

## **2017 Public Policy Priorities Summary Lutheran Social Service of Minnesota**

**The 2017 Minnesota legislative session** began on January 3rd with a \$1.6B surplus, a split government of a DFL controlled Governor's office and a Republican controlled House of Representatives and Senate. The Senate Republicans held a one seat majority, while the House Republicans held a 20 seat majority. As the first year of the biennium, the focus of the session was passing a two year budget bill. The Republican majority's stated priorities were tax cuts and transportation and the Governor's stated priorities were early childhood education, transportation, and healthcare.

The new Administration at the Federal level cast a shadow of uncertainty over the Minnesota session. Proposals to restructure Medicaid and greatly reduce Federal contributions to states would have a disproportionate impact not only on the Health and Human Services (HHS) budget but other areas of the budget as well.

By the end of the session, May 21<sup>st</sup>, legislators and the Governor did not come to final agreement on the two year budget. They continued to meet and negotiate for three long days of special session, concluding on May 26<sup>th</sup>. Initially, the legislature proposed cuts of \$335M (Senate) to \$599M (House) to the HHS budget while the Governor proposed \$316M of new spending in HHS, ultimately settling on a reduction of \$463M. These savings are primarily achieved with one-time dollars from the Health Care Access Fund, whose revenue from a health care provider tax is scheduled to expire in 2019.

Governor Dayton signed all of the budget bills, preventing a potential government shut-down that would take effect on July 1<sup>st</sup>. However, Governor Dayton line-item vetoed the Legislature's funding in an effort to return to negotiation and resolve issues signed into law that were less palatable to the Governor, including tax policy, undocumented immigrant driver's licenses, and teacher licensure. It is likely that the Legislature will bring the issue to litigation and at this point they do not intend to renegotiate these bills.

### **LSS at the Capitol**

- **LSS employees and volunteers testifying in legislative committees:** Cate Rysavy, Susie Schatz, Juliana Keen, Roxanne Jenkins and Tricia Grimes.
- **PSS Day at the Capitol:** 120 staff advocates and self-advocates met with 40 legislators to advocate for a wage increase for Direct Support Professionals who support individuals with disabilities.

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- **LSS Board Day at the Capitol:** four board members met with eight legislators.
- **Lutheran Leaders Day at the Capitol, in partnership with Lutheran Advocacy-MN:** 70 Lutheran leaders from across the state met with their legislators, attended advocacy training and hosted a legislator reception where 22 legislators attended. All six synods were represented.
- **Advocacy Bootcamp:** 35 LSS employees came to the Capitol for an all-day training including meetings with six legislators. The training included a tour of the Capitol and presentations by legislators, advocates and LSS Advocacy staff.
- **Multiple alerts sent to LSS staff in targeted districts:** An estimated 100 emails and phone calls generated.
- **Biweekly legislative update calls:** Over 30 LSS employees participated per call, and many more listened to the audio recordings posted on OneLSS.
- **CEO Group of the Best Life Alliance,** facilitated by LSS Advocacy staff, remained active and connected with targeted legislators throughout session.
- **The LSS Advocacy Team:** Participated in over 70 meetings with legislators and monitored the over 2,500 bills that were introduced this session.

### 2017 LSS Public Policy Outcomes

#### **Best Life Alliance – Not Passed**

Proposed a 4% wage increase for Direct Support Professionals in 2017 followed by another 4% wage increase in 2018, was not passed into law this session.

#### **Reform Disability Waiver Rate Setting (DWRS) - Passed**

These changes will provide an automatic inflator to rates every five years, beginning in 2020. These adjustments will help ensure that the rates paid for services better reflect the costs of providing services. See addendum for details related to DWRS.

#### **Incentivize Outcomes in Services - Passed**

Allocates an additional \$1M in both FY18 and FY19 for the HCBS Incentive Pool for incentives in achieving integrated competitive employment, and living in the most integrated setting. Integrated competitive employment for youth under age 25, upon their graduation from school, added as an allowable use.

#### **MN Supplemental Aid- Housing Assistance (MSA-HA) – Passed**

Broadens eligibility for MSA-HA income support by qualifying individuals moving out of Group Residential Housing (GRH) facilities or at risk of entering GRH facilities. Raises MSA-HA monthly income amount, renames GRH to Housing Support Services, and creates a new Housing Support

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benefit paid by Medicaid that includes transition, housing and tenancy sustaining services. Income will increase after federal approval.

### **Consumer-Directed Community Supports (CDCS) – Passed**

Access to service for certain individuals increased by expanding the exception process to the budget methodology to provide up to 30% more funds to people who meet certain criteria. Directs the state to consult with stakeholders to create a revised budget methodology for CDCS.

### **Medical Assistance Spenddown Reform – Passed**

Increases the income standard level an individual with a Medical Assistance “Spenddown” must spend down to from its current level of 80% to 81% of the Federal Poverty level, effective July 1<sup>st</sup>, 2019.

### **Safe Harbor for Sexually Exploited Youth – Passed**

Assures federal compliance with Safe Harbor standards. Includes an additional \$1.07M in ongoing funding for grants for services and housing. Training funded at \$1.02M ongoing. Legislation passed to fund the development of a statewide strategic plan regarding the expansion of Safe Harbor Law to adult victims of sex trafficking.

### **Student Loan Repayment Counseling - Not Passed**

This bill was included in the final House version, but ultimately did not pass this session. This funding would have provided expanded access to student loan repayment counseling for Minnesotans whose student debt prevents them from contributing to the economy.

### **Technical Support for Small Businesses – Not Passed**

Although an increase did not pass, stable funding was maintained. Maintained funding for Capacity Building Grants, which support small, culturally focused, workforce and economic development nonprofits and the Minnesota Emerging Entrepreneur Fund programs, a revolving loan program for small businesses.

### **Somali Community Development Fund - Not Passed**

The Somali Community Development Fund would have encouraged Somali-based nonprofits to provide services in the areas of education, health and human services, workforce development and housing to strengthen the economic vitality of Minnesota. The Central Minnesota Opportunity Grant (and partial funding for it), which focused on communities of color in Central Minnesota, was passed.

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### Other Policies Impacting LSS

#### Disability and Older Adult Services

##### **Office of the Legislative Auditor Audits of MN Department of Human Services (DHS) Programs**

The Office of the Legislative Auditor must give high priority to auditing the programs, services, and benefits administered by the MN DHS, determining that state is providing services and benefits only to eligible persons and organizations, and complying with applicable legal requirements.

##### **Office of the Legislative Auditor Audits of Managed Care Organizations**

A provision passed that requires the Office of the Legislative Auditor to audit each managed care organization that contracts with the DHS to provide health care services under certain state healthcare programs.

##### **Creation of New Community Based Employment Services**

Establishes three new employment services under the disability waivers: 1) Employment Exploration Services (EES) introduce a person to competitive employment opportunities 2) Employment Development Services support a person to achieve paid employment in their community and assists people with becoming self-employed or establishing microenterprise businesses in their communities; and 3) Employment Support Services (ESS) assist people with maintaining paid employment in community businesses.

##### **Modifications to 245D Orientation and Annual Training Requirements**

Initiated by ARRM, legislation includes:

- Instead of a 10 hour requirement, a license holder can now provide and ensure completion of orientation sufficient to create staff competency in required areas of statute.
- For 245D annual training, online training and competency-based assessments may be approved in place of a specific number of hours of training for required topics. The Commissioner must provide a list of preapproved trainings that do not need approval for each individual license holder.

##### **Modifications to MN Choices Assessments**

Clarifies role of MN Choices Certified Assessors. Certified Assessors must use person-centered planning principles to conduct an interview. Certified Assessors are responsible for (1) ensuring persons are offered objective, unbiased access to resources; (2) ensuring persons have the needed information to support informed choice, including where and how they choose to live

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and the opportunity to pursue desired employment; (3) determining level of care and eligibility for long-term services and supports; (4) using the information gathered from the interview to develop a person-centered community support plan. Additionally, the language increases the county cost share of MN Choices administration in order to achieve state savings.

### **Waiver Consolidation Study**

Language passed allocating \$110,000 in FY 2018 and \$140,000 in FY 2019 to conduct a study on consolidating the four disability waivers into one.

### **Rate Increase for Self-Directed Workforce Negotiations**

Effective July 1, 2017, and within available appropriations, the MN DHS Commissioner has the authority to implement rate adjustments to comply with wages and benefits negotiated in a labor agreement between the state of Minnesota and the Service Employees International Union (SEIU) Healthcare Minnesota for the period between July 1, 2017, and June 30, 2019. The funding amount allocated by the legislature for this rate increase was \$12,000,000 per year, which is not a sufficient level of funding to cover all the components that had been included in the recently negotiated contract, so this will be revisited by SEIU and the State.

### **Housing Web Site Grant**

\$150,000 in both FY 2018 and FY 2019 was allocated to a public or private entity to create and maintain a website and application to track real-time housing openings for people with disabilities.

### **Electronic Visit Verification System Development**

Requires Human Services to establish implementation requirements for an electronic service delivery documentation system that includes: type of service performed, individual receiving the service, date of service, location of service delivery, individual providing the service, and time the service begins and ends. The services covered in this provision include **Personal Care Assistance and Community First Services and Supports**. These stakeholder discussions will focus on ensuring that the system is minimally burdensome to the provider and service recipients while also balancing its effectiveness in preventing fraud.

### **Modifications to the Duties of the Ombudsman for Developmental Disabilities and Mental Health**

Expands the programs the Ombudsman's office monitors to include any agency, facility, or program that provides services or treatment for mental illness, developmental disabilities, chemical dependency, or emotional disturbance that is required to be licensed, certified, or

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registered by the Commissioner of human services, health, or education. Changes the definition of serious injury.

### **Study of Group Residential Housing Supplementary Service Rates**

Requires development of a plan to review all supplemental rates, a process to modify the rate if it is either inadequate or excessive, and a process to review supplemental rates prospectively, so the legislature has the foundation to make a decision as to whether to approve a request for a supplemental rate.

### **Home and Community Based Services Final Federal Rule Compliance**

Allows DHS to take necessary steps to come into compliance with the Federal HCBS Rule.

### **Study of Transportation Services for Individuals who receive HCBS**

Allocates \$250,000 in both FY 2018 FY 2019 for a study to identify opportunities to increase access to transportation services for individuals who receive HCBS.

### **Elderly Waiver Reform**

Originally the package tied rates to actual market data based on MN Department of Employment & Economic Development (DEED) calculations. Instead, the language that passed ties 10% of the service rate to the MN DEED market data and 90% of the rate to the current methodology. Each service rate will be adjusted differently based on how low the rate was in comparison to DEED calculations. In general this is approximately a 2-2.5% rate increase to services. The reforms will go into effect in 2019.

### **HCBS Scholarships**

Scholarships available for professionals going into careers in health care and long-term care have been expanded by \$1 million and will be available to HCBS.

### **Alzheimer's Disease Working Group**

The group was fully funded and the MN Board on Aging is the recipient of funds.

### **Evaluation of Current Laws' Impact on Health and Safety of Persons Diagnosed with Alzheimer's**

MN Department of Health is directed to work with interested stakeholders to evaluate whether existing laws, including laws governing housing with services establishments, board and lodging establishments with special services, assisted living designations, and home care providers, as well as building code requirements and landlord tenancy laws, sufficiently protect the health and safety of persons diagnosed with Alzheimer's disease or a related dementia.

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### **Vulnerable Adult (OHFC)**

Fees increased in 2018 for home health care and nursing homes to fund additional capacity for the Office of Health Facility Complaints (OHFC) at the Department of Health. OHFC investigates maltreatment in nursing facilities and licensed home care. In addition a working group was established to review the status of elder maltreatment reporting and investigation.

### **Careers in Aging Awareness**

\$100,000 was provided to Health Force Minnesota for an awareness campaign for careers in aging.

### **Return to Community**

The MN Board on Aging's Return to Community (transitions from nursing home and hospitals into the community) expanded. Included was self-directed caregiver support funding that will go into effect in 2019.

### **Youth Services**

#### **Returning to Foster Care for Supports**

All youth who age out of foster care will be eligible to return for supports up to age 21.

#### **Navigator Services for Transition Age Youth in Hennepin County**

Pilot funding for an initiative for navigators serving homeless youth through a partnership among state government, county and tribal human services, child welfare agencies, and nonprofits. The navigator is a broker of services to reunify youth with parents, provide arrangements for temporary housing services, and coordinate other services.

### **Housing Services**

#### **FY18-19, mostly one time funding increases**

- \$200,000 increase for Emergency Services programs
- \$400,000 increase for Transitional Housing Programs
- \$750,000 increase for Long-Term Homeless Support Services Funds
- \$2.15M increase for Housing with Supports for Adults with Serious Mental Illness
- \$4M increase for Workforce Housing Development
- \$1.75M in 2018 one-time funding for Rental Assistance for Families with Children
- \$250,000 in 2018 one-time funding Program Support Families with Children
- \$2M for Homework Starts at Home

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### **Total of \$77M for affordable housing bonds**

- \$10M General Obligations Bonds
- \$35M Housing Infrastructure Bonds
- \$20M from 2014-2015 authorization
- \$12M for Dorothy Day phase two

### **Workforce Housing program moved from DEED to MHFA**

#### **Disaster Services**

Allows the MHFA Commissioner to allocate Challenge Fund dollars for disaster assistance, not exceeding \$20,000 per housing structure.

#### **Financial Services**

##### **Tax Time Savings**

Maintains the \$400,000 per year funding for Taxpayer Assistance Grants for free tax prep sites, without an increase. There was a proposal in committee to eliminate the program.

##### **Working Family Credit**

Lowers the age requirement for eligibility for the Working Family Credit for households without children from 25 to 21, beginning in 2020, and adds \$7M for certain married couples, starting in 2019. The original request was for \$46M. Additionally, the legislature passed a provision that makes more American Indians earning income on reservations eligible for the credit.

##### **Family Assets for Independence in Minnesota (FAIM)**

Allocates \$500,000 in the FY18-19 biennium for FAIM, a matched savings program run by Community Action Programs that helps low-income individuals save for a significant asset such as homeownership, higher education, or launching a small business and includes financial coaching for FAIM participants.

##### **Getting to Work bill**

\$200,000 funding establishes a competitive grant program through DEED, to launch or expand nonprofit vehicle programs.

##### **Minnesota Family Investment Program**

Marriage disincentive removed so that a couple can qualify if they meet the income limits for a limited period of time, without immediately losing benefits.

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## **Behavioral Health Services and Therapeutic Foster Care**

### **Recruitment of Foster Parents**

Anoka County funded at \$75,000 for innovative recruitment of foster parents with the Connected Kids Initiative.

### **Creation of Grant Program for Mental Health Innovation**

Grants of just over \$1M per year awarded to eligible applicants to plan, establish, or operate programs to improve accessibility and quality of community-based, outpatient mental health services and reduce the number of clients admitted to regional treatment centers and community behavioral health hospitals. Examples include, but are not limited to: (1) intensive residential treatment services providing time-limited mental health services in a residential setting; (2) the creation of stand-alone urgent care centers for mental health and psychiatric consultation services, crisis residential services, or collaboration between crisis teams and critical access hospitals; (3) establishing new community mental health services or expanding the capacity of existing services, including supportive housing; and (4) other innovative projects that improve options for mental health services in community settings and reduce the number of clients who remain in regional treatment centers.

### **Allocating Funding for First Psychotic Episode Treatment and Services**

Funds special projects providing intensive treatment and support to adolescents and young adults having a first psychotic episode. The appropriation is also to be used to conduct outreach, training and guidance to mental health and health care professionals. The language allocates \$500,000 in both FY 2018 FY 2019.

### **Report on Children's Mental Health Services**

Directs DHS to conduct a comprehensive analysis, with extensive stakeholder engagement, of Minnesota's continuum of intensive mental health services and to develop recommendations for a sustainable and community-driven continuum of care for children with serious mental health needs.

### **Modifications of Definition of Mental Health Practitioner Practicing in Children's Day Treatment Setting**

Modifies the definition of Mental Health Practitioner for children's day treatment programs by eliminating the requirement for 2,000 hours of supervised experience. Eliminates the requirement for a high school diploma for certified peer specialists and certified family peer specialists. Establishes within service delivery criteria that Medical Assistance covers service plan development before completion of a child's individual treatment plan. Service plan development is covered only if a treatment plan is completed for the child. Adds the following

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list of degrees that can be considered for a mental health practitioner as including, but not limited to, social work, psychology, sociology, community counseling, family social science, child development/child psychology, community mental health, addiction counseling, counseling/guidance, and special education.

### **Clinical Training Expansion Grants Established, Including Mental Health Professionals**

Awards grants to health professional training sites to plan and implement expanded clinical training for physician assistant, advanced practice registered nurse, pharmacy, dental therapy, and mental health professional programs. Planning grants cannot exceed \$75,000 and training grants cannot exceed \$150,000 in the first year, \$100,000 in the second year, and \$50,000 in the third year.

### **Increase in Grants for Certain Mental Health Services**

Increased funding was allocated this session for certain mental health services:

- \$200,000 in FY 2018 and \$200,000 in FY 2019 for ACT
- \$400,000 in FY 2018 and \$400,000 in FY 2019 for Mental Health Crisis Services
- \$500,000 in FY 2018 and \$500,000 in FY 2019 for Housing with Supports
- \$150,000 in FY 2018 and \$150,000 in FY 2019 was allocated for Respite Care Services.

### **Interactive Video for Targeted Case Management**

Allows targeted case management to be provided via interactive technology when the individual is residing in a setting that is staffed 24/7, when it is in the best interest of the client, when it is deemed appropriate by key personnel, when the client has given permission, when it's not used for more than 50% of the required visits, and if and when federal approval is secured.

### **Telemedicine and Mental Health Practitioners**

Allows a mental health practitioner defined under the Adult Mental Health Act or Children's Mental Health Act, working under the general supervision of a mental health professional, to provide and bill for telemedicine services.

### **Other Relevant Items Passed**

#### **Elections and Census**

- Funding was included to update aging voting equipment across the state.
- \$190,000 in funding included to support the State Demographer's office in preparation for the 2020 Census.

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### **Nonprofit HMOs**

The healthcare premium bill that passed created an opening to enable for-profit healthcare management organizations (HMOs) to enter the Minnesota marketplace. Currently, all of the state's HMOs are nonprofit and hold over \$7 billion in public assets. The MN Council of Nonprofits and MN Attorney General's Office advocated for robust oversight of any nonprofit HMO conversions. The final bill includes a two year moratorium on HMO conversions.

### **Nonprofit Governance**

- Allows nonprofit directors and members to use electronic voting methods.
- Allows nonprofits to establish an independent special litigation committee of the board.
- Models the Business Corporation Act in allowing for a simple process to merge a subsidiary into the parent nonprofit corporation by requiring a merger plan and vote of the board.
- Simplifies and outlines conversion requirements of a corporate entity, providing potential cost savings for nonprofits. [Session Law Chapter 13 or HF13](#).

### **Nonprofit Sector Grant Programs**

- \$500,000 for a grant for small culturally specific organizations to build capacity. This was initiated by the Coalition of Asian American Leaders.
- The Public Safety bill included \$150,000 for Supplemental Nonprofit Security Grants, available to organizations that have been approved for Federal Emergency Management Agency's nonprofit security grants. This was supported by Jewish Community Action.

### **Notable items NOT included in the final bills passed:**

#### **NOT PASSED: Contingent Provider Rate Cut**

The final Health and Human Services Omnibus Finance bill passed did not include a proposed provision stating that if other cost savings measures do not achieve the required level of cost savings, medical assistance provider payment rates could be reduced by the amount necessary to recoup the shortfall in savings.

#### **NOT PASSED: 350 Day Billing Cap for Residential Services**

A proposal to cap the number of days providers of residential services can bill for services at 350 days was not adopted.

#### **NOT PASSED: Minnesota Family Investment Program (MFIP) Update**

Legislative ask of \$100/month cash assistance increase to MFIP (32<sup>nd</sup> year of no increase) did not pass. A modest increase to MFIP cash assistance was included in the final HHS conference

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committee's proposal to the Governor, it was ultimately omitted in the final phase of session this year.

**NOT PASSED: Suicide Prevention Funds**

A previously proposed provision to allocate \$657,000 in FY 2018 for a grant to a nonprofit to make the text message suicide prevention and mental health crisis response program available statewide did not pass.

**NOT PASSED: Creation of Complex PCA Category and Payment**

The final bill did not include a provision creating a new category of PCA services called Complex Personal Assistance Services, which were described as personal care assistance services for a person who qualifies for ten hours or more of personal care assistance services per day; provided by a personal care assistant who successfully completes the training; with pay at 110% of the current personal care assistance rate.

**NOT PASSED: MN Department of Human Services Policy Bill**

The MN Department of Human Services policy bill for this session did not pass. This bill included changes impacting different areas of DHS services, including new service documentation requirements.

**Sources:**

Aspire MN  
Frederickson and Byron  
Leading Age  
Lutheran Social Service of Minnesota  
MN Legislative Office of the Revisor of Statutes  
MN Budget Project  
MN Council of Nonprofits  
NAMI MN

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