

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

**S.F. No. 4448**

(SENATE AUTHORS: BOLDON)

DATE  
02/29/2024

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Introduction and first reading  
Referred to Human Services

OFFICIAL STATUS

1.1 A bill for an act  
1.2 relating to human services; the Department of Human Services disability services  
1.3 and substance use disorder services policy bill; amending Minnesota Statutes 2022,  
1.4 sections 256B.0757, subdivisions 4a, 4d; 256I.04, subdivision 2f; Minnesota  
1.5 Statutes 2023 Supplement, sections 256D.01, subdivision 1a; 256I.05, subdivisions  
1.6 1a, 11; repealing Minnesota Statutes 2022, sections 256D.19, subdivisions 1, 2;  
1.7 256D.20, subdivisions 1, 2, 3, 4; 256D.23, subdivisions 1, 2, 3.

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

1.9 Section 1. Minnesota Statutes 2022, section 256B.0757, subdivision 4a, is amended to  
1.10 read:

1.11 Subd. 4a. **Behavioral health home services provider requirements.** A behavioral  
1.12 health home services provider must:

1.13 (1) be an enrolled Minnesota Health Care Programs provider;

1.14 (2) provide a medical assistance covered primary care or behavioral health service;

1.15 (3) utilize an electronic health record;

1.16 (4) utilize an electronic patient registry that contains data elements required by the  
1.17 commissioner;

1.18 (5) demonstrate the organization's capacity to administer screenings approved by the  
1.19 commissioner for substance use disorder or alcohol and tobacco use;

1.20 (6) demonstrate the organization's capacity to refer an individual to resources appropriate  
1.21 to the individual's screening results;

2.1 (7) have policies and procedures to track referrals to ensure that the referral met the  
2.2 individual's needs;

2.3 (8) conduct a brief needs assessment when an individual begins receiving behavioral  
2.4 health home services. The brief needs assessment must be completed with input from the  
2.5 individual and the individual's identified supports. The brief needs assessment must address  
2.6 the individual's immediate safety and transportation needs and potential barriers to  
2.7 participating in behavioral health home services;

2.8 (9) conduct a health wellness assessment within 60 days after intake that contains all  
2.9 required elements identified by the commissioner;

2.10 (10) conduct a health action plan that contains all required elements identified by the  
2.11 commissioner. The plan must be completed within 90 days after intake and must be updated  
2.12 at least once every six months, or more frequently if significant changes to an individual's  
2.13 needs or goals occur;

2.14 (11) agree to cooperate with and participate in the state's monitoring and evaluation of  
2.15 behavioral health home services; and

2.16 (12) obtain the individual's ~~written~~ consent to begin receiving behavioral health home  
2.17 services using a form approved by the commissioner.

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

2.19 Sec. 2. Minnesota Statutes 2022, section 256B.0757, subdivision 4d, is amended to read:

2.20 Subd. 4d. **Behavioral health home services delivery standards.** (a) A behavioral health  
2.21 home services provider must meet the following service delivery standards:

2.22 (1) establish and maintain processes to support the coordination of an individual's primary  
2.23 care, behavioral health, and dental care;

2.24 (2) maintain a team-based model of care, including regular coordination and  
2.25 communication between behavioral health home services team members;

2.26 (3) use evidence-based practices that recognize and are tailored to the medical, social,  
2.27 economic, behavioral health, functional impairment, cultural, and environmental factors  
2.28 affecting the individual's health and health care choices;

2.29 (4) use person-centered planning practices to ensure the individual's health action plan  
2.30 accurately reflects the individual's preferences, goals, resources, and optimal outcomes for  
2.31 the individual and the individual's identified supports;

3.1 (5) use the patient registry to identify individuals and population subgroups requiring  
3.2 specific levels or types of care and provide or refer the individual to needed treatment,  
3.3 intervention, or services;

3.4 (6) ~~utilize the Department of Human Services Partner Portal to identify past and current~~  
3.5 ~~treatment or services and identify potential gaps in care~~ using a tool approved by the  
3.6 commissioner;

3.7 (7) deliver services consistent with the standards for frequency and face-to-face contact  
3.8 required by the commissioner;

3.9 (8) ensure that a diagnostic assessment is completed for each individual receiving  
3.10 behavioral health home services within six months of the start of behavioral health home  
3.11 services;

3.12 (9) deliver services in locations and settings that meet the needs of the individual;

3.13 (10) provide a central point of contact to ensure that individuals and the individual's  
3.14 identified supports can successfully navigate the array of services that impact the individual's  
3.15 health and well-being;

3.16 (11) have capacity to assess an individual's readiness for change and the individual's  
3.17 capacity to integrate new health care or community supports into the individual's life;

3.18 (12) offer or facilitate the provision of wellness and prevention education on  
3.19 evidenced-based curriculums specific to the prevention and management of common chronic  
3.20 conditions;

3.21 (13) help an individual set up and prepare for medical, behavioral health, social service,  
3.22 or community support appointments, including accompanying the individual to appointments  
3.23 as appropriate, and providing follow-up with the individual after these appointments;

3.24 (14) offer or facilitate the provision of health coaching related to chronic disease  
3.25 management and how to navigate complex systems of care to the individual, the individual's  
3.26 family, and identified supports;

3.27 (15) connect an individual, the individual's family, and identified supports to appropriate  
3.28 support services that help the individual overcome access or service barriers, increase  
3.29 self-sufficiency skills, and improve overall health;

3.30 (16) provide effective referrals and timely access to services; and

3.31 (17) establish a continuous quality improvement process for providing behavioral health  
3.32 home services.

4.1 (b) The behavioral health home services provider must also create a plan, in partnership  
4.2 with the individual and the individual's identified supports, to support the individual after  
4.3 discharge from a hospital, residential treatment program, or other setting. The plan must  
4.4 include protocols for:

4.5 (1) maintaining contact between the behavioral health home services team member, the  
4.6 individual, and the individual's identified supports during and after discharge;

4.7 (2) linking the individual to new resources as needed;

4.8 (3) reestablishing the individual's existing services and community and social supports;  
4.9 and

4.10 (4) following up with appropriate entities to transfer or obtain the individual's service  
4.11 records as necessary for continued care.

4.12 (c) If the individual is enrolled in a managed care plan, a behavioral health home services  
4.13 provider must:

4.14 (1) notify the behavioral health home services contact designated by the managed care  
4.15 plan within 30 days of when the individual begins behavioral health home services; and

4.16 (2) adhere to the managed care plan communication and coordination requirements  
4.17 described in the behavioral health home services manual.

4.18 (d) Before terminating behavioral health home services, the behavioral health home  
4.19 services provider must:

4.20 (1) provide a 60-day notice of termination of behavioral health home services to all  
4.21 individuals receiving behavioral health home services, the commissioner, and managed care  
4.22 plans, if applicable; and

4.23 (2) refer individuals receiving behavioral health home services to a new behavioral  
4.24 health home services provider.

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

4.26 Sec. 3. Minnesota Statutes 2023 Supplement, section 256D.01, subdivision 1a, is amended  
4.27 to read:

4.28 Subd. 1a. **Standards.** (a) A principal objective in providing general assistance is to  
4.29 provide for single adults, childless couples, or children as defined in section 256D.02,  
4.30 subdivision 2b, ineligible for federal programs who are unable to provide for themselves.

5.1 The minimum standard of assistance determines the total amount of the general assistance  
5.2 grant without separate standards for shelter, utilities, or other needs.

5.3 (b) The standard of assistance for an assistance unit consisting of a recipient who is  
5.4 childless and unmarried or living apart from children and spouse and who does not live with  
5.5 a parent or parents or a legal custodian, or consisting of a childless couple, is \$350 per month  
5.6 effective October 1, 2024, and must be adjusted by a percentage equal to the change in the  
5.7 consumer price index as of January 1 every year, beginning October 1, 2025.

5.8 (c) For an assistance unit consisting of a single adult who lives with a parent or parents,  
5.9 the general assistance standard of assistance is \$350 per month effective October 1, ~~2023~~  
5.10 2024, and must be adjusted by a percentage equal to the change in the consumer price index  
5.11 as of January 1 every year, beginning October 1, 2025. Benefits received by a responsible  
5.12 relative of the assistance unit under the Supplemental Security Income program, a workers'  
5.13 compensation program, the Minnesota supplemental aid program, or any other program  
5.14 based on the responsible relative's disability, and any benefits received by a responsible  
5.15 relative of the assistance unit under the Social Security retirement program, may not be  
5.16 counted in the determination of eligibility or benefit level for the assistance unit. Except as  
5.17 provided below, the assistance unit is ineligible for general assistance if the available  
5.18 resources or the countable income of the assistance unit and the parent or parents with whom  
5.19 the assistance unit lives are such that a family consisting of the assistance unit's parent or  
5.20 parents, the parent or parents' other family members and the assistance unit as the only or  
5.21 additional minor child would be financially ineligible for general assistance. For the purposes  
5.22 of calculating the countable income of the assistance unit's parent or parents, the calculation  
5.23 methods must follow the provisions under section 256P.06.

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

5.25 Sec. 4. Minnesota Statutes 2022, section 256I.04, subdivision 2f, is amended to read:

5.26 Subd. 2f. **Required services.** (a) In ~~licensed and registered~~ authorized settings under  
5.27 subdivision 2a, providers shall ensure that participants have at a minimum:

5.28 (1) food preparation and service for three nutritional meals a day on site;

5.29 (2) a bed, clothing storage, linen, bedding, laundering, and laundry supplies or service;

5.30 (3) housekeeping, including cleaning and lavatory supplies or service; and

5.31 (4) maintenance and operation of the building and grounds, including heat, water, garbage  
5.32 removal, electricity, telephone for the site, cooling, supplies, and parts and tools to repair  
5.33 and maintain equipment and facilities.

6.1 (b) In addition, when providers serve participants described in subdivision 1, paragraph  
6.2 (c), the providers are required to assist the participants in applying for continuing housing  
6.3 support payments before the end of the eligibility period.

6.4 Sec. 5. Minnesota Statutes 2023 Supplement, section 256I.05, subdivision 1a, is amended  
6.5 to read:

6.6 Subd. 1a. **Supplementary service rates.** (a) Subject to the provisions of section 256I.04,  
6.7 subdivision 3, the agency may negotiate a payment not to exceed \$494.91 for other services  
6.8 necessary to provide room and board if the residence is licensed by or registered by the  
6.9 Department of Health, or licensed by the Department of Human Services to provide services  
6.10 in addition to room and board, and if the provider of services is not also concurrently  
6.11 receiving funding for services for a recipient in the residence under the following programs  
6.12 or funding sources: (1) home and community-based waiver services under chapter 256S or  
6.13 section 256B.0913, 256B.092, or 256B.49; (2) personal care assistance under section  
6.14 256B.0659; (3) community first services and supports under section 256B.85; or (4) services  
6.15 for adults with mental illness grants under section 245.73. If funding is available for other  
6.16 necessary services through a home and community-based waiver under chapter 256S, or  
6.17 section 256B.0913, 256B.092, or 256B.49; personal care assistance services under section  
6.18 256B.0659; community first services and supports under section 256B.85; or services for  
6.19 adults with mental illness grants under section 245.73, then the housing support rate is  
6.20 limited to the rate set in subdivision 1. Unless otherwise provided in law, in no case may  
6.21 the supplementary service rate exceed \$494.91. The registration and licensure requirement  
6.22 does not apply to establishments which are exempt from state licensure because they are  
6.23 located on Indian reservations and for which the tribe has prescribed health and safety  
6.24 requirements. Service payments under this section may be prohibited under rules to prevent  
6.25 the supplanting of federal funds with state funds.

6.26 ~~(b) The commissioner is authorized to make cost-neutral transfers from the housing~~  
6.27 ~~support fund for beds under this section to other funding programs administered by the~~  
6.28 ~~department after consultation with the agency in which the affected beds are located. The~~  
6.29 ~~commissioner may also make cost-neutral transfers from the housing support fund to agencies~~  
6.30 ~~for beds permanently removed from the housing support census under a plan submitted by~~  
6.31 ~~the agency and approved by the commissioner. The commissioner shall report the amount~~  
6.32 ~~of any transfers under this provision annually to the legislature.~~

6.33 ~~(e)~~(b) Agencies must not negotiate supplementary service rates with providers of housing  
6.34 support that are licensed as board and lodging with special services and that do not encourage

7.1 a policy of sobriety on their premises and make referrals to available community services  
7.2 for volunteer and employment opportunities for residents.

7.3 Sec. 6. Minnesota Statutes 2023 Supplement, section 256I.05, subdivision 11, is amended  
7.4 to read:

7.5 Subd. 11. ~~Transfer of emergency shelter funds~~ Cost-neutral transfers from the  
7.6 housing support fund. (a) The commissioner is authorized to make cost-neutral transfers  
7.7 from the housing support fund for beds under this section to other funding programs  
7.8 administered by the department after consultation with the agency in which the affected  
7.9 beds are located.

7.10 (b) The commissioner may also make cost-neutral transfers from the housing support  
7.11 fund to agencies for beds removed from the housing support census under a plan submitted  
7.12 by the agency and approved by the commissioner.

7.13 ~~(a)~~ (c) The commissioner shall make a cost-neutral transfer of funding from the housing  
7.14 support fund to the agency for emergency shelter beds removed from the housing support  
7.15 census under a biennial plan submitted by the agency and approved by the commissioner.  
7.16 Plans submitted under this paragraph must include anticipated and actual outcomes for  
7.17 persons experiencing homelessness in emergency shelters.

7.18 ~~The plan~~ (d) Plans submitted under paragraph (b) or (c) must describe: (1) anticipated  
7.19 ~~and actual outcomes for persons experiencing homelessness in emergency shelters;~~ (2)  
7.20 improved efficiencies in administration; (3) (2) requirements for individual eligibility; and  
7.21 ~~(4) (3) plans for quality assurance monitoring and quality assurance outcomes. The~~  
7.22 commissioner shall review the agency plan plans to monitor implementation and outcomes  
7.23 at least biennially, and more frequently if the commissioner deems necessary.

7.24 ~~(b)~~ (e) Funding under paragraph (a) (b), (c), or (d) may be used for the provision  
7.25 of room and board or supplemental services according to section 256I.03, subdivisions 14a  
7.26 and 14b. Providers must meet the requirements of section 256I.04, subdivisions 2a to 2f.  
7.27 Funding must be allocated annually, and the room and board portion of the allocation shall  
7.28 be adjusted according to the percentage change in the housing support room and board rate.  
7.29 ~~The room and board portion of the allocation shall be determined at the time of transfer.~~  
7.30 The commissioner or agency may return beds to the housing support fund with 180 days'  
7.31 notice, including financial reconciliation.

8.1 Sec. 7. **REVISOR INSTRUCTION.**

8.2 The revisor of statutes shall renumber Minnesota Statutes, section 256D.21, as Minnesota  
8.3 Statutes, section 261.004.

8.4 Sec. 8. **REPEALER.**

8.5 Minnesota Statutes 2022, sections 256D.19, subdivisions 1 and 2; 256D.20, subdivisions  
8.6 1, 2, 3, and 4; and 256D.23, subdivisions 1, 2, and 3, are repealed.

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



#### **256D.19 ABOLITION OF TOWNSHIP SYSTEM OF POOR RELIEF.**

Subdivision 1. **Town system abolished.** The town system for caring for the poor in each of the counties in which it is in effect is hereby abolished. The local social services agency of each county shall administer general assistance under the provisions of Laws 1973, chapter 650, article 21.

Subd. 2. **Local social services agencies duty.** All local social services agencies affected by Laws 1973, chapter 650, article 21 are hereby authorized to take over for the county as of January 1, 1974, the ownership of all case records relating to the administration of poor relief.

#### **256D.20 TRANSFER OF TOWN EMPLOYEES.**

Subdivision 1. **Rules for merit system.** The term "merit system" as used herein shall mean the rules for a merit system of personnel administration for employees of local social services agencies adopted by the commissioner of human services in accordance with the provisions of section 393.07, including the merit system established for Hennepin County pursuant to Laws 1965, chapter 855, as amended, the federal Social Security article as amended, and merit system standards and regulations issued by the federal Social Security Board and the United States Children's Bureau.

Subd. 2. **Designation of employees.** All employees of any municipality or town who are engaged full time in poor relief work therein on January 1, 1974 shall be retained as employees of the county and placed under the jurisdiction of its local social services agency.

All transferred employees shall be blanketed into the merit system with comparable status, classification, longevity, and seniority, and subject to the administrative requirements of the local social services agency. Employees with permanent status under any civil service provision on January 1, 1974, shall be granted permanent status under the merit system at comparable classifications and in accordance with work assignments made under the authority of the local social services agency as provided by the merit system rules.

The determination of proper job allocation shall be the responsibility of the personnel officer or director as provided under merit system rules applicable to the county involved with the right of appeal of allocation to the Merit System Council or personnel board by any employee affected by this transfer.

All transferred employees shall receive salaries for the classification to which they are allocated in accordance with the schedule in effect for local social services agency employees and at a salary step which they normally would have received had they been employed by the local social services agency for the same period of service they had previously served under the civil service provisions of any municipality or town; provided, however, that no salary shall be reduced as a result of the transfer.

All accumulated sick leave of transferred employees in the amount of 60 days or less shall be transferred to the records of the local social services agency and such accumulated sick leave shall be the legal liability of the local social services agency. All accumulated sick leave in excess of 60 days shall be paid in cash to transferred employees by the municipality or town by which they were employed prior to their transfer, at the time of transfer. In lieu of the cash payment, the municipality or town shall, at the option of the employee concerned, allow a leave of absence with pay, prior to transfer, for all or part of the accumulated sick leave.

Subd. 3. **Merit system transfer.** Employees of municipalities and towns engaged in the work of administering poor relief who are not covered by civil service provisions shall be blanketed into the merit system subject to a qualifying examination. Employees with one year or more service shall be subject to a qualifying examination and those with less than one year's service shall be subject to an open competitive examination.

Subd. 4. **Disbursement of vacation time.** All vacation leave of employees referred to in subdivision 2, accumulated prior to their transfer to county employment shall be paid in cash to them by the municipality or town by which they were employed prior to their transfer, and at the time of their transfer. In lieu of the cash payment, the municipality or town shall, at the option of the employee concerned, allow a leave of absence with pay, prior to such transfer, for all or part of the accumulated vacation time.

#### **256D.23 TEMPORARY COUNTY ASSISTANCE PROGRAM.**

Subdivision 1. **Program established.** Minnesota residents who meet the income and resource standards of section 256D.01, subdivision 1a, but do not qualify for cash benefits under sections 256D.01 to 256D.21, may qualify for a county payment under this section.

APPENDIX  
Repealed Minnesota Statutes: 24-05197

Subd. 2. **Payment amount, duration, and method.** (a) A county may make a payment of up to \$203 for a single individual and up to \$260 for a married couple under the terms of this subdivision.

(b) Payments to an individual or married couple may only be made once in a calendar year. If the applicant qualifies for a payment as a result of an emergency, as defined by the county, the payment shall be made within ten working days of the date of application. If the applicant does not qualify under the county definition of emergency, the payment shall be made at the beginning of the second month following the month of application, and the applicant must receive the payment in person at the local agency office.

(c) Payments may be made in the form of cash or as vendor payments for rent and utilities. If vendor payments are made, they shall be equal to \$203 for a single individual or \$260 for a married couple, or the actual amount of rent and utilities, whichever is less.

(d) Each county must develop policies and procedures as necessary to implement this section.

(e) Payments under this section are not an entitlement. No county is required to make a payment in excess of the amount available to the county under subdivision 3.

Subd. 3. **State allocation to counties.** The commissioner shall allocate to each county on an annual basis the amount specifically appropriated for payments under this section. The allocation shall be based on each county's proportionate share of state fiscal year 1994 work readiness expenditures.