

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

**S.F. No. 3729**

(SENATE AUTHORS: MORRISON)

DATE  
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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; requiring the commissioner of human services to  
1.3 establish and evaluate a care coordination technology system demonstration project;  
1.4 requiring a report; appropriating money.

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

1.6 Section 1. **CARE COORDINATION TECHNOLOGY SYSTEM DEMONSTRATION**  
1.7 **PROJECT; DIRECTION TO COMMISSIONER.**

1.8 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have  
1.9 the meanings given them.

1.10 (b) "Commissioner" means the commissioner of human services.

1.11 (c) "Provider" means a provider of health care or social and support services.

1.12 (d) "Social and support services" means services designated by the commissioner as  
1.13 necessary to increase the effectiveness of health care services by addressing individual and  
1.14 community risk factors and social determinants of health. Social and support services include  
1.15 but are not limited to those that address the following needs: behavioral health, child care  
1.16 assistance, economic support, food, employment, and housing.

1.17 Subd. 2. **Request for proposals.** (a) By August 1, 2024, the commissioner shall issue  
1.18 a request for proposals for the design, implementation, and administration of a care  
1.19 coordination technology system demonstration project that: (1) provides individuals receiving  
1.20 health care services with improved access to social and support services; and (2) allows  
1.21 providers and state and county agencies to coordinate care, track service delivery and  
1.22 outcomes, and identify and address service gaps, for individuals and communities.

2.1 (b) The demonstration project must operate in at least two counties within the  
2.2 seven-county metropolitan area for the period of January 1, 2025, through June 30, 2026.

2.3 (c) To be eligible to respond to the request for proposals, an entity must demonstrate  
2.4 that it has worked successfully with other states to develop technology systems that meet  
2.5 some or all of the criteria specified in subdivision 3.

2.6 (d) In developing the request for proposals, the commissioner shall consult with the  
2.7 commissioner of health, health care and social and support services providers, and county  
2.8 human service and public health agencies.

2.9 Subd. 3. **Technology system requirements.** The care coordination technology system  
2.10 must:

2.11 (1) allow providers and state and county agencies to screen individuals for health care  
2.12 and social and support services needs, identify needed services through embedded screening  
2.13 and other tools, and electronically refer individuals to other providers using a closed-loop  
2.14 referral process;

2.15 (2) allow providers and state and county agencies to track the health care and social and  
2.16 support services provided to an individual and the efficacy of those services;

2.17 (3) allow a provider to seamlessly communicate in real time with other providers serving  
2.18 the same individual and securely share information about the individual, subject to the  
2.19 consent of the individual;

2.20 (4) aggregate and visualize data related to the delivery of health care and social and  
2.21 support services to improve care coordination for individuals and communities at risk of  
2.22 poor health outcomes due to a lack of appropriate social and support services;

2.23 (5) deliver information to providers using a software as a service (SaaS) application that  
2.24 is accompanied by ongoing training and technical support for providers and state and county  
2.25 agency staff;

2.26 (6) have the capability to be integrated with existing methods of health care delivery  
2.27 and coordination, including but not limited to care delivery through managed care  
2.28 organizations, integrated health partnerships, and health care homes;

2.29 (7) have the capability to be integrated with existing provider, state agency, and county  
2.30 systems for screening, care coordination and case management, and data management; and

2.31 (8) provide for the consent of the individual and require compliance with federal and  
2.32 state data privacy provisions.

3.1 Subd. 4. **Evaluation.** (a) The commissioner shall evaluate the extent to which the  
3.2 demonstration project has achieved the requirements of this section. The commissioner  
3.3 shall report the evaluation to the chairs and ranking minority members of the legislative  
3.4 committees with jurisdiction over health and human services policy and finance by December  
3.5 15, 2026. The report must include recommendations on whether the demonstration project  
3.6 should be expanded to include all areas of the state.

3.7 (b) In conducting the evaluation, the commissioner shall consult with the commissioner  
3.8 of health, health care and social and support services providers, and county human services  
3.9 and public health agencies.

3.10 Sec. 2. **APPROPRIATION; CARE COORDINATION TECHNOLOGY SYSTEM**  
3.11 **DEMONSTRATION PROJECT.**

3.12 \$..... in fiscal year 2025 is appropriated from the general fund to the commissioner of  
3.13 human services to establish and evaluate the care coordination technology system  
3.14 demonstration project. This appropriation is available until December 31, 2026.