

**Program Committee Meeting
Monday, April 18, 2016 at 4:30 pm**

Attending: Kevin O'Reilly, Ann Nelson, John Milek, Bob Peterson, Heidi Smith, Leslie Swartling

Absent:

Agenda

VA Report Status

- VA update: None
- 245 Serious Injury Report update: None

Funding and Program Updates

- Program Update: We have 288 active clients as of 4/18/2016. We opened 8 case files and closed 8.
- Legislative Update: MOHR was able to develop a tool that will allow providers to compare current revenues to 2019 DWRS implementation. Leslie will be attending an open forum on the EE Rule Change in March 2016. **Attached is the MOHR's 2016 Legislative Update.**
- Winona Daily News Story
- POP Report: This will be completed in May 2016.
- Our annual CARF report is due at the end of May 2016. CARF will be visiting us again in May 2017.
- We sent a staff to become a certified CPI (Crisis Prevention and Intervention) instructor. This will allow new employees to get the training at WORC and other staff to be re-certified each year.

Placement Update YTD 2015

Programs	Full Time	Part Time	Total (No Temp job)	Temporary	2015 YTD	2014 YTD
Extended Employment	13	24	37	8	45	51
Individual Placement & Support (IPS)	7	14	21	1	22	14
Welfare to Work	0	0	0	0	0	3
Career Options	0	0	0	0	0	0
Rehabilitation Services	0	5	5	0	5	3
Rehab. Service Community Partners	1	3	4	0	4	3
Total	21	46	67	9	76	74

Placement Update YTD 2016 (January 1 to April 8, 2016)

Programs	Full Time	Part Time	Total (No Temp job)	Temporary	2016 Total	2015 Total
Extended Employment	6	4	10	6	16	3
Individual Placement & Support (IPS)	0	3	3	0	3	5
Welfare to Work	0	0	0	0	0	0
Career Options	0	0	0	0	0	0
Rehabilitation Services	0	1	1	0	1	2
Rehab. Service Community Partners	1	0	1	0	1	0
Total	7	8	15	6	21	10

Safety/Maintenance:

- Safety Dashboard.
- Facility Manager Position: We had an interview, but it wasn't a match for either parties. We need to look at this and determine what we need out of this position and make a decision on how to move forward. Bob is doing well with helping in these areas as well as the other Directors.

Transportation

- New Bus.
- Background studies for bus drivers was changed by DHS. They are now using what is called NetStudy. Linda is taking the training on this new program.
- Rodeo – WORC will be partnering with SEMCAC for this event this summer.

Other:

Topics for Next Meeting: Review POP Report, How the legislative session ended in May 2016.

Next meeting will be Monday, June 20, 2016 at 4:30pm.

Submitted by,



Leslie Swartling, Director of Client Services

Leslie Swartling

From: Simons, Anni <ASimons@fredlaw.com>
Sent: Saturday, April 23, 2016 10:16 AM
To: Simons, Anni
Subject: MOHR: Fredrikson and Byron Legislative Update for the Week of April 18, 2016

MOHR Members,

Below you will find a Fredrikson and Byron Legislative Update for the Week of April 18, 2016.

The seventh week of the 2016 legislative session started off very busy with many omnibus and standalone bills travelling through finance committees, and then quieted down on Friday due to the Passover holiday break. We reported last week that the House had released their Health and Human Services Omnibus bill, and the Senate released their version early this past week. You will find specific updates below about what was and was not included in the Senate Health and Human Services Omnibus bill. The focus at the legislature will now start to shift to floor and conference committee action.

Below you will find updates on specific legislation of interest to MOHR:

Extended Employment Update:

We now know that neither the House nor the Senate economic development budget bills have set aside any funding for an EE provider rate increase like last year. This is very disappointing in light of the amount of funding which was proposed in last year's legislation. The explanation from key legislators is that they were given small budget targets and didn't have adequate space in their budgets for our request. ***Please continue to contact your legislators and ask for a provider rate funding increase of \$2 million to be included in the base budget! This is funding that was included in last year's budget bills and EE providers need funding to adjust services based on Olmstead court mandates. When it comes to funding for Olmstead, however, the Senate has set aside a one-time amount (from July 1, 2016 - June 30, 2017) of \$750 thousand for an RFP process to award Day Training & Habilitation providers who "provide innovative employment options and to advance community integration for persons with disabilities as required under the Minnesota Olmstead Plan." The Senate also set aside \$250,000 of the total amount (of \$750 thousand) for a pilot program which creates home-based, technology-enhanced monitoring of people with disabilities. This specific funding can be used until the end of the 2018 state fiscal year (June 30, 2018). MOHR will continue to monitor this language as this proposal progresses through the legislative process. Finally, there was a MOHR-EE Provider Committee conference call on Thursday this week. If you're not on the MOHR-EE distribution list and want to receive the minutes, please contact Shep Harris at 612-219-8531 or sharris@fredlaw.com. The next MOHR-EE Meeting has tentatively been scheduled for Thursday, June 2 at ProAct in Eagan (3195 Neil Armstrong Blvd) for 10am.

Best Life Alliance Bill (HF 2706 Hamilton; Anderson, P.; Anderson, S.; Backer; Baker; et al. / SF 2310 Eken; Hann; Hoffman; Rosen; Sheran)

Intermediate Care Facilities For Persons With Development Disabilities And Home And Community-based Service Providers Reimbursement Rates Modified.

Link to bill: [House and Senate](#)

Dates introduced: HF 2706-3/8 SF 2310-3/8

Overview: This is the Best Life Alliance bill, and as introduced provides for a 5% rate increase for Home and Community Based disability and senior services. The majority of both the House and Senate have signed on to this bill. Since the beginning of session, this bill has travelled through the committee process in the House and Senate with powerful testimony shared in many committee hearings, and was eventually laid over for possible inclusion in both the House and Senate HHS Omnibus Finance bills. In the House, the Best Life Alliance bill took a somewhat winding and complicated path once they released their Omnibus HHS bill. Now that the dust has settled, the House HHS Omnibus Finance bill has

been amended to require the commissioner of human services to fully implement the Office of the Legislative Auditor's recommendations related to oversight of eligibility determinations for state public health care programs through MN Sure, and in doing so any savings realized through these efforts are to be deposited into a medical assistance audit special revenue account. The money in the account, once it reaches a certain level, is to be used for a one-time HCBS rate increase. It is unlikely that this mechanism for funding a rate increase will be passed into law. However through many meetings and discussions with legislators and stakeholders, it was clear this is an attempt by the House to, within their commitment to spend zero new money in HHS this year, somehow keep the Best Life Alliance legislation as part of the conversation/potential negotiating package as the House, Senate and Governor head into their HHS negotiations that will take place in the coming weeks. The Senate HHS Omnibus bill was released on 4/18 and did not include a rate increase for HCBS. We will continue to advocate and work with Senators and Representatives about making a rate increase a priority during final budget discussions. Thank you to all who came to the rally on 4/19 and delivered letters to your legislators. We will soon move into Conference Committee where negotiations on a final compromise HHS bill will begin. We will keep you posted as things continue to move through the process.

Governor's Health and Human Services Budget Proposal (HF 3838 Loeffler; Liebling / SF 3332 Lourey)

Health And Human Services Supplemental Funding Provided; Health Care, Child And Family Services, Continuing Care, Mental Health Services, Operations, Direct Care And Treatment, Health Department Programs, And Health-related Licensing Boards Provisions Modified; Human Services Department Office Of Special Investigations Law Enforcement Divisions Created; Electronic Health Information Technology Changes Made; And Money Appropriated.

Link to bill: [House and Senate](#)

Dates introduced: HF 3838-4/6 SF 3332-3/30

Overview: This bill contains the Governor's proposals for Health and Human Services. As we reported earlier this session, there were a number of items of interest to MOHR included in the Governor's budget. The Senate HHS Omnibus bill contains some of these proposals, the House HHS Omnibus contains very few. The Senate HHS Omnibus bill includes no cost DWRS clarifying provisions regarding the rate exception process and aligning county, tribe and lead agency terminology. The Senate HHS Omnibus bill included an altered version of the Governor's proposal to increase 245D fees that would still have raised most providers' fees. After much grassroots and grassroots lobbying in response to this provision in the Senate HHS omnibus bill, an amendment was adopted on to the Senate HHS Omnibus bill when it was heard in the Senate Finance Committee on 4/21 that delays the 245D fee increase until calendar year 2018, and requires the Commissioner of DHS to make recommendations no later than January of 2017 for incorporating the cost of 245D fees into the DWRS formula. The Senate State Departments and Veterans bill includes some funding for Olmstead related work at the Council on Developmental Disabilities, and the Senate HHS Omnibus bill contains some staff related funds for Olmstead work.

DWRS Changes with Costs (HF 3688 Schomacker; Halverson; Peterson / SF 3082 Hoffman)

Disability Waivers Rate System Budget Neutrality Adjustments Modified.

Link to bill: [House and Senate](#)

Dates introduced: HF 3688-3/29 SF 3082-3/21

Overview: This bill "buys up" the budget neutrality factor under DWRS for day services and unit based with programming services, and limits downward banding for services under DWRS to 10% from the historical rate after the current banding periods already in law expire. Despite our efforts to secure a hearing on this bill, it seems unlikely at this point that this bill will move forward. The high cost of this bill during a session where leadership is instructing little to no spending in Health and Human Services has proved to be a significant barrier to gaining traction on this bill. This bill was not included in either HHS Omnibus bill. Senator Abeler did introduce an amendment to the Senate HHS Omnibus bill calling for DHS to explore the possibility of a long term banding floor for DTHs, but he withdrew the amendment after a committee discussion on the issue as DHS placed a fiscal note on the amendment. During the discussion of the amendment, Sen. Lourey noted that he was aware that DTHs seem to be consistently underfunded when the DWRS impacts are analyzed, and that he planned to continue to track this issue, perhaps through an upcoming Office of the Legislative Auditor report on HCBS services.

Family and Medical Leave Benefit Insurance Program (HF 2963 Metsa; Anzelc; Bernardy; Bly; Carlson; et al. / SF 2558 Sieben; Bakk; Franzen; Hawj; Pappas)

Family And Medical Leave Benefit Insurance Program Established, Wage Tax Imposed, Rulemaking Authorized, Account Created, And Money Appropriated.

Link to bill: [House and Senate](#)

Dates introduced: HF 2963-3/14 SF 2558-3/10

Overview: Overview: This bill establishes an insurance benefit program for employees (somewhat similar to the state's unemployment insurance program), and requires employers to grant leave during the period of benefit receipt. The bill was heard in the Senate State and Local Government committee on 3/14. Multiple citizens testified in support of the bill. The MN Chamber of Commerce testified about their concerns with the bill, which included the following: that the timeline is aggressive; that the policy would create a mandate and tax for employers; and that it would be hard for an employer to manage given how many weeks off it would provide for. One other business group testified echoing the Chamber's concerns. The bill was passed on to the Senate Judiciary Committee, where it was heard and passed on to the Senate Jobs committee. The bill continues to move forward only in the Senate, with discussion about removing the medical leave portion of the bill and only keeping the family leave portion of the bill, in an effort to reduce costs.

Raising the Spenddown Income and Asset Limit (HF 2438 Zerwas; Albright; Dehn, R.; Dettmer; Fischer; et al. / SF 2284 Hoffman; Abeler; Eken; Rosen; Tomassoni)

Asset Medical Assistance Eligibility Limit And The Excess Income Standard For The Blind, Disabled, And Elderly Increased.

Link to bill: [House and Senate](#)

Dates introduced: HF 2438-3/8 SF 2284-3/8

Overview: This bill raises the Spenddown income limit to 100% of the federal poverty level (\$990 per month) and raises the Asset limit to \$10,000 per person and \$18,000 per couple. This bill was heard in the House Health and Human Services Finance Committee on 3/29. Testifiers on the bill included Anne Henry with the MN Disability Law Center; Layne Beckman, a Citizen Advocate with the Minnesota Brain Injury Alliance; and David Hancox with ACCRA care. The hearing went very well with all testifiers outlining how the very low spenddown income and asset limits are problematic for those receiving and providing services. The bill was laid over for possible inclusion in the House HHS Finance Omnibus bill. Unfortunately when the House HHS Omnibus bill was released on 4/13, it did not include this bill. This was disappointing but not surprising given that this committee was given a spending target of zero. This bill was heard in the Senate Health and Human Services Finance Committee on 3/31. The same testifiers testified, with the exception of Anni Simons reading David Hancox's testimony, and an additional advocate named Jim Carlyle testifying as well. This hearing went well and the bill was laid over for possible inclusion in the Senate Health and Human Services Finance Omnibus bill. Unfortunately when the Senate HHS Omnibus bill was released on 4/18, it did not include this bill. Since this bill is now not "alive" in either the House or Senate HHS omnibus bill, its chances of being passed into law are slim. Advocates and lobbyists are continuing to try to strategize about possible routes forward for this legislation, but its cost is proving to be a barrier.

Interactive Video for Targeted Case Management (HF 3044 Zerwas; Considine; Gunther; Johnson, C.; Mack / SF 2616 Rosen; Benson; Hayden; Nienow; Sheran)

Interactive Video For Targeted Case Management And Mental Health Case Management Allowed.

Link to bill: [House and Senate](#)

Dates introduced: HF 3044-3/14 SF 2616-3/14

Overview: This bill allows for Targeted Case Management through interactive video if (1) the person receiving targeted case management services is in a setting that is staffed 24 hours per day, seven days per week; (2) interactive video is in the best interests of the person and is deemed appropriate by the provider; (3) the use of interactive video is approved as part of the person's written personal service or case plan; and (4) interactive video is used for up to, but not more than, 50 percent of the minimum required face-to-face contacts. This bill was heard in the Senate Health and Human Services Policy Committee on 3/16. There were a few technical questions asked about the bill, and it was clarified that if this bill were to pass, the use of interactive video would be allowed upon federal approval (the policy change would not have to be approved again by the MN Legislature). Sen. Nienow suggested it be clarified in the bill who exactly would be making the determination that the use of interactive video is in the best interest of the individual. The bill was passed out of the committee and on to the Senate Health and Human Services Finance Committee, where it was heard on 4/7 and laid over for possible inclusion in the Senate Finance Omnibus Articles. This bill was heard in the House Health and Human Services Policy Committee on 4/5 and was passed out of committee and on to the House Health and Human

Finance Committee. When the House HHS Omnibus Finance bill was released on 4/13, it did not include this bill, however the language of this bill was amended on to the omnibus bill when it was “marked up” on 4/15, so this language continues to move forward. Additionally, when the Senate HHS Omnibus bill was released on 4/18, it also included this bill.

Long Term Care Funding Stream Created (HF 3156 Newton / SF 2519 Eken; Goodwin; Hoffman; Marty; Schmit)

Long-term Care Services Dedicated Fund Created, Tax On Individuals With Income Not Taxed For Social Security Purposes Levied To Fund Long-term Care Services, Revenues Dedicated, Revenue Commissioner And Human Services Commissioner Legislation Proposal Implementation Provided, And Constitutional Amendment Proposed.

Link to bill: [House and Senate](#)

Dates introduced: HF 3156-3/16 SF 2519-3/10

Overview: This bill proposes a constitutional amendment creating a dedicated funding stream for long-term care services through collecting a tax on income that is not subject to Social Security tax.

DHS Mental Health and Substance Abuse Changes and Call for Creation of Plan to Increase Integration of People with Disabilities (HF 3199 Albright / SF 2414 Wiklund; Sheran)

Ombudsman Office For Long-term Care, Mental Health Treatment Services, And Miscellaneous Policy Provisions Modified.

Link to bill: [House and Senate](#)

Dates introduced: HF 3199-3/16 SF 2414-3/10

Overview: This bill is one of DHS's policy bills this session, and contains changes to ACT (Assertive Community Treatment) mental health services legislative language that stakeholders worked on this summer and fall. The bill also calls on the Commissioner to design a reform of Minnesota's substance use disorder treatment system to ensure a full continuum of care for individuals with substance use disorders. The bill also requires the Commissioners of human services, education, employment and economic development, and information technology to develop a collaborative action plan in alignment with the state's Olmstead Plan to increase the community integration of people with disabilities, including housing, community living, and competitive employment. Recommendations must include a proposed method to allow people with disabilities who access services from state agencies to access a unified record of the services they receive. This method must also allow people with disabilities to efficiently provide information to multiple agencies regarding service choices and preferences. Recommendations for this action plan must be provided to the legislature by January 1, 2017, and include proposed statutory changes, including any changes necessary to the data practices act to allow for data sharing, and information technology solutions required to implement the actions. The bill also requires the Commissioner to design comprehensive housing services to support an individual's ability to obtain or maintain stable housing. This bill was heard on 3/14 in the Senate Health and Human Services Policy Committee. DHS staff walked the committee through the bill and it was passed on to the Judiciary Committee, where it was heard on 3/17 and passed on to the Senate floor. This bill was heard on 4/5 in the House Health and Human Services Policy Committee and was passed out of the committee and on to the House Civil Law Committee. The bill was heard in the House Civil Law Committee on 4/7 and during this hearing an amendment was adopted on to this bill creating A Minnesota Eligibility System Executive Steering Committee to govern and administer a Minnesota eligibility system for health care programs. The bill was passed on to the House floor.

HCBS Incentives Pool (HF 3301 Zerwas; Albright; Dean, M.; Halverson; Hamilton; et al. / SF 2572 Carlson; Abeler; Eken; Franzen; Rosen)

Home And Community-based Services Incentive Pool Codified, And Money Appropriated.

Link to bill: [House and Senate](#)

Dates introduced: HF 3301-3/17 SF 2572-3/10

Overview: This bill expands the funds available under the HCBS Incentives Pool program passed into law last session. This bill was heard in the Senate Health and Human Services Finance Committee on 4/12. Bill proponents explained that the bill is codifying the language creating the HCBS Innovations Pool fund as well as adding base funding. Testifiers also spoke to the plan for distributing the current funding available through this fund, which includes an RFP expected to be released in April for project ideas costing more than \$50,000 as well as a separate RFP expected to be released in May for projects under \$50,000. The projects would have to be focused on increasing community

employment, community living or community inclusion, and nontraditional/innovative ideas are encouraged including potentially microloans for individuals with disabilities who have their own ideas around reform and service changes. Judy Lysne of Lifeworks briefly spoke of an innovative partnership they have formed with local employers focused on community employment, and highlighted the needed up front funding that was necessary to get this program off the ground and that is not included in the current HCBS rate structure. There were brief comments from two senators about their desire to first see the outcomes of the first allocation of funds made to this pool by the legislature last year before allocating additional funds to the pool as called for in this bill. The bill was then laid over for possible inclusion in the Senate Health and Human Services Omnibus Finance Articles. This bill was heard in the House Health and Human Services Finance Committee on 4/13. Judy Lysne of Lifeworks testified with similar testimony, there were no member questions and the bill was laid over for possible inclusion in the House HHS Omnibus Finance bill. When the House HHS Omnibus Finance bill was released on 4/13, it did not contain this bill. When the Senate HHS Omnibus bill was released on 4/18, it contained no cost language that made the fund more permanent, but did not add money to the fund.

DWRS Waiting List Data (HF 3486 Peterson / SF 2857 Hoffman; Abeler; Rosen)

Disability Waiver Rate System Modified.

Link to bill: [House and Senate](#)

Dates introduced: HF 3486-3/23 SF 2857-3/17

Overview: This bill clarifies the specific financial and wait list data sets that the Commissioner is required to post on the DHS website. This data includes HCBS spending authorizations and allocations, service waiting list information, a list of county and tribal agencies required to submit a corrective action plan, and more. This bill was heard in the Senate HHS Policy Committee on 3/30 and was sent to the Senate floor. This bill was heard in the House Health and Human Services Policy Committee on 4/5 and was sent to the House floor.

New Waiver Employment Services (HF 3616 Halverson / SF 3242 Hoffman; Abeler; Eken)

Employment Waiver Services Modified, And Disability Waiver Rate System Budget Neutrality Adjustment For Unit-based Services With Programming Adjusted.

Link to bill: [House and Senate](#)

Dates introduced: HF 3616-3/24 SF 3242-3/24

Overview: This is a bill that Arc MN is bringing forward that establishes the three new employment services proposed by DHS in discussions over this past summer. DHS had submitted policy language and a funding request for these three new employment services to Governor Dayton for inclusion in his budget, but Governor Dayton did not include these items in his final budget proposal. Therefore Arc MN is working to bring this proposal forward. In recent weeks there had been discussions and meetings between Arc MN and MOHR representatives to explore MOHR's potential involvement in this bill. Ultimately a MOHR Executive Committee vote to move forward with supporting this bill was not successful. When the House HHS Finance Committee "marked up" their Omnibus bill on 4/15, an amendment was adopted on to the bill creating an Employment Services Pilot Project In Dakota County focused on these three new employment services.

Board Member Training Requirements (SF 3372 Hoffman)

Restrictive Intervention Use In Licensed Facilities Serving Persons With Developmental Disabilities Modifications

Link to bill: [Senate](#)

Date introduced: 3/31

Overview: This bill exempts board members from required positive supports rule trainings.

As always, please let us know if you have any questions.

Anni Simons
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