

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 1383

02/16/2017 Authored by Zerwas, Liebling, Loon, Schomacker, Loeffler and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
03/13/2017 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to human services; directing the commissioner of human services to seek
1.3 an amendment to the brain injury waiver; modifying the definition of traumatic
1.4 brain injury for the state traumatic brain injury program; appropriating money for
1.5 programs related to reducing fetal alcohol syndrome and related effects; amending
1.6 Minnesota Statutes 2016, section 256B.093, subdivision 2.

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

1.8 Section 1. Minnesota Statutes 2016, section 256B.093, subdivision 2, is amended to read:

1.9 Subd. 2. Eligibility. Persons eligible for traumatic brain injury administrative case
1.10 management and consultation must be eligible medical assistance recipients who have
1.11 traumatic or certain acquired brain injury, including a brain injury acquired by fetal alcohol
1.12 exposure, and are at risk of institutionalization.

1.13 Sec. 2. DIRECTION TO THE COMMISSIONER.

1.14 The commissioner of human services shall seek to amend the brain injury waiver to
1.15 include, as eligible persons, individuals with a fetal alcohol spectrum disorder diagnosis
1.16 who are not being served under the developmental disability waiver.

1.17 Sec. 3. APPROPRIATION.

1.18 (a) \$500,000 in fiscal year 2018 and \$500,000 in fiscal year 2019 are appropriated from
1.19 the general fund to the commissioner of human services for a grant to the Minnesota
1.20 Organization on Fetal Alcohol Syndrome (MOFAS). Of this amount, MOFAS shall make
1.21 grants to eligible regional collaboratives that fulfill the requirements in paragraph (c).

2.1 (b) "Eligible regional collaboratives" means a partnership between at least one local
2.2 government and at least one community-based organization and, where available, a family
2.3 home visiting program. For purposes of this paragraph, a local government includes a county
2.4 or multicounty organization, a tribal government, a county-based purchasing entity, or a
2.5 community health board.

2.6 (c) Eligible regional collaboratives must use grant funds to reduce the incidence of fetal
2.7 alcohol syndrome disorders and other prenatal drug-related effects in children in Minnesota
2.8 by identifying and serving pregnant women suspected of or known to use or abuse alcohol
2.9 or other drugs. The eligible regional collaboratives must provide intensive services to
2.10 chemically dependent women to increase positive birth outcomes.

2.11 (d) MOFAS must make grants to eligible regional collaboratives from both rural and
2.12 urban areas.

2.13 (e) A grant recipient must report to the commissioner of human services annually by
2.14 January 15 on the services and programs funded by the appropriation. The report must
2.15 include measurable outcomes for the previous year, including the number of pregnant women
2.16 served and the number of toxic-free babies born.