

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH SESSION

S.F. No. 1744

(SENATE AUTHORS: LOUREY)

DATE	D-PG	OFFICIAL STATUS
02/25/2014	5819	Introduction and first reading Referred to Health, Human Services and Housing
03/06/2014	6009	Withdrawn and re-referred to Finance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;

2.1 (9) whether a facility was involved and, if so, which agency licenses the facility;

2.2 (10) any action taken by the common entry point;

2.3 (11) whether law enforcement has been notified;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.9 Sec. 6. **TRANSFER.**

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

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

3.19 (c) For each fiscal year from 2014 to 2017, the commissioner of human services shall
 3.20 certify and report to the commissioner of management and budget the actual or ~~forecasted~~
 3.21 estimated cost difference of adding 19- and 20-year-olds and parents and relative caretaker
 3.22 populations with income between 100 and 138 percent of the federal poverty guidelines,
 3.23 as determined under paragraph (b), to the commissioner of management and budget at
 3.24 least four weeks prior to the release of a forecast under Minnesota Statutes, section
 3.25 16A.103, of each fiscal year.

3.26 (d) ~~No later than three weeks before the release of the forecast~~ For fiscal years 2014 to
 3.27 2017, forecasts under Minnesota Statutes, section 16A.103, prepared by the commissioner
 3.28 of management and budget shall ~~reduce the~~ include actual or estimated adjustments to
 3.29 health care access fund transfer transfers in paragraph (a), by the cumulative differences in
 3.30 costs reported by the commissioner of human services under according to paragraph (e)
 3.31 (e). If, for any fiscal year, the amount of the cumulative cost differences determined under
 3.32 paragraph (b) is positive, no change is made to the appropriation. If, for any fiscal year,
 3.33 the amount of the cumulative cost differences determined under paragraph (b) is less than
 3.34 the amount of the original appropriation, the appropriation for that year must be zero.

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

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

4.7 Sec. 3. Laws 2013, chapter 108, article 14, section 2, subdivision 6, is amended to read:

4.8 Subd. 6. **Grant Programs**

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

4.11 **(a) Support Services Grants**

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

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

4.27 **Work Study Funding for MFIP**

4.28 **Participants.** \$250,000 each year in fiscal
 4.29 years 2015 and 2016 is from the general fund
 4.30 to pilot work study jobs for MFIP recipients
 4.31 in approved postsecondary education
 4.32 programs. This is a onetime appropriation.
 4.33 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) Basic Sliding Fee Child Care Assistance			
6.7 Grants		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 (c) Child Care Development Grants		1,612,000	1,737,000
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6.12 (d) Child Support Enforcement Grants		50,000	50,000
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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 (f) Child and Community Service Grants	53,301,000	53,301,000
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7.26 (g) Child and Economic Support Grants	21,047,000	20,848,000
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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 and Assistance Grants.** (a) The

9.8 commissioner of human services shall
 9.9 award grants to nonprofit programs that
 9.10 provide immigration legal services based
 9.11 on indigency to provide legal services for
 9.12 immigration assistance to individuals with
 9.13 emergency medical conditions or complex
 9.14 and chronic health conditions who are not
 9.15 currently eligible for medical assistance
 9.16 or other public health care programs, but
 9.17 who may meet eligibility requirements with
 9.18 immigration assistance.
 9.19

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
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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 **(j) Deaf and Hard-of-Hearing Grants** 1,771,000 1,785,000

10.8 **(k) Disabilities Grants** 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 **(m) Child Mental Health Grants** 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 **(n) CD Treatment Support Grants** 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			169,326,000	165,531,000
14.7	Subdivision 1. Total Appropriation	\$	<u>169,148,000</u>	\$ <u>165,256,000</u>

14.8	Appropriations by Fund		
14.9		2014	2015
14.10		79,476,000	74,256,000
14.11	General	<u>79,451,000</u>	<u>74,281,000</u>
14.12	State Government	48,094,000	
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	Special Revenue	300,000	300,000

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		52,864,000	47,644,000
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	32,633,000	
19.5	Special Revenue	<u>32,780,000</u>	32,636,000
19.6	Special Revenue	300,000	300,000

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.