CHAPTER 22--S.F.No. 2265

An act relating to human services; establishing procedures for the commissioner of human services related to the transition from the public health emergency; appropriating money; amending Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended; Laws 2021, First Special Session chapter 7, article 1, section 36; article 16, section 2, subdivision 25.

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

Section 1. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended by Laws 2021, First Special Session chapter 7, article 2, section 71, and Laws 2022, chapter 98, article 4, section 49, is amended to read:

Subdivision 1. **Waivers and modifications; federal funding extension.** When the peacetime emergency declared by the governor in response to the COVID-19 outbreak expires, is terminated, or is rescinded by the proper authority, the following waivers and modifications to human services programs issued by the commissioner of human services pursuant to Executive Orders 20-11 and 20-12 may remain in effect for the time period set out in applicable federal law ~~or~~, for the time period set out in any applicable federally approved waiver or state plan amendment, or as provided in this subdivision, whichever is later:

(1) CV15: allowing telephone or video visits for waiver programs;

(2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare as needed to comply with federal guidance from the Centers for Medicare and Medicaid Services, and until the enrollee's first renewal following the resumption of medical assistance and MinnesotaCare renewals after March 31, 2023;

(3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance Program;

(4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;

(5) CV24: allowing telephone or video use for targeted case management visits;

(6) CV30: expanding telemedicine in health care, mental health, and substance use disorder settings;

(7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance Program;

(8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance Program;

(9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance Program;

(10) CV43: expanding remote home and community-based waiver services;

(11) CV44: allowing remote delivery of adult day services;

(12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance Program;

(13) CV60: modifying eligibility period for the federally funded Refugee Social Services Program; and

(14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and Minnesota Family Investment Program maximum food benefits.

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

Sec. 2. Laws 2021, First Special Session chapter 7, article 1, section 36, is amended to read:

Sec. 36. **RESPONSE TO COVID-19 PUBLIC HEALTH EMERGENCY.**

(a) Notwithstanding Minnesota Statutes, section 256B.057, subdivision 9, ~~256L.06, subdivision 3,~~ or any other provision to the contrary, the commissioner shall not collect any unpaid premium for a coverage month that occurred during the COVID-19 public health emergency declared by the United States Secretary of Health and Human Services and through the month prior to an enrollee's first renewal following the resumption of medical assistance renewals after March 31, 2023.

(b) Notwithstanding any provision to the contrary, periodic data matching under Minnesota Statutes, section 256B.0561, subdivision 2, may be suspended for up to ~~six~~ 12 months following the ~~last day of the COVID-19 public health emergency declared by the United States Secretary of Health and Human Services~~ resumption of medical assistance and MinnesotaCare renewals after March 31, 2023.

(c) Notwithstanding any provision to the contrary, the requirement for the commissioner of human services to issue an annual report on periodic data matching under Minnesota Statutes, section 256B.0561, is suspended for one year following the last day of the COVID-19 public health emergency declared by the United States Secretary of Health and Human Services.

(d) For individuals enrolled in medical assistance as of March 31, 2023, who are subject to the asset limits established by Minnesota Statutes, section 256B.056, subdivision 3, paragraph (a), assets in excess of the limits established by Minnesota Statutes, section 256B.056, subdivision 3, paragraph (a), must be disregarded until the individual's second annual renewal occurring following the resumption of renewals after March 31, 2023.

(e) The commissioner may temporarily adjust medical assistance eligibility verification requirements as needed to comply with federal guidance and ensure a timely renewal process for the period during which enrollees are subject to their first annual renewal following March 31, 2023. The commissioner must implement sufficient controls to monitor the effectiveness of verification adjustments and ensure program integrity.

(f) Notwithstanding any provision to the contrary, the commissioner of human services may temporarily extend the time frame permitted to take final administrative action on fair hearing requests from medical assistance and MinnesotaCare recipients under Minnesota Statutes, section 256.045, until the end of the 23rd month after the end of the month in which the public health emergency for COVID-19, as declared by the United States Secretary of Health and Human Services, ends. During this period, the commissioner must:

(1) not delay resolving expedited fair hearings described in Code of Federal Regulations, title 42, chapter IV, subchapter C, part 431, subpart E, section 431.224, paragraph (a);

(2) provide medical assistance benefits, pending the outcome of a fair hearing decision, to any medical assistance recipient, and provide MinnesotaCare benefits, pending the outcome of a fair hearing decision, to any MinnesotaCare recipient, who requests a fair hearing within the time provided under Minnesota Statutes, section 256.045, subdivision 3, paragraph (i), and regardless of whether the recipient has requested benefits pending the outcome of the recipient's fair hearing;

(3) reinstate medical assistance or MinnesotaCare benefits back to the date of action, if the recipient requests a fair hearing after the date of action and within the time provided under Minnesota Statutes, section 256.045, subdivision 3, paragraph (i);

(4) take final administrative action within the maximum 90 days permitted under Code of Federal Regulations, title 42, chapter IV, subchapter C, part 431, subpart E, section 431.244, paragraph (f)(1), for fair hearing requests where medical assistance or MinnesotaCare benefits cannot be provided pending the outcome of the fair hearing, such as a fair hearing challenging a denial of eligibility for an applicant;

(5) not recoup or recover from the recipient the cost of medical assistance or MinnesotaCare benefits provided pending final administrative action, even if the agency's action is sustained by the hearing decision; and

(6) not use this authority as justification to delay taking final action, and only exceed the 90 days permitted for taking final agency action under Code of Federal Regulations, title 42, section 431.244, paragraph (f)(1), to the extent to which the commissioner is unable to take timely final agency action on a given fair hearing request.

(g) Notwithstanding Minnesota Statutes, section 256L.06, subdivision 3; 256L.15, subdivision 2, or any other provision to the contrary, the commissioner must not collect any unpaid premium for a coverage month that occurred during the COVID-19 public health emergency declared by the United States Secretary of Health and Human Services.

(h) Notwithstanding Minnesota Statutes, sections 256L.06 and 256L.15, or any other provision to the contrary, the commissioner must waive MinnesotaCare premiums for all enrollees beginning May 1, 2023, through June 30, 2024.

(i) Notwithstanding any other law to the contrary, the commissioner shall, as required by the Centers for Medicare & Medicaid Services, suspend certain procedural terminations for medical assistance enrollees.

EFFECTIVE DATE. This section is effective the day following final enactment, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 3. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 25, is amended to read:

Subd. 25. **Grant Programs; Health Care Grants**

	Appropriations by Fund	
General	4,811,000	4,811,000
Health Care Access	5,547,000	~~3,465,000~~ 1,529,000

Onetime Grants for Navigator Organizations. $2,082,000 in fiscal year 2022 is from the health care access fund for grants to organizations with a MNsure grant services navigator assister contract in good standing as of June 30, 2021. The grants to each

organization must be in proportion to the number of Medical Assistance and MinnesotaCare enrollees each organization assisted that resulted in a successful enrollment in the second quarter of fiscal year 2020, as determined by MNsure's navigator payment process.

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

Sec. 4. **APPROPRIATION.**

Subdivision 1. **Transition to standard eligibility functions for medical assistance and MinnesotaCare.** (a) $4,517,000 in fiscal year 2024 is appropriated from the general fund to the commissioner of human services for medical assistance.

(b) $21,953,000 in fiscal year 2024 and $1,323,000 in fiscal year 2025 are appropriated from the general fund to the commissioner of human services to administer the transition to standard medical assistance and MinnesotaCare eligibility functions after March 31, 2023. This is a onetime appropriation.

(c) $1,827,000 in fiscal year 2024 is appropriated from the general fund to the commissioner of human services for systems costs to implement the transition to standard medical assistance and MinnesotaCare eligibility functions and the waiver of MinnesotaCare premiums.

(d) Up to $5,329,000 in fiscal year 2024 is appropriated from the health care access fund to the commissioner of human services for the reduction in MinnesotaCare premium revenue under section 2, paragraph (h).

(e) $36,000,000 in fiscal year 2024 is appropriated from the general fund to the commissioner of human services for allocation to counties and Tribes that process medical assistance eligibility to provide supplemental funding to assist the counties and Tribes with resuming medical assistance renewals after March 31, 2023. The commissioner must distribute the entire amount of this appropriation to the counties and Tribes in proportion to each county's or Tribe's March 2023 share of statewide enrollment in Minnesota health care programs other than MinnesotaCare.

Subd. 2. **Grants to navigators.** (a) $1,936,000 in fiscal year 2024 is appropriated from the health care access fund to the commissioner of human services for grants to organizations with a MNsure grant services navigator assister contract in good standing as of the date of enactment. The grant payment to each organization must be in proportion to the number of medical assistance and MinnesotaCare enrollees each organization assisted that resulted in a successful enrollment in the second quarter of fiscal years 2020 and 2023, as determined by MNsure's navigator payment process. This is a onetime appropriation and is available until June 30, 2025.

(b) $3,000,000 in fiscal year 2024 is appropriated from the health care access fund to the commissioner of human services for grants to organizations with a MNsure grant services navigator assister contract for successful enrollments in medical assistance and MinnesotaCare. This is a onetime appropriation.

Presented to the governor March 30, 2023

Signed by the governor March 30, 2023, 7:41 p.m.