ARTICLE 8

DEPARTMENT OF HUMAN SERVICES POLICY

Section 1. Minnesota Statutes 2022, section 245.4661, subdivision 9, is amended to read:

Subd. 9. Services and programs. (a) The following three distinct grant programs are funded under this section:

(1) mental health crisis services;
(2) housing with supports for adults with serious mental illness; and
(3) projects for assistance in transitioning from homelessness (PATH program).

(b) In addition, the following are eligible for grant funds:

(1) community education and prevention;
(2) client outreach;
(3) early identification and intervention;
(4) adult outpatient diagnostic assessment and psychological testing;
(5) peer support services;
(6) community support program services (CSP);
(7) adult residential crisis stabilization;
(8) supported employment;
(9) assertive community treatment (ACT);
(10) housing subsidies;
(11) basic living, social skills, and community intervention;
(12) emergency response services;
(13) adult outpatient psychotherapy;
(14) adult outpatient medication management;
(15) adult mobile crisis services;
(16) adult day treatment;
(17) partial hospitalization;
(18) adult residential treatment;
Sec. 2. Minnesota Statutes 2022, section 245.469, subdivision 3, is amended to read:

Subd. 3. Mental health crisis services. The commissioner of human services shall increase access to mental health crisis services for children and adults. In order to increase access, the commissioner must:

1. develop a central phone number where calls can be routed to the appropriate crisis services;
2. provide telephone consultation 24 hours a day to mobile crisis teams serving people with traumatic brain injury or intellectual disabilities who are experiencing a mental health crisis;
3. expand crisis services across the state, including rural areas of the state and examining access per population;
4. establish and implement state standards and requirements for crisis services as outlined in section 256B.0624; and
5. provide grants to adult mental health initiatives, counties, tribes, or community mental health providers to establish new mental health crisis residential service capacity.

Priority will be given to regions that do not have a mental health crisis residential services program, do not have an inpatient psychiatric unit within the region, do not have an inpatient psychiatric unit within 90 miles, or have a demonstrated need based on the number of crisis residential treatment beds available to meet the needs of the residents in the region. At least 50 percent of the funds must be distributed to programs in rural Minnesota. Grant funds may be used for start-up costs, including but not limited to renovations, furnishings, and staff training. Grant applications shall provide details on how the intended service will address identified needs and shall demonstrate collaboration with crisis teams, other mental health providers, hospitals, and police.

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

UES2995-2 ARTICLE 8, SECTION 3 WAS REMOVED TO MATCH WITH S2995-3 ARTICLE 9, SECTION 3.

Sec. 4. [245.4906] MENTAL HEALTH CERTIFIED PEER SPECIALIST GRANT PROGRAM.

Establishment. The mental health certified peer specialist grant program is established in the Department of Human Services to provide funding for training for mental health certified peer specialists who provide services to support individuals with...
lived experience of mental illness under section 256B.0615. Certified peer specialists provide
services to individuals who are receiving assertive community treatment or intensive
residential treatment services under section 256B.0622, adult rehabilitative mental health
services under section 256B.0623, or crisis response services under section 256B.0624.
Mental health certified peer specialist qualifications are defined in section 2531.04,
subdivision 10, and mental health certified peer specialists’ scope of practice is defined in
section 2531.04, subdivision 11.

Subd. 2. Activities. Grant funding may be used to provide training for mental health
certified peer specialists as specified in section 256B.0615, subdivision 5.

Subd. 3. Outcomes. Evaluation includes the extent to which individuals receiving peer
services:
(1) experience progress on achieving treatment goals; and
(2) experience a reduction in hospital admissions.

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

Sec. 5. [245.4907] MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST
GRANT PROGRAM.

Subdivision 1. Establishment. The mental health certified peer family specialist grant
program is established in the Department of Human Services to provide funding for training
for mental health certified peer family specialists who provide services to support individuals
with lived experience of mental illness under section 256B.0616. Certified family peer
specialists provide services to families who have a child with an emotional disturbance or
severe emotional disturbance under chapter 245. Certified family peer specialists provide
services to families whose children are receiving inpatient hospitalization under section
256B.0625, subdivision 1; partial hospitalization under Minnesota Rules, parts 9505.0370, subpart 24,
and 9505.0372, subpart 9; residential treatment under section 245.4882; children’s
intensive behavioral health services under section 256B.0946; and day treatment, children’s
therapeutic services and supports, or crisis response services under section 256B.0624.
Mental health certified family peer specialist qualifications are defined in section 2531.04,
subdivision 12, and mental health certified family peer specialists’ scope of practice is
defined in section 2531.04, subdivision 13.

Subd. 2. Activities. Grant funding may be used to provide training for mental health
certified family peer specialists as specified in section 256B.0616, subdivision 5.

Subd. 3. Outcomes. Evaluation includes the extent to which individuals receiving family
peer services:
(1) progress on achieving treatment goals; and
(2) experience a reduction in hospital admissions.
EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 6. [245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS PROGRAM.

Subdivision 1. Establishment. The projects for assistance in transition from homelessness program is established in the Department of Human Services to prevent or end homelessness for people with serious mental illness or co-occurring substance use disorder and ensure the commissioner may achieve the goals of the housing mission statement in section 245.461, subdivision 4.

Subdivision 2. Activities. All projects for assistance in transition from homelessness must provide homeless outreach and case management services. Projects may provide clinical assessment, habilitation and rehabilitation services, community mental health services, substance use disorder treatment, housing transition and sustaining services, direct assistance funding, and other activities as determined by the commissioner.

Subdivision 3. Eligibility. Program activities must be provided to people with serious mental illness, or with co-occurring substance use disorder, who meet homeless criteria determined by the commissioner. People receiving homeless outreach may be presumed eligible until serious mental illness can be verified.

Subdivision 4. Outcomes. Evaluation of each project includes the extent to which:

(1) grantees contact individuals through homeless outreach services;
(2) grantees enroll individuals in case management services;
(3) individuals access behavioral health services; and
(4) individuals transition from homelessness to housing.

Subd. 5. Federal aid or grants. The commissioner of human services must comply with all conditions and requirements necessary to receive federal aid or grants with respect to homeless services or programs as specified in section 245.70.

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

Sec. 7. [245.992] HOUSING WITH SUPPORT FOR ADULTS WITH SERIOUS MENTAL ILLNESS PROGRAM.

Subdivision 1. Creation. The housing with support for adults with serious mental illness program is established in the Department of Human Services to prevent or end homelessness for people with serious mental illness, increase the availability of housing with support, and ensure the commissioner may achieve the goals of the housing mission statement in section 245.461, subdivision 4.

Subdivision 2. Activities. The housing with support for adults with serious mental illness program may provide a range of activities and supportive services to assure that people
obtain and retain permanent supportive housing. Program activities may include case
management, site-based housing services, housing transition and sustaining services, outreach
services, community support services, direct assistance funding, and other activities as
determined by the commissioner.

Subd. 3. Eligibility. Program activities must be provided to people with serious mental
illness, or with co-occurring substance use disorder, who meet homeless criteria determined
by the commissioner.

Subd. 4. Outcomes. Evaluation of program activities must utilize evidence-based
practices and must include the extent to which:

(1) grantees' housing and activities utilize evidence-based practices;
(2) individuals transition from homelessness to housing;
(3) individuals retain housing; and
(4) individuals are satisfied with their housing.

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

Sec. 8. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision to
read:

Subd. 3. Authorized uses of grant funds. Grant funds may be used for but are not
limited to the following:

(1) increasing access to home and community-based services for an individual;
(2) improving caregiver-child relationships and aiding progress toward treatment goals;
and
(3) reducing emergency department visits.

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

Sec. 9. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision to
read:

Subd. 4. Outcomes. Program evaluation is based on but not limited to the following
criteria:

(1) expediting discharges for individuals who no longer need hospital level of care;
(2) individuals obtaining and retaining housing;
(3) individuals maintaining community living by diverting admission to Anoka Metro
Regional Treatment Center and Forensic Mental Health Program.
(4) reducing recidivism rates of individuals returning to state institutions; and
(5) individuals' ability to live in the least restrictive community setting.

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

Sec. 10. Minnesota Statutes 2022, section 256B.056, is amended by adding a subdivision to read:

Subd. 5d. Medical assistance room and board rate. "Medical assistance room and board rate" means an amount equal to 81 percent of the federal poverty guideline for a single individual living alone in the community less the medical assistance personal needs allowance under section 256B.35. The amount of the room and board rate, as defined in section 256I.03, subdivision 2, that exceeds the medical assistance room and board rate is considered remedial care cost. A remedial care cost may be used to meet a spenddown obligation under this section. The medical assistance room and board rate is to be adjusted on January 1 of each year.

Sec. 11. Minnesota Statutes 2022, section 256B.0622, subdivision 8, is amended to read:

Subd. 8. Medical assistance payment for assertive community treatment and intensive residential treatment services. (a) Payment for intensive residential treatment services and assertive community treatment in this section shall be based on one daily rate per provider inclusive of the following services received by an eligible client in a given calendar day: all rehabilitative services under this section, staff travel time to provide rehabilitative services under this section, and nonresidential crisis stabilization services under section 256B.0624.

(b) Except as indicated in paragraph (c), payment will not be made to more than one entity for each client for services provided under this section on a given day. If services under this section are provided by a team that includes staff from more than one entity, the team must determine how to distribute the payment among the members.

(c) The commissioner shall determine one rate for each provider that will bill medical assistance for residential services under this section and one rate for each assertive community treatment provider. If a single entity provides both services, one rate is established for the entity's residential services and another rate for the entity's nonresidential services under this section. A provider is not eligible for payment under this section without authorization from the commissioner. The commissioner shall develop rates using the following criteria:

(1) the provider's cost for services shall include direct services costs, other program costs, and other costs determined as follows:

(i) the direct services costs must be determined using actual costs of salaries, benefits, payroll taxes, and training of direct service staff and service-related transportation;

(ii) other program costs not included in item (i) must be determined as a specified percentage of the direct services costs as determined by item (i). The percentage used shall

...
be determined by the commissioner based upon the average of percentages that represent
the relationship of other program costs to direct services costs among the entities that provide
similar services;

(iii) physical plant costs calculated based on the percentage of space within the program
that is entirely devoted to treatment and programming. This does not include administrative
or residential space;

(iv) assertive community treatment physical plant costs must be reimbursed as part of
the costs described in item (ii); and

(v) subject to federal approval, up to an additional five percent of the total rate may be
added to the program rate as a quality incentive based upon the entity meeting performance
criteria specified by the commissioner;

(2) actual cost is defined as costs which are allowable, allocable, and reasonable, and
consistent with federal reimbursement requirements under Code of Federal Regulations,
title 48, chapter 1, part 31, relating to for-profit entities, and Office of Management and
Budget Circular Number A-122, relating to nonprofit entities;

(3) the number of service units;

(4) the degree to which clients will receive services other than services under this section;

(5) the costs of other services that will be separately reimbursed.

(d) The rate for intensive residential treatment services and assertive community treatment
must exclude the medical assistance room and board rate, as defined in section 256B.056, subdivision 5d, and services not covered under this section, such
as partial hospitalization, home care, and inpatient services.

(e) Physician services that are not separately billed may be included in the rate to the
extent that a psychiatrist, or other health care professional providing physician services
within their scope of practice, is a member of the intensive residential treatment services
treatment team. Physician services, whether billed separately or included in the rate, may
be delivered by telehealth. For purposes of this paragraph, "telehealth" has the meaning
given to "mental health telehealth" in section 256B.0625, subdivision 46, when telehealth
is used to provide intensive residential treatment services.

(f) When services under this section are provided by an assertive community treatment
provider, case management functions must be an integral part of the team.

(g) The rate for a provider must not exceed the rate charged by that provider for the
same service to other payors.

(h) The rates for existing programs must be established prospectively based upon the
expenditures and utilization over a prior 12-month period using the criteria established in
paragraph (c). The rates for new programs must be established based upon estimated expenditures and estimated utilization using the criteria established in paragraph (c).

(i) Entities who discontinue providing services must be subject to a settle-up process whereby actual costs and reimbursement for the previous 12 months are compared. In the event that the entity was paid more than the entity's actual costs plus any applicable performance-related funding due the provider, the excess payment must be reimbursed to the department. If a provider's revenue is less than actual allowed costs due to lower utilization than projected, the commissioner may reimburse the provider to recover its actual allowable costs. The resulting adjustments by the commissioner must be proportional to the percent of total units of service reimbursed by the commissioner and must reflect a difference of greater than five percent.

(j) A provider may request of the commissioner a review of any rate-setting decision made under this subdivision.

Sec. 12. Minnesota Statutes 2022, section 256B.0946, subdivision 6, is amended to read:

Subd. 6. Excluded services. (a) Services in clauses (1) to (7) are not covered under this section and are not eligible for medical assistance payment as components of children's intensive behavioral health services, but may be billed separately:

1. inpatient psychiatric hospital treatment;
2. mental health targeted case management;
3. partial hospitalization;
4. medication management;
5. children's mental health day treatment services;
6. crisis response services under section 256B.0624;
7. transportation; and
8. mental health certified family peer specialist services under section 256B.0616.

(b) Children receiving intensive behavioral health services are not eligible for medical assistance reimbursement for the following services while receiving children's intensive behavioral health services:

1. psychotherapy and skills training components of children's therapeutic services and supports under section 256B.0943;
2. mental health behavioral aide services as defined in section 256B.0943, subdivision 1, paragraph (f);
3. home and community-based waiver services;
4. mental health residential treatment; and
Sec. 13. Minnesota Statutes 2022, section 256B.0947, subdivision 7a, is amended to read:

Subd. 7a. Noncovered services.
(a) The rate for intensive rehabilitative mental health services does not include medical assistance payment for services in clauses (1) to (7).
(b) The following services are not covered under this section and are not eligible for medical assistance payment while youth are receiving intensive rehabilitative mental health services:
(1) mental health residential treatment; and
(2) mental health behavioral aide services, as defined in section 256B.0943, subdivision 1, paragraph (l).

Sec. 14. Minnesota Statutes 2022, section 256D.02, is amended by adding a subdivision to read:

Subd. 20. Date of application. "Date of application" has the meaning given in section 256D.07, subdivision 2b.

Sec. 15. Minnesota Statutes 2022, section 256D.07, is amended to read:

256D.07 TIME OF PAYMENT OF ASSISTANCE.

An applicant for general assistance shall be deemed eligible if the application and the verification of the statement on that application demonstrate that the applicant is within the eligibility criteria established by sections 256D.01 to 256D.21 and any applicable rules of the commissioner. Any person requesting general assistance shall be permitted by the county agency to make an application for assistance as soon as administratively possible and in no event later than the fourth day following the date on which assistance is first requested, and no county agency shall require that a person requesting assistance appear at the offices of...
the county agency more than once prior to the date on which the person is permitted to make
the application. The application shall be in writing in the manner and upon the form
prescribed by the commissioner and attested to by the oath of the applicant or in lieu thereof
shall contain the following declaration which shall be signed by the applicant: “I declare
that this application has been examined by me and to the best of my knowledge and belief
is a true and correct statement of every material point.” Applications must be submitted
according to section 256P.04, subdivision 1a. On the date that general assistance is first
requested, the county agency shall inquire and determine whether the person requesting
assistance is in immediate need of food, shelter, clothing, assistance for necessary
transportation, or other emergency assistance pursuant to section 256D.06, subdivision 2.
A person in need of emergency assistance shall be granted emergency assistance immediately,
and necessary emergency assistance shall continue for up to 30 days following the date of
application. A determination of an applicant's eligibility for general assistance shall be made
by the county agency as soon as the required verifications are received by the county agency
and in no event later than 30 days following the date that the application is made. Any
verifications required of the applicant shall be reasonable, and the commissioner shall by
rule establish reasonable verifications. General assistance shall be granted to an eligible
applicant without the necessity of first securing action by the board of the county agency.
The first month's grant must be computed to cover the time period starting with the date
signed application form is received by the county agency, or from the date that the applicant meets all eligibility
factors, whichever occurs later.

If upon verification and due investigation it appears that the applicant provided false
information and the false information materially affected the applicant's eligibility for general
assistance or the amount of the applicant's general assistance grant, the county agency may
refer the matter to the county attorney. The county attorney may commence a criminal
prosecution or a civil action for the recovery of any general assistance wrongfully received,
or both.

Sec. 16. Minnesota Statutes 2022, section 256I.03, subdivision 15, is amended to read:
"Supportive housing" means housing that is not
time-limited and, provides or coordinates services necessary for a resident to maintain
housing stability and is not licensed as an assisted living facility under chapter 144G.

Sec. 17. Minnesota Statutes 2022, section 256I.03, is amended by adding a subdivision
to read:
"Date of application" has the meaning given in section
256P.01, subdivision 2b.

Subd. 2. Date of eligibility. An individual who has met the eligibility requirements of
subdivision 1, shall have a housing support payment made on the individual's behalf from

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the first day of the month in which a signed of the date of application form is received by a county agency, as defined by section 256P.01, subdivision 2b, or the first day of the month in which all eligibility factors have been met, whichever is later.

Sec. 19. Minnesota Statutes 2022, section 256I.06, subdivision 3, is amended to read:

Subd. 3. Filing of application. The county agency must immediately provide an application form to any person requesting housing support. Application for housing support must be in writing on a form prescribed by the commissioner. Applications must be submitted according to section 256P.04, subdivision 1a. The county agency must determine an applicant’s eligibility for housing support as soon as the required verifications are received by the county agency and within 30 days after a signed application is received by the county agency for the aged or blind or within 60 days for people with a disability.

Sec. 20. Minnesota Statutes 2022, section 256I.09, is amended to read:

256I.09 COMMUNITY LIVING INFRASTRUCTURE.

The commissioner shall award grants to agencies and multi-Tribal collaboratives through an annual competitive process. Grants awarded under this section may be used for: (1) outreach to locate and engage people who are homeless or residing in segregated settings to screen for basic needs and assist with referral to community living resources; (2) building capacity to provide technical assistance and consultation on housing and related support service resources for persons with both disabilities and low income; or (3) streamlining the administration and monitoring activities related to housing support funds. Agencies may collaborate and submit a joint application for funding under this section.

Sec. 21. Minnesota Statutes 2022, section 256J.08, subdivision 21, is amended to read:

Subd. 21. Date of application. "Date of application" means the date on which the county agency receives an applicant’s application as a signed written application, an application submitted by telephone, or an application submitted through Internet telepresence; as defined in section 256P.01, subdivision 2b, or on the date that all eligibility criteria are met, whichever is later.

Subd. 3. Submitting application form. (a) A county agency must offer, in person or by mail, the application forms prescribed by the commissioner as soon as a person makes a written or oral inquiry. At that time, the county agency must:

1. inform the person that assistance begins on the date that the application is received by the county agency, either as a signed written application, an application submitted by telephone, or an application submitted through Internet telepresence, as defined in section 256P.01, subdivision 2b, or on the date that all eligibility criteria are met, whichever is later;

2. inform a person that the person may submit the application by telephone or through Internet telepresence;
(3) inform a person that when the person submits the application by telephone or through Internet telepresence, the county agency must receive a signed written application within 30 days of the date that the person submitted the application by telephone or through Internet telepresence of the application submission requirements in section 256P.04, subdivision 1a;

(4) inform the person that any delay in submitting the application will reduce the amount of assistance paid for the month of application;

(5) inform a person that the person may submit the application before an interview;

(6) explain the information that will be verified during the application process by the county agency as provided in section 256J.32;

(7) inform a person about the county agency's average application processing time and explain how the application will be processed under subdivision 5;

(8) explain how to contact the county agency if a person's application information changes and how to withdraw the application;

(9) inform a person that the next step in the application process is an interview and what a person must do if the application is approved including, but not limited to, attending orientation under section 256J.45 and complying with employment and training services requirements in sections 256J.515 to 256J.57;

(10) inform the person that an interview must be conducted. The interview may be conducted face-to-face in the county office or at a location mutually agreed upon, through Internet telepresence, or by telephone;

(11) explain the child care and transportation services that are available under paragraph (c) to enable caregivers to attend the interview, screening, and orientation; and

(12) identify any language barriers and arrange for translation assistance during appointments, including, but not limited to, screening under subdivision 3a, orientation under section 256J.45, and assessment under section 256J.521.

(b) Upon receipt of a signed application, the county agency must stamp the date of receipt on the face of the application. The county agency must process the application within the time period required under subdivision 5. An applicant may withdraw the application at any time by giving written or oral notice to the county agency. The county agency must issue a written notice confirming the withdrawal. The notice must inform the applicant of the county agency's understanding that the applicant has withdrawn the application and no longer wants to pursue it. When, within ten days of the date of the agency's notice, an applicant informs a county agency, in writing, that the applicant does not wish to withdraw the application, the county agency must reinstate the application and finish processing the application.
Upon a participant's request, the county agency must arrange for transportation and child care or reimburse the participant for transportation and child care expenses necessary to enable participants to attend the screening under subdivision 3a and orientation under section 256J.45.

Sec. 23. Minnesota Statutes 2022, section 256J.95, subdivision 5, is amended to read:

Subd. 5. Submitting application form. The eligibility date for the diversionary work program begins on the date that the combined application form (CAF) is received by the county agency either as a signed written application; an application submitted by telephone, or an application submitted through Internet telepresence, as defined in section 256P.01, subdivision 2b, or on the date that diversionary work program eligibility criteria are met, whichever is later. The county agency must inform an applicant that when the applicant submits the application by telephone or through Internet telepresence, the county agency must receive a signed written application within 30 days of the date that the applicant submitted the application by telephone or through Internet telepresence of the application submission requirements in section 256P.04, subdivision 1a. The county agency must inform the applicant that any delay in submitting the application will reduce the benefits paid for the month of application. The county agency must inform a person that an application may be submitted before the person has an interview appointment. Upon receipt of a signed application, the county agency must stamp the date of receipt on the face of the application. The applicant may withdraw the application at any time prior to approval by giving written or oral notice to the county agency. The county agency must follow the notice requirements in section 256J.09, subdivision 3, when issuing a notice confirming the withdrawal.

Sec. 24. Minnesota Statutes 2022, section 256P.01, is amended by adding a subdivision to read:

Subd. 2b. Date of application. "Date of application" means the date on which the agency receives an applicant's application as a signed written application, an application submitted by telephone, or an application submitted through Internet telepresence. The child care assistance program under chapter 119B is exempt from this definition.

Sec. 25. Minnesota Statutes 2022, section 256P.04, is amended by adding a subdivision to read:

Subd. 1a. Application submission. An agency must offer, in person or by mail, the application forms prescribed by the commissioner as soon as a person makes a written or oral inquiry about assistance. Applications must be received by the agency as a signed written application, an application submitted by telephone, or an application submitted through Internet telepresence. When a person submits an application by telephone or through Internet telepresence, the agency must receive a signed written application within 30 days of the date that the person submitted the application by telephone or through Internet telepresence.
Sec. 26. **REVISOR INSTRUCTION.**

The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, sections 256D.02 and 256L.03, in alphabetical order, excluding the first subdivision in each section, and correct any cross-reference changes that result.

Sec. 27. **REPEALER.**

Minnesota Statutes 2022, section 256L.03, subdivision 6, is repealed.