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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 1812

02/15/2023 Authored by Reyer; Pursell; Pfarr; Hanson, J.; Huot and others
The bill was read for the first time and referred to the Committee on Children and Families Finance and Policy
02/20/2023 By motion, recalled and re-referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to human services; amending Minnesota Statutes 2022, section 256I.04,
1.3 subdivision 3.

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

1.5 Section 1. Minnesota Statutes 2022, section 256I.04, subdivision 3, is amended to read:

1.6 Subd. 3. Moratorium on development of housing support beds. (a) Agencies shall
1.7 not enter into agreements for new housing support beds with total rates in excess of the
1.8 MSA equivalent rate except:

1.9 (1) for establishments licensed under chapter 245D provided the facility is needed to
1.10 meet the census reduction targets for persons with developmental disabilities at regional
1.11 treatment centers;

1.12 (2) up to 80 beds in a single, specialized facility located in Hennepin County that will
1.13 provide housing for chronic inebriates who are repetitive users of detoxification centers and
1.14 are refused placement in emergency shelters because of their state of intoxication, and
1.15 planning for the specialized facility must have been initiated before July 1, 1991, in
1.16 anticipation of receiving a grant from the Housing Finance Agency under section 462A.05,
1.17 subdivision 20a, paragraph (b);

1.18 (3) notwithstanding the provisions of subdivision 2a, for up to ~~226~~ 500 supportive
1.19 housing units in Anoka, Carver, Dakota, Hennepin, ~~or~~ Ramsey, Scott, or Washington County
1.20 for homeless adults with a disability, including but not limited to mental illness, a history
1.21 of substance abuse, or human immunodeficiency virus or acquired immunodeficiency
1.22 syndrome. For purposes of this ~~section~~ clause, "homeless adult" means a person who is (i)

2.1 living on the street or in a shelter or (ii) discharged from a regional treatment center,
 2.2 community hospital, or residential treatment program and has no appropriate housing
 2.3 available and lacks the resources and support necessary to access appropriate housing. At
 2.4 ~~least 70 percent of the supportive housing units must serve homeless adults with mental~~
 2.5 ~~illness, substance abuse problems, or human immunodeficiency virus or acquired~~
 2.6 ~~immunodeficiency syndrome who are about to be or, within the previous six months, have~~
 2.7 ~~been discharged from a regional treatment center, or a state-contracted psychiatric bed in~~
 2.8 ~~a community hospital, or a residential mental health or substance use disorder treatment~~
 2.9 ~~program.~~ If a person meets the requirements of subdivision 1, paragraph (a) or (b), and
 2.10 receives a federal or state housing subsidy, the housing support rate for that person is limited
 2.11 to the supplementary rate under section 256I.05, subdivision 1a, ~~and is determined by~~
 2.12 ~~subtracting the amount of the person's countable income that exceeds the MSA equivalent~~
 2.13 ~~rate from the housing support supplementary service rate.~~ A resident in a demonstration
 2.14 project site who no longer participates in the demonstration program shall retain eligibility
 2.15 for a housing support payment in an amount determined under section 256I.06, subdivision
 2.16 8, using the MSA equivalent rate. ~~Service funding under section 256I.05, subdivision 1a,~~
 2.17 ~~will end June 30, 1997, if federal matching funds are available and the services can be~~
 2.18 ~~provided through a managed care entity. If federal matching funds are not available, then~~
 2.19 ~~service funding will continue under section 256I.05, subdivision 1a.~~ The appropriation under
 2.20 this clause must include administrative funding equal to the cost of two full-time equivalent
 2.21 employees to process eligibility. The commissioner must disburse administrative funding
 2.22 to the fiscal agent for the counties under this clause;

2.23 (4) for an additional two beds, resulting in a total of 32 beds, for a facility located in
 2.24 Hennepin County providing services for men with and recovering from substance use
 2.25 disorder that has had a housing support contract with the county and has been licensed as
 2.26 a board and lodge facility with special services since 1980;

2.27 (5) for a housing support provider located in the city of St. Cloud, or a county contiguous
 2.28 to the city of St. Cloud, that operates a 40-bed facility, that received financing through the
 2.29 Minnesota Housing Finance Agency Ending Long-Term Homelessness Initiative and serves
 2.30 clientele with substance use disorder, providing 24-hour-a-day supervision;

2.31 (6) for a new 65-bed facility in Crow Wing County that will serve persons with substance
 2.32 use disorder, operated by a housing support provider that currently operates a 304-bed
 2.33 facility in Minneapolis, and a 44-bed facility in Duluth;

2.34 (7) for a housing support provider that operates two ten-bed facilities, one located in
 2.35 Hennepin County and one located in Ramsey County, that provide community support and

3.1 24-hour-a-day supervision to serve the mental health needs of individuals who have
3.2 chronically lived unsheltered; and

3.3 (8) for a facility authorized for recipients of housing support in Hennepin County with
3.4 a capacity of up to 48 beds that has been licensed since 1978 as a board and lodging facility
3.5 and that until August 1, 2007, operated as a licensed substance use disorder treatment
3.6 program.

3.7 (b) An agency may enter into a housing support agreement for beds with rates in excess
3.8 of the MSA equivalent rate in addition to those currently covered under a housing support
3.9 agreement if the additional beds are only a replacement of beds with rates in excess of the
3.10 MSA equivalent rate which have been made available due to closure of a setting, a change
3.11 of licensure or certification which removes the beds from housing support payment, or as
3.12 a result of the downsizing of a setting authorized for recipients of housing support. The
3.13 transfer of available beds from one agency to another can only occur by the agreement of
3.14 both agencies.