

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 976

02/10/2021 Authored by Acomb, Lillie and Feist
The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to human services; extending the waiver allowing for remote provisions
1.3 of certain services under home and community-based services waivers; requiring
1.4 the commissioner to develop a proposal for a new medical assistance covered
1.5 service; requiring the commissioner of human services to seek advice related to
1.6 unit-based services; amending Laws 2020, First Special Session chapter 7, section
1.7 1, as amended.

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

1.9 Section 1. Laws 2020, First Special Session chapter 7, section 1, subdivision 2, as amended
1.10 by Laws 2020, Third Special Session chapter 1, section 3, is amended to read:

1.11 Subd. 2. Waivers and modifications; extension to June 30, 2021. When the peacetime
1.12 emergency declared by the governor in response to the COVID-19 outbreak expires, is
1.13 terminated, or is rescinded by the proper authority, the following waivers and modifications
1.14 to human services programs issued by the commissioner of human services pursuant to
1.15 Executive Orders 20-11 and 20-12, including any amendments to the waivers or modifications
1.16 issued before the peacetime emergency expires, shall remain in effect until June 30, 2021,
1.17 unless necessary federal approval is not received at any time for a waiver or modification:

- 1.18 (1) CV15: allowing phone or video visits for waiver programs;
1.19 (2) CV16: expanding access to telemedicine services for Children's Health Insurance
1.20 Program, Medical Assistance, and MinnesotaCare enrollees;
1.21 (3) CV21: allowing telemedicine alternative for school-linked mental health services
1.22 and intermediate school district mental health services;
1.23 (4) CV24: allowing phone or video use for targeted case management visits;

2.1 (5) CV30: expanding telemedicine in health care, mental health, and substance use  
2.2 disorder settings;

2.3 (6) CV31: allowing partial waiver of county cost when COVID-19 delays discharges  
2.4 from DHS-operated psychiatric hospitals;

2.5 (7) CV38: allowing flexibility in housing licensing requirements;

2.6 ~~(8) CV43: expanding remote home and community-based services waiver services;~~

2.7 ~~(9) CV44: allowing remote delivery of adult day services;~~

2.8 ~~(10)~~ (9) CV45: modifying certain licensing requirements for substance use disorder  
2.9 treatment, except that the extension shall be limited to the portions of this modification  
2.10 requiring programs to become and remain familiar with Minnesota Department of Health  
2.11 and Centers for Disease Control and Prevention guidance on COVID-19; requiring programs  
2.12 to follow Minnesota Department of Health and Centers for Disease Control and Prevention  
2.13 guidance specific to the situation and program capabilities if a person receiving services or  
2.14 a staff person tests positive for COVID-19; permitting programs to temporarily suspend  
2.15 group counseling or limit attendance at sessions when unable to accommodate requirements  
2.16 for social distancing and community mitigation; permitting comprehensive assessments to  
2.17 be completed by telephone or video communication; permitting a counselor, recovery peer,  
2.18 or treatment coordinator to provide treatment services from their home by telephone or  
2.19 video communication to a client in their home; permitting programs to follow the Substance  
2.20 Abuse and Mental Health Services Administration guidelines as directed by the State Opioid  
2.21 Treatment Authority within the Department of Human Services Behavioral Health division  
2.22 to allow for an increased number of take-home doses in accordance with an assessment  
2.23 conducted under Minnesota Statutes, section 245G.22, subdivision 6; removing the  
2.24 requirement for opioid treatment programs to conduct outreach activities in the community;  
2.25 and permitting programs to document a client's verbal approval of a treatment plan instead  
2.26 of requiring the client's signature;

2.27 ~~(11)~~ (10) CV49: modifying certain license requirements for adult day services;

2.28 ~~(12)~~ (11) CV50: modifying certain requirements for early intensive developmental and  
2.29 behavioral intervention (EIDBI) services;

2.30 ~~(13)~~ (12) CV53: allowing flexibility for personal care assistance service oversight, except  
2.31 that the portion of this modification permitting personal care assistance workers to bill 310  
2.32 hours per month shall expire upon the expiration of the peacetime emergency;

3.1 ~~(14)~~ (13) CV64: modifying certain certification requirements for mental health centers,  
 3.2 except that the extension shall be limited to the portions of this modification requiring  
 3.3 programs to become and remain familiar with Minnesota Department of Health and Centers  
 3.4 for Disease Control and Prevention guidance on COVID-19; requiring programs to follow  
 3.5 Minnesota Department of Health and Centers for Disease Control and Prevention guidance  
 3.6 specific to the situation and program capabilities if a person receiving services or a staff  
 3.7 person tests positive for COVID-19; permitting alternative mental health professional  
 3.8 supervision of clinical services at satellite locations; permitting an alternative process for  
 3.9 case consultation meetings; and permitting mental health professionals to provide required  
 3.10 client-specific supervisory contact by telephone or video communication instead of  
 3.11 face-to-face supervision; and

3.12 ~~(15)~~ (14) CV03: suspending application requirements for economic assistance programs,  
 3.13 except that the extension shall be limited to the portions of this modification allowing remote  
 3.14 interviews for the Minnesota family investment program, and allowing the use of electronic  
 3.15 signatures for enrollment verification. Verbal signatures shall not be permitted for enrollment  
 3.16 verification.

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

3.18 Sec. 2. Laws 2020, First Special Session chapter 7, section 1, as amended by Laws 2020,  
 3.19 Third Special Session chapter 1, section 3, is amended to read:

3.20 **Subd. 5. Waivers and modifications; extension to June 30, 2022.** When the peacetime  
 3.21 emergency declared by the governor in response to the COVID-19 outbreak expires, is  
 3.22 terminated, or is rescinded by the proper authority, the following waivers and modifications  
 3.23 to human services programs issued by the commissioner of human services pursuant to  
 3.24 Executive Orders 20-11 and 20-12, including any amendments to the waivers or modifications  
 3.25 issued before the peacetime emergency expires, shall remain in effect until June 30, 2022,  
 3.26 unless necessary federal approval is not received at any time for a waiver or modification:

3.27 CV43: expanding remote home and community-based services waiver services.

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

3.29 Sec. 3. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; DIRECT**  
 3.30 **CARE SERVICES DURING SHORT-TERM ACUTE HOSPITAL VISITS.**

3.31 The commissioner of human services, in consultation with stakeholders, shall develop  
 3.32 a new covered service under Minnesota Statutes, chapter 256B, or develop modifications

4.1 to existing covered services, that permits receipt of direct care services in an acute care  
 4.2 hospital in a manner consistent with the requirements of United States Code, title 42, section  
 4.3 1396a(h). By December 31, 2021, the commissioner must provide to the chairs and ranking  
 4.4 minority members of the house of representatives and senate committees and divisions with  
 4.5 jurisdiction over direct care services any draft legislation as may be necessary to implement  
 4.6 the new or modified covered service.

4.7 **Sec. 4. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**  
 4.8 **RECOMMENDATIONS ON PROVIDING SERVICES IN THE COMMUNITY.**

4.9 (a) The commissioner of human services shall appoint under Minnesota Statutes, section  
 4.10 256.01, subdivision 6, the Unit-Based Services Advisory Task Force to advise the  
 4.11 commissioner on legislative changes to Minnesota Statutes, chapter 245D, related to the  
 4.12 provision of unit-based services in the community that in the opinion of the advisory task  
 4.13 force are necessary. The advisory task force must include:

4.14 (1) one representative from the Department of Human Services;

4.15 (2) two representatives of lead agencies;

4.16 (3) one representative of the Association of Residential Resources in Minnesota;

4.17 (4) one representative of the Minnesota Disability Law Center;

4.18 (5) one representative of The Arc Minnesota;

4.19 (6) two individuals accessing services in a community-living setting as defined in  
 4.20 Minnesota Statutes, section 256B.49, subdivision 23; and

4.21 (7) one parent advocate.

4.22 The department shall host quarterly meetings of the advisory task force. The commissioner  
 4.23 may develop subcommittees. Advisory task force meetings are subject to the Open Meeting  
 4.24 Law under Minnesota Statutes, chapter 13D.

4.25 (b) The advisory task force will provide a written report with recommendations to the  
 4.26 commissioner by June 30, 2022.

4.27 (c) Persons with disabilities and family members of persons with disabilities are eligible  
 4.28 for compensation for participation in this task force.

4.29 (d) The advisory task force expires on June 30, 2022.