

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

S.F. No. 2972

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DATE
03/20/2023

D-PG

Introduction and first reading
Referred to Human Services

OFFICIAL STATUS

1.1 A bill for an act
1.2 relating to human services; establishing the Task Force on Disability Services
1.3 Accessibility and pilot projects; requiring a report; appropriating money.

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

1.5 Section 1. **DISABILITY SERVICES ACCESSIBILITY TASK FORCE AND PILOT**
1.6 **PROJECTS.**

1.7 Subdivision 1. Establishment; purpose. The Task Force on Disability Services
1.8 Accessibility is established to evaluate the accessibility of current state and county disability
1.9 services and to develop and evaluate plans to address barriers to accessibility.

1.10 Subd. 2. Definitions. (a) For purposes of this section, the terms in this subdivision have
1.11 the meanings given.

1.12 (b) "Accessible" means that a service or program is easily navigated without
1.13 accommodation or assistance, or, if reasonable accommodations are needed to navigate a
1.14 service or program, accommodations are chosen by the participant and effectively
1.15 implemented without excessive burden to the participant. Accessible communication means
1.16 communication that a person understands, with appropriate accommodations as needed,
1.17 including language or other interpretation.

1.18 (c) "Commissioner" means the commissioner of human services.

1.19 (d) "Disability services" means services provided through Medicaid, including personal
1.20 care assistance, home care, waivers, and other home and community-based disability services
1.21 provided through lead agencies.

2.1 (e) "Lead agency" means a county, Tribe, or health plan under contract with the
2.2 commissioner to administer disability services.

2.3 (f) "Task force" means the Task Force on Disability Services Accessibility.

2.4 Subd. 3. **Membership.** (a) The task force consists of 23 members as follows:

2.5 (1) the commissioner of human services or a designee;

2.6 (2) one member appointed by the Minnesota Council on Disability;

2.7 (3) the ombudsman for mental health and developmental disabilities or a designee;

2.8 (4) two representatives of counties or Tribal agencies appointed by the commissioner
2.9 of human services;

2.10 (5) one member appointed by the Minnesota Association of County Social Service
2.11 Administrators;

2.12 (6) one member appointed by the Minnesota Disability Law Center;

2.13 (7) one member appointed by the Arc of Minnesota;

2.14 (8) one member appointed by the Autism Society of Minnesota;

2.15 (9) one member appointed by the Service Employees International Union;

2.16 (10) five members appointed by the commissioner of human services who are people
2.17 with disabilities, including at least one individual who has been denied services from the
2.18 state or county and two individuals who use different types of disability services;

2.19 (11) three members appointed by the commissioner of human services who are parents
2.20 of children with disabilities who use different types of disability services;

2.21 (12) one member appointed by the Association of Residential Resources in Minnesota;

2.22 (13) one member appointed by the Minnesota First Provider Alliance;

2.23 (14) one member appointed by the Minnesota Organization for Habilitation and
2.24 Rehabilitation; and

2.25 (15) two members appointed by the commissioner of human services who are direct
2.26 service professionals.

2.27 (b) To the extent possible, membership on the task force under paragraph (a) must reflect
2.28 geographic parity throughout the state and representation from Black and Indigenous
2.29 communities and communities of color.

3.1 (c) The membership terms, compensation, expense reimbursement, and removal and
3.2 filling of vacancies of task force members are as provided in section 15.059.

3.3 Subd. 4. **Appointment deadline; first meeting; chair.** Appointing authorities must
3.4 complete member selections by January 1, 2024. The commissioner shall convene the first
3.5 meeting of the task force by February 15, 2024. The task force shall select a chair from
3.6 among its members at its first meeting. The chair will convene all subsequent meetings.

3.7 Subd. 5. **Goals.** The goals of the task force include:

3.8 (1) developing plans and executing methods to investigate accessibility of disability
3.9 services, including consideration of the following inquiries:

3.10 (i) how accessible the program or service is without assistance or accommodation,
3.11 including what accessibility options exist, how the accessibility options are communicated,
3.12 what trainings are provided to ensure accessibility options are implemented, and available
3.13 processes for filing consumer accessibility complaints and correcting administrative errors;

3.14 (ii) the impact of accessibility barriers on individuals' access to services, including
3.15 information about service denials or reductions due to accessibility issues, and aggregate
3.16 information about reductions and denials related to disability or support need types and
3.17 reasons for reductions and denials; and

3.18 (iii) what areas of discrepancy exist between declared state and county disability policy
3.19 goals and enumerated state and federal laws and the experiences of people who have
3.20 disabilities in accessing services;

3.21 (2) identifying areas of inaccessibility creating inefficiencies that financially impact the
3.22 state and counties, including:

3.23 (i) the number and cost of appeals, including the number of appeals of service denials
3.24 or reductions that are ultimately overturned;

3.25 (ii) the cost of crisis intervention because of service failure; and

3.26 (iii) the cost of redoing work that was not done correctly initially; and

3.27 (3) assessing the efficacy of possible solutions, including supervising and reviewing
3.28 data from pilot projects as described in subdivisions 7 and 8.

3.29 Subd. 6. **Duties; plan and recommendations.** (a) The task force shall work with the
3.30 commissioner to identify investigative areas and to develop a plan to conduct an accessibility
3.31 assessment of disability services provided by lead agencies and the Department of Human
3.32 Services. The assessment shall:

- 4.1 (1) identify accessibility barriers and impediments created by current policies, procedures,
4.2 and implementation;
- 4.3 (2) identify and analyze accessibility barrier and impediment impacts on different
4.4 demographics;
- 4.5 (3) gather information from:
- 4.6 (i) the Department of Human Services;
- 4.7 (ii) relevant state agencies and staff;
- 4.8 (iii) counties and relevant staff;
- 4.9 (iv) people who use disability services;
- 4.10 (v) disability advocates; and
- 4.11 (vi) family members and other support people for individuals who use disability services;
- 4.12 (4) identify barriers to accessibility improvements in state and county services; and
- 4.13 (5) identify benefits to the state and counties in improving accessibility of disability
4.14 services.
- 4.15 (b) For the purposes of the assessment, disability services include:
- 4.16 (1) access to services;
- 4.17 (2) explanation of services;
- 4.18 (3) maintenance of services;
- 4.19 (4) application of services;
- 4.20 (5) participant understanding of services rights and responsibilities;
- 4.21 (6) communication regarding services;
- 4.22 (7) requests for accommodations;
- 4.23 (8) processes for filing complaints or grievances; and
- 4.24 (9) processes for appealing decisions denying or reducing services or eligibility.
- 4.25 (c) The task force shall collaborate with stakeholders, counties, and state agencies to
4.26 develop recommendations from the findings of the assessment and to create sustainable and
4.27 accessible changes to county and state services to improve outcomes for people with
4.28 disabilities. The recommendations shall include:

5.1 (1) recommendations to eliminate barriers identified in the assessment, including but
5.2 not limited to recommendations for state legislative action, state policy action, and lead
5.3 agency changes;

5.4 (2) benchmarks for measuring annual progress toward increasing accessibility in county
5.5 and state disability services to be annually evaluated by the commissioner and the Minnesota
5.6 Council on Disability;

5.7 (3) a proposed method for monitoring and tracking accessibility in disability services;

5.8 (4) proposed initiatives, training, and services designed to improve accessibility and
5.9 effectiveness of county and state disability services; and

5.10 (5) recommendations for sustainable financial support and resources for improving
5.11 accessibility.

5.12 (d) The task force shall oversee preparation of a report outlining the findings from the
5.13 accessibility assessment in paragraph (a) and the recommendations developed pursuant to
5.14 paragraph (b) according to subdivision 9.

5.15 Subd. 7. **Pilot projects.** (a) The commissioner shall establish pilot projects with multiple
5.16 methods of reducing accessibility barriers in disability services.

5.17 (b) The commissioner shall select lead agencies to conduct pilot projects through a
5.18 competitive application process. The commissioner shall select six lead agencies across the
5.19 state in regional zones, with representation from counties serving Black people, Indigenous
5.20 people, and other people of color and no more than two lead agencies from the seven-county
5.21 metropolitan area.

5.22 (c) The application must include a proposal for how the county will implement any pilot
5.23 project in this subdivision and subdivision 8 for at least five percent of the county's total
5.24 disability services case load.

5.25 (d) Selected counties shall use a process to facilitate communication between counties
5.26 and applicants and reduce incidences of appeal prior to issuing disability service decisions
5.27 that deny or reduce services or eligibility. These counties shall provide recipients with a
5.28 preview of the service decision and an opportunity to ask questions, provide clarification,
5.29 or provide additional information. The process must be accessible to recipients, including
5.30 in its forms of communication. A recipient is not required to participate in the preview
5.31 process.

6.1 (e) Any preview and opportunity for questions, clarification, or additional documentation
6.2 must occur at least ten business days in advance of issuing a service decision. The preview
6.3 process must at minimum include:

6.4 (1) the lead agency sharing the substantive content of the proposed decision with the
6.5 recipient;

6.6 (2) an opportunity for interactive communication between the recipient and a
6.7 representative of the lead agency with knowledge regarding the proposed decision in a
6.8 format that is accessible to the recipient; and

6.9 (3) continuation of services while a notice of action is pending following the preview
6.10 process.

6.11 (f) Counties must issue a notice of action within ten days of the final communication of
6.12 the preview process. Counties may change a decision denying or reducing services or
6.13 eligibility between the preview and the decision based on discussions or information from
6.14 the preview process. The recipient may request an appeal at any time.

6.15 (g) To the extent permitted by the Centers for Medicare and Medicaid Services, selected
6.16 counties shall streamline Medicaid service eligibility for people with disabilities by using
6.17 less frequent disability service needs assessments to save costs and reduce administrative
6.18 work needed to redetermine service eligibility. If federal approval is needed for the pilot
6.19 project, the commissioner shall seek a waiver from the Centers for Medicare and Medicaid
6.20 Services to permit the pilot project.

6.21 (h) The commissioner shall establish the criteria for lead agencies participating in the
6.22 pilot project to use less frequent assessments for disability services for qualifying individuals.
6.23 This criteria must include the likelihood of the individual's disability-related needs to change
6.24 over time and the consistency or lack thereof of previous assessment results.

6.25 (i) A change to less frequent assessments must not preclude an individual from requesting
6.26 an assessment earlier than the next scheduled assessment. Lead agencies shall assess service
6.27 eligibility at least every three years.

6.28 (j) Selected lead agencies shall hire or contract with a community program and train and
6.29 implement a team of peer system navigators to assist recipients with navigating county
6.30 processes. Navigators must be people with disabilities or parents or guardians of people
6.31 with disabilities receiving the same type of services as the participants in similar settings.
6.32 The county must communicate with navigators and pair navigators with participants.

7.1 (k) The peer system navigator process must be accessible to recipients, including in form
7.2 of communication. The counties must pay peer navigators and provide benefit counseling
7.3 to navigators to ensure their own services and supports are not at risk.

7.4 (l) Selected lead agencies shall make options available for disability service recipients
7.5 to use electronic communications for interactions with the lead agency regarding services.

7.6 Subd. 8. **Pilot projects; funding and timing.** (a) Each county selected must receive
7.7 grant money to implement, operate, and report on the pilot project. The amount of grant
7.8 money must be proportionate to the disability services case load for the selected county.

7.9 (b) Counties shall implement the pilot projects no later than July 1, 2024, and shall
7.10 continue the projects for at least 18 months. Counties must provide interim reporting on the
7.11 pilot projects to the task force at six, 12, and 18 months into the pilot projects.

7.12 Subd. 9. **Report.** By August 1, 2026, the task force shall submit a report with
7.13 recommendations to the chairs and ranking minority members of the legislative committees
7.14 and divisions with jurisdiction over health and human services. This report must comply
7.15 with subdivision 6, paragraph (d); include any changes to statutes, laws, or rules required
7.16 to implement the recommendations of the task force; and include a recommendation
7.17 concerning continuing the task force beyond its scheduled expiration.

7.18 Subd. 10. **Administrative support.** The commissioner of human services shall provide
7.19 meeting space and administrative services to the task force.

7.20 Subd. 11. **Expiration.** The task force expires on March 31, 2027.

7.21 Sec. 2. **APPROPRIATION.**

7.22 \$..... in fiscal year 2024 is appropriated from the general fund to the commissioner of
7.23 human services for the Task Force on Disability Services Accessibility. Of this amount,
7.24 \$..... must be used to provide grants under section 1, subdivision 8. This is a onetime
7.25 appropriation and is available until March 31, 2027.

7.26 Sec. 3. **EFFECTIVE DATE.**

7.27 Sections 1 and 2 are effective July 1, 2023.