

**SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION**

S.F. No. 2213

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DATE
02/27/2023

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Introduction and first reading
Referred to Health and Human Services

OFFICIAL STATUS

1.1 A bill for an act

1.2 relating to human services; adding definition for medical assistance room and

1.3 board rate; modifying eligible grant fund uses; creating a cultural and ethnic

1.4 minority infrastructure grant program; creating mental health grant programs;

1.5 creating a transition from homelessness program; creating a housing supports for

1.6 adults with serious mental illness program; modifying the definition of supportive

1.7 housing; modifying application requirements; amending Minnesota Statutes 2022,

1.8 sections 245.4661, subdivision 9; 245.469, subdivision 3; 256.478, by adding

1.9 subdivisions; 256B.056, by adding a subdivision; 256B.0622, subdivision 8;

1.10 256B.0946, subdivision 6; 256B.0947, subdivision 7a; 256D.02, by adding a

1.11 subdivision; 256D.07; 256I.03, subdivision 15, by adding a subdivision; 256I.04,

1.12 subdivision 2; 256I.06, subdivision 3; 256I.09; 256J.08, subdivision 21; 256J.09,

1.13 subdivision 3; 256J.95, subdivision 5; 256P.01, by adding a subdivision; 256P.04,

1.14 by adding a subdivision; proposing coding for new law in Minnesota Statutes,

1.15 chapter 245; repealing Minnesota Statutes 2022, section 256I.03, subdivision 6.

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

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

1.18 Subd. 9. **Services and programs.** (a) The following three distinct grant programs are

1.19 funded under this section:

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

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

- 1.24 (1) community education and prevention;
- 1.25 (2) client outreach;
- 1.26 (3) early identification and intervention;

- 2.1 (4) adult outpatient diagnostic assessment and psychological testing;
- 2.2 (5) peer support services;
- 2.3 (6) community support program services (CSP);
- 2.4 (7) adult residential crisis stabilization;
- 2.5 (8) supported employment;
- 2.6 (9) assertive community treatment (ACT);
- 2.7 (10) housing subsidies;
- 2.8 (11) basic living, social skills, and community intervention;
- 2.9 (12) emergency response services;
- 2.10 (13) adult outpatient psychotherapy;
- 2.11 (14) adult outpatient medication management;
- 2.12 (15) adult mobile crisis services;
- 2.13 (16) adult day treatment;
- 2.14 (17) partial hospitalization;
- 2.15 (18) adult residential treatment;
- 2.16 (19) adult mental health targeted case management; and
- 2.17 ~~(20) intensive community rehabilitative services (ICRS); and~~
- 2.18 ~~(21)~~ (20) transportation.

2.19 Sec. 2. Minnesota Statutes 2022, section 245.469, subdivision 3, is amended to read:

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

- 2.23 (1) develop a central phone number where calls can be routed to the appropriate crisis
 2.24 services;
- 2.25 (2) provide telephone consultation 24 hours a day to mobile crisis teams who are serving
 2.26 people with traumatic brain injury or intellectual disabilities who are experiencing a mental
 2.27 health crisis;

3.1 (3) expand crisis services across the state, including rural areas of the state and examining
3.2 access per population;

3.3 (4) establish and implement state standards and requirements for crisis services as outlined
3.4 in section 256B.0624; and

3.5 (5) provide grants to adult mental health initiatives, counties, tribes, or community mental
3.6 health providers to establish new mental health crisis residential service capacity.

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

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

3.17 **Sec. 3. [245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE**
3.18 **GRANT PROGRAM.**

3.19 **Subdivision 1. Establishment.** The commissioner of human services shall establish a
3.20 cultural and ethnic minority infrastructure grant program to ensure that mental health and
3.21 substance use disorder treatment supports and services are culturally specific and culturally
3.22 responsive to meet the cultural needs of the communities served.

3.23 **Subd. 2. Eligible applicants.** An eligible applicant is a licensed entity or provider from
3.24 a cultural or ethnic minority population who:

3.25 (1) provides mental health or substance use disorder treatment services and supports to
3.26 individuals from cultural and ethnic minority populations, including individuals who are
3.27 lesbian, gay, bisexual, transgender, or queer and from cultural and ethnic minority
3.28 populations;

3.29 (2) provides or is qualified and has the capacity to provide clinical supervision and
3.30 support to members of culturally diverse and ethnic minority communities to qualify as
3.31 mental health and substance use disorder treatment providers; or

4.1 (3) has the capacity and experience to provide training for mental health and substance
4.2 use disorder treatment providers on cultural competency and cultural humility.

4.3 Subd. 2. Allowable grant activities. (a) The cultural and ethnic minority infrastructure
4.4 grant program grantees must engage in activities and provide supportive services to ensure
4.5 and increase equitable access to culturally specific and responsive care and to build
4.6 organizational and professional capacity for licensure and certification for the communities
4.7 served. Allowable grant activities include but are not limited to:

4.8 (1) workforce development activities focused on recruiting, supporting, training, and
4.9 supervision activities for mental health and substance use disorder practitioners and
4.10 professionals from diverse racial, cultural, and ethnic communities;

4.11 (2) supporting members of culturally diverse and ethnic minority communities to qualify
4.12 as mental health and substance use disorder professionals, practitioners, clinical supervisors,
4.13 recovery peer specialists, mental health certified peer specialists, and mental health certified
4.14 family peer specialists;

4.15 (3) culturally specific outreach, early intervention, trauma-informed services, and recovery
4.16 support in mental health and substance use disorder services;

4.17 (4) provision of trauma-informed, culturally responsive mental health and substance use
4.18 disorder supports and services for children and families, youth, or adults who are from
4.19 cultural and ethnic minority backgrounds and are uninsured or underinsured;

4.20 (5) mental health and substance use disorder service expansion and infrastructure
4.21 improvement activities, particularly in greater Minnesota;

4.22 (6) training for mental health and substance use disorder treatment providers on cultural
4.23 competency and cultural humility; and

4.24 (7) activities to increase the availability of culturally responsive mental health and
4.25 substance use disorder services for children and families, youth, or adults or to increase the
4.26 availability of substance use disorder services for individuals from cultural and ethnic
4.27 minorities in the state.

4.28 (b) The commissioner must assist grantees with meeting third-party credentialing
4.29 requirements, and grantees must obtain all available third-party reimbursement sources as
4.30 a condition of receiving grant funds. Grantees must serve individuals from cultural and
4.31 ethnic minority communities regardless of health coverage status or ability to pay.

4.32 Subd. 3. Data collection and outcomes. Grantees must provide regular data summaries
4.33 to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic

5.1 minority infrastructure grant program. The commissioner must use identified culturally
 5.2 appropriate outcome measures instruments to evaluate outcomes and must evaluate program
 5.3 activities by analyzing whether the program:

5.4 (1) increased access to culturally specific services for individuals from cultural and
 5.5 ethnic minority communities across the state;

5.6 (2) increased the number of individuals from cultural and ethnic minority communities
 5.7 served by grantees;

5.8 (3) increased cultural responsiveness and cultural competency of mental health and
 5.9 substance use disorder treatment providers;

5.10 (4) increased the number of mental health and substance use disorder treatment providers
 5.11 and clinical supervisors from cultural and ethnic minority communities;

5.12 (5) increased the number of mental health and substance use disorder treatment
 5.13 organizations owned, managed, or led by individuals who are Black, Indigenous, or people
 5.14 of color;

5.15 (6) reduced health disparities through improved clinical and functional outcomes for
 5.16 those accessing services; and

5.17 (7) led to an overall increase in culturally specific mental health and substance use
 5.18 disorder service availability.

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

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

5.22 Subdivision 1. **Establishment.** The mental health certified peer specialist grant program
 5.23 is established in the Department of Human Services to provide funding for training for
 5.24 mental health certified peer specialists who provide services to support individuals with
 5.25 lived experience of mental illness under section 256B.0615. Certified peer specialists provide
 5.26 services to individuals who are receiving assertive community treatment or intensive
 5.27 residential treatment services under section 256B.0622, adult rehabilitative mental health
 5.28 services under section 256B.0623, or crisis response services under section 256B.0624.
 5.29 Mental health certified peer specialist qualifications are defined in section 245I.04,
 5.30 subdivision 10, and mental health certified peer specialists' scope of practice is defined in
 5.31 section 245I.04, subdivision 11.

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

6.3 Subd. 3. **Outcomes.** Evaluation includes the extent to which individuals receiving peer
 6.4 services:

6.5 (1) experience progress on achieving treatment goals; and

6.6 (2) experience a reduction in hospital admissions.

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

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

6.10 Subdivision 1. **Establishment.** The mental health certified peer family specialist grant
 6.11 program is established in the Department of Human Services to provide funding for training
 6.12 for mental health certified peer family specialists who provide services to support individuals
 6.13 with lived experience of mental illness under section 256B.0616. Certified family peer
 6.14 specialists provide services to families who have a child with an emotional disturbance or
 6.15 severe emotional disturbance under chapter 245. Certified family peer specialists provide
 6.16 services to families whose children are receiving inpatient hospitalization under section
 6.17 256B.0625, subdivision 1; partial hospitalization under Minnesota Rules, parts 9505.0370,
 6.18 subpart 24, and 9505.0372, subpart 9; residential treatment under section 245.4882; children's
 6.19 intensive behavioral health services under section 256B.0946; and day treatment, children's
 6.20 therapeutic services and supports, or crisis response services under section 256B.0624.
 6.21 Mental health certified family peer specialist qualifications are defined in section 245I.04,
 6.22 subdivision 12, and mental health certified family peer specialists' scope of practice is
 6.23 defined in section 245I.04, subdivision 13.

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

6.26 Subd. 3. **Outcomes.** Evaluation includes the extent to which individuals receiving family
 6.27 peer services:

6.28 (1) progress on achieving treatment goals; and

6.29 (2) experience a reduction in hospital admissions.

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

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

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

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

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

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

7.18 (1) grantees contact individuals through homeless outreach services;

7.19 (2) grantees enroll individuals in case management services;

7.20 (3) individuals access behavioral health services; and

7.21 (4) individuals transition from homelessness to housing.

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

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

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

7.28 Subdivision 1. Creation. The housing with support for adults with serious mental illness
7.29 program is established in the Department of Human Services to prevent or end homelessness
7.30 for people with serious mental illness, increase the availability of housing with support, and
7.31 ensure the commissioner may achieve the goals of the housing mission statement in section
7.32 245.461, subdivision 4.

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

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

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

8.12 (1) grantees' housing and activities utilize evidence-based practices;

8.13 (2) individuals transition from homelessness to housing;

8.14 (3) individuals retain housing; and

8.15 (4) individuals are satisfied with their housing.

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

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

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

8.21 (1) increasing access to home and community-based services for an individual;

8.22 (2) improving caregiver-child relationships and aiding progress toward treatment goals;

8.23 and

8.24 (3) reducing emergency department visits.

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

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

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

8.30 (1) expediting discharges for individuals who no longer need hospital level of care;

9.1 (2) individuals obtaining and retaining housing;

9.2 (3) individuals maintaining community living by diverting admission to Anoka Metro
 9.3 Regional Treatment Center and Forensic Mental Health Program;

9.4 (4) reducing recidivism rates of individuals returning to state institutions; and

9.5 (5) individuals' ability to live in the least restrictive community setting.

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

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

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

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

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

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

9.29 (c) The commissioner shall determine one rate for each provider that will bill medical
 9.30 assistance for residential services under this section and one rate for each assertive community
 9.31 treatment provider. If a single entity provides both services, one rate is established for the
 9.32 entity's residential services and another rate for the entity's nonresidential services under

10.1 this section. A provider is not eligible for payment under this section without authorization
10.2 from the commissioner. The commissioner shall develop rates using the following criteria:

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

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

10.7 (ii) other program costs not included in item (i) must be determined as a specified
10.8 percentage of the direct services costs as determined by item (i). The percentage used shall
10.9 be determined by the commissioner based upon the average of percentages that represent
10.10 the relationship of other program costs to direct services costs among the entities that provide
10.11 similar services;

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

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

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

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

10.24 (3) the number of service units;

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

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

10.28 (d) The rate for intensive residential treatment services and assertive community treatment
10.29 must exclude the medical assistance room and board rate, as defined in section ~~2561.03~~,
10.30 ~~subdivision 6~~ 256B.056, subdivision 5d, and services not covered under this section, such
10.31 as partial hospitalization, home care, and inpatient services.

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

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

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

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

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

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

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

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

11.31 (1) inpatient psychiatric hospital treatment;

11.32 (2) mental health targeted case management;

- 12.1 (3) partial hospitalization;
- 12.2 (4) medication management;
- 12.3 (5) children's mental health day treatment services;
- 12.4 (6) crisis response services under section 256B.0624;
- 12.5 (7) transportation; and
- 12.6 (8) mental health certified family peer specialist services under section 256B.0616.
- 12.7 (b) Children receiving intensive behavioral health services are not eligible for medical
- 12.8 assistance reimbursement for the following services while receiving children's intensive
- 12.9 behavioral health services:
- 12.10 (1) psychotherapy and skills training components of children's therapeutic services and
- 12.11 supports under section 256B.0943;
- 12.12 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
- 12.13 1, paragraph (l);
- 12.14 (3) home and community-based waiver services;
- 12.15 (4) mental health residential treatment; and
- 12.16 (5) medical assistance room and board costs rate, as defined in section ~~256I.03,~~
- 12.17 ~~subdivision 6~~ 256B.056, subdivision 5d.
- 12.18 Sec. 13. Minnesota Statutes 2022, section 256B.0947, subdivision 7a, is amended to read:
- 12.19 Subd. 7a. **Noncovered services.** (a) The rate for intensive rehabilitative mental health
- 12.20 services does not include medical assistance payment for services in clauses (1) to (7).
- 12.21 Services not covered under this paragraph may be billed separately:
- 12.22 (1) inpatient psychiatric hospital treatment;
- 12.23 (2) partial hospitalization;
- 12.24 (3) children's mental health day treatment services;
- 12.25 (4) physician services outside of care provided by a psychiatrist serving as a member of
- 12.26 the treatment team;
- 12.27 (5) medical assistance room and board costs rate, as defined in section ~~256I.03,~~
- 12.28 ~~subdivision 6~~ 256B.056, subdivision 5d;
- 12.29 (6) home and community-based waiver services; and

13.1 (7) other mental health services identified in the child's individualized education program.

13.2 (b) The following services are not covered under this section and are not eligible for
13.3 medical assistance payment while youth are receiving intensive rehabilitative mental health
13.4 services:

13.5 (1) mental health residential treatment; and

13.6 (2) mental health behavioral aide services, as defined in section 256B.0943, subdivision
13.7 1, paragraph (l).

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

13.10 Subd. 20. **Date of application.** "Date of application" has the meaning given in section
13.11 256P.01, subdivision 2b.

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

13.13 **256D.07 TIME OF PAYMENT OF ASSISTANCE.**

13.14 An applicant for general assistance shall be deemed eligible if the application and the
13.15 verification of the statement on that application demonstrate that the applicant is within the
13.16 eligibility criteria established by sections 256D.01 to 256D.21 and any applicable rules of
13.17 the commissioner. Any person requesting general assistance shall be permitted by the county
13.18 agency to make an application for assistance as soon as administratively possible and in no
13.19 event later than the fourth day following the date on which assistance is first requested, and
13.20 no county agency shall require that a person requesting assistance appear at the offices of
13.21 the county agency more than once prior to the date on which the person is permitted to make
13.22 the application. ~~The application shall be in writing in the manner and upon the form~~
13.23 ~~prescribed by the commissioner and attested to by the oath of the applicant or in lieu thereof~~
13.24 ~~shall contain the following declaration which shall be signed by the applicant: "I declare~~
13.25 ~~that this application has been examined by me and to the best of my knowledge and belief~~
13.26 ~~is a true and correct statement of every material point."~~ Applications must be submitted
13.27 according to section 256P.04, subdivision 1a. On the date that general assistance is first
13.28 requested, the county agency shall inquire and determine whether the person requesting
13.29 assistance is in immediate need of food, shelter, clothing, assistance for necessary
13.30 transportation, or other emergency assistance pursuant to section 256D.06, subdivision 2.
13.31 A person in need of emergency assistance shall be granted emergency assistance immediately,
13.32 and necessary emergency assistance shall continue for up to 30 days following the date of

14.1 application. A determination of an applicant's eligibility for general assistance shall be made
 14.2 by the county agency as soon as the required verifications are received by the county agency
 14.3 and in no event later than 30 days following the date that the application is made. Any
 14.4 verifications required of the applicant shall be reasonable, and the commissioner shall by
 14.5 rule establish reasonable verifications. General assistance shall be granted to an eligible
 14.6 applicant without the necessity of first securing action by the board of the county agency.
 14.7 The first month's grant must be computed to cover the time period starting with the date a
 14.8 ~~signed application form is received by the county agency~~ of application, as defined by
 14.9 section 256P.01, subdivision 2b, or from the date that the applicant meets all eligibility
 14.10 factors, whichever occurs later.

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

14.17 Sec. 16. Minnesota Statutes 2022, section 256I.03, subdivision 15, is amended to read:

14.18 Subd. 15. **Supportive housing.** "Supportive housing" means housing that is not
 14.19 time-limited ~~and~~, provides or coordinates services necessary for a resident to maintain
 14.20 housing stability, and is not assisted living licensed under chapter 144G.

14.21 Sec. 17. Minnesota Statutes 2022, section 256I.03, is amended by adding a subdivision
 14.22 to read:

14.23 Subd. 16. **Date of application.** "Date of application" has the meaning given in section
 14.24 256P.01, subdivision 2b.

14.25 Sec. 18. Minnesota Statutes 2022, section 256I.04, subdivision 2, is amended to read:

14.26 Subd. 2. **Date of eligibility.** An individual who has met the eligibility requirements of
 14.27 subdivision 1, shall have a housing support payment made on the individual's behalf from
 14.28 the first day of the month ~~in which a signed~~ of the date of application form is received by
 14.29 ~~a county agency,~~ as defined by section 256P.01, subdivision 2b, or the first day of the month
 14.30 in which all eligibility factors have been met, whichever is later.

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

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

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

15.10 **256I.09 COMMUNITY LIVING INFRASTRUCTURE.**

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

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

15.20 Subd. 21. **Date of application.** ~~"Date of application" means the date on which the county~~
 15.21 ~~agency receives an applicant's application as a signed written application, an application~~
 15.22 ~~submitted by telephone, or an application submitted through Internet telepresence~~ has the
 15.23 meaning given in section 256P.01, subdivision 2b.

15.24 Sec. 22. Minnesota Statutes 2022, section 256J.09, subdivision 3, is amended to read:

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

15.28 (1) inform the person that assistance begins on the date ~~that the~~ of application is received
 15.29 ~~by the county agency either as a signed written application; an application submitted by~~
 15.30 ~~telephone; or an application submitted through Internet telepresence;~~ as defined in section
 15.31 256P.01, subdivision 2b, or on the date that all eligibility criteria are met, whichever is later;

16.1 (2) inform a person that the person may submit the application by telephone or through
16.2 Internet telepresence;

16.3 (3) inform a person ~~that when the person submits the application by telephone or through~~
16.4 ~~Internet telepresence, the county agency must receive a signed written application within~~
16.5 ~~30 days of the date that the person submitted the application by telephone or through Internet~~
16.6 ~~telepresence~~ of the application submission requirements in section 256P.04, subdivision
16.7 1a;

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

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

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

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

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

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

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

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

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

16.29 (b) Upon receipt of a signed application, the county agency must stamp the date of receipt
16.30 on the face of the application. The county agency must process the application within the
16.31 time period required under subdivision 5. An applicant may withdraw the application at
16.32 any time by giving written or oral notice to the county agency. The county agency must

17.1 issue a written notice confirming the withdrawal. The notice must inform the applicant of
17.2 the county agency's understanding that the applicant has withdrawn the application and no
17.3 longer wants to pursue it. When, within ten days of the date of the agency's notice, an
17.4 applicant informs a county agency, in writing, that the applicant does not wish to withdraw
17.5 the application, the county agency must reinstate the application and finish processing the
17.6 application.

17.7 (c) Upon a participant's request, the county agency must arrange for transportation and
17.8 child care or reimburse the participant for transportation and child care expenses necessary
17.9 to enable participants to attend the screening under subdivision 3a and orientation under
17.10 section 256J.45.

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

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

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

17.31 Subd. 2b. **Date of application.** "Date of application" means the date on which the agency
17.32 receives an applicant's application as a signed written application, an application submitted

18.1 by telephone, or an application submitted through Internet telepresence. The child care
18.2 assistance program under chapter 119B is exempt from this definition.

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

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

18.13 Sec. 26. **REVISOR INSTRUCTION.**

18.14 The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, sections
18.15 256D.02 and 256I.03, in alphabetical order, excluding the first subdivision in each section,
18.16 and correct any cross-reference changes that result.

18.17 Sec. 27. **REPEALER.**

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

256L.03 DEFINITIONS.

Subd. 6. **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. For the purposes of this section, the amount of the room and board rate that exceeds the medical assistance room and board rate is considered a remedial care cost. A remedial care cost may be used to meet a spenddown obligation under section 256B.056, subdivision 5. The medical assistance room and board rate is to be adjusted on the first day of January of each year.