal year 2013 to provide counties with sufficient funding to implement provisions of the MFIP family stabilization services under Minnesota Statutes, section 256J.575, to help families access mental health and other services, and to provide state technical assistance to counties regarding ways to help families access child care when parents have a serious mental illness.

Sec. 6. **REPEALER.**

Minnesota Statutes 2010, section 256J.24, subdivision 6, is repealed.

APPENDIX
Article locations in 12-5301