

S.F. 1288 (Utke) as amended

H.F. 1417 (Gruenhagen)

Revisor#: 17-0012

Background on the Human Services Bill, Public Safety and State Government related provisions:

The Minnesota Department of Human Services (DHS) is the state's largest agency, serving well over 1 million people with an annual budget of \$11 billion and more than 6,500 employees throughout the state. The department oversees a broad range of services, including health care, economic assistance, mental health and substance abuse prevention and treatment, child welfare services, and services for the elderly and people with disabilities. DHS also provides direct care and treatment to more than 12,000 clients every year. This bill contains policy only (non-budget related) provisions from the across the Department policy divisions.

While the changes here are advanced by DHS there are various stakeholders that have requested many of the clarifications. Other policy changes recommended are Department driven due to challenges with implementing previous laws passed or known areas of confusion or ambiguity that need the legislature's clarity and approval

Section removed by author amendment.

Extend Length of Stay for Fully Discharged MSOP Clients (Section 1) (253D.28, subd. 3)

PROBLEM: ~~The current length of stay for people who are committed as a Sexually Dangerous Person and/or Sexual Psychopathic Personality is 15 days. For those who have been institutionalized for many years, and may need additional time to arrange post discharge housing, employment, public assistance, etc., this may not be a sufficient amount of time.~~

PROPOSAL: ~~Allowing these individuals 15 additional days to make these arrangements—while they remain in a familiar and supportive setting—may increase their chances of a smooth and successful return to the community. This proposal changes the length of the automatic stay for clients that are fully discharged orders from 15 days to 30 days. It does not change the length of the stay for transfer and provisional discharge orders. The Judicial Appeal Panel decides when a person committed as a Sexually Dangerous Person and/or Sexual Psychopathic Personality will be transferred out of a secure facility, provisionally discharged, or discharged. The Judicial Appeal Panel communicates this decision by issuing an order. Under current law, any such order is stayed (i.e. does not go into effect) for 15 days. An appeal of the order automatically stays it until the final resolution of the appeal.~~

Host County Contract for Intensive Mental Health Services (Section 2-3) (256B.0943)

PROBLEM: DHS certifies and/or licenses intensive mental health services for adults – specifically Assertive Community Treatment (ACT) and Intensive Residential Treatment Services (IRTS) – but a host county contract is a prerequisite for certification (Minn. Statute 256B.0622).

This is an outdated requirement that creates confusion for providers seeking approval from both the state and county and creates delays in developing programs. When the requirement for a host county contract was established, counties had a much more direct role in funding and oversight of intensive mental health services but this requirement does not fit well with the mental health service system as it currently exists. Today, state and federal funding pays for the majority of these services through Medical Assistance (MA) and MinnesotaCare while state grants support counties in paying for care for individuals without adequate health care coverage.

PROPOSAL: This proposal would eliminate the requirement that intensive mental health services for ACT IRTS programs to have a host county contact. Similar children’s mental health services already do not have this requirement. While this proposal would eliminate the requirement for a formal contract arrangement, it would also require providers to demonstrate that the program has an ongoing relationship with the counties it serves, as well as other levels of care, in order to facilitate access and continuity of care for clients, especially for individuals whose health care coverage may be disrupted or inadequate. To this end, the proposal would require providers to demonstrate and document:

- An ongoing relationship with counties and tribal nations serving as the local mental health authority.
- Ongoing relationships with other levels of care, to facilitate referrals to and from the proposed program.

The proposal also seeks to strengthen the DHS certification process to ensure that there is a demonstrated need for the service in a given area, as identified by the communities being served, and to mitigate against overdevelopment.

MFIP Innovation Fund Demonstration Project Evaluation (Section 4) *(amends §§ 256J.626, subd. 5)*

PROBLEM: The MFIP Innovations Fund exists to allow the Commissioner to fund local demonstrations and pilot projects in order to establish promising practices and improve program outcomes. There are times the Department does not have the resources to fully evaluate those projects and therefore cannot determine whether the practices tested should be moved to larger scale.

PROPOSAL: This would allow the Department to use a portion of the Innovation Funds to evaluate the projects being demonstrated.

Section removed by author amendment.

Clarifying the Appeal Process for Northstar Adoption and Kinship Assistance (Section 5) *(amends § 256N.28, subd. 6 (b))*

~~**PROBLEM:** The appeals section of Northstar Care for Children contains many redundancies and has left human services judges uncertain of what actually constitutes extenuating circumstances in a benefit denial case. Each human services judge may interpret this section differently, and in some instances, the department has been asked to provide clarification of what extenuating circumstances might entail.~~

~~**PROPOSAL:** This proposal removes redundancy and unclear examples of extenuating circumstances for the Northstar Care for Children appeals process, simplifying the appeals process and allowing human services judges the ability to determine, based on existing statute, what may constitute extenuating circumstances.~~

Agency Contact: Amy Dellwo, Legislative Director, Amy.Dellwo@state.mn.us, 651-431-2585

Description of author amendment.

Program Simplification Advisory Committee (*amends statutes §256.01, Subd. 2c*)

PROBLEM: Currently, individual's access (and the majority of counties/tribes administer) human services programs in separate silos to accommodate the complexity of the varying funding streams and differing program requirements. This approach results in fragmented access to services and delays self-sufficiency. In many cases, an individual is eligible for multiple programs, that when coordinated and working together will assist them in meeting their goals. This proposal creates an advisory committee to identify opportunities to streamline and simplify both the administration and access to programs so that individuals are able to achieve goals in a more-timely manner resulting in positive outcomes for children, families, and older and vulnerable adults.

PROPOSAL: Establishes an advisory committee with the purpose of advising the Commissioner on policies and procedures to create a human services delivery system that simplifies and aligns agency programs. The committee will be comprised of human services program participants, legislators, county representatives, and state agency management. The advisory committee will be time-limited and will sun set on June 30, 2020.

Enhanced Program Integrity in Recipient & Provider Investigations (*amends statutes § 270B.14, Subd. 1*)

PROBLEM: There are, and continue to be, opportunities to improve the operational integrity of the programs DHS implements and oversees with its partners. Eligibility determinations for MA investigations could be more accurate and reliable with additional data to verify income.

PROPOSAL: This proposal allows DHS to receive the same type of income data from the DOR it receives on MinnesotaCare recipients, to verify the incomes of applicants and recipients of Medical Assistance.