

SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 5335

(SENATE AUTHORS: HOFFMAN)

DATE	D-PG	OFFICIAL STATUS
04/04/2024	13380	Introduction and first reading Referred to Human Services
04/24/2024	14471a	Comm report: To pass as amended and re-refer to Finance
04/29/2024	15545a	Comm report: To pass as amended
	15557	Second reading
04/30/2024	15586a	Special Order: Amended
	15592	Third reading Passed
05/07/2024	16435	Returned from House with amendment
	16436	Senate not concur, conference committee of 3 requested
	16517	Senate conferees Hoffman; Fateh; Abeler
05/09/2024	16520	House conferees Noor; Bahner; Franson
05/19/2024	18373c	Conference committee report, delete everything
	18541	Senate adopted CC report and repassed bill
	18542	Third reading

1.1 A bill for an act

1.2 relating to human services; the human services omnibus budget bill; modifying

1.3 provisions related to disability services, aging services, substance use disorder

1.4 treatment services, priority admissions to state-operated programs and civil

1.5 commitment, and Direct Care and Treatment; modifying provisions related to

1.6 licensing of assisted living facilities; making technical changes; appropriating

1.7 money; amending Minnesota Statutes 2022, sections 13.46, subdivisions 1, as

1.8 amended, 10, as amended; 144G.41, subdivision 1, by adding subdivisions;

1.9 144G.63, subdivisions 1, 4; 145.61, subdivision 5; 245.821, subdivision 1; 245.825,

1.10 subdivision 1; 245A.11, subdivision 2a; 246.018, subdivision 3, as amended;

1.11 246.13, subdivision 2, as amended; 246.234, as amended; 246.36, as amended;

1.12 246.511, as amended; 252.27, subdivision 2b; 252.282, subdivision 1, by adding

1.13 a subdivision; 256.88; 256.89; 256.90; 256.91; 256.92; 256B.02, subdivision 11;

1.14 256B.073, subdivision 4; 256B.0911, subdivisions 12, 17, 20; 256B.0913,

1.15 subdivision 5a; 256B.0924, subdivision 3; 256B.434, by adding a subdivision;

1.16 256B.49, subdivision 16; 256B.4911, by adding subdivisions; 256B.77, subdivision

1.17 7a; 256R.53, by adding a subdivision; 256S.205, subdivision 5; 447.42, subdivision

1.18 1; Minnesota Statutes 2023 Supplement, sections 10.65, subdivision 2; 13.46,

1.19 subdivision 2, as amended; 15.01; 15.06, subdivision 1; 15A.0815, subdivision 2;

1.20 15A.082, subdivisions 1, 3, 7; 43A.08, subdivisions 1, 1a; 245A.03, subdivision

1.21 7, as amended; 246.0135, as amended; 246C.01; 246C.02, as amended; 246C.04,

1.22 as amended; 246C.05, as amended; 253B.10, subdivision 1; 256.042, subdivision

1.23 2; 256.043, subdivision 3; 256.9756, subdivisions 1, 2; 256B.073, subdivision 3;

1.24 256B.0911, subdivision 13; 256B.0913, subdivision 5; 256B.4914, subdivision

1.25 10d; 256R.55, subdivision 9; 270B.14, subdivision 1; Laws 2021, First Special

1.26 Session chapter 7, article 13, section 68; article 17, section 19, as amended; Laws

1.27 2023, chapter 61, article 1, sections 59, subdivisions 2, 3; 60, subdivisions 1, 2;

1.28 67, subdivision 3; article 4, section 11; article 8, sections 1; 2; 3; 8; article 9, section

1.29 2, subdivisions 13, 16, as amended, 18; Laws 2024, chapter 79, article 1, sections

1.30 18; 23; 24; 25, subdivision 3; article 10, sections 1; 6; proposing coding for new

1.31 law in Minnesota Statutes, chapters 144G; 245D; 246C; 256S; repealing Minnesota

1.32 Statutes 2022, sections 246.41; 252.021; 252.27, subdivisions 1a, 2, 3, 4a, 5, 6;

1.33 256B.0916, subdivision 10; Minnesota Statutes 2023 Supplement, sections 246C.03;

1.34 252.27, subdivision 2a.

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

2.2

ARTICLE 1

2.3

DISABILITY SERVICES

2.4 Section 1. Minnesota Statutes 2023 Supplement, section 13.46, subdivision 2, as amended
2.5 by Laws 2024, chapter 80, article 8, section 2, is amended to read:

2.6 Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or disseminated
2.7 by the welfare system are private data on individuals, and shall not be disclosed except:

2.8 (1) according to section 13.05;

2.9 (2) according to court order;

2.10 (3) according to a statute specifically authorizing access to the private data;

2.11 (4) to an agent of the welfare system and an investigator acting on behalf of a county,
2.12 the state, or the federal government, including a law enforcement person or attorney in the
2.13 investigation or prosecution of a criminal, civil, or administrative proceeding relating to the
2.14 administration of a program;

2.15 (5) to personnel of the welfare system who require the data to verify an individual's
2.16 identity; determine eligibility, amount of assistance, and the need to provide services to an
2.17 individual or family across programs; coordinate services for an individual or family;
2.18 evaluate the effectiveness of programs; assess parental contribution amounts; and investigate
2.19 suspected fraud;

2.20 (6) to administer federal funds or programs;

2.21 (7) between personnel of the welfare system working in the same program;

2.22 (8) to the Department of Revenue to ~~assess parental contribution amounts for purposes~~
2.23 ~~of section 252.27, subdivision 2a,~~ administer and evaluate tax refund or tax credit programs
2.24 and to identify individuals who may benefit from these programs, and prepare the databases
2.25 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
2.26 6. The following information may be disclosed under this paragraph: an individual's and
2.27 their dependent's names, dates of birth, Social Security or individual taxpayer identification
2.28 numbers, income, addresses, and other data as required, upon request by the Department
2.29 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
2.30 services for the purposes described in this clause are governed by section 270B.14,
2.31 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
2.32 care credit under section 290.067, the Minnesota working family credit under section

3.1 290.0671, the property tax refund under section 290A.04, and the Minnesota education
3.2 credit under section 290.0674;

3.3 (9) between the Department of Human Services; the Department of Employment and
3.4 Economic Development; the Department of Children, Youth, and Families; and, when
3.5 applicable, the Department of Education, for the following purposes:

3.6 (i) to monitor the eligibility of the data subject for unemployment benefits, for any
3.7 employment or training program administered, supervised, or certified by that agency;

3.8 (ii) to administer any rehabilitation program or child care assistance program, whether
3.9 alone or in conjunction with the welfare system;

3.10 (iii) to monitor and evaluate the Minnesota family investment program or the child care
3.11 assistance program by exchanging data on recipients and former recipients of Supplemental
3.12 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,
3.13 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter
3.14 256B or 256L; and

3.15 (iv) to analyze public assistance employment services and program utilization, cost,
3.16 effectiveness, and outcomes as implemented under the authority established in Title II,
3.17 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.
3.18 Health records governed by sections 144.291 to 144.298 and "protected health information"
3.19 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code
3.20 of Federal Regulations, title 45, parts 160-164, including health care claims utilization
3.21 information, must not be exchanged under this clause;

3.22 (10) to appropriate parties in connection with an emergency if knowledge of the
3.23 information is necessary to protect the health or safety of the individual or other individuals
3.24 or persons;

3.25 (11) data maintained by residential programs as defined in section 245A.02 may be
3.26 disclosed to the protection and advocacy system established in this state according to Part
3.27 C of Public Law 98-527 to protect the legal and human rights of persons with developmental
3.28 disabilities or other related conditions who live in residential facilities for these persons if
3.29 the protection and advocacy system receives a complaint by or on behalf of that person and
3.30 the person does not have a legal guardian or the state or a designee of the state is the legal
3.31 guardian of the person;

3.32 (12) to the county medical examiner or the county coroner for identifying or locating
3.33 relatives or friends of a deceased person;

4.1 (13) data on a child support obligor who makes payments to the public agency may be
4.2 disclosed to the Minnesota Office of Higher Education to the extent necessary to determine
4.3 eligibility under section 136A.121, subdivision 2, clause (5);

4.4 (14) participant Social Security or individual taxpayer identification numbers and names
4.5 collected by the telephone assistance program may be disclosed to the Department of
4.6 Revenue to conduct an electronic data match with the property tax refund database to
4.7 determine eligibility under section 237.70, subdivision 4a;

4.8 (15) the current address of a Minnesota family investment program participant may be
4.9 disclosed to law enforcement officers who provide the name of the participant and notify
4.10 the agency that:

4.11 (i) the participant:

4.12 (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after
4.13 conviction, for a crime or attempt to commit a crime that is a felony under the laws of the
4.14 jurisdiction from which the individual is fleeing; or

4.15 (B) is violating a condition of probation or parole imposed under state or federal law;

4.16 (ii) the location or apprehension of the felon is within the law enforcement officer's
4.17 official duties; and

4.18 (iii) the request is made in writing and in the proper exercise of those duties;

4.19 (16) the current address of a recipient of general assistance may be disclosed to probation
4.20 officers and corrections agents who are supervising the recipient and to law enforcement
4.21 officers who are investigating the recipient in connection with a felony level offense;

4.22 (17) information obtained from a SNAP applicant or recipient households may be
4.23 disclosed to local, state, or federal law enforcement officials, upon their written request, for
4.24 the purpose of investigating an alleged violation of the Food and Nutrition Act, according
4.25 to Code of Federal Regulations, title 7, section 272.1(c);

4.26 (18) the address, Social Security or individual taxpayer identification number, and, if
4.27 available, photograph of any member of a household receiving SNAP benefits shall be made
4.28 available, on request, to a local, state, or federal law enforcement officer if the officer
4.29 furnishes the agency with the name of the member and notifies the agency that:

4.30 (i) the member:

4.31 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a
4.32 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

5.1 (B) is violating a condition of probation or parole imposed under state or federal law;
5.2 or

5.3 (C) has information that is necessary for the officer to conduct an official duty related
5.4 to conduct described in subitem (A) or (B);

5.5 (ii) locating or apprehending the member is within the officer's official duties; and

5.6 (iii) the request is made in writing and in the proper exercise of the officer's official duty;

5.7 (19) the current address of a recipient of Minnesota family investment program, general
5.8 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,
5.9 provide the name of the recipient and notify the agency that the recipient is a person required
5.10 to register under section 243.166, but is not residing at the address at which the recipient is
5.11 registered under section 243.166;

5.12 (20) certain information regarding child support obligors who are in arrears may be
5.13 made public according to section 518A.74;

5.14 (21) data on child support payments made by a child support obligor and data on the
5.15 distribution of those payments excluding identifying information on obligees may be
5.16 disclosed to all obligees to whom the obligor owes support, and data on the enforcement
5.17 actions undertaken by the public authority, the status of those actions, and data on the income
5.18 of the obligor or obligee may be disclosed to the other party;

5.19 (22) data in the work reporting system may be disclosed under section 256.998,
5.20 subdivision 7;

5.21 (23) to the Department of Education for the purpose of matching Department of Education
5.22 student data with public assistance data to determine students eligible for free and
5.23 reduced-price meals, meal supplements, and free milk according to United States Code,
5.24 title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state
5.25 funds that are distributed based on income of the student's family; and to verify receipt of
5.26 energy assistance for the telephone assistance plan;

5.27 (24) the current address and telephone number of program recipients and emergency
5.28 contacts may be released to the commissioner of health or a community health board as
5.29 defined in section 145A.02, subdivision 5, when the commissioner or community health
5.30 board has reason to believe that a program recipient is a disease case, carrier, suspect case,
5.31 or at risk of illness, and the data are necessary to locate the person;

5.32 (25) to other state agencies, statewide systems, and political subdivisions of this state,
5.33 including the attorney general, and agencies of other states, interstate information networks,

6.1 federal agencies, and other entities as required by federal regulation or law for the
6.2 administration of the child support enforcement program;

6.3 (26) to personnel of public assistance programs as defined in section 256.741, for access
6.4 to the child support system database for the purpose of administration, including monitoring
6.5 and evaluation of those public assistance programs;

6.6 (27) to monitor and evaluate the Minnesota family investment program by exchanging
6.7 data between the Departments of Human Services; Children, Youth, and Families; and
6.8 Education, on recipients and former recipients of SNAP benefits, cash assistance under
6.9 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
6.10 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
6.11 256D;

6.12 (28) to evaluate child support program performance and to identify and prevent fraud
6.13 in the child support program by exchanging data between the Department of Human Services;
6.14 Department of Children, Youth, and Families; Department of Revenue under section 270B.14,
6.15 subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph
6.16 (c); Department of Health; Department of Employment and Economic Development; and
6.17 other state agencies as is reasonably necessary to perform these functions;

6.18 (29) counties and the Department of Children, Youth, and Families operating child care
6.19 assistance programs under chapter 119B may disseminate data on program participants,
6.20 applicants, and providers to the commissioner of education;

6.21 (30) child support data on the child, the parents, and relatives of the child may be
6.22 disclosed to agencies administering programs under titles IV-B and IV-E of the Social
6.23 Security Act, as authorized by federal law;

6.24 (31) to a health care provider governed by sections 144.291 to 144.298, to the extent
6.25 necessary to coordinate services;

6.26 (32) to the chief administrative officer of a school to coordinate services for a student
6.27 and family; data that may be disclosed under this clause are limited to name, date of birth,
6.28 gender, and address;

6.29 (33) to county correctional agencies to the extent necessary to coordinate services and
6.30 diversion programs; data that may be disclosed under this clause are limited to name, client
6.31 demographics, program, case status, and county worker information; or

6.32 (34) between the Department of Human Services and the Metropolitan Council for the
6.33 following purposes:

7.1 (i) to coordinate special transportation service provided under section 473.386 with
 7.2 services for people with disabilities and elderly individuals funded by or through the
 7.3 Department of Human Services; and

7.4 (ii) to provide for reimbursement of special transportation service provided under section
 7.5 473.386.

7.6 The data that may be shared under this clause are limited to the individual's first, last, and
 7.7 middle names; date of birth; residential address; and program eligibility status with expiration
 7.8 date for the purposes of informing the other party of program eligibility.

7.9 (b) Information on persons who have been treated for substance use disorder may only
 7.10 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
 7.11 2.1 to 2.67.

7.12 (c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16),
 7.13 (17), or (18), or paragraph (b), are investigative data and are confidential or protected
 7.14 nonpublic while the investigation is active. The data are private after the investigation
 7.15 becomes inactive under section 13.82, subdivision 7, clause (a) or (b).

7.16 (d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are
 7.17 not subject to the access provisions of subdivision 10, paragraph (b).

7.18 For the purposes of this subdivision, a request will be deemed to be made in writing if
 7.19 made through a computer interface system.

7.20 Sec. 2. Minnesota Statutes 2022, section 245.821, subdivision 1, is amended to read:

7.21 Subdivision 1. **Notice required.** Notwithstanding any law to the contrary, no private or
 7.22 public facility for the treatment, housing, or counseling of more than five persons with
 7.23 mental illness, physical disability, developmental disability, ~~as defined in section 252.27,~~
 7.24 ~~subdivision 1a,~~ substance use disorder, or another form of dependency, nor any correctional
 7.25 facility for more than five persons, shall be established without 30 days' written notice to
 7.26 the affected municipality or other political subdivision.

7.27 Sec. 3. Minnesota Statutes 2022, section 245.825, subdivision 1, is amended to read:

7.28 Subdivision 1. **Rules governing aversive and deprivation procedures.** The
 7.29 commissioner of human services shall by October, 1983, promulgate rules governing the
 7.30 use of aversive and deprivation procedures in all licensed facilities and licensed services
 7.31 serving persons with developmental disabilities, ~~as defined in section 252.27, subdivision~~
 7.32 ~~1a.~~ No provision of these rules shall encourage or require the use of aversive and deprivation

8.1 procedures. The rules shall prohibit: (1) the application of certain aversive and deprivation
8.2 procedures in facilities except as authorized and monitored by the commissioner; (2) the
8.3 use of aversive and deprivation procedures that restrict the consumers' normal access to
8.4 nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene
8.5 facilities, normal sleeping conditions, and necessary clothing; and (3) the use of faradic
8.6 shock without a court order. The rule shall further specify that consumers may not be denied
8.7 ordinary access to legal counsel and next of kin. In addition, the rule may specify other
8.8 prohibited practices and the specific conditions under which permitted practices are to be
8.9 carried out. For any persons receiving faradic shock, a plan to reduce and eliminate the use
8.10 of faradic shock shall be in effect upon implementation of the procedure.

8.11 Sec. 4. Minnesota Statutes 2023 Supplement, section 245A.03, subdivision 7, as amended
8.12 by Laws 2024, chapter 80, article 2, section 37, and Laws 2024, chapter 85, section 53, is
8.13 amended to read:

8.14 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
8.15 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
8.16 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
8.17 for a physical location that will not be the primary residence of the license holder for the
8.18 entire period of licensure. If a family adult foster care home license is issued during this
8.19 moratorium, and the license holder changes the license holder's primary residence away
8.20 from the physical location of the foster care license, the commissioner shall revoke the
8.21 license according to section 245A.07. The commissioner shall not issue an initial license
8.22 for a community residential setting licensed under chapter 245D. When approving an
8.23 exception under this paragraph, the commissioner shall consider the resource need
8.24 determination process in paragraph (h), the availability of foster care licensed beds in the
8.25 geographic area in which the licensee seeks to operate, the results of a person's choices
8.26 during their annual assessment and service plan review, and the recommendation of the
8.27 local county board. The determination by the commissioner is final and not subject to appeal.
8.28 Exceptions to the moratorium include:

8.29 (1) a license for a person in a foster care setting that is not the primary residence of the
8.30 license holder and where at least 80 percent of the residents are 55 years of age or older;

8.31 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
8.32 community residential setting licenses replacing adult foster care licenses in existence on
8.33 December 31, 2013, and determined to be needed by the commissioner under paragraph
8.34 (b);

9.1 (3) new foster care licenses or community residential setting licenses determined to be
 9.2 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
 9.3 or regional treatment center; restructuring of state-operated services that limits the capacity
 9.4 of state-operated facilities; or allowing movement to the community for people who no
 9.5 longer require the level of care provided in state-operated facilities as provided under section
 9.6 256B.092, subdivision 13, or 256B.49, subdivision 24; ~~or~~

9.7 (4) new foster care licenses or community residential setting licenses determined to be
 9.8 needed by the commissioner under paragraph (b) for persons requiring hospital-level care;
 9.9 or

9.10 (5) new community residential setting licenses determined necessary by the commissioner
 9.11 for people affected by the closure of homes with a capacity of five or six beds currently
 9.12 licensed as supervised living facilities licensed under Minnesota Rules, chapter 4665, but
 9.13 not designated as intermediate care facilities. This exception is available until June 30, 2025.

9.14 (b) The commissioner shall determine the need for newly licensed foster care homes or
 9.15 community residential settings as defined under this subdivision. As part of the determination,
 9.16 the commissioner shall consider the availability of foster care capacity in the area in which
 9.17 the licensee seeks to operate, and the recommendation of the local county board. The
 9.18 determination by the commissioner must be final. A determination of need is not required
 9.19 for a change in ownership at the same address.

9.20 (c) When an adult resident served by the program moves out of a foster home that is not
 9.21 the primary residence of the license holder according to section 256B.49, subdivision 15,
 9.22 paragraph (f), or the adult community residential setting, the county shall immediately
 9.23 inform the Department of Human Services Licensing Division. The department may decrease
 9.24 the statewide licensed capacity for adult foster care settings.

9.25 (d) Residential settings that would otherwise be subject to the decreased license capacity
 9.26 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
 9.27 residents whose primary diagnosis is mental illness and the license holder is certified under
 9.28 the requirements in subdivision 6a or section 245D.33.

9.29 (e) A resource need determination process, managed at the state level, using the available
 9.30 data required by section 144A.351, and other data and information shall be used to determine
 9.31 where the reduced capacity determined under section 256B.493 will be implemented. The
 9.32 commissioner shall consult with the stakeholders described in section 144A.351, and employ
 9.33 a variety of methods to improve the state's capacity to meet the informed decisions of those
 9.34 people who want to move out of corporate foster care or community residential settings,

10.1 long-term service needs within budgetary limits, including seeking proposals from service
10.2 providers or lead agencies to change service type, capacity, or location to improve services,
10.3 increase the independence of residents, and better meet needs identified by the long-term
10.4 services and supports reports and statewide data and information.

10.5 (f) At the time of application and reapplication for licensure, the applicant and the license
10.6 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
10.7 required to inform the commissioner whether the physical location where the foster care
10.8 will be provided is or will be the primary residence of the license holder for the entire period
10.9 of licensure. If the primary residence of the applicant or license holder changes, the applicant
10.10 or license holder must notify the commissioner immediately. The commissioner shall print
10.11 on the foster care license certificate whether or not the physical location is the primary
10.12 residence of the license holder.

10.13 (g) License holders of foster care homes identified under paragraph (f) that are not the
10.14 primary residence of the license holder and that also provide services in the foster care home
10.15 that are covered by a federally approved home and community-based services waiver, as
10.16 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
10.17 services licensing division that the license holder provides or intends to provide these
10.18 waiver-funded services.

10.19 (h) The commissioner may adjust capacity to address needs identified in section
10.20 144A.351. Under this authority, the commissioner may approve new licensed settings or
10.21 delicense existing settings. Delicensing of settings will be accomplished through a process
10.22 identified in section 256B.493.

10.23 (i) The commissioner must notify a license holder when its corporate foster care or
10.24 community residential setting licensed beds are reduced under this section. The notice of
10.25 reduction of licensed beds must be in writing and delivered to the license holder by certified
10.26 mail or personal service. The notice must state why the licensed beds are reduced and must
10.27 inform the license holder of its right to request reconsideration by the commissioner. The
10.28 license holder's request for reconsideration must be in writing. If mailed, the request for
10.29 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
10.30 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
10.31 reconsideration is made by personal service, it must be received by the commissioner within
10.32 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

10.33 (j) The commissioner shall not issue an initial license for children's residential treatment
10.34 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter

11.1 for a program that Centers for Medicare and Medicaid Services would consider an institution
11.2 for mental diseases. Facilities that serve only private pay clients are exempt from the
11.3 moratorium described in this paragraph. The commissioner has the authority to manage
11.4 existing statewide capacity for children's residential treatment services subject to the
11.5 moratorium under this paragraph and may issue an initial license for such facilities if the
11.6 initial license would not increase the statewide capacity for children's residential treatment
11.7 services subject to the moratorium under this paragraph.

11.8 **EFFECTIVE DATE.** This section is effective August 1, 2024.

11.9 Sec. 5. Minnesota Statutes 2022, section 245A.11, subdivision 2a, is amended to read:

11.10 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)
11.11 The commissioner shall issue adult foster care and community residential setting licenses
11.12 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,
11.13 except that the commissioner may issue a license with a capacity of five beds, including
11.14 roomers and boarders, according to paragraphs (b) to ~~(g)~~ (h).

11.15 (b) The license holder may have a maximum license capacity of five if all persons in
11.16 care are age 55 or over and do not have a serious and persistent mental illness or a
11.17 developmental disability.

11.18 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a
11.19 licensed capacity of up to five persons to admit an individual under the age of 55 if the
11.20 variance complies with section 245A.04, subdivision 9, and approval of the variance is
11.21 recommended by the county in which the licensed facility is located.

11.22 (d) The commissioner may grant variances to paragraph (a) to allow the use of an
11.23 additional bed, up to six, for emergency crisis services for a person with serious and persistent
11.24 mental illness or a developmental disability, regardless of age, if the variance complies with
11.25 section 245A.04, subdivision 9, and approval of the variance is recommended by the county
11.26 in which the licensed facility is located.

11.27 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an
11.28 additional bed, up to six, for respite services, as defined in section 245A.02, for persons
11.29 with disabilities, regardless of age, if the variance complies with sections 245A.03,
11.30 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended
11.31 by the county in which the licensed facility is located. Respite care may be provided under
11.32 the following conditions:

12.1 (1) staffing ratios cannot be reduced below the approved level for the individuals being
12.2 served in the home on a permanent basis;

12.3 (2) no more than two different individuals can be accepted for respite services in any
12.4 calendar month and the total respite days may not exceed 120 days per program in any
12.5 calendar year;

12.6 (3) the person receiving respite services must have his or her own bedroom, which could
12.7 be used for alternative purposes when not used as a respite bedroom, and cannot be the
12.8 room of another person who lives in the facility; and

12.9 (4) individuals living in the facility must be notified when the variance is approved. The
12.10 provider must give 60 days' notice in writing to the residents and their legal representatives
12.11 prior to accepting the first respite placement. Notice must be given to residents at least two
12.12 days prior to service initiation, or as soon as the license holder is able if they receive notice
12.13 of the need for respite less than two days prior to initiation, each time a respite client will
12.14 be served, unless the requirement for this notice is waived by the resident or legal guardian.

12.15 (f) The commissioner may issue an adult foster care or community residential setting
12.16 license with a capacity of five adults if the fifth bed does not increase the overall statewide
12.17 capacity of licensed adult foster care or community residential setting beds in homes that
12.18 are not the primary residence of the license holder, as identified in a plan submitted to the
12.19 commissioner by the county, when the capacity is recommended by the county licensing
12.20 agency of the county in which the facility is located and if the recommendation verifies
12.21 that:

12.22 (1) the facility meets the physical environment requirements in the adult foster care
12.23 licensing rule;

12.24 (2) the five-bed living arrangement is specified for each resident in the resident's:

12.25 (i) individualized plan of care;

12.26 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

12.27 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,
12.28 subpart 19, if required;

12.29 (3) the license holder obtains written and signed informed consent from each resident
12.30 or resident's legal representative documenting the resident's informed choice to remain
12.31 living in the home and that the resident's refusal to consent would not have resulted in
12.32 service termination; and

13.1 (4) the facility was licensed for adult foster care before March 1, 2016.

13.2 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)
 13.3 after December 31, 2020. The commissioner shall allow a facility with an adult foster care
 13.4 license issued under paragraph (f) before December 31, 2020, to continue with a capacity
 13.5 of five adults if the license holder continues to comply with the requirements in paragraph
 13.6 (f).

13.7 (h) The commissioner may issue an adult foster care or community residential setting
 13.8 license with a capacity of five or six adults to facilities meeting the criteria in section
 13.9 245A.03, subdivision 7, paragraph (a), clause (5), and grant variances to paragraph (b) to
 13.10 allow the facility to admit an individual under the age of 55 if the variance complies with
 13.11 section 245A.04, subdivision 9, and approval of the variance is recommended by the county
 13.12 in which the licensed facility is located.

13.13 ~~(h)~~ (i) Notwithstanding Minnesota Rules, part 9520.0500, adult foster care and community
 13.14 residential setting licenses with a capacity of up to six adults as allowed under this subdivision
 13.15 are not required to be licensed as an adult mental health residential program according to
 13.16 Minnesota Rules, parts 9520.0500 to 9520.0670.

13.17 **EFFECTIVE DATE.** This section is effective August 1, 2024.

13.18 **Sec. 6. [245D.13] OUT-OF-HOME RESPITE SERVICES FOR CHILDREN.**

13.19 Subdivision 1. Licensed setting required. A license holder with a home and
 13.20 community-based services license providing out-of-home respite services for children must
 13.21 do so only in a licensed setting, unless exempt under subdivision 2.

13.22 Subd. 2. Exemption from licensed setting requirement. (a) A license holder with a
 13.23 home and community-based services license may provide out-of-home respite services for
 13.24 children in an unlicensed residential setting if:

13.25 (1) the child has not been placed in foster care under Minnesota Rules, part 9560.0529;

13.26 (2) all background studies are completed according to the requirements in chapter 245C;

13.27 (3) a child's case manager conducts and documents an assessment of the residential
 13.28 setting and its environment before services are provided and at least once each calendar
 13.29 year thereafter if services continue to be provided at that residence. The assessment must
 13.30 ensure that the setting is suitable for the child receiving respite services. The assessment
 13.31 must be conducted and documented in the manner prescribed by the commissioner;

14.1 (4) the child's legal representative visits the residence and signs and dates a statement
 14.2 authorizing services in the residence before services are provided and at least once each
 14.3 calendar year thereafter if services continue to be provided at that residence;

14.4 (5) the services are provided in a residential setting that is not licensed to provide any
 14.5 other licensed services;

14.6 (6) the services are provided to no more than four children at any one time. Each child
 14.7 must have an individual bedroom, with the exception of two siblings who may share a
 14.8 bedroom;

14.9 (7) services are not provided to children and adults over the age of 21 in the same
 14.10 residence at the same time;

14.11 (8) services are not provided to a single family for more than 46 calendar days in a
 14.12 calendar year and no more than ten consecutive days;

14.13 (9) the license holder's license was not made conditional, suspended, or revoked during
 14.14 the previous 24 months; and

14.15 (10) each individual in the residence at the time services are provided, other than
 14.16 individuals receiving services, is an employee, as defined under section 245C.02, of the
 14.17 license holder and has had a background study completed under chapter 245C. No other
 14.18 household members or other individuals may be present in the residence while services are
 14.19 provided.

14.20 (b) A child may not receive out-of-home respite services in more than two unlicensed
 14.21 residential settings in a calendar year.

14.22 (c) The license holder must ensure the requirements in this section are met.

14.23 Subd. 3. **Documentation requirements.** The license holder must maintain documentation
 14.24 of the following:

14.25 (1) background studies completed under chapter 245C;

14.26 (2) service recipient records indicating the calendar dates and times when services were
 14.27 provided;

14.28 (3) the case manager's initial residential setting assessment and each residential assessment
 14.29 completed thereafter; and

14.30 (4) the legal representative's approval of the residential setting before services are
 14.31 provided and each year thereafter.

15.1 Sec. 7. Minnesota Statutes 2022, section 246.511, as amended by Laws 2024, chapter 79,
15.2 article 2, section 39, is amended to read:

15.3 **246.511 RELATIVE RESPONSIBILITY.**

15.4 Except for substance use disorder services paid for with money provided under chapter
15.5 254B, the executive board must not require under section 246.51 a client's relatives to pay
15.6 more than the following: (1) for services provided in a community-based service, the
15.7 noncovered cost of care as determined under the ability to pay determination; and (2) for
15.8 services provided at a regional treatment center operated by state-operated services, 20
15.9 percent of the cost of care, unless the relatives reside outside the state. ~~The executive board~~
15.10 ~~must determine the responsibility of parents of children in state facilities to pay according~~
15.11 ~~to section 252.27, subdivision 2, or in rules adopted under chapter 254B if the cost of care~~
15.12 ~~is paid under chapter 254B.~~ The executive board may accept voluntary payments in excess
15.13 of 20 percent. The executive board may require full payment of the full per capita cost of
15.14 care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do
15.15 not reside in Minnesota.

15.16 Sec. 8. Minnesota Statutes 2022, section 252.27, subdivision 2b, is amended to read:

15.17 Subd. 2b. ~~Child's responsibility~~ **Parental or guardian reimbursement to counties.** (a)
15.18 Parental or guardian responsibility of for the child for the child's cost of care incurred by
15.19 counties shall be up to the maximum amount of the total income and resources attributed
15.20 to the child except for the clothing and personal needs allowance as provided in section
15.21 256B.35, subdivision 1. Reimbursement by the parents ~~and child~~ or guardians residing
15.22 outside of Minnesota shall be made to the county making any payments for services. The
15.23 county board may require payment of the full cost of caring for children whose parents or
15.24 guardians do not reside in this state.

15.25 (b) To the extent that a child described in subdivision 1 is eligible for benefits under
15.26 chapter 62A, 62C, 62D, 62E, or 64B, the county is not liable for the cost of services.

15.27 Sec. 9. Minnesota Statutes 2022, section 252.282, subdivision 1, is amended to read:

15.28 Subdivision 1. **Host county responsibility.** (a) ~~For purposes of this section, "local system~~
15.29 ~~needs planning" means the determination of need for ICF/DD services by program type,~~
15.30 ~~location, demographics, and size of licensed services for persons with developmental~~
15.31 ~~disabilities or related conditions.~~

16.1 ~~(b)~~ (a) This section does not apply to semi-independent living services and
 16.2 residential-based habilitation services funded as home and community-based services.

16.3 ~~(e)~~ (b) In collaboration with the commissioner and ICF/DD providers, counties shall
 16.4 complete a local system needs planning process for each ICF/DD facility. Counties shall
 16.5 evaluate the preferences and needs of persons with developmental disabilities to determine
 16.6 resource demands through a systematic assessment and planning process by May 15, 2000,
 16.7 and by July 1 every two years thereafter beginning in 2001.

16.8 ~~(d)~~ (c) A local system needs planning process shall be undertaken more frequently when
 16.9 the needs or preferences of consumers change significantly to require reformation of the
 16.10 resources available to persons with developmental disabilities.

16.11 ~~(e)~~ (d) A local system needs plan shall be amended anytime recommendations for
 16.12 modifications to existing ICF/DD services are made to the host county, including
 16.13 recommendations for:

16.14 (1) closure;

16.15 (2) relocation of services;

16.16 (3) downsizing; or

16.17 (4) modification of existing services for which a change in the framework of service
 16.18 delivery is advocated.

16.19 Sec. 10. Minnesota Statutes 2022, section 252.282, is amended by adding a subdivision
 16.20 to read:

16.21 Subd. 1a. **Definitions.** (a) For purposes of this section, the terms in this subdivision have
 16.22 the meanings given.

16.23 (b) "Local system needs planning" means the determination of need for ICF/DD services
 16.24 by program type, location, demographics, and size of licensed services for persons with
 16.25 developmental disabilities or related conditions.

16.26 (c) "Related condition" has the meaning given in section 256B.02, subdivision 11.

16.27 Sec. 11. Minnesota Statutes 2022, section 256B.02, subdivision 11, is amended to read:

16.28 Subd. 11. **Related condition.** "Related condition" means ~~that condition defined in section~~
 16.29 ~~252.27, subdivision 1a~~ a condition:

17.1 (1) that is found to be closely related to a developmental disability, including but not
17.2 limited to cerebral palsy, epilepsy, autism, fetal alcohol spectrum disorder, and Prader-Willi
17.3 syndrome; and

17.4 (2) that meets all of the following criteria:

17.5 (i) is severe and chronic;

17.6 (ii) results in impairment of general intellectual functioning or adaptive behavior similar
17.7 to that of persons with developmental disabilities;

17.8 (iii) requires treatment or services similar to those required for persons with
17.9 developmental disabilities;

17.10 (iv) is manifested before the person reaches 22 years of age;

17.11 (v) is likely to continue indefinitely;

17.12 (vi) results in substantial functional limitations in three or more of the following areas
17.13 of major life activity:

17.14 (A) self-care;

17.15 (B) understanding and use of language;

17.16 (C) learning;

17.17 (D) mobility;

17.18 (E) self-direction; or

17.19 (F) capacity for independent living; and

17.20 (vii) is not attributable to mental illness as defined in section 245.462, subdivision 20,
17.21 or an emotional disturbance as defined in section 245.4871, subdivision 15. For purposes
17.22 of this item, notwithstanding section 245.462, subdivision 20, or 245.4871, subdivision 15,
17.23 "mental illness" does not include autism or other pervasive developmental disorders.

17.24 Sec. 12. Minnesota Statutes 2023 Supplement, section 256B.073, subdivision 3, is amended
17.25 to read:

17.26 Subd. 3. **Requirements.** (a) In developing implementation requirements for electronic
17.27 visit verification, the commissioner shall ensure that the requirements:

17.28 (1) are minimally administratively and financially burdensome to a provider;

17.29 (2) are minimally burdensome to the service recipient and the least disruptive to the
17.30 service recipient in receiving and maintaining allowed services;

- 18.1 (3) consider existing best practices and use of electronic visit verification;
- 18.2 (4) are conducted according to all state and federal laws;
- 18.3 (5) are effective methods for preventing fraud when balanced against the requirements
- 18.4 of clauses (1) and (2); and
- 18.5 (6) are consistent with the Department of Human Services' policies related to covered
- 18.6 services, flexibility of service use, and quality assurance.
- 18.7 (b) The commissioner shall make training available to providers on the electronic visit
- 18.8 verification system requirements.
- 18.9 (c) The commissioner shall establish baseline measurements related to preventing fraud
- 18.10 and establish measures to determine the effect of electronic visit verification requirements
- 18.11 on program integrity.
- 18.12 (d) The commissioner shall make a state-selected electronic visit verification system
- 18.13 available to providers of services.
- 18.14 (e) The commissioner shall make available and publish on the agency website the name
- 18.15 and contact information for the vendor of the state-selected electronic visit verification
- 18.16 system and the other vendors that offer alternative electronic visit verification systems. The
- 18.17 information provided must state that the state-selected electronic visit verification system
- 18.18 is offered at no cost to the provider of services and that the provider may choose an alternative
- 18.19 system that may be at a cost to the provider.
- 18.20 (f) The commissioner must make data access through direct electronic means available
- 18.21 to all vendors of electronic visit verification systems offered in the state. The commissioner
- 18.22 must make the data available to the same extent and on the same terms to all vendors,
- 18.23 regardless of whether the vendor is providing the state-selected electronic verification system
- 18.24 or providing an alternative system at a cost to the provider.

18.25 Sec. 13. Minnesota Statutes 2022, section 256B.073, subdivision 4, is amended to read:

18.26 Subd. 4. **Provider requirements.** (a) A provider of services may select any electronic

18.27 visit verification system that meets the requirements established by the commissioner.

18.28 (b) All electronic visit verification systems used by providers to comply with the

18.29 requirements established by the commissioner must provide data to the commissioner in a

18.30 format and at a frequency to be established by the commissioner.

18.31 (c) Providers must implement the electronic visit verification systems required under

18.32 this section by a date established by the commissioner to be set after the state-selected

19.1 electronic visit verification systems for personal care services and home health services are
 19.2 in production. For purposes of this paragraph, "personal care services" and "home health
 19.3 services" have the meanings given in United States Code, title 42, section 1396b(1)(5).
 19.4 Reimbursement rates for providers must not be reduced as a result of federal action to reduce
 19.5 the federal medical assistance percentage under the 21st Century Cures Act, Public Law
 19.6 114-255.

19.7 (d) For services provided in the service provider's own home, a service provider may
 19.8 electronically document the services on a weekly basis provided the documentation contains
 19.9 the elements listed under subdivision 2, paragraph (b), clauses (1) to (6).

19.10 Sec. 14. Minnesota Statutes 2022, section 256B.0911, subdivision 12, is amended to read:

19.11 Subd. 12. **Exception to use of MnCHOICES assessment; contracted assessors.** ~~(a)~~
 19.12 A lead agency that has not implemented MnCHOICES assessments and uses contracted
 19.13 assessors as of January 1, 2022, is not subject to the requirements of subdivisions 11, clauses
 19.14 (7) to (9); 13; 14, paragraphs (a) to (c); 16 to 21; 23; 24; and 29 to 31.

19.15 ~~(b) This subdivision expires upon statewide implementation of MnCHOICES assessments.~~
 19.16 ~~The commissioner shall notify the revisor of statutes when statewide implementation has~~
 19.17 ~~occurred.~~

19.18 Sec. 15. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is
 19.19 amended to read:

19.20 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
 19.21 commissioner shall develop and implement a curriculum and an assessor certification
 19.22 process.

19.23 (b) MnCHOICES certified assessors must:

19.24 (1) either have a bachelor's degree in social work, nursing with a public health nursing
 19.25 certificate, or other closely related field or be a registered nurse ~~with at least two years of~~
 19.26 ~~home and community-based experience;~~ and

19.27 (2) have received training and certification specific to assessment and consultation for
 19.28 long-term care services in the state.

19.29 (c) Certified assessors shall demonstrate best practices in assessment and support
 19.30 planning, including person-centered planning principles, and have a common set of skills
 19.31 that ensures consistency and equitable access to services statewide.

20.1 (d) Certified assessors must be recertified every three years.

20.2 **EFFECTIVE DATE.** This section is effective July 1, 2024.

20.3 Sec. 16. Minnesota Statutes 2022, section 256B.0911, subdivision 17, is amended to read:

20.4 Subd. 17. **MnCHOICES assessments.** (a) A person requesting long-term care
 20.5 consultation services must be visited by a long-term care consultation team within 20
 20.6 ~~calendar~~ working days after the date on which an assessment was requested or recommended.
 20.7 Assessments must be conducted according to this subdivision and subdivisions 19 to 21,
 20.8 23, 24, and 29 to 31.

20.9 (b) Lead agencies shall use certified assessors to conduct the assessment.

20.10 (c) For a person with complex health care needs, a public health or registered nurse from
 20.11 the team must be consulted.

20.12 (d) The lead agency must use the MnCHOICES assessment provided by the commissioner
 20.13 to complete a comprehensive, conversation-based, person-centered assessment. The
 20.14 assessment must include the health, psychological, functional, environmental, and social
 20.15 needs of the individual necessary to develop a person-centered assessment summary that
 20.16 meets the individual's needs and preferences.

20.17 (e) Except as provided in subdivision 24, an assessment must be conducted by a certified
 20.18 assessor in an in-person conversational interview with the person being assessed.

20.19 Sec. 17. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

20.20 Subd. 20. **MnCHOICES assessments; duration of validity.** (a) An assessment that is
 20.21 completed as part of an eligibility determination for multiple programs for the alternative
 20.22 care, elderly waiver, developmental disabilities, community access for disability inclusion,
 20.23 community alternative care, and brain injury waiver programs under chapter 256S and
 20.24 sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for no
 20.25 more than ~~60 calendar~~ 365 days after the date of the assessment.

20.26 (b) The effective eligibility start date for programs in paragraph (a) can never be prior
 20.27 to the date of assessment. ~~If an assessment was completed more than 60 days before the~~
 20.28 ~~effective waiver or alternative care program eligibility start date, assessment and support~~
 20.29 ~~plan information must be updated and documented in the department's Medicaid Management~~
 20.30 ~~Information System (MMIS).~~ Notwithstanding retroactive medical assistance coverage of
 20.31 state plan services, the effective date of eligibility for programs included in paragraph (a)
 20.32 cannot be prior to the completion date of the most recent updated assessment.

21.1 ~~(e) If an eligibility update is completed within 90 days of the previous assessment and~~
 21.2 ~~documented in the department's Medicaid Management Information System (MMIS), the~~
 21.3 ~~effective date of eligibility for programs included in paragraph (a) is the date of the previous~~
 21.4 ~~in-person assessment when all other eligibility requirements are met.~~

21.5 **EFFECTIVE DATE.** This section is effective July 1, 2025.

21.6 Sec. 18. Minnesota Statutes 2022, section 256B.0924, subdivision 3, is amended to read:

21.7 Subd. 3. **Eligibility.** Persons are eligible to receive targeted case management services
 21.8 under this section if the requirements in paragraphs (a) and (b) are met.

21.9 (a) The person must be assessed and determined by the local county agency to:

21.10 (1) be age 18 or older;

21.11 (2) be receiving medical assistance;

21.12 (3) have significant functional limitations; and

21.13 (4) be in need of service coordination to attain or maintain living in an integrated
 21.14 community setting.

21.15 (b) The person must be a vulnerable adult in need of adult protection as defined in section
 21.16 626.5572, or is an adult with a developmental disability as defined in section 252A.02,
 21.17 subdivision 2, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02,
 21.18 subdivision 11, and is not receiving home and community-based waiver services, or is an
 21.19 adult who lacks a permanent residence and who has been without a permanent residence
 21.20 for at least one year or on at least four occasions in the last three years.

21.21 Sec. 19. Minnesota Statutes 2022, section 256B.49, subdivision 16, is amended to read:

21.22 Subd. 16. **Services and supports.** (a) Services and supports included in the home and
 21.23 community-based waivers for persons with disabilities must meet the requirements set out
 21.24 in United States Code, title 42, section 1396n. The services and supports, which are offered
 21.25 as alternatives to institutional care, must promote consumer choice, community inclusion,
 21.26 self-sufficiency, and self-determination.

21.27 (b) The commissioner must simplify and improve access to home and community-based
 21.28 ~~waivered~~ waiver services, to the extent possible, through the establishment of a common
 21.29 service menu that is available to eligible recipients regardless of age, disability type, or
 21.30 waiver program.

22.1 (c) Consumer-directed community supports must be offered as an option to all persons
22.2 eligible for services under subdivision 11.

22.3 (d) Services and supports must be arranged and provided consistent with individualized
22.4 written plans of care for eligible waiver recipients.

22.5 ~~(e) A transitional supports allowance must be available to all persons under a home and
22.6 community-based waiver who are moving from a licensed setting to a community setting.
22.7 "Transitional supports allowance" means a onetime payment of up to \$3,000, to cover the
22.8 costs, not covered by other sources, associated with moving from a licensed setting to a
22.9 community setting. Covered costs include:~~

22.10 ~~(1) lease or rent deposits;~~

22.11 ~~(2) security deposits;~~

22.12 ~~(3) utilities setup costs, including telephone;~~

22.13 ~~(4) essential furnishings and supplies; and~~

22.14 ~~(5) personal supports and transports needed to locate and transition to community settings.~~

22.15 ~~(f)~~ (e) The state of Minnesota and county agencies that administer home and
22.16 community-based ~~waivered~~ waiver services for persons with disabilities must not be liable
22.17 for damages, injuries, or liabilities sustained through the purchase of supports by the
22.18 individual, the individual's family, legal representative, or the authorized representative
22.19 with funds received through consumer-directed community supports under this section.
22.20 Liabilities include but are not limited to workers' compensation liability, the Federal Insurance
22.21 Contributions Act (FICA), or the Federal Unemployment Tax Act (FUTA).

22.22 **EFFECTIVE DATE.** This section is effective January 1, 2025.

22.23 Sec. 20. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision
22.24 to read:

22.25 Subd. 7. **Budget procedures.** When a lead agency authorizes or reauthorizes
22.26 consumer-directed community supports services for a home and community-based services
22.27 waiver participant, the lead agency must provide to the waiver participant and the waiver
22.28 participant's legal representative the following information in an accessible format and in
22.29 a manner that meets the participant's needs:

22.30 (1) an explanation of how the participant's consumer-directed community supports
22.31 services budget was calculated, including a detailed explanation of the variables used in the
22.32 budget formula;

23.1 (2) a copy of the formula used to calculate the participant's consumer-directed community
 23.2 supports services budget; and

23.3 (3) information about the participant's right to appeal the consumer-directed community
 23.4 supports services budget in accordance with sections 256.045 and 256.0451.

23.5 Sec. 21. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision
 23.6 to read:

23.7 Subd. 8. **Consumer-directed community supports policy.** Policies governing the
 23.8 consumer-directed community supports program must be created solely by the commissioner.
 23.9 Lead agencies must not create or implement any policies that are in addition to or inconsistent
 23.10 with policies created by the commissioner or federal or state laws. Any handbooks,
 23.11 procedures, or other guidance documents maintained by a lead agency do not have the force
 23.12 or effect of law, and must not be given deference if introduced in a state fair hearing
 23.13 conducted under sections 256.045 and 256.0451.

23.14 Sec. 22. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 10d, is
 23.15 amended to read:

23.16 Subd. 10d. **Direct care staff; compensation.** (a) A provider paid with rates determined
 23.17 under subdivision 6 must use a minimum of 66 percent of the revenue generated by rates
 23.18 determined under that subdivision for direct care staff compensation and technology costs.

23.19 (b) A provider paid with rates determined under subdivision 7 must use a minimum of
 23.20 45 percent of the revenue generated by rates determined under that subdivision for direct
 23.21 care staff compensation and technology costs.

23.22 (c) A provider paid with rates determined under subdivision 8 or 9 must use a minimum
 23.23 of 60 percent of the revenue generated by rates determined under those subdivisions for
 23.24 direct care staff compensation and technology costs.

23.25 (d) Compensation under this subdivision includes:

23.26 (1) wages;

23.27 (2) taxes and workers' compensation;

23.28 (3) health insurance;

23.29 (4) dental insurance;

23.30 (5) vision insurance;

- 24.1 (6) life insurance;
- 24.2 (7) short-term disability insurance;
- 24.3 (8) long-term disability insurance;
- 24.4 (9) retirement spending;
- 24.5 (10) tuition reimbursement;
- 24.6 (11) wellness programs;
- 24.7 (12) paid vacation time;
- 24.8 (13) paid sick time; or
- 24.9 (14) other items of monetary value provided to direct care staff.
- 24.10 (e) Technology costs under this subdivision include:
- 24.11 (1) costs related to providing remote support, including payments made to third-party
- 24.12 vendors; or
- 24.13 (2) costs of technology to support individuals remotely.

24.14 Sec. 23. Minnesota Statutes 2022, section 256B.77, subdivision 7a, is amended to read:

24.15 Subd. 7a. **Eligible individuals.** (a) Persons are eligible for the demonstration project as

24.16 provided in this subdivision.

24.17 (b) "Eligible individuals" means those persons living in the demonstration site who are

24.18 eligible for medical assistance and are disabled based on a disability determination under

24.19 section 256B.055, subdivisions 7 and 12, or who are eligible for medical assistance and

24.20 have been diagnosed as having:

- 24.21 (1) serious and persistent mental illness as defined in section 245.462, subdivision 20;
- 24.22 (2) severe emotional disturbance as defined in section 245.4871, subdivision 6; or
- 24.23 (3) developmental disability, or being a person with a developmental disability as defined
- 24.24 in section 252A.02, or a related condition as defined in section ~~252.27, subdivision 1a~~
- 24.25 256B.02, subdivision 11.

24.26 Other individuals may be included at the option of the county authority based on agreement

24.27 with the commissioner.

24.28 (c) Eligible individuals include individuals in excluded time status, as defined in chapter

24.29 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time

25.1 status as long as they live in the demonstration site and shall be eligible for 90 days after
25.2 placement outside the demonstration site if they move to excluded time status in a county
25.3 within Minnesota other than their county of financial responsibility.

25.4 (d) A person who is a sexual psychopathic personality as defined in section 253D.02,
25.5 subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision
25.6 16, is excluded from enrollment in the demonstration project.

25.7 Sec. 24. Minnesota Statutes 2023 Supplement, section 270B.14, subdivision 1, is amended
25.8 to read:

25.9 Subdivision 1. **Disclosure to commissioner of human services.** (a) On the request of
25.10 the commissioner of human services, the commissioner shall disclose return information
25.11 regarding taxes imposed by chapter 290, and claims for refunds under chapter 290A, to the
25.12 extent provided in paragraph (b) and for the purposes set forth in paragraph (c).

25.13 (b) Data that may be disclosed are limited to data relating to the identity, whereabouts,
25.14 employment, income, and property of a person owing or alleged to be owing an obligation
25.15 of child support.

25.16 (c) The commissioner of human services may request data only for the purposes of
25.17 carrying out the child support enforcement program and to assist in the location of parents
25.18 who have, or appear to have, deserted their children. Data received may be used only as set
25.19 forth in section 256.978.

25.20 (d) The commissioner shall provide the records and information necessary to administer
25.21 the supplemental housing allowance to the commissioner of human services.

25.22 (e) At the request of the commissioner of human services, the commissioner of revenue
25.23 shall electronically match the Social Security or individual taxpayer identification numbers
25.24 and names of participants in the telephone assistance plan operated under sections 237.69
25.25 to 237.71, with those of property tax refund filers under chapter 290A or renter's credit filers
25.26 under section 290.0693, and determine whether each participant's household income is
25.27 within the eligibility standards for the telephone assistance plan.

25.28 (f) The commissioner may provide records and information collected under sections
25.29 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid
25.30 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law
25.31 102-234. Upon the written agreement by the United States Department of Health and Human
25.32 Services to maintain the confidentiality of the data, the commissioner may provide records
25.33 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and

26.1 Medicaid Services section of the United States Department of Health and Human Services
 26.2 for purposes of meeting federal reporting requirements.

26.3 (g) The commissioner may provide records and information to the commissioner of
 26.4 human services as necessary to administer the early refund of refundable tax credits.

26.5 (h) The commissioner may disclose information to the commissioner of human services
 26.6 as necessary for income verification for eligibility and premium payment under the
 26.7 MinnesotaCare program, under section 256L.05, subdivision 2, as well as the medical
 26.8 assistance program under chapter 256B.

26.9 (i) The commissioner may disclose information to the commissioner of human services
 26.10 necessary to verify whether applicants or recipients for the Minnesota family investment
 26.11 program, general assistance, the Supplemental Nutrition Assistance Program (SNAP),
 26.12 Minnesota supplemental aid program, and child care assistance have claimed refundable
 26.13 tax credits under chapter 290 and the property tax refund under chapter 290A, and the
 26.14 amounts of the credits.

26.15 ~~(j) The commissioner may disclose information to the commissioner of human services~~
 26.16 ~~necessary to verify income for purposes of calculating parental contribution amounts under~~
 26.17 ~~section 252.27, subdivision 2a.~~

26.18 ~~(k)~~ (j) At the request of the commissioner of human services and when authorized in
 26.19 writing by the taxpayer, the commissioner of revenue may match the business legal name
 26.20 or individual legal name, and the Minnesota tax identification number, federal Employer
 26.21 Identification Number, or Social Security number of the applicant under section 245A.04,
 26.22 subdivision 1; 245I.20; or 245H.03; or license or certification holder. The commissioner of
 26.23 revenue may share the matching with the commissioner of human services. The matching
 26.24 may only be used by the commissioner of human services to determine eligibility for provider
 26.25 grant programs and to facilitate the regulatory oversight of license and certification holders
 26.26 as it relates to ownership and public funds program integrity. This paragraph applies only
 26.27 if the commissioner of human services and the commissioner of revenue enter into an
 26.28 interagency agreement for the purposes of this paragraph.

26.29 Sec. 25. Minnesota Statutes 2022, section 447.42, subdivision 1, is amended to read:

26.30 Subdivision 1. **Establishment.** Notwithstanding any provision of Minnesota Statutes
 26.31 to the contrary, any city, county, town, or nonprofit corporation approved by the
 26.32 commissioner of human services, or any combination of them may establish and operate a

27.1 community residential facility for persons with developmental disabilities or related
 27.2 conditions, as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11.

27.3 Sec. 26. Laws 2021, First Special Session chapter 7, article 13, section 68, is amended to
 27.4 read:

27.5 Sec. 68. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 27.6 **DIRECT CARE SERVICES DURING SHORT-TERM ACUTE HOSPITAL VISITS.**

27.7 The commissioner of human services, in consultation with stakeholders, shall develop
 27.8 a new covered state plan service under Minnesota Statutes, chapter 256B, or develop
 27.9 modifications to existing covered state plan services, ~~that permits receipt of direct care~~
 27.10 ~~services in an acute care hospital in a manner consistent with the requirements of~~ for people
 27.11 eligible for home care services as identified in Minnesota Statutes, section 256B.0651, and
 27.12 community first services and supports as identified in Minnesota Statutes, section 256B.85,
 27.13 for the purposes of support during acute care hospital stays, as authorized under United
 27.14 States Code, title 42, section 1396a(h). By August 31, 2022 January 1, 2025, the
 27.15 commissioner must provide to the chairs and ranking minority members of the house of
 27.16 representatives and senate committees ~~and divisions~~ with jurisdiction over direct care services
 27.17 any draft legislation as may be necessary to implement the new or modified covered state
 27.18 plan service.

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

27.20 Sec. 27. Laws 2023, chapter 61, article 1, section 59, subdivision 2, is amended to read:

27.21 Subd. 2. **Eligibility.** An eligible applicant for the capacity grants under subdivision 1 is
 27.22 an organization or provider that serves, or will serve, rural or underserved communities
 27.23 and:

27.24 (1) provides, or will provide, home and community-based services in the state; ~~or~~

27.25 (2) serves, or will serve, as a connector for communities to available home and
 27.26 community-based services; or

27.27 (3) conducts culturally specific outreach and education campaigns targeting existing
 27.28 providers that might more appropriately serve their clients under a different home and
 27.29 community-based services program or license.

28.1 Sec. 28. Laws 2023, chapter 61, article 1, section 59, subdivision 3, is amended to read:

28.2 Subd. 3. **Allowable grant activities.** Grants under this section must be used by recipients
28.3 for the following activities:

28.4 (1) expanding existing services;

28.5 (2) increasing access in rural or underserved areas;

28.6 (3) creating new home and community-based organizations;

28.7 (4) connecting underserved communities to benefits and available services; ~~or~~

28.8 (5) building new or expanded infrastructure to access medical assistance reimbursement;

28.9 or

28.10 (6) conducting culturally specific outreach and education campaigns targeting existing
28.11 providers that might more appropriately serve their clients under a different home and
28.12 community-based services program or license.

28.13 Sec. 29. Laws 2023, chapter 61, article 1, section 60, subdivision 1, is amended to read:

28.14 Subdivision 1. **Definition.** "New American" means an individual born abroad and the
28.15 individual's children, ~~irrespective of immigration status.~~

28.16 Sec. 30. Laws 2023, chapter 61, article 1, section 60, subdivision 2, is amended to read:

28.17 Subd. 2. **Grant program established.** The commissioner of human services shall
28.18 establish a new American legal, social services, and long-term care workforce grant program
28.19 for organizations that serve and support new Americans:

28.20 (1) in seeking or maintaining legal or citizenship status ~~to legally obtain or retain and~~
28.21 obtaining or retaining legal authorization for employment in the United States in any field
28.22 or industry; or

28.23 (2) to provide specialized services and supports to new Americans to enter the long-term
28.24 care workforce.

28.25 Sec. 31. **ADVISORY TASK FORCE ON FAMILY RESIDENTIAL SERVICES.**

28.26 Subdivision 1. Establishment; purpose. The Advisory Task Force on Family Residential
28.27 Services is established to evaluate pending family residential services rate modifications
28.28 and the impact any pending payment methodology would have on existing family residential
28.29 services and licensed adult family foster care providers.

29.1 Subd. 2. **Membership.** (a) The Advisory Task Force on Family Residential Services
29.2 must consist of the members appointed as follows:

29.3 (1) two licensed adult family foster care providers, appointed by the commissioner of
29.4 human services;

29.5 (2) two licensed adult family foster care providers, appointed by ARRM;

29.6 (3) one member representing the Department of Human Services who has experience
29.7 with adult family foster care providers and family residential services, appointed by the
29.8 commissioner of human services;

29.9 (4) one additional member representing the Department of Human Services who has
29.10 experience with disability waiver rate setting, appointed by the commissioner of human
29.11 services;

29.12 (5) one member representing lead agencies, appointed by the Association of Minnesota
29.13 Counties;

29.14 (6) one member representing ARRM, appointed by ARRM;

29.15 (7) one person receiving family residential services; and

29.16 (8) one person receiving life sharing services.

29.17 (b) Appointments must be made no later than September 1, 2024.

29.18 (c) Notwithstanding Minnesota Statutes, section 15.059, subdivision 6, member
29.19 compensation and reimbursement for expenses are governed by Minnesota Statutes, section
29.20 15.059, subdivision 3.

29.21 Subd. 3. **Meetings.** (a) The commissioner of human services must convene the first
29.22 meeting of the advisory task force no later than October 1, 2024.

29.23 (b) Advisory task force meetings are subject to the Minnesota Open Meeting Law under
29.24 Minnesota Statutes, chapter 13D.

29.25 (c) Advisory task force meetings must be conducted by telephone or interactive
29.26 technology according to Minnesota Statutes, section 13D.015.

29.27 Subd. 4. **Administrative support.** (a) The commissioner of human services must provide
29.28 administrative support and staff assistance for the advisory task force.

29.29 (b) The commissioner of human services must provide the advisory task force with data,
29.30 fiscal estimates, rate models, draft waiver amendments, implementation updates, estimated

30.1 impacts, and other information the advisory task force requires to fulfill its duties under
30.2 subdivisions 5 and 6.

30.3 Subd. 5. **Duties.** (a) Prior to issuing the report required under subdivision 6, paragraph
30.4 (a), the advisory task force must evaluate multiple family residential service rate models
30.5 and the impact the proposed rate models would have on family residential services and adult
30.6 family foster care providers. The evaluations must include:

30.7 (1) case studies demonstrating rate changes adult family foster care providers would
30.8 experience under each rate model;

30.9 (2) an estimate of the median rate change family residential services adult family foster
30.10 care providers will experience under each model;

30.11 (3) the number of adult family foster care providers operating in Minnesota; and

30.12 (4) the number of individuals receiving family residential services from licensed adult
30.13 family foster care providers.

30.14 (b) Prior to issuing the report required under subdivision 6, paragraph (b), the advisory
30.15 task force must monitor the development and implementation of the family residential
30.16 service rate methodology and the impact of the rate methodology on family residential
30.17 services and adult family foster care providers.

30.18 Subd. 6. **Reports.** (a) No later than March 15, 2025, the advisory task force must submit
30.19 to the chairs and ranking minority members of the legislative committees with jurisdiction
30.20 over licensed adult foster care providers and family residential services reimbursement rates
30.21 a written report that includes recommendations on:

30.22 (1) a payment rate methodology for family residential services;

30.23 (2) a payment rate methodology for life sharing services;

30.24 (3) any additional recommended changes to family residential services and life sharing
30.25 services;

30.26 (4) any legislative language required to implement the recommendations of the advisory
30.27 task force; and

30.28 (5) any legislative modifications to the duties or authorities of the advisory task force
30.29 required to adequately monitor the implementation of new rates for family residential
30.30 services and life sharing services.

30.31 (b) No later than June 30, 2027, the advisory task force must submit to the chairs and
30.32 ranking minority members of the legislative committees with jurisdiction over licensed

31.1 adult foster care providers and family residential services reimbursement rates a written
 31.2 report that includes an assessment of the development and implementation of the family
 31.3 residential service rate methodology and the impact of the rate methodology on family
 31.4 residential services and adult family foster care providers.

31.5 Subd. 7. **Expiration.** The advisory task force expires June 30, 2027.

31.6 **EFFECTIVE DATE.** This section is effective July 1, 2024.

31.7 **Sec. 32. ASSISTIVE TECHNOLOGY LEAD AGENCY PARTNERSHIPS.**

31.8 (a) Lead agencies may establish partnerships with enrolled medical assistance providers
 31.9 of home and community-based services under Minnesota Statutes, section 256B.0913,
 31.10 256B.092, 256B.093, or 256B.49, or Minnesota Statutes, chapter 256S, to evaluate the
 31.11 benefits of informed choice in accessing the following existing assistive technology home
 31.12 and community-based waiver services:

31.13 (1) assistive technology;

31.14 (2) specialized equipment and supplies;

31.15 (3) environmental accessibility adaptations; and

31.16 (4) 24-hour emergency assistance.

31.17 (b) Lead agencies may identify eligible individuals who desire to participate in the
 31.18 partnership authorized by this section using existing home and community-based waiver
 31.19 criteria under Minnesota Statutes, chapters 256B and 256S.

31.20 (c) Lead agencies must ensure individuals who choose to participate have informed
 31.21 choice in accessing the services and must adhere to conflict-free case management
 31.22 requirements.

31.23 (d) Lead agencies may identify efficiencies for service authorizations, provide
 31.24 evidence-based cost data and quality analysis to the commissioner, and collect feedback on
 31.25 the use of technology systems from home and community-based waiver services recipients,
 31.26 family caregivers, and any other interested community partners.

31.27 **Sec. 33. DIRECTION TO COMMISSIONER; CONSUMER-DIRECTED**
 31.28 **COMMUNITY SUPPORTS.**

31.29 By December 31, 2024, the commissioner of human services shall seek any necessary
 31.30 changes to home and community-based services waiver plans regarding consumer-directed
 31.31 community supports in order to:

32.1 (1) clarify that allowable goods and services for a consumer-directed community supports
 32.2 participant do not need to be for the sole benefit of the participant, and that goods and
 32.3 services may benefit others if there is also a direct benefit to the participant based on the
 32.4 participant's assessed needs;

32.5 (2) clarify that goods or services that support the participant's assessed needs for
 32.6 community integration and inclusion are allowable under the consumer-directed community
 32.7 supports program;

32.8 (3) clarify that the rate authorized for services approved under the consumer-directed
 32.9 community supports personal assistance category may exceed the reasonable range of similar
 32.10 services in the participant's community if the participant has an assessed need for an enhanced
 32.11 rate; and

32.12 (4) clarify that a participant's spouse or a parent of a minor participant, as defined in the
 32.13 waiver plans, may be paid for consumer-directed community support services at a rate that
 32.14 exceeds that which would otherwise be paid to a provider of a similar service or that exceeds
 32.15 what is allowed by the commissioner for the payment of personal care assistance services
 32.16 if the participant has an assessed need for an enhanced rate.

32.17 **Sec. 34. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
 32.18 **REIMBURSEMENT FOR PERSONAL CARE ASSISTANTS AND**
 32.19 **COMMUNITY-FIRST SERVICES AND SUPPORTS WORKERS.**

32.20 By January 1, 2025, the commissioner of human services shall provide draft legislation
 32.21 to the chairs and ranking minority members of the legislative committees with jurisdiction
 32.22 over human services finance proposing the statutory changes needed to permit reimbursement
 32.23 of personal care assistants and support workers to provide:

32.24 (1) up to eight hours of overtime per week per worker beyond the current maximum
 32.25 number of reimbursable hours per month;

32.26 (2) asleep overnight and awake overnight staffing in the same manner as direct support
 32.27 professionals under the brain injury waiver, community alternative care waiver, community
 32.28 access for disability inclusion waiver, and developmental disabilities waiver; and

32.29 (3) services in shifts of up to 80 consecutive hours when otherwise compliant with federal
 32.30 and state labor laws.

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

33.1 **Sec. 35. DISABILITY HOME AND COMMUNITY-BASED SERVICES**
 33.2 **REIMBURSEMENT IN ACUTE CARE HOSPITAL STAYS.**

33.3 (a) The commissioner of human services must seek approval to amend Minnesota's
 33.4 federally approved disability waiver plans under Minnesota Statutes, sections 256B.092
 33.5 and 256B.49, to reimburse for delivery of unit-based services under Minnesota Statutes,
 33.6 section 256B.4914, in acute care hospital settings, as authorized under United States Code,
 33.7 title 42, section 1396a(h).

33.8 (b) Reimbursed services must:

33.9 (1) be identified in an individual's person-centered support plan as required under
 33.10 Minnesota Statutes, section 256B.0911;

33.11 (2) be provided to meet the needs of the person that are not met through the provision
 33.12 of hospital services;

33.13 (3) not substitute services that the hospital is obligated to provide as required under state
 33.14 and federal law; and

33.15 (4) be designed to ensure smooth transitions between acute care settings and home and
 33.16 community-based settings and to preserve the person's functional abilities.

33.17 **EFFECTIVE DATE.** Paragraph (b) is effective January 1, 2025, or upon federal
 33.18 approval, whichever is later. The commissioner of human services shall notify the revisor
 33.19 of statutes when federal approval is obtained.

33.20 **Sec. 36. DISABILITY SERVICES CONTINUOUS IMPROVEMENT STUDY;**
 33.21 **DIRECTION TO COMMISSIONER.**

33.22 (a) By August 1, 2024, the commissioner of human services shall issue a request for
 33.23 proposals for the design, implementation, and administration of a continuous improvement
 33.24 study of access to disability services.

33.25 (b) The continuous improvement study must assess access to the range of disability
 33.26 services programs:

33.27 (1) in metropolitan, suburban, and rural counties; and

33.28 (2) by non-English-speaking communities and by various populations, including but not
 33.29 limited to Black, Indigenous, and People of Color.

34.1 (c) To be eligible to respond to the request for proposals, an entity must demonstrate
 34.2 that it has worked successfully with other organizations on continuous improvement studies
 34.3 and journey mapping of processes from beginning to end.

34.4 (d) In developing the request for proposals, the commissioner shall consult with disability
 34.5 services providers, county human services agencies, disability advocacy organizations, and
 34.6 individuals with lived experience in accessing disability services.

34.7 (e) The commissioner shall report the results of the continuous improvement study and
 34.8 any recommendations to improve access to disability services to the chairs and ranking
 34.9 minority members of the legislative committees with jurisdiction over disability services
 34.10 by December 15, 2026.

34.11 **Sec. 37. ELECTRONIC VISIT VERIFICATION IMPLEMENTATION GRANT.**

34.12 Subdivision 1. **Establishment.** The commissioner of human services must establish a
 34.13 onetime grant program to assist home care service providers with a portion of the costs of
 34.14 implementation of electronic visit verification.

34.15 Subd. 2. **Eligible grant recipients.** Eligible grant recipients must:

34.16 (1) be providers of home care services licensed under Minnesota Statutes, chapter 144A;

34.17 (2) have an average daily census of at least 30 individuals; and

34.18 (3) have an average daily census of medical assistance and MinnesotaCare enrollees of
 34.19 20 percent or higher in the 12 months prior to application.

34.20 Subd. 3. **Allowable uses.** Allowable uses of grant money include:

34.21 (1) administrative implementation of an electronic visit verification system, including
 34.22 but not limited to staff costs for loading patient information into the portal, programming,
 34.23 and training staff;

34.24 (2) electronic visit verification operations and maintenance, including but not limited
 34.25 to staff costs for addressing system flaws related to geographical location and clocking in
 34.26 and out;

34.27 (3) purchase and monthly fees for an upgraded electronic visit verification system;

34.28 (4) purchase of or reimbursement for cell phones and electronic tablets to be used by
 34.29 staff and the monthly fee for the phone service; and

34.30 (5) other activities approved by the commissioner.

35.1 Subd. 4. **Application for and distribution of grant money.** In order to receive a grant
35.2 under this section, providers must apply to the commissioner by November 1, 2024. Grants
35.3 must be distributed no later than February 1, 2025. Grant amounts awarded to each approved
35.4 applicant must be determined by the total number of approved grantees and each approved
35.5 applicant's medical assistance and MinnesotaCare average daily census.

35.6 Subd. 5. **Expiration.** This section expires June 30, 2026.

35.7 Sec. 38. **EMERGENCY RELIEF GRANTS FOR RURAL EARLY INTENSIVE**
35.8 **DEVELOPMENTAL AND BEHAVIORAL INTERVENTION PROVIDERS.**

35.9 Subdivision 1. **Establishment and purpose.** (a) The commissioner of human services
35.10 shall award grants to financially distressed organizations that provide early intensive
35.11 developmental and behavioral intervention services to rural communities. For the purposes
35.12 of this section, "rural communities" means communities outside the metropolitan counties
35.13 listed in Minnesota Statutes, section 473.121, subdivision 4, and outside the cities of Duluth,
35.14 Mankato, Moorhead, Rochester, and St. Cloud.

35.15 (b) The commissioner shall conduct community engagement, provide technical assistance,
35.16 and work with the commissioners of management and budget and administration to mitigate
35.17 barriers in accessing grant money.

35.18 (c) The commissioner shall limit expenditures under this section to the amount
35.19 appropriated for this purpose.

35.20 Subd. 2. **Eligibility.** (a) To be an eligible applicant for a grant under this section, a
35.21 provider of early intensive developmental and behavioral intervention services must submit
35.22 to the commissioner of human services a grant application in the form and according to the
35.23 timelines established by the commissioner.

35.24 (b) In a grant application, an applicant must demonstrate that:

35.25 (1) the total net income of the provider of early intensive developmental and behavioral
35.26 intervention services is not generating sufficient revenue to cover the provider's operating
35.27 expenses;

35.28 (2) the provider is at risk of closure or ceasing to provide early intensive developmental
35.29 and behavioral intervention services; and

35.30 (3) additional emergency operating revenue is necessary to preserve access to early
35.31 intensive developmental and behavioral intervention services within the rural community
35.32 the provider serves.

36.1 (c) In a grant application, the applicant must make a request based on the information
36.2 submitted under paragraph (b) for the minimal funding amount sufficient to preserve access
36.3 to early intensive developmental and behavioral intervention services within the rural
36.4 community the provider serves.

36.5 Subd. 3. **Approving grants.** The commissioner must evaluate all grant applications on
36.6 a competitive basis and award grants to successful applicants within available appropriations
36.7 for this purpose. The commissioner's decisions are final and not subject to appeal.

36.8 **Sec. 39. LEGISLATIVE TASK FORCE ON GUARDIANSHIP.**

36.9 Subdivision 1. **Membership.** (a) The Legislative Task Force on Guardianship consists
36.10 of the following members:

36.11 (1) one member of the house of representatives, appointed by the speaker of the house
36.12 of representatives;

36.13 (2) one member of the house of representatives, appointed by the minority leader of the
36.14 house of representatives;

36.15 (3) one member of the senate, appointed by the senate majority leader;

36.16 (4) one member of the senate, appointed by the senate minority leader;

36.17 (5) one judge who has experience working on guardianship cases, appointed by the chief
36.18 justice of the supreme court;

36.19 (6) two individuals presently or formerly under guardianship or emergency guardianship,
36.20 appointed by the Minnesota Council on Disability;

36.21 (7) one private, professional guardian, appointed by the Minnesota Council on Disability;

36.22 (8) one private, nonprofessional guardian, appointed by the Minnesota Council on
36.23 Disability;

36.24 (9) one representative of the Department of Human Services with knowledge of public
36.25 guardianship issues, appointed by the commissioner of human services;

36.26 (10) one member appointed by the Minnesota Council on Disability;

36.27 (11) two members of two different disability advocacy organizations, appointed by the
36.28 Minnesota Council on Disability;

36.29 (12) one member of a professional or advocacy group representing the interests of the
36.30 guardian who has experience working in the judicial system on guardianship cases, appointed
36.31 by the Minnesota Council on Disability;

37.1 (13) one member of a professional or advocacy group representing the interests of persons
37.2 subject to guardianship who has experience working in the judicial system on guardianship
37.3 cases, appointed by the Minnesota Council on Disability;

37.4 (14) two members of two different advocacy groups representing the interests of older
37.5 Minnesotans who are or may find themselves subject to guardianship, appointed by the
37.6 Minnesota Council on Disability;

37.7 (15) one employee acting as the Disability Systems Planner in the Center for Health
37.8 Equity at the Minnesota Department of Health, appointed by the commissioner of health;

37.9 (16) one member appointed by the Minnesota Indian Affairs Council;

37.10 (17) one member from the Commission of the Deaf, Deafblind, and Hard-of-Hearing,
37.11 appointed by the executive director of the commission;

37.12 (18) one member of the Council on Developmental Disabilities, appointed by the
37.13 executive director of the council;

37.14 (19) one employee from the Office of Ombudsman for Mental Health and Developmental
37.15 Disabilities, appointed by the ombudsman;

37.16 (20) one employee from the Office of Ombudsman for Long Term Care, appointed by
37.17 the ombudsman;

37.18 (21) one member appointed by the Minnesota Association of County Social Services
37.19 Administrators (MACSSA);

37.20 (22) one employee from the Olmstead Implementation Office, appointed by the director
37.21 of the office; and

37.22 (23) one member representing an organization dedicated to supported decision-making
37.23 alternatives to guardianship, appointed by the Minnesota Council on Disability.

37.24 (b) Appointees to the task force must be named by each appointing authority by June
37.25 30, 2025. Appointments made by an agency or commissioner may also be made by a
37.26 designee.

37.27 (c) The member from the Minnesota Council on Disability serves as chair of the task
37.28 force. The chair must designate a member to serve as secretary.

37.29 Subd. 2. **Meetings; administrative support.** The first meeting of the task force must
37.30 be convened by the chair no later than September 1, 2025, if an appropriation is made by
37.31 that date for the task force. The task force must meet at least quarterly. Meetings are subject
37.32 to Minnesota Statutes, chapter 13D. The task force may meet by telephone or interactive

38.1 technology consistent with Minnesota Statutes, section 13D.015. The Minnesota Council
38.2 on Disability shall provide meeting space and administrative and research support to the
38.3 task force.

38.4 Subd. 3. **Duties.** (a) The task force must make recommendations to address concerns
38.5 and gaps related to guardianships and less restrictive alternatives to guardianships in
38.6 Minnesota, including but not limited to:

38.7 (1) developing efforts to sustain and increase the number of qualified guardians;

38.8 (2) increasing compensation for in forma pauperis (IFP) guardians by studying current
38.9 funding streams to develop approaches to ensure that the funding streams are consistent
38.10 across the state and sufficient to serve the needs of persons subject to guardianship;

38.11 (3) securing ongoing funding for guardianships and less restrictive alternatives;

38.12 (4) establishing guardian certification or licensure;

38.13 (5) identifying standards of practice for guardians and options for providing education
38.14 to guardians on standards and less restrictive alternatives;

38.15 (6) securing ongoing funding for the guardian and conservator administrative complaint
38.16 process;

38.17 (7) identifying and understanding alternatives to guardianship whenever possible to meet
38.18 the needs of patients and the challenges of providers in the delivery of health care, behavioral
38.19 health care, and residential and home-based care services;

38.20 (8) expanding supported decision-making alternatives to guardianships and
38.21 conservatorships;

38.22 (9) reducing the removal of civil rights when appointing a guardian, including by ensuring
38.23 guardianship is only used as a last resort; and

38.24 (10) identifying ways to preserve and to maximize the civil rights of the person, including
38.25 due process considerations.

38.26 (b) The task force must seek input from the public, the judiciary, people subject to
38.27 guardianship, guardians, advocacy groups, and attorneys. The task force must hold hearings
38.28 to gather information to fulfill the purpose of the task force.

38.29 Subd. 4. **Compensation; expenses.** Members of the task force may receive compensation
38.30 and expense reimbursement as provided in Minnesota Statutes, section 15.059, subdivision
38.31 3.

39.1 Subd. 5. **Report; expiration.** The task force shall submit a report to the chairs and
 39.2 ranking minority members of the legislative committees with jurisdiction over guardianship
 39.3 issues no later than January 15, 2027. The report must describe any concerns about the
 39.4 current guardianship system identified by the task force and recommend policy options to
 39.5 address those concerns and to promote less restrictive alternatives to guardianship. The
 39.6 report must include draft legislation to implement recommended policy.

39.7 Subd. 6. **Expiration.** The task force expires upon submission of its report, or January
 39.8 16, 2027, whichever is earlier.

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

39.10 Sec. 40. **OWN HOME SERVICES PROVIDER CAPACITY-BUILDING GRANTS.**

39.11 Subdivision 1. **Establishment.** The commissioner of human services shall establish a
 39.12 onetime grant program to incentivize providers to support individuals to move out of
 39.13 congregate living settings and into an individual's own home as described in Minnesota
 39.14 Statutes, section 256B.492, subdivision 3.

39.15 Subd. 2. **Eligible grant recipients.** Eligible grant recipients are providers of home and
 39.16 community-based services under Minnesota Statutes, chapter 245D.

39.17 Subd. 3. **Grant application.** In order to receive a grant under this section, providers
 39.18 must apply to the commissioner on the forms and according to the timelines established by
 39.19 the commissioner.

39.20 Subd. 4. **Allowable uses of grant money.** Allowable uses of grant money include:

39.21 (1) enhancing resources and staffing to support people and families in understanding
 39.22 housing options;

39.23 (2) housing expenses related to moving an individual into their own home that are not
 39.24 covered by other housing services for which the individual is eligible;

39.25 (3) moving expenses that are not covered by other housing services for which the
 39.26 individual is eligible;

39.27 (4) implementing and testing innovative approaches to better support people with
 39.28 disabilities and their families in living in their own homes;

39.29 (5) financial incentives for providers that have successfully moved an individual out of
 39.30 congregate living and into their own home; and

39.31 (6) other activities approved by the commissioner.

40.1 Subd. 5. Expiration. This section expires June 30, 2026.

40.2 Sec. 41. **PEDIATRIC HOSPITAL-TO-HOME TRANSITION PILOT PROGRAM.**

40.3 (a) The commissioner of human services shall establish a single competitive grant to a
40.4 home care nursing provider to develop and implement, in coordination with the commissioner
40.5 of human services, Fairview Masonic Children's Hospital, Gillette Children's Specialty
40.6 Healthcare, and Children's Minnesota of St. Paul and Minneapolis, a pilot program to
40.7 expedite and facilitate pediatric hospital-to-home discharges for patients receiving services
40.8 in this state under medical assistance, including under the community alternative care waiver,
40.9 community access for disability inclusion waiver, and developmental disabilities waiver.

40.10 (b) Grant money awarded under this section must be used only to support the
40.11 administrative, training, and auxiliary services necessary to reduce: (1) delayed discharge
40.12 days due to unavailability of home care nursing staffing to accommodate complex pediatric
40.13 patients; (2) avoidable rehospitalization days for pediatric patients; (3) unnecessary
40.14 emergency department utilization by pediatric patients following discharge; (4) long-term
40.15 nursing needs for pediatric patients; and (5) the number of school days missed by pediatric
40.16 patients.

40.17 (c) Grant money must not be used to supplement payment rates for services covered
40.18 under Minnesota Statutes, chapter 256B.

40.19 (d) No later than December 15, 2026, the commissioner must prepare a report
40.20 summarizing the impact of the pilot program that includes but is not limited to: (1) the
40.21 number of delayed discharge days eliminated; (2) the number of rehospitalization days
40.22 eliminated; (3) the number of unnecessary emergency department admissions eliminated;
40.23 (4) the number of missed school days eliminated; and (5) an estimate of the return on
40.24 investment of the pilot program.

40.25 (e) The commissioner must submit the report under paragraph (d) to the chairs and
40.26 ranking minority members of the legislative committees with jurisdiction over health and
40.27 human services.

40.28 Sec. 42. **PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES**
40.29 **PROVIDED BY A PARENT OR SPOUSE.**

40.30 (a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivision 3, paragraph
40.31 (a), clause (1); subdivision 11, paragraph (c); and subdivision 19, paragraph (b), clause (3),
40.32 beginning October 1, 2024, a parent, stepparent, or legal guardian of a minor who is a

41.1 personal care assistance recipient or the spouse of a personal care assistance recipient may
41.2 provide and be paid for providing personal care assistance services under medical assistance.
41.3 The commissioner shall seek federal approval for these payments. The commissioner shall
41.4 make payments for services rendered without federal financial participation until federal
41.5 approval is obtained, and if federal approval is denied, until this section expires.

41.6 (b) This section expires upon full implementation of community first services and
41.7 supports under Minnesota Statutes, section 256B.85. The commissioner of human services
41.8 shall notify the revisor of statutes when this section expires.

41.9 **EFFECTIVE DATE.** This section is effective for services rendered on or after October
41.10 1, 2024.

41.11 **Sec. 43. TRANSITIONAL SUPPORTS ALLOWANCE INCREASE.**

41.12 Upon federal approval, the commissioner of human services must increase to \$4,114
41.13 the transitional supports allowance under Minnesota's federally approved home and
41.14 community-based service waiver plans authorized under Minnesota Statutes, sections
41.15 256B.092 and 256B.49.

41.16 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
41.17 whichever is later. The commissioner of human services shall notify the revisor of statutes
41.18 when federal approval is obtained.

41.19 **Sec. 44. TRIBAL VULNERABLE ADULT AND DEVELOPMENTAL DISABILITY**
41.20 **TARGETED CASE MANAGEMENT MEDICAL ASSISTANCE BENEFIT.**

41.21 (a) The commissioner of human services must engage with Minnesota's
41.22 federally-recognized Tribal Nations and urban American Indian providers and leaders to
41.23 design and recommend a Tribal-specific vulnerable adult and developmental disability
41.24 medical assistance targeted case management benefit to meet community needs and reduce
41.25 disparities experienced by Tribal members and urban American Indian populations. The
41.26 commissioner must honor and uphold Tribal sovereignty as part of this engagement, ensuring
41.27 Tribal Nations are equitably and authentically included in planning and policy discussions.

41.28 (b) By January 1, 2025, the commissioner must report recommendations to the chairs
41.29 and ranking minority members of the legislative committees with jurisdiction over health
41.30 and human services finance and policy. Recommendations must include a description of
41.31 engagement with Tribal Nations, Tribal perspectives shared throughout the engagement
41.32 process, service design, and reimbursement methodology.

42.1 **EFFECTIVE DATE.** This section is effective July 1, 2024.

42.2 Sec. 45. **REPEALER.**

42.3 (a) Minnesota Statutes 2022, sections 252.021; and 252.27, subdivisions 1a, 2, 3, 4a, 5,
42.4 and 6, are repealed.

42.5 (b) Minnesota Statutes 2022, section 256B.0916, subdivision 10, is repealed.

42.6 (c) Minnesota Statutes 2023 Supplement, section 252.27, subdivision 2a, is repealed.

42.7 **EFFECTIVE DATE.** Paragraph (b) is effective January 1, 2025.

42.8 **ARTICLE 2**

42.9 **AGING SERVICES**

42.10 Section 1. Minnesota Statutes 2022, section 144G.41, subdivision 1, is amended to read:

42.11 Subdivision 1. **Minimum requirements.** All assisted living facilities shall:

42.12 (1) distribute to residents the assisted living bill of rights;

42.13 (2) provide services in a manner that complies with the Nurse Practice Act in sections
42.14 148.171 to 148.285;

42.15 (3) utilize a person-centered planning and service delivery process;

42.16 (4) have and maintain a system for delegation of health care activities to unlicensed
42.17 personnel by a registered nurse, including supervision and evaluation of the delegated
42.18 activities as required by the Nurse Practice Act in sections 148.171 to 148.285;

42.19 (5) provide a means for residents to request assistance for health and safety needs 24
42.20 hours per day, seven days per week;

42.21 (6) allow residents the ability to furnish and decorate the resident's unit within the terms
42.22 of the assisted living contract;

42.23 (7) permit residents access to food at any time;

42.24 (8) allow residents to choose the resident's visitors and times of visits;

42.25 (9) allow the resident the right to choose a roommate if sharing a unit;

42.26 (10) notify the resident of the resident's right to have and use a lockable door to the
42.27 resident's unit. The licensee shall provide the locks on the unit. Only a staff member with
42.28 a specific need to enter the unit shall have keys, and advance notice must be given to the

43.1 resident before entrance, when possible. An assisted living facility must not lock a resident
43.2 in the resident's unit;

43.3 (11) develop and implement a staffing plan for determining its staffing level that:

43.4 (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness
43.5 of staffing levels in the facility;

43.6 (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably
43.7 foreseeable unscheduled needs of each resident as required by the residents' assessments
43.8 and service plans on a 24-hour per day basis; and

43.9 (iii) ensures that the facility can respond promptly and effectively to individual resident
43.10 emergencies and to emergency, life safety, and disaster situations affecting staff or residents
43.11 in the facility;

43.12 (12) ensure that one or more persons are available 24 hours per day, seven days per
43.13 week, who are responsible for responding to the requests of residents for assistance with
43.14 health or safety needs. Such persons must be:

43.15 (i) awake;

43.16 (ii) located in the same building, in an attached building, or on a contiguous campus
43.17 with the facility in order to respond within a reasonable amount of time;

43.18 (iii) capable of communicating with residents;

43.19 (iv) capable of providing or summoning the appropriate assistance; and

43.20 (v) capable of following directions; and

43.21 ~~(13) offer to provide or make available at least the following services to residents:~~

43.22 ~~(i) at least three nutritious meals daily with snacks available seven days per week,~~
43.23 ~~according to the recommended dietary allowances in the United States Department of~~
43.24 ~~Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The~~
43.25 ~~following apply:~~

43.26 ~~(A) menus must be prepared at least one week in advance, and made available to all~~
43.27 ~~residents. The facility must encourage residents' involvement in menu planning. Meal~~
43.28 ~~substitutions must be of similar nutritional value if a resident refuses a food that is served.~~
43.29 ~~Residents must be informed in advance of menu changes;~~

43.30 ~~(B) food must be prepared and served according to the Minnesota Food Code, Minnesota~~
43.31 ~~Rules, chapter 4626; and~~

- 44.1 ~~(C) the facility cannot require a resident to include and pay for meals in their contract;~~
- 44.2 ~~(ii) weekly housekeeping;~~
- 44.3 ~~(iii) weekly laundry service;~~
- 44.4 ~~(iv) upon the request of the resident, provide direct or reasonable assistance with arranging~~
- 44.5 ~~for transportation to medical and social services appointments, shopping, and other recreation;~~
- 44.6 ~~and provide the name of or other identifying information about the persons responsible for~~
- 44.7 ~~providing this assistance;~~
- 44.8 ~~(v) upon the request of the resident, provide reasonable assistance with accessing~~
- 44.9 ~~community resources and social services available in the community, and provide the name~~
- 44.10 ~~of or other identifying information about persons responsible for providing this assistance;~~
- 44.11 ~~(vi) provide culturally sensitive programs; and~~
- 44.12 ~~(vii) have a daily program of social and recreational activities that are based upon~~
- 44.13 ~~individual and group interests, physical, mental, and psychosocial needs, and that creates~~
- 44.14 ~~opportunities for active participation in the community at large; and~~
- 44.15 ~~(14) (13) provide staff access to an on-call registered nurse 24 hours per day, seven days~~
- 44.16 ~~per week.~~

44.17 Sec. 2. Minnesota Statutes 2022, section 144G.41, is amended by adding a subdivision to

44.18 read:

44.19 Subd. 1a. **Minimum requirements; required food services.** (a) All assisted living

44.20 facilities must offer to provide or make available at least three nutritious meals daily with

44.21 snacks available seven days per week, according to the recommended dietary allowances

44.22 in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh

44.23 fruit and fresh vegetables. The menus must be prepared at least one week in advance, and

44.24 made available to all residents. The facility must encourage residents' involvement in menu

44.25 planning. Meal substitutions must be of similar nutritional value if a resident refuses a food

44.26 that is served. Residents must be informed in advance of menu changes. The facility must

44.27 not require a resident to include and pay for meals in the resident's contract. Except as

44.28 provided in paragraph (b), food must be prepared and served according to the Minnesota

44.29 Food Code, Minnesota Rules, chapter 4626.

44.30 (b) For an assisted living facility with a licensed capacity of ten or fewer residents:

44.31 (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a

44.32 certified food protection manager (CFPM) with one other facility located within a 60-mile

45.1 radius and under common management provided the CFPM is present at each facility
45.2 frequently enough to effectively administer, manage, and supervise each facility's food
45.3 service operation;

45.4 (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not
45.5 removable or cannot be rotated open are allowed unless the facility has been issued repeated
45.6 correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;

45.7 (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required
45.8 to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled
45.9 and clean items that may accumulate during hours of operation provided soiled items do
45.10 not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried
45.11 in a manner that prevents contamination before storage;

45.12 (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required
45.13 to install a dedicated handwashing sink in its existing kitchen provided it designates one
45.14 well of a two-compartment sink for use only as a handwashing sink;

45.15 (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item
45.16 A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them
45.17 clean and in good condition;

45.18 (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant
45.19 lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed
45.20 food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and

45.21 (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to
45.22 be provided with a self-closing door.

45.23 Sec. 3. Minnesota Statutes 2022, section 144G.41, is amended by adding a subdivision to
45.24 read:

45.25 Subd. 1b. **Minimum requirements; other required services.** All assisted living facilities
45.26 must offer to provide or make available the following services to residents:

45.27 (1) weekly housekeeping;

45.28 (2) weekly laundry service;

45.29 (3) upon the request of the resident, provide direct or reasonable assistance with arranging
45.30 for transportation to medical and social services appointments, shopping, and other recreation,
45.31 and provide the name of or other identifying information about the persons responsible for
45.32 providing this assistance;

46.1 (4) upon the request of the resident, provide reasonable assistance with accessing
 46.2 community resources and social services available in the community, and provide the name
 46.3 of or other identifying information about persons responsible for providing this assistance;

46.4 (5) provide culturally sensitive programs; and

46.5 (6) have a daily program of social and recreational activities that are based upon individual
 46.6 and group interests, physical, mental, and psychosocial needs, and that creates opportunities
 46.7 for active participation in the community at large.

46.8 Sec. 4. Minnesota Statutes 2022, section 144G.63, subdivision 1, is amended to read:

46.9 Subdivision 1. **Orientation of staff and supervisors.** (a) All staff providing and
 46.10 supervising direct services must complete an orientation to assisted living facility licensing
 46.11 requirements and regulations before providing assisted living services to residents. The
 46.12 orientation may be incorporated into the training required under subdivision 5. The orientation
 46.13 need only be completed once for each staff person and is not transferable to another facility,
 46.14 except as provided in paragraph (b).

46.15 (b) A staff person is not required to repeat the orientation required under subdivision 2
 46.16 if the staff person transfers from one licensed assisted living facility to another facility
 46.17 operated by the same licensee or by a licensee affiliated with the same corporate organization
 46.18 as the licensee of the first facility, or to another facility managed by the same entity managing
 46.19 the first facility. The facility to which the staff person transfers must document that the staff
 46.20 person completed the orientation at the prior facility. The facility to which the staff person
 46.21 transfers must nonetheless provide the transferred staff person with supplemental orientation
 46.22 specific to the facility and document that the supplemental orientation was provided. The
 46.23 supplemental orientation must include the types of assisted living services the staff person
 46.24 will be providing, the facility's category of licensure, and the facility's emergency procedures.
 46.25 A staff person cannot transfer to an assisted living facility with dementia care without
 46.26 satisfying the additional training requirements under section 144G.83.

46.27 Sec. 5. Minnesota Statutes 2022, section 144G.63, subdivision 4, is amended to read:

46.28 Subd. 4. **Training required relating to dementia, mental illness, and de-escalation.** All
 46.29 direct care staff and supervisors providing direct services must demonstrate an understanding
 46.30 of the training specified in ~~section~~ sections 144G.64 and 144G.65.

46.31 **EFFECTIVE DATE.** This section is effective January 1, 2025.

47.1 **Sec. 6. [144G.65] TRAINING IN MENTAL ILLNESS AND DE-ESCALATION.**

47.2 **Subdivision 1. Training for supervisors.** (a) Within 90 calendar days of the employment
47.3 start date, all supervisors of direct care staff must complete at least eight hours of initial
47.4 training on the topics specified in subdivision 6.

47.5 (b) New supervisors may satisfy the training required under this subdivision by producing
47.6 written proof of previously completed required training within the past 18 months.

47.7 **Subd. 2. Training for direct care staff.** (a) Within 90 calendar days of the employment
47.8 start date, all direct care staff must complete at least eight hours of initial training on the
47.9 topics specified in subdivision 6. Until the initial training is complete, a direct care staff
47.10 member must not provide direct care unless someone is available who can act as a resource,
47.11 can assist if issues arise, and is either another direct care staff member who has completed
47.12 the eight hours of required training and is on-site or is a supervisor.

47.13 (b) New direct care employees may satisfy the training required under this subdivision
47.14 by producing written proof of previously completed required training within the past 18
47.15 months.

47.16 **Subd. 3. Training for staff who do not provide direct care.** (a) Within 90 calendar
47.17 days of the employment start date, all assisted living facility employees who do not provide
47.18 direct care, including maintenance, housekeeping, and food service staff, must complete at
47.19 least four hours of initial training on all the topics specified in subdivision 6.

47.20 (b) New staff members may satisfy the training required under this subdivision by
47.21 producing written proof of previously completed required training within the past 18 months.

47.22 **Subd. 4. Annual training for all staff.** All assisted living staff required to complete
47.23 initial training under subdivisions 1 to 3 must complete at least two hours of additional
47.24 training for each year of employment following completion of the initial training. Annual
47.25 training must cover some, but is not required to cover all, of the topics listed under
47.26 subdivision 6.

47.27 **Subd. 5. New staff members.** A supervisor who has completed the training required
47.28 under subdivision 1 or a person who conducts the initial training must be available for
47.29 consultation with a new staff member on issues related to mental illness and de-escalation
47.30 during the first 90 calendar days of the new staff member's employment start date.

47.31 **Subd. 6. Content of training.** The initial training on mental illness and de-escalation
47.32 required under this section must include:

47.33 (1) an explanation of the principles of trauma-informed care;

- 48.1 (2) instruction on incorporating knowledge about trauma into care plans, policies,
 48.2 procedures, and practices to avoid retraumatization;
- 48.3 (3) de-escalation techniques and communication;
- 48.4 (4) crisis resolution, including a procedure for contacting county crisis response teams;
- 48.5 (5) suicide prevention, including use of the 988 suicide and crisis lifeline;
- 48.6 (6) recognizing symptoms of common mental illness diagnoses, including but not limited
 48.7 to mood disorders, anxiety disorders, trauma and stressor-related disorders, personality and
 48.8 psychotic disorders, substance use disorder, and substance misuse;
- 48.9 (7) creating and executing person-centered care plans for residents with mental illness;
- 48.10 (8) information on medications and their side effects, the risks of overmedication or
 48.11 improper use of medications, and nonpharmacological interventions; and
- 48.12 (9) support strategies, resources, and referral sources for residents experiencing diagnoses
 48.13 co-occurring with mental illness, including dementia.

48.14 Subd. 7. **Information to prospective residents.** The facility must provide to prospective
 48.15 residents in written or electronic form a description of its training program on mental illness
 48.16 and de-escalation, the categories of staff trained, the frequency and amount of training, and
 48.17 the basic topics covered.

48.18 **EFFECTIVE DATE.** This section is effective January 1, 2025.

48.19 Sec. 7. Minnesota Statutes 2023 Supplement, section 256.9756, subdivision 1, is amended
 48.20 to read:

48.21 Subdivision 1. **Caregiver respite services grant program established.** The Minnesota
 48.22 Board on Aging must establish a caregiver respite services grant program to increase the
 48.23 availability of respite services for family caregivers of people with dementia ~~and older adults~~
 48.24 and to provide information, education, and training to respite caregivers and volunteers
 48.25 regarding caring for people with dementia. From the money made available for this purpose,
 48.26 the board must award grants on a competitive basis to respite service providers, giving
 48.27 priority to areas of the state where there is a high need of respite services.

49.1 Sec. 8. Minnesota Statutes 2023 Supplement, section 256.9756, subdivision 2, is amended
49.2 to read:

49.3 Subd. 2. **Eligible uses.** Grant recipients awarded grant money under this section must
49.4 use a portion of the grant award as determined by the board to provide free or subsidized
49.5 respite services for family caregivers of people with dementia ~~and older adults~~.

49.6 Sec. 9. Minnesota Statutes 2023 Supplement, section 256B.0913, subdivision 5, is amended
49.7 to read:

49.8 Subd. 5. **Services covered under alternative care.** Alternative care funding may be
49.9 used for payment of costs of:

- 49.10 (1) adult day services and adult day services bath;
- 49.11 (2) home care;
- 49.12 (3) homemaker services;
- 49.13 (4) personal care;
- 49.14 (5) case management and conversion case management;
- 49.15 (6) respite care;
- 49.16 (7) specialized supplies and equipment;
- 49.17 (8) home-delivered meals;
- 49.18 (9) nonmedical transportation;
- 49.19 (10) nursing services;
- 49.20 (11) chore services;
- 49.21 (12) companion services;
- 49.22 (13) nutrition services;
- 49.23 (14) family caregiver training and education;
- 49.24 (15) coaching and counseling;
- 49.25 (16) telehome care to provide services in their own homes in conjunction with in-home
49.26 visits;
- 49.27 (17) consumer-directed community supports;
- 49.28 (18) environmental accessibility and adaptations; ~~and~~

50.1 (19) transitional services; and

50.2 ~~(19)~~ (20) discretionary services, for which lead agencies may make payment from their
50.3 alternative care program allocation for services not otherwise defined in this section or
50.4 section 256B.0625, following approval by the commissioner.

50.5 Total annual payments for discretionary services for all clients served by a lead agency
50.6 must not exceed 25 percent of that lead agency's annual alternative care program base
50.7 allocation, except that when alternative care services receive federal financial participation
50.8 under the 1115 waiver demonstration, funding shall be allocated in accordance with
50.9 subdivision 17.

50.10 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
50.11 whichever is later. The commissioner of human services shall notify the revisor of statutes
50.12 when federal approval is obtained.

50.13 Sec. 10. Minnesota Statutes 2022, section 256B.0913, subdivision 5a, is amended to read:

50.14 Subd. 5a. **Services; service definitions; service standards.** (a) Unless specified in
50.15 statute, the services, service definitions, and standards for alternative care services shall be
50.16 the same as the services, service definitions, and standards specified in the federally approved
50.17 elderly waiver plan, except alternative care does not cover ~~transitional support services,~~
50.18 assisted living services, adult foster care services, and residential care and benefits defined
50.19 under section 256B.0625 that meet primary and acute health care needs.

50.20 (b) The lead agency must ensure that the funds are not used to supplant or supplement
50.21 services available through other public assistance or services programs, including
50.22 supplementation of client co-pays, deductibles, premiums, or other cost-sharing arrangements
50.23 for health-related benefits and services or entitlement programs and services that are available
50.24 to the person, but in which they have elected not to enroll. The lead agency must ensure
50.25 that the benefit department recovery system in the Medicaid Management Information
50.26 System (MMIS) has the necessary information on any other health insurance or third-party
50.27 insurance policy to which the client may have access. Supplies and equipment may be
50.28 purchased from a vendor not certified to participate in the Medicaid program if the cost for
50.29 the item is less than that of a Medicaid vendor.

50.30 (c) Personal care services must meet the service standards defined in the federally
50.31 approved elderly waiver plan, except that a lead agency may authorize services to be provided
50.32 by a client's relative who meets the relative hardship waiver requirements or a relative who
50.33 meets the criteria and is also the responsible party under an individual service plan that

51.1 ensures the client's health and safety and supervision of the personal care services by a
51.2 qualified professional as defined in section 256B.0625, subdivision 19c. Relative hardship
51.3 is established by the lead agency when the client's care causes a relative caregiver to do any
51.4 of the following: resign from a paying job, reduce work hours resulting in lost wages, obtain
51.5 a leave of absence resulting in lost wages, incur substantial client-related expenses, provide
51.6 services to address authorized, unstaffed direct care time, or meet special needs of the client
51.7 unmet in the formal service plan.

51.8 (d) Alternative care covers sign language interpreter services and spoken language
51.9 interpreter services for recipients eligible for alternative care when the services are necessary
51.10 to help deaf and hard-of-hearing recipients or recipients with limited English proficiency
51.11 obtain covered services. Coverage for face-to-face spoken language interpreter services
51.12 shall be provided only if the spoken language interpreter used by the enrolled health care
51.13 provider is listed in the registry or roster established under section 144.058.

51.14 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
51.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
51.16 when federal approval is obtained.

51.17 Sec. 11. Minnesota Statutes 2022, section 256B.434, is amended by adding a subdivision
51.18 to read:

51.19 Subd. 4k. **Property rate increase for certain nursing facilities.** (a) A rate increase
51.20 under this subdivision ends upon the effective date of the transition of the facility's property
51.21 rate to a property payment rate under section 256R.26, subdivision 8.

51.22 (b) The commissioner shall increase the property rate of a nursing facility located in the
51.23 city of St. Paul at 1415 Almond Avenue in Ramsey County by \$10.65 on January 1, 2025.

51.24 (c) The commissioner shall increase the property rate of a nursing facility located in the
51.25 city of Duluth at 3111 Church Place in St. Louis County by \$20.81 on January 1, 2025.

51.26 (d) The commissioner shall increase the property rate of a nursing facility located in the
51.27 city of Chatfield at 1102 Liberty Street SE in Fillmore County by \$21.35 on January 1,
51.28 2025.

51.29 (e) Effective January 1, 2025, through June 30, 2025, the commissioner shall increase
51.30 the property rate of a nursing facility located in the city of Fergus Falls at 1131 South
51.31 Mabelle Avenue in Ottertail County by \$38.56.

51.32 **EFFECTIVE DATE.** This section is effective January 1, 2025.

52.1 Sec. 12. Minnesota Statutes 2022, section 256R.53, is amended by adding a subdivision
52.2 to read:

52.3 Subd. 4. **Nursing facility in Minnetonka.** (a) For a nursing facility located in Minnetonka
52.4 and licensed for 21 beds as of February 1, 2024, the commissioner shall use funding from
52.5 the moratorium exceptions process under section 144A.073 to calculate the facility's property
52.6 rate beginning January 1, 2025.

52.7 (b) For the purposes of determining the total property payment rate under section 256R.26
52.8 for the facility described in paragraph (a), for a project completed in 2023, the final building
52.9 valuation is equal to the lesser of the limited depreciated replacement cost as determined
52.10 under section 256R.26, subdivision 3, or 105 percent of the estimated building valuation of
52.11 \$6,650,000.

52.12 Sec. 13. **[256S.191] ELDERLY WAIVER BUDGET AND RATE EXCEPTIONS;**
52.13 **HIGH-NEED PARTICIPANTS.**

52.14 Subdivision 1. **Eligibility for budget and rate exceptions.** A participant is eligible to
52.15 request an elderly waiver budget and rate exception when:

52.16 (1) hospitalization of the participant is no longer medically necessary but the participant
52.17 has not been discharged to the community due to lack of community care options;

52.18 (2) the participant requires a support plan that exceeds elderly waiver budgets and rates
52.19 due to the participant's specific assessed needs; and

52.20 (3) the participant meets all eligibility criteria for the elderly waiver.

52.21 Subd. 2. **Requests for budget and rate exceptions.** (a) A participant eligible under
52.22 subdivision 1 may request, in a format prescribed by the commissioner, an elderly waiver
52.23 budget and rate exception when requesting an eligibility determination for elderly waiver
52.24 services. The participant may request an exception to the elderly waiver case mix caps, the
52.25 customized living service rate limits, service rates, or any combination of the three.

52.26 (b) The participant must document in the request that the participant's needs cannot be
52.27 met within the existing case mix caps, customized living service rate limits, or service rates
52.28 and how an exception to any of the three will meet the participant's needs.

52.29 (c) The participant must include in the request the basis for the underlying costs used to
52.30 determine the overall cost of the proposed service plan.

53.1 (d) The commissioner must respond to all exception requests, whether the request is
 53.2 granted, denied, or granted as modified. The commissioner must include in the response
 53.3 the basis for the action and provide notification of the right to appeal.

53.4 (e) Participants granted exceptions under this section must apply annually in a format
 53.5 prescribed by the commissioner to continue or modify the exception.

53.6 (f) A participant no longer qualifies for an exception when the participant's needs can
 53.7 be met within standard elderly waiver budgets and rates.

53.8 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
 53.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
 53.10 when federal approval is obtained.

53.11 Sec. 14. Minnesota Statutes 2022, section 256S.205, subdivision 5, is amended to read:

53.12 Subd. 5. **Rate adjustment; rate floor.** (a) Notwithstanding the 24-hour customized
 53.13 living monthly service rate limits under section 256S.202, subdivision 2, and the component
 53.14 service rates established under section 256S.201, subdivision 4, the commissioner must
 53.15 establish a rate floor equal to ~~\$119~~ \$141 per resident per day for 24-hour customized living
 53.16 services provided to an elderly waiver participant in a designated disproportionate share
 53.17 facility.

53.18 (b) The commissioner must apply the rate floor to the services described in paragraph
 53.19 (a) provided during the rate year.

53.20 ~~(c) The commissioner must adjust the rate floor by the same amount and at the same~~
 53.21 ~~time as any adjustment to the 24-hour customized living monthly service rate limits under~~
 53.22 ~~section 256S.202, subdivision 2.~~

53.23 ~~(d) The commissioner shall not implement the rate floor under this section if the~~
 53.24 ~~customized living rates established under sections 256S.21 to 256S.215 will be implemented~~
 53.25 ~~at 100 percent on January 1 of the year following an application year.~~

53.26 **EFFECTIVE DATE.** This section is effective January 1, 2025.

53.27 Sec. 15. **DIRECTION TO COMMISSIONER; HOME AND COMMUNITY-BASED**
 53.28 **SERVICES SYSTEM REFORM ANALYSIS.**

53.29 (a) The commissioner of human services must study Minnesota's existing home and
 53.30 community-based services system for older adults and evaluate options to meet the needs
 53.31 of older adults with high support needs that cannot be addressed by services or individual

54.1 participant budgets available under the elderly waiver. The commissioner must propose
 54.2 reforms to the home and community-based services system to meet the following goals:

54.3 (1) address the needs of older adults with high support needs, including older adults with
 54.4 high support needs currently residing in the community;

54.5 (2) develop provider capacity to meet the needs of older adults with high support needs;
 54.6 and

54.7 (3) ensure access to a full range of services and supports necessary to address the needs
 54.8 of older adults with high support needs.

54.9 (b) The commissioner must submit a report with recommendations to meet the goals in
 54.10 paragraph (a) to the chairs and ranking minority members of the legislative committees with
 54.11 jurisdiction over human services finance and policy by December 31, 2025.

54.12 **ARTICLE 3**

54.13 **SUBSTANCE USE DISORDER SERVICES**

54.14 Section 1. Minnesota Statutes 2023 Supplement, section 256.042, subdivision 2, is amended
 54.15 to read:

54.16 Subd. 2. **Membership.** (a) The council shall consist of the following 20 voting members,
 54.17 appointed by the commissioner of human services except as otherwise specified, and ~~three~~
 54.18 four nonvoting members:

54.19 (1) two members of the house of representatives, appointed in the following sequence:
 54.20 the first from the majority party appointed by the speaker of the house and the second from
 54.21 the minority party appointed by the minority leader. Of these two members, one member
 54.22 must represent a district outside of the seven-county metropolitan area, and one member
 54.23 must represent a district that includes the seven-county metropolitan area. The appointment
 54.24 by the minority leader must ensure that this requirement for geographic diversity in
 54.25 appointments is met;

54.26 (2) two members of the senate, appointed in the following sequence: the first from the
 54.27 majority party appointed by the senate majority leader and the second from the minority
 54.28 party appointed by the senate minority leader. Of these two members, one member must
 54.29 represent a district outside of the seven-county metropolitan area and one member must
 54.30 represent a district that includes the seven-county metropolitan area. The appointment by
 54.31 the minority leader must ensure that this requirement for geographic diversity in appointments
 54.32 is met;

- 55.1 (3) one member appointed by the Board of Pharmacy;
- 55.2 (4) one member who is a physician appointed by the Minnesota Medical Association;
- 55.3 (5) one member representing opioid treatment programs, sober living programs, or
55.4 substance use disorder programs licensed under chapter 245G;
- 55.5 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an
55.6 addiction psychiatrist;
- 55.7 (7) one member representing professionals providing alternative pain management
55.8 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;
- 55.9 (8) one member representing nonprofit organizations conducting initiatives to address
55.10 the opioid epidemic, with the commissioner's initial appointment being a member
55.11 representing the Steve Rummeler Hope Network, and subsequent appointments representing
55.12 this or other organizations;
- 55.13 (9) one member appointed by the Minnesota Ambulance Association who is serving
55.14 with an ambulance service as an emergency medical technician, advanced emergency
55.15 medical technician, or paramedic;
- 55.16 (10) one member representing the Minnesota courts who is a judge or law enforcement
55.17 officer;
- 55.18 (11) one public member who is a Minnesota resident and who is in opioid addiction
55.19 recovery;
- 55.20 (12) two members representing Indian tribes, one representing the Ojibwe tribes and
55.21 one representing the Dakota tribes;
- 55.22 (13) one member representing an urban American Indian community;
- 55.23 (14) one public member who is a Minnesota resident and who is suffering from chronic
55.24 pain, intractable pain, or a rare disease or condition;
- 55.25 (15) one mental health advocate representing persons with mental illness;
- 55.26 (16) one member appointed by the Minnesota Hospital Association;
- 55.27 (17) one member representing a local health department; ~~and~~
- 55.28 (18) the commissioners of human services, health, and corrections, or their designees,
55.29 who shall be ex officio nonvoting members of the council; and

56.1 (19) the director of the Office of Addiction and Recovery, as specified under section
56.2 4.046, subdivision 6, or their designee, who shall be an ex officio nonvoting member of the
56.3 council.

56.4 (b) The commissioner of human services shall coordinate the commissioner's
56.5 appointments to provide geographic, racial, and gender diversity, and shall ensure that at
56.6 least one-third of council members appointed by the commissioner reside outside of the
56.7 seven-county metropolitan area. Of the members appointed by the commissioner, to the
56.8 extent practicable, at least one member must represent a community of color
56.9 disproportionately affected by the opioid epidemic.

56.10 (c) The council is governed by section 15.059, except that members of the council shall
56.11 serve three-year terms and shall receive no compensation other than reimbursement for
56.12 expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

56.13 (d) The chair shall convene the council at least quarterly, and may convene other meetings
56.14 as necessary. The chair shall convene meetings at different locations in the state to provide
56.15 geographic access, and shall ensure that at least one-half of the meetings are held at locations
56.16 outside of the seven-county metropolitan area.

56.17 (e) The commissioner of human services shall provide staff and administrative services
56.18 for the advisory council.

56.19 (f) The council is subject to chapter 13D.

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

56.21 Sec. 2. Minnesota Statutes 2023 Supplement, section 256.043, subdivision 3, is amended
56.22 to read:

56.23 Subd. 3. **Appropriations from registration and license fee account.** (a) The
56.24 appropriations in paragraphs (b) to (n) shall be made from the registration and license fee
56.25 account on a fiscal year basis in the order specified.

56.26 (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs
56.27 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be
56.28 made accordingly.

56.29 (c) \$100,000 is appropriated to the commissioner of human services for grants for opiate
56.30 antagonist distribution. Grantees may utilize funds for opioid overdose prevention,
56.31 community asset mapping, education, and opiate antagonist distribution.

57.1 (d) \$2,000,000 is appropriated to the commissioner of human services for grants to Tribal
57.2 nations and five urban Indian communities for traditional healing practices for American
57.3 Indians and to increase the capacity of culturally specific providers in the behavioral health
57.4 workforce.

57.5 (e) \$400,000 is appropriated to the commissioner of human services for competitive
57.6 grants for opioid-focused Project ECHO programs.

57.7 (f) \$277,000 in fiscal year 2024 and \$321,000 each year thereafter is appropriated to the
57.8 commissioner of human services to administer the funding distribution and reporting
57.9 requirements in paragraph (o).

57.10 (g) \$3,000,000 in fiscal year 2025 and \$3,000,000 each year thereafter is appropriated
57.11 to the commissioner of human services for safe recovery sites start-up and capacity building
57.12 grants under section 254B.18.

57.13 (h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to
57.14 the commissioner of human services for the opioid overdose surge alert system under section
57.15 245.891.

57.16 (i) \$300,000 is appropriated to the commissioner of management and budget for
57.17 evaluation activities under section 256.042, subdivision 1, paragraph (c).

57.18 (j) \$261,000 is appropriated to the commissioner of human services for the provision of
57.19 administrative services to the Opiate Epidemic Response Advisory Council and for the
57.20 administration of the grants awarded under paragraph (n).

57.21 (k) \$126,000 is appropriated to the Board of Pharmacy for the collection of the registration
57.22 fees under section 151.066.

57.23 (l) \$672,000 is appropriated to the commissioner of public safety for the Bureau of
57.24 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies
57.25 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

57.26 (m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining
57.27 amount is appropriated to the commissioner of human services for distribution to county
57.28 social service agencies and Tribal social service agency initiative projects authorized under
57.29 section 256.01, subdivision 14b, to provide prevention and child protection services to
57.30 children and families who are affected by addiction. The commissioner shall distribute this
57.31 money proportionally to county social service agencies and Tribal social service agency
57.32 initiative projects through a formula based on intake data from the previous three calendar
57.33 years related to substance use and out-of-home placement episodes where parental drug

58.1 abuse is ~~the primary~~ a reason for the out-of-home placement ~~using data from the previous~~
 58.2 ~~calendar year~~. County social service agencies and Tribal social service agency initiative
 58.3 projects receiving funds from the opiate epidemic response fund must annually report to
 58.4 the commissioner on how the funds were used to provide prevention and child protection
 58.5 services, including measurable outcomes, as determined by the commissioner. County social
 58.6 service agencies and Tribal social service agency initiative projects must not use funds
 58.7 received under this paragraph to supplant current state or local funding received for child
 58.8 protection services for children and families who are affected by addiction.

58.9 (n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in
 58.10 the account is appropriated to the commissioner of human services to award grants as
 58.11 specified by the Opiate Epidemic Response Advisory Council in accordance with section
 58.12 256.042, unless otherwise appropriated by the legislature.

58.13 (o) Beginning in fiscal year 2022 and each year thereafter, funds for county social service
 58.14 agencies and Tribal social service agency initiative projects under paragraph (m) and grant
 58.15 funds specified by the Opiate Epidemic Response Advisory Council under paragraph (n)
 58.16 may be distributed on a calendar year basis.

58.17 (p) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs
 58.18 (c), (d), (e), (g), (m), and (n) are available for three years after the funds are appropriated.

58.19 ARTICLE 4

58.20 PRIORITY ADMISSIONS AND CIVIL COMMITMENT

58.21 Section 1. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, is amended
 58.22 to read:

58.23 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
 58.24 court shall issue a warrant or an order committing the patient to the custody of the head of
 58.25 the treatment facility, state-operated treatment program, or community-based treatment
 58.26 program. The warrant or order shall state that the patient meets the statutory criteria for
 58.27 civil commitment.

58.28 (b) The commissioner shall prioritize patients being admitted from jail or a correctional
 58.29 institution ~~who are~~ for admission to a medically appropriate direct care and treatment
 58.30 program based on the decisions of physicians in the executive medical director's office,
 58.31 using a priority admissions framework. The framework must account for a range of factors
 58.32 for priority admission, including but not limited to:

59.1 (1) ~~ordered confined in a state-operated treatment program for an examination under~~
59.2 ~~Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and~~
59.3 ~~20.02, subdivision 2~~ the length of time the person has been on a waiting list for admission
59.4 to a direct care and treatment program since the date of the order under paragraph (a);

59.5 (2) ~~under civil commitment for competency treatment and continuing supervision under~~
59.6 ~~Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7~~ the intensity of the
59.7 treatment the person needs, based on medical acuity;

59.8 (3) ~~found not guilty by reason of mental illness under Minnesota Rules of Criminal~~
59.9 ~~Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be~~
59.10 ~~detained in a state-operated treatment program pending completion of the civil commitment~~
59.11 ~~proceedings; or~~ the person's revoked provisional discharge status;

59.12 (4) ~~committed under this chapter to the commissioner after dismissal of the patient's~~
59.13 ~~criminal charges.~~ the person's safety and safety of others in the person's current environment;

59.14 (5) whether the person has access to necessary or court-ordered treatment;

59.15 (6) distinct and articulable negative impacts of an admission delay on the facility referring
59.16 the individual for treatment; and

59.17 (7) any relevant federal prioritization requirements.

59.18 Patients described in this paragraph must be admitted to a state-operated treatment program
59.19 within 48 hours. The commitment must be ordered by the court as provided in section
59.20 253B.09, subdivision 1, paragraph (d).

59.21 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
59.22 treatment program, or community-based treatment program, the head of the facility or
59.23 program shall retain the duplicate of the warrant and endorse receipt upon the original
59.24 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
59.25 be filed in the court of commitment. After arrival, the patient shall be under the control and
59.26 custody of the head of the facility or program.

59.27 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
59.28 of law, the court order committing the patient, the report of the court examiners, and the
59.29 prepetition report, and any medical and behavioral information available shall be provided
59.30 at the time of admission of a patient to the designated treatment facility or program to which
59.31 the patient is committed. Upon a patient's referral to the commissioner of human services
59.32 for admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment
59.33 facility, jail, or correctional facility that has provided care or supervision to the patient in

60.1 the previous two years shall, when requested by the treatment facility or commissioner,
60.2 provide copies of the patient's medical and behavioral records to the Department of Human
60.3 Services for purposes of preadmission planning. This information shall be provided by the
60.4 head of the treatment facility to treatment facility staff in a consistent and timely manner
60.5 and pursuant to all applicable laws.

60.6 (e) Patients described in paragraph (b) must be admitted to a state-operated treatment
60.7 program within 48 hours of the Office of Medical Director, under section 246.018, or a
60.8 designee determining that a medically appropriate bed is available. This paragraph expires
60.9 on June 30, 2025.

60.10 **EFFECTIVE DATE.** This section is effective July 1, 2024.

60.11 Sec. 2. Minnesota Statutes 2023 Supplement, section 246.0135, as amended by Laws
60.12 2024, chapter 79, article 1, section 3, is amended to read:

60.13 **246.0135 OPERATION OF REGIONAL TREATMENT CENTERS.**

60.14 (a) The executive board is prohibited from closing any regional treatment center or
60.15 state-operated nursing home ~~or~~, from closing any program at any of the regional treatment
60.16 centers or state-operated nursing homes, and from closing the community addiction recovery
60.17 enterprise program located in the city of Carlton or modifying the population served by the
60.18 program, without specific legislative authorization.

60.19 (b) Prior to closing or downsizing a regional treatment center, the executive board is
60.20 responsible for assuring that community-based alternatives developed in response are
60.21 adequate to meet the program needs identified by each county within the catchment area
60.22 and do not require additional local county property tax expenditures.

60.23 (c) The nonfederal share of the cost of alternative treatment or care developed as the
60.24 result of the closure of a regional treatment center, including costs associated with fulfillment
60.25 of responsibilities under chapter 253B must be paid from state money appropriated for
60.26 purposes specified in section 246C.11.

60.27 (d) The executive board must not divert state money used for providing for care or
60.28 treatment of persons residing in a regional treatment center for purposes unrelated to the
60.29 care and treatment of such persons.

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

61.1 Sec. 3. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
61.2 **REIMBURSEMENT TO BELTRAMI COUNTY AND TODD COUNTY FOR**
61.3 **CERTAIN COST OF CARE PAYMENTS.**

61.4 (a) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivisions
61.5 1a and 1b; Minnesota Statutes 2022, section 246.54, subdivisions 1a and 1b; or any other
61.6 law to the contrary, the commissioner of human services must not sanction or otherwise
61.7 seek payment from Beltrami County for outstanding debts for the cost of care provided
61.8 between July 1, 2022, and June 30, 2023, under:

61.9 (1) Minnesota Statutes, section 246.54, subdivision 1a, paragraph (a), clause (3), to a
61.10 person committed as a person who has a mental illness and is dangerous to the public under
61.11 Minnesota Statutes, section 253B.18, and who was awaiting transfer from Anoka-Metro
61.12 Regional Treatment Center to another state-operated facility or program; or

61.13 (2) Minnesota Statutes, section 246.54, subdivision 1b, paragraph (a), clause (1), to a
61.14 person committed as a person who has a mental illness and is dangerous to the public under
61.15 Minnesota Statutes, section 253B.18, and who was awaiting transfer from a state-operated
61.16 community-based behavioral health hospital to another state-operated facility or program.

61.17 (b) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivision
61.18 1a; Minnesota Statutes 2022, section 246.54, subdivision 1a; or any other law to the contrary,
61.19 the commissioner of human services must not sanction or otherwise seek payment from
61.20 Todd County for outstanding debts for the cost of care provided in Anoka-Metro Regional
61.21 Treatment Center from August 22, 2023, to February 3, 2024, not to exceed \$387,000.

61.22 (c) The commissioner must reimburse Beltrami County and Todd County with state-only
61.23 money any amount previously paid to the state or otherwise recovered by the commissioner
61.24 from Beltrami County or Todd County for the cost of care identified in paragraphs (a) and
61.25 (b).

61.26 (d) Nothing in this section prohibits the commissioner from seeking reimbursement from
61.27 Beltrami County for the cost of care provided in Anoka-Metro Regional Treatment Center
61.28 or a state-operated community-based behavioral health hospital for care not described in
61.29 paragraph (a).

61.30 (e) Nothing in this section prohibits the commissioner of human services from seeking
61.31 reimbursement from Todd County for the cost of care provided in Anoka-Metro Regional
61.32 Treatment Center or by any state-operated facility or program in excess of the amount
61.33 specified in paragraph (b).

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

62.2 Sec. 4. **ENGAGEMENT SERVICES PILOT PROJECT.**

62.3 Subdivision 1. **Creation.** The commissioner of human services shall provide a grant to
 62.4 Otter Tail county to conduct a pilot project involving the provision of engagement services
 62.5 under Minnesota Statutes, section 253B.041.

62.6 Subd. 2. **Allowable grant activities.** (a) The grantee must use grant money to:

62.7 (1) develop a system to respond to requests for engagement services;

62.8 (2) provide the following engagement services, taking into account an individual's
 62.9 preferences for treatment services and supports:

62.10 (i) assertive attempts to engage an individual in voluntary treatment for mental illness
 62.11 for at least 90 days;

62.12 (ii) efforts to engage an individual's existing support systems and interested persons,
 62.13 including but not limited to providing education on restricting means of harm and suicide
 62.14 prevention, when the provider determines that such engagement would be helpful; and

62.15 (iii) collaboration with the individual to meet the individual's immediate needs, including
 62.16 but not limited to housing access, food and income assistance, disability verification,
 62.17 medication management, and medical treatment;

62.18 (3) conduct outreach to families and providers; and

62.19 (4) evaluate the impact of engagement services on decreasing civil commitments,
 62.20 increasing engagement in treatment, decreasing police involvement with individuals
 62.21 exhibiting symptoms of serious mental illness, and other measures.

62.22 (b) Engagement services staff must have completed training on person-centered care.

62.23 Staff may include but are not limited to mobile crisis providers under Minnesota Statutes,
 62.24 section 256B.0624; certified peer specialists under Minnesota Statutes, section 256B.0615;
 62.25 community-based treatment programs staff; and homeless outreach workers.

62.26 Sec. 5. **HOSPITAL ADMISSION EXCEPTION TO CURRENT PRIORITY**
 62.27 **ADMISSION.**

62.28 (a) Notwithstanding Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b),
 62.29 the commissioner of human services must admit to a medically appropriate state-operated
 62.30 treatment program ten civilly committed patients who are awaiting admission in hospital
 62.31 settings. Admissions of patients awaiting admission in hospital settings must be managed

63.1 according to the priority admissions framework under Minnesota Statutes, section 253B.10,
 63.2 subdivision 1, paragraph (b).

63.3 (b) This section expires upon admission of the tenth patient who has been civilly
 63.4 committed and is awaiting admission in a hospital setting.

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

63.6 **Sec. 6. MENTALLY ILL AND DANGEROUS CIVIL COMMITMENT REFORM**
 63.7 **TASK FORCE.**

63.8 Subdivision 1. **Establishment; purpose.** The Mentally Ill and Dangerous Civil
 63.9 Commitment Reform Task Force is established to evaluate current statutes related to mentally
 63.10 ill and dangerous civil commitments and develop recommendations to optimize the use of
 63.11 state-operated mental health resources and increase equitable access and outcomes for
 63.12 patients.

63.13 Subd. 2. **Membership.** (a) The Mentally Ill and Dangerous Civil Commitment Reform
 63.14 Task Force consists of the members appointed as follows:

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

63.16 (2) two members representing the Department of Direct Care and Treatment who have
 63.17 experience with mentally ill and dangerous civil commitments, appointed by the
 63.18 commissioner of human services;

63.19 (3) the ombudsman for mental health and developmental disabilities;

63.20 (4) a judge with experience presiding over mentally ill and dangerous civil commitments,
 63.21 appointed by the state court administrator;

63.22 (5) a court examiner with experience participating in mentally ill and dangerous civil
 63.23 commitments, appointed by the state court administrator;

63.24 (6) a member of the Special Review Board, appointed by the state court administrator;

63.25 (7) a county representative, appointed by the Association of Minnesota Counties;

63.26 (8) a representative appointed by the Minnesota Association of County Social Service
 63.27 Administrators;

63.28 (9) a county attorney with experience participating in mentally ill and dangerous civil
 63.29 commitments, appointed by the Minnesota County Attorneys Association;

63.30 (10) an attorney with experience representing respondents in mentally ill and dangerous
 63.31 civil commitments, appointed by the governor;

64.1 (11) a member appointed by the Minnesota Association of Community Mental Health
64.2 Programs;

64.3 (12) a member appointed by the National Alliance on Mental Illness Minnesota;

64.4 (13) a licensed independent practitioner with experience treating individuals subject to
64.5 a mentally ill and dangerous civil commitment; and

64.6 (14) an individual with lived experience under civil commitment as mentally ill and
64.7 dangerous and who is on a provisional discharge or has been discharged from commitment.

64.8 (b) A member of the legislature may not serve as a member of the task force.

64.9 (c) Appointments to the task force must be made no later than July 30, 2024.

64.10 Subd. 3. **Compensation; removal; vacancy.** (a) Notwithstanding Minnesota Statutes,
64.11 section 15.059, subdivision 6, members of the task force may be compensated as provided
64.12 under Minnesota Statutes, section 15.059, subdivision 3.

64.13 (b) A member may be removed by the appointing authority at any time at the pleasure
64.14 of the appointing authority. In the case of a vacancy on the task force, the appointing authority
64.15 shall appoint an individual to fill the vacancy for the remainder of the unexpired term.

64.16 Subd. 4. **Officers; meetings.** (a) The commissioner of human services shall convene
64.17 the first meeting of the task force no later than September 1, 2024.

64.18 (b) The task force must elect a chair and vice-chair from among its members and may
64.19 elect other officers as necessary.

64.20 (c) The task force is subject to Minnesota Statutes, chapter 13D.

64.21 Subd. 5. **Staff.** The commissioner of human services must provide staff assistance to
64.22 support the work of the task force.

64.23 Subd. 6. **Data usage and privacy.** Any data provided by executive agencies as part of
64.24 the work and report of the task force are subject to the requirements of Minnesota Statutes,
64.25 chapter 13, and all other applicable data privacy laws.

64.26 Subd. 7. **Duties.** The task force must:

64.27 (1) analyze current trends in mentally ill and dangerous civil commitments, including
64.28 but not limited to the length of stay for individuals committed in Minnesota as compared
64.29 to other jurisdictions;

64.30 (2) review national practices and criteria for civil commitment of individuals who have
64.31 a mental illness and represent a danger to the public;

65.1 (3) develop recommended statutory changes necessary to provide services to the high
 65.2 number of mentally ill and dangerous civilly committed individuals;

65.3 (4) develop funding and statutory recommendations for alternatives to the current mentally
 65.4 ill and dangerous civil commitment process;

65.5 (5) identify what types of placements and services are necessary to serve individuals
 65.6 civilly committed as mentally ill and dangerous in the community;

65.7 (6) make recommendations to reduce barriers to discharge from the forensic mental
 65.8 health program for individuals civilly committed as mentally ill and dangerous;

65.9 (7) develop recommended plain language statutory changes to clarify operational
 65.10 definitions for terms used within Minnesota Statutes, section 253B.18;

65.11 (8) develop recommended statutory changes to provide clear direction to the
 65.12 commissioner of human services and facilities to which individuals are civilly committed
 65.13 to address situations in which an individual is committed as mentally ill and dangerous and
 65.14 is later determined to not have an organic disorder of the brain or a substantial psychiatric
 65.15 disorder of thought, mood, perception, orientation, or memory; and

65.16 (9) evaluate and make statutory and funding recommendations for the voluntary return
 65.17 of individuals civilly committed as mentally ill and dangerous to community facilities.

65.18 Subd. 8. **Report required.** By August 1, 2025, the task force shall submit to the chairs
 65.19 and ranking minority members of the legislative committees with jurisdiction over mentally
 65.20 ill and dangerous civil commitments a written report that includes the outcome of the duties
 65.21 in subdivision 7, including but not limited to recommended statutory changes.

65.22 Subd. 9. **Expiration.** The task force expires January 1, 2026.

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

65.24 Sec. 7. **PRIORITY ADMISSIONS REVIEW PANEL.**

65.25 (a) The commissioner shall appoint all members who served on the Task Force on Priority
 65.26 Admissions to State-Operated Treatment Programs under Laws 2023, chapter 61, article 8,
 65.27 section 13, subdivision 2, to the priority admissions review panel. The panel must:

65.28 (1) evaluate the requirement under Minnesota Statutes, section 253B.10, subdivision 1,
 65.29 paragraph (b), that patients being admitted from jail or a correctional institution be admitted
 65.30 to a state-operated treatment program within 48 hours;

66.1 (2) develop policy and legislative proposals related to the eventual expiration of the
66.2 48-hour timeline, prioritizing individuals based on medical need for admission into
66.3 state-operated treatment programs, minimizing litigation costs, maximizing capacity in and
66.4 access to state-operated treatment programs in order to implement admissions criteria passed
66.5 on medical need, and addressing issues related to individuals awaiting admission to
66.6 state-operated treatment programs in jails, correctional institutions, community hospitals,
66.7 and community settings; and

66.8 (3) develop a plan to expand direct care and treatment capacity. The plan must include
66.9 clear definitions of what constitutes expanded capacity; an estimate of the capital,
66.10 administrative, staffing, and programmatic costs of expanding capacity; an expansion
66.11 implementation and workforce plan developed in consultation with the employees of direct
66.12 care and treatment; and a proposal for the expiration of the 48-hour rule contingent on
66.13 meeting a measurable capacity expansion goal.

66.14 (b) By December 31, 2024, the review panel must submit a written report to the chairs
66.15 and ranking minority members of the legislative committees with jurisdiction over public
66.16 safety and human services finance and policy that includes legislative proposals to amend
66.17 Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), to establish admissions
66.18 criteria to state-operated treatment programs based on medical need.

66.19 (c) The panel appointed under paragraph (a) must also advise the commissioner on the
66.20 effectiveness of the framework and priority admissions generally and review de-identified
66.21 data quarterly for one year following the implementation of the priority admissions
66.22 framework to ensure that the framework is implemented and applied equitably. If the panel
66.23 requests to review data that is classified as private or confidential and the commissioner
66.24 determines the data requested is necessary for the scope of the panel's review, the
66.25 commissioner is authorized to disclose private or confidential data to the panel under this
66.26 paragraph and pursuant to Minnesota Statutes, section 13.05, subdivision 4, paragraph (b),
66.27 for private or confidential data collected prior to the effective date of this section.

66.28 (d) After the panel completes its year of review, a quality committee established by the
66.29 Department of Direct Care and Treatment executive board will continue to review data,
66.30 seek input from counties, hospitals, community providers, and advocates, and provide a
66.31 routine report to the executive board on the effectiveness of the framework and priority
66.32 admissions.

66.33 **EFFECTIVE DATE.** This section is effective July 1, 2024.

ARTICLE 5

DIRECT CARE AND TREATMENT

67.1

67.2

67.3 Section 1. Minnesota Statutes 2023 Supplement, section 10.65, subdivision 2, is amended
67.4 to read:

67.5 Subd. 2. **Definitions.** As used in this section, the following terms have the meanings
67.6 given:

67.7 (1) "agency" means the Department of Administration; Department of Agriculture;
67.8 Department of Children, Youth, and Families; Department of Commerce; Department of
67.9 Corrections; Department of Education; Department of Employment and Economic
67.10 Development; Department of Health; Office of Higher Education; Housing Finance Agency;
67.11 Department of Human Rights; Department of Human Services; Department of Information
67.12 Technology Services; Department of Iron Range Resources and Rehabilitation; Department
67.13 of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services;
67.14 Department of Military Affairs; Metropolitan Council; Department of Natural Resources;
67.15 Pollution Control Agency; Department of Public Safety; Department of Revenue; Department
67.16 of Transportation; Department of Veterans Affairs; Direct Care and Treatment; Gambling
67.17 Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; and
67.18 the Board of Water and Soil Resources;

67.19 (2) "consultation" means the direct and interactive involvement of the Minnesota Tribal
67.20 governments in the development of policy on matters that have Tribal implications.
67.21 Consultation is the proactive, affirmative process of identifying and seeking input from
67.22 appropriate Tribal governments and considering their interest as a necessary and integral
67.23 part of the decision-making process. This definition adds to statutorily mandated notification
67.24 procedures. During a consultation, the burden is on the agency to show that it has made a
67.25 good faith effort to elicit feedback. Consultation is a formal engagement between agency
67.26 officials and the governing body or bodies of an individual Minnesota Tribal government
67.27 that the agency or an individual Tribal government may initiate. Formal meetings or
67.28 communication between top agency officials and the governing body of a Minnesota Tribal
67.29 government is a necessary element of consultation;

67.30 (3) "matters that have Tribal implications" means rules, legislative proposals, policy
67.31 statements, or other actions that have substantial direct effects on one or more Minnesota
67.32 Tribal governments, or on the distribution of power and responsibilities between the state
67.33 and Minnesota Tribal governments;

68.1 (4) "Minnesota Tribal governments" means the federally recognized Indian Tribes located
68.2 in Minnesota including: Bois Forte Band; Fond Du Lac Band; Grand Portage Band; Leech
68.3 Lake Band; Mille Lacs Band; White Earth Band; Red Lake Nation; Lower Sioux Indian
68.4 Community; Prairie Island Indian Community; Shakopee Mdewakanton Sioux Community;
68.5 and Upper Sioux Community; and

68.6 (5) "timely and meaningful" means done or occurring at a favorable or useful time that
68.7 allows the result of consultation to be included in the agency's decision-making process for
68.8 a matter that has Tribal implications.

68.9 **EFFECTIVE DATE.** This section is effective July 1, 2024.

68.10 Sec. 2. Minnesota Statutes 2022, section 13.46, subdivision 1, as amended by Laws 2024,
68.11 chapter 79, article 9, section 1, and Laws 2024, chapter 80, article 8, section 1, is amended
68.12 to read:

68.13 Subdivision 1. **Definitions.** As used in this section:

68.14 (a) "Individual" means an individual according to section 13.02, subdivision 8, but does
68.15 not include a vendor of services.

68.16 (b) "Program" includes all programs for which authority is vested in a component of the
68.17 welfare system according to statute or federal law, including but not limited to Native
68.18 American Tribe programs that provide a service component of the welfare system, the
68.19 Minnesota family investment program, medical assistance, general assistance, general
68.20 assistance medical care formerly codified in chapter 256D, the child care assistance program,
68.21 and child support collections.

68.22 (c) "Welfare system" includes the Department of Human Services; ~~the Department of~~
68.23 Direct Care and Treatment; the Department of Children, Youth, and Families; local social
68.24 services agencies; county welfare agencies; county public health agencies; county veteran
68.25 services agencies; county housing agencies; private licensing agencies; the public authority
68.26 responsible for child support enforcement; human services boards; community mental health
68.27 center boards, state hospitals, state nursing homes, the ombudsman for mental health and
68.28 developmental disabilities; Native American Tribes to the extent a Tribe provides a service
68.29 component of the welfare system; and persons, agencies, institutions, organizations, and
68.30 other entities under contract to any of the above agencies to the extent specified in the
68.31 contract.

68.32 (d) "Mental health data" means data on individual clients and patients of community
68.33 mental health centers, established under section 245.62, mental health divisions of counties

69.1 and other providers under contract to deliver mental health services, ~~Department of Direct~~
69.2 Care and Treatment mental health services, or the ombudsman for mental health and
69.3 developmental disabilities.

69.4 (e) "Fugitive felon" means a person who has been convicted of a felony and who has
69.5 escaped from confinement or violated the terms of probation or parole for that offense.

69.6 (f) "Private licensing agency" means an agency licensed by the commissioner of children,
69.7 youth, and families under chapter 142B to perform the duties under section 142B.30.

69.8 **EFFECTIVE DATE.** This section is effective July 1, 2024.

69.9 Sec. 3. Minnesota Statutes 2023 Supplement, section 13.46, subdivision 2, as amended
69.10 by Laws 2024, chapter 80, article 8, section 2, is amended to read:

69.11 Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or disseminated
69.12 by the welfare system are private data on individuals, and shall not be disclosed except:

69.13 (1) according to section 13.05;

69.14 (2) according to court order;

69.15 (3) according to a statute specifically authorizing access to the private data;

69.16 (4) to an agent of the welfare system and an investigator acting on behalf of a county,
69.17 the state, or the federal government, including a law enforcement person or attorney in the
69.18 investigation or prosecution of a criminal, civil, or administrative proceeding relating to the
69.19 administration of a program;

69.20 (5) to personnel of the welfare system who require the data to verify an individual's
69.21 identity; determine eligibility, amount of assistance, and the need to provide services to an
69.22 individual or family across programs; coordinate services for an individual or family;
69.23 evaluate the effectiveness of programs; assess parental contribution amounts; and investigate
69.24 suspected fraud;

69.25 (6) to administer federal funds or programs;

69.26 (7) between personnel of the welfare system working in the same program;

69.27 (8) to the Department of Revenue to assess parental contribution amounts for purposes
69.28 of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit programs
69.29 and to identify individuals who may benefit from these programs, and prepare the databases
69.30 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
69.31 6. The following information may be disclosed under this paragraph: an individual's and

70.1 their dependent's names, dates of birth, Social Security or individual taxpayer identification
70.2 numbers, income, addresses, and other data as required, upon request by the Department
70.3 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
70.4 services for the purposes described in this clause are governed by section 270B.14,
70.5 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
70.6 care credit under section 290.067, the Minnesota working family credit under section
70.7 290.0671, the property tax refund under section 290A.04, and the Minnesota education
70.8 credit under section 290.0674;

70.9 (9) between the Department of Human Services; the Department of Employment and
70.10 Economic Development; the Department of Children, Youth, and Families; Direct Care and
70.11 Treatment; and, when applicable, the Department of Education, for the following purposes:

70.12 (i) to monitor the eligibility of the data subject for unemployment benefits, for any
70.13 employment or training program administered, supervised, or certified by that agency;

70.14 (ii) to administer any rehabilitation program or child care assistance program, whether
70.15 alone or in conjunction with the welfare system;

70.16 (iii) to monitor and evaluate the Minnesota family investment program or the child care
70.17 assistance program by exchanging data on recipients and former recipients of Supplemental
70.18 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,
70.19 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter
70.20 256B or 256L; and

70.21 (iv) to analyze public assistance employment services and program utilization, cost,
70.22 effectiveness, and outcomes as implemented under the authority established in Title II,
70.23 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.
70.24 Health records governed by sections 144.291 to 144.298 and "protected health information"
70.25 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code
70.26 of Federal Regulations, title 45, parts 160-164, including health care claims utilization
70.27 information, must not be exchanged under this clause;

70.28 (10) to appropriate parties in connection with an emergency if knowledge of the
70.29 information is necessary to protect the health or safety of the individual or other individuals
70.30 or persons;

70.31 (11) data maintained by residential programs as defined in section 245A.02 may be
70.32 disclosed to the protection and advocacy system established in this state according to Part
70.33 C of Public Law 98-527 to protect the legal and human rights of persons with developmental
70.34 disabilities or other related conditions who live in residential facilities for these persons if

71.1 the protection and advocacy system receives a complaint by or on behalf of that person and
71.2 the person does not have a legal guardian or the state or a designee of the state is the legal
71.3 guardian of the person;

71.4 (12) to the county medical examiner or the county coroner for identifying or locating
71.5 relatives or friends of a deceased person;

71.6 (13) data on a child support obligor who makes payments to the public agency may be
71.7 disclosed to the Minnesota Office of Higher Education to the extent necessary to determine
71.8 eligibility under section 136A.121, subdivision 2, clause (5);

71.9 (14) participant Social Security or individual taxpayer identification numbers and names
71.10 collected by the telephone assistance program may be disclosed to the Department of
71.11 Revenue to conduct an electronic data match with the property tax refund database to
71.12 determine eligibility under section 237.70, subdivision 4a;

71.13 (15) the current address of a Minnesota family investment program participant may be
71.14 disclosed to law enforcement officers who provide the name of the participant and notify
71.15 the agency that:

71.16 (i) the participant:

71.17 (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after
71.18 conviction, for a crime or attempt to commit a crime that is a felony under the laws of the
71.19 jurisdiction from which the individual is fleeing; or

71.20 (B) is violating a condition of probation or parole imposed under state or federal law;

71.21 (ii) the location or apprehension of the felon is within the law enforcement officer's
71.22 official duties; and

71.23 (iii) the request is made in writing and in the proper exercise of those duties;

71.24 (16) the current address of a recipient of general assistance may be disclosed to probation
71.25 officers and corrections agents who are supervising the recipient and to law enforcement
71.26 officers who are investigating the recipient in connection with a felony level offense;

71.27 (17) information obtained from a SNAP applicant or recipient households may be
71.28 disclosed to local, state, or federal law enforcement officials, upon their written request, for
71.29 the purpose of investigating an alleged violation of the Food and Nutrition Act, according
71.30 to Code of Federal Regulations, title 7, section 272.1(c);

71.31 (18) the address, Social Security or individual taxpayer identification number, and, if
71.32 available, photograph of any member of a household receiving SNAP benefits shall be made

72.1 available, on request, to a local, state, or federal law enforcement officer if the officer
72.2 furnishes the agency with the name of the member and notifies the agency that:

72.3 (i) the member:

72.4 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a
72.5 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

72.6 (B) is violating a condition of probation or parole imposed under state or federal law;
72.7 or

72.8 (C) has information that is necessary for the officer to conduct an official duty related
72.9 to conduct described in subitem (A) or (B);

72.10 (ii) locating or apprehending the member is within the officer's official duties; and

72.11 (iii) the request is made in writing and in the proper exercise of the officer's official duty;

72.12 (19) the current address of a recipient of Minnesota family investment program, general
72.13 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,
72.14 provide the name of the recipient and notify the agency that the recipient is a person required
72.15 to register under section 243.166, but is not residing at the address at which the recipient is
72.16 registered under section 243.166;

72.17 (20) certain information regarding child support obligors who are in arrears may be
72.18 made public according to section 518A.74;

72.19 (21) data on child support payments made by a child support obligor and data on the
72.20 distribution of those payments excluding identifying information on obligees may be
72.21 disclosed to all obligees to whom the obligor owes support, and data on the enforcement
72.22 actions undertaken by the public authority, the status of those actions, and data on the income
72.23 of the obligor or obligee may be disclosed to the other party;

72.24 (22) data in the work reporting system may be disclosed under section 256.998,
72.25 subdivision 7;

72.26 (23) to the Department of Education for the purpose of matching Department of Education
72.27 student data with public assistance data to determine students eligible for free and
72.28 reduced-price meals, meal supplements, and free milk according to United States Code,
72.29 title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state
72.30 funds that are distributed based on income of the student's family; and to verify receipt of
72.31 energy assistance for the telephone assistance plan;

73.1 (24) the current address and telephone number of program recipients and emergency
73.2 contacts may be released to the commissioner of health or a community health board as
73.3 defined in section 145A.02, subdivision 5, when the commissioner or community health
73.4 board has reason to believe that a program recipient is a disease case, carrier, suspect case,
73.5 or at risk of illness, and the data are necessary to locate the person;

73.6 (25) to other state agencies, statewide systems, and political subdivisions of this state,
73.7 including the attorney general, and agencies of other states, interstate information networks,
73.8 federal agencies, and other entities as required by federal regulation or law for the
73.9 administration of the child support enforcement program;

73.10 (26) to personnel of public assistance programs as defined in section 256.741, for access
73.11 to the child support system database for the purpose of administration, including monitoring
73.12 and evaluation of those public assistance programs;

73.13 (27) to monitor and evaluate the Minnesota family investment program by exchanging
73.14 data between the Departments of Human Services; Children, Youth, and Families; and
73.15 Education, on recipients and former recipients of SNAP benefits, cash assistance under
73.16 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
73.17 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
73.18 256D;

73.19 (28) to evaluate child support program performance and to identify and prevent fraud
73.20 in the child support program by exchanging data between the Department of Human Services;
73.21 Department of Children, Youth, and Families; Department of Revenue under section 270B.14,
73.22 subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph
73.23 (c); Department of Health; Department of Employment and Economic Development; and
73.24 other state agencies as is reasonably necessary to perform these functions;

73.25 (29) counties and the Department of Children, Youth, and Families operating child care
73.26 assistance programs under chapter 119B may disseminate data on program participants,
73.27 applicants, and providers to the commissioner of education;

73.28 (30) child support data on the child, the parents, and relatives of the child may be
73.29 disclosed to agencies administering programs under titles IV-B and IV-E of the Social
73.30 Security Act, as authorized by federal law;

73.31 (31) to a health care provider governed by sections 144.291 to 144.298, to the extent
73.32 necessary to coordinate services;

74.1 (32) to the chief administrative officer of a school to coordinate services for a student
74.2 and family; data that may be disclosed under this clause are limited to name, date of birth,
74.3 gender, and address;

74.4 (33) to county correctional agencies to the extent necessary to coordinate services and
74.5 diversion programs; data that may be disclosed under this clause are limited to name, client
74.6 demographics, program, case status, and county worker information; or

74.7 (34) between the Department of Human Services and the Metropolitan Council for the
74.8 following purposes:

74.9 (i) to coordinate special transportation service provided under section 473.386 with
74.10 services for people with disabilities and elderly individuals funded by or through the
74.11 Department of Human Services; and

74.12 (ii) to provide for reimbursement of special transportation service provided under section
74.13 473.386.

74.14 The data that may be shared under this clause are limited to the individual's first, last, and
74.15 middle names; date of birth; residential address; and program eligibility status with expiration
74.16 date for the purposes of informing the other party of program eligibility.

74.17 (b) Information on persons who have been treated for substance use disorder may only
74.18 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
74.19 2.1 to 2.67.

74.20 (c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16),
74.21 (17), or (18), or paragraph (b), are investigative data and are confidential or protected
74.22 nonpublic while the investigation is active. The data are private after the investigation
74.23 becomes inactive under section 13.82, subdivision 7, clause (a) or (b).

74.24 (d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are
74.25 not subject to the access provisions of subdivision 10, paragraph (b).

74.26 For the purposes of this subdivision, a request will be deemed to be made in writing if
74.27 made through a computer interface system.

74.28 **EFFECTIVE DATE.** This section is effective July 1, 2024.

75.1 Sec. 4. Minnesota Statutes 2022, section 13.46, subdivision 10, as amended by Laws 2024,
75.2 chapter 79, article 9, section 2, is amended to read:

75.3 Subd. 10. **Responsible authority.** (a) Notwithstanding any other provision of this chapter
75.4 to the contrary, the responsible authority for each component of the welfare system listed
75.5 in subdivision 1, clause (c), shall be as follows:

75.6 (1) the responsible authority for the Department of Human Services is the commissioner
75.7 of human services;

75.8 (2) the responsible authority of a county welfare agency is the director of the county
75.9 welfare agency;

75.10 (3) the responsible authority for a local social services agency, human services board,
75.11 or community mental health center board is the chair of the board;

75.12 (4) the responsible authority of any person, agency, institution, organization, or other
75.13 entity under contract to any of the components of the welfare system listed in subdivision
75.14 1, clause (c), is the person specified in the contract;

75.15 (5) the responsible authority of the public authority for child support enforcement is the
75.16 head of the public authority for child support enforcement;

75.17 (6) the responsible authority for county veteran services is the county veterans service
75.18 officer pursuant to section 197.603, subdivision 2; and

75.19 (7) the responsible authority for ~~the Department of~~ Direct Care and Treatment is the
75.20 chief executive officer of Direct Care and Treatment ~~executive board~~.

75.21 (b) A responsible authority shall allow another responsible authority in the welfare
75.22 system access to data classified as not public data when access is necessary for the
75.23 administration and management of programs, or as authorized or required by statute or
75.24 federal law.

75.25 **EFFECTIVE DATE.** This section is effective July 1, 2024.

75.26 Sec. 5. Minnesota Statutes 2023 Supplement, section 15.01, is amended to read:

75.27 **15.01 DEPARTMENTS OF THE STATE.**

75.28 The following agencies are designated as the departments of the state government: the
75.29 Department of Administration; the Department of Agriculture; the Department of Children,
75.30 Youth, and Families; the Department of Commerce; the Department of Corrections; ~~the~~
75.31 ~~Department of Direct Care and Treatment~~; the Department of Education; the Department

76.1 of Employment and Economic Development; the Department of Health; the Department of
 76.2 Human Rights; the Department of Human Services; the Department of Information
 76.3 Technology Services; the Department of Iron Range Resources and Rehabilitation; the
 76.4 Department of Labor and Industry; the Department of Management and Budget; the
 76.5 Department of Military Affairs; the Department of Natural Resources; the Department of
 76.6 Public Safety; the Department of Revenue; the Department of Transportation; the Department
 76.7 of Veterans Affairs; and their successor departments.

76.8 **EFFECTIVE DATE.** This section is effective July 1, 2024.

76.9 Sec. 6. Minnesota Statutes 2023 Supplement, section 15.06, subdivision 1, is amended to
 76.10 read:

76.11 Subdivision 1. **Applicability.** This section applies to the following departments or
 76.12 agencies: the Departments of Administration; Agriculture; Children, Youth, and Families;
 76.13 Commerce; Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic
 76.14 Development; Health; Human Rights; Human Services; Labor and Industry; Management
 76.15 and Budget; Natural Resources; Public Safety; Revenue; Transportation; and Veterans
 76.16 Affairs; the Housing Finance and Pollution Control Agencies; the Office of Commissioner
 76.17 of Iron Range Resources and Rehabilitation; the Department of Information Technology
 76.18 Services; the Bureau of Mediation Services; and their successor departments and agencies.
 76.19 The heads of the foregoing departments or agencies are "commissioners."

76.20 **EFFECTIVE DATE.** This section is effective July 1, 2024.

76.21 Sec. 7. Minnesota Statutes 2023 Supplement, section 15A.0815, subdivision 2, is amended
 76.22 to read:

76.23 Subd. 2. **Agency head salaries.** The salary for a position listed in this subdivision shall
 76.24 be determined by the Compensation Council under section 15A.082. The commissioner of
 76.25 management and budget must publish the salaries on the department's website. This
 76.26 subdivision applies to the following positions:

76.27 Commissioner of administration;

76.28 Commissioner of agriculture;

76.29 Commissioner of education;

76.30 Commissioner of children, youth, and families;

76.31 Commissioner of commerce;

- 77.1 Commissioner of corrections;
- 77.2 Commissioner of health;
- 77.3 Commissioner, Minnesota Office of Higher Education;
- 77.4 Commissioner, Minnesota IT Services;
- 77.5 Commissioner, Housing Finance Agency;
- 77.6 Commissioner of human rights;
- 77.7 Commissioner of human services;
- 77.8 Commissioner of labor and industry;
- 77.9 Commissioner of management and budget;
- 77.10 Commissioner of natural resources;
- 77.11 Commissioner, Pollution Control Agency;
- 77.12 Commissioner of public safety;
- 77.13 Commissioner of revenue;
- 77.14 Commissioner of employment and economic development;
- 77.15 Commissioner of transportation;
- 77.16 Commissioner of veterans affairs;
- 77.17 Executive director of the Gambling Control Board;
- 77.18 Executive director of the Minnesota State Lottery;
- 77.19 Commissioner of Iron Range resources and rehabilitation;
- 77.20 Commissioner, Bureau of Mediation Services;
- 77.21 Ombudsman for mental health and developmental disabilities;
- 77.22 Ombudsperson for corrections;
- 77.23 Chair, Metropolitan Council;
- 77.24 Chair, Metropolitan Airports Commission;
- 77.25 School trust lands director;
- 77.26 Executive director of pari-mutuel racing; ~~and~~
- 77.27 Commissioner, Public Utilities Commission; and

78.1 Chief Executive Officer, Direct Care and Treatment.

78.2 Sec. 8. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 1, is amended
78.3 to read:

78.4 Subdivision 1. **Creation.** A Compensation Council is created each odd-numbered year
78.5 to establish the compensation of constitutional officers and the heads of state and metropolitan
78.6 agencies identified in section 15A.0815, ~~and~~ to assist the legislature in establishing the
78.7 compensation of justices of the supreme court and judges of the court of appeals and district
78.8 court, and to determine the daily compensation for voting members of the Direct Care and
78.9 Treatment executive board.

78.10 Sec. 9. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 3, is amended
78.11 to read:

78.12 Subd. 3. **Submission of recommendations and determination.** (a) By April 1 in each
78.13 odd-numbered year, the Compensation Council shall submit to the speaker of the house and
78.14 the president of the senate salary recommendations for justices of the supreme court, and
78.15 judges of the court of appeals and district court. The recommended salaries take effect on
78.16 July 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
78.17 the council recommends thereafter, unless the legislature by law provides otherwise. The
78.18 salary recommendations take effect if an appropriation of money to pay the recommended
78.19 salaries is enacted after the recommendations are submitted and before their effective date.
78.20 Recommendations may be expressly modified or rejected.

78.21 (b) By April 1 in each odd-numbered year, the Compensation Council must prescribe
78.22 salaries for constitutional officers, and for the agency and metropolitan agency heads
78.23 identified in section 15A.0815. The prescribed salary for each office must take effect July
78.24 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
78.25 the council determines thereafter, unless the legislature by law provides otherwise. An
78.26 appropriation by the legislature to fund the relevant office, branch, or agency of an amount
78.27 sufficient to pay the salaries prescribed by the council constitutes a prescription by law as
78.28 provided in the Minnesota Constitution, article V, sections 4 and 5.

78.29 (c) By April 1 in each odd-numbered year, the Compensation Council must prescribe
78.30 daily compensation for voting members of the Direct Care and Treatment executive board.
78.31 The recommended daily compensation takes effect on July 1 of that year and July 1 of the
78.32 subsequent even-numbered year and at whatever interval the council recommends thereafter,
78.33 unless the legislature by law provides otherwise.

79.1 Sec. 10. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 7, is amended
79.2 to read:

79.3 Subd. 7. **No ex parte communications.** Members may not have any communication
79.4 with a constitutional officer, a head of a state agency, ~~or~~ a member of the judiciary, or a
79.5 member of the Direct Care and Treatment executive board during the period after the first
79.6 meeting is convened under this section and the date the prescribed and recommended salaries
79.7 and daily compensation are submitted under subdivision 3.

79.8 Sec. 11. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1, is amended
79.9 to read:

79.10 Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees
79.11 who are:

79.12 (1) chosen by election or appointed to fill an elective office;

79.13 (2) heads of agencies required by law to be appointed by the governor or other elective
79.14 officers, and the executive or administrative heads of departments, bureaus, divisions, and
79.15 institutions specifically established by law in the unclassified service;

79.16 (3) deputy and assistant agency heads and one confidential secretary in the agencies
79.17 listed in subdivision 1a;

79.18 (4) the confidential secretary to each of the elective officers of this state and, for the
79.19 secretary of state and state auditor, an additional deputy, clerk, or employee;

79.20 (5) intermittent help employed by the commissioner of public safety to assist in the
79.21 issuance of vehicle licenses;

79.22 (6) employees in the offices of the governor and of the lieutenant governor and one
79.23 confidential employee for the governor in the Office of the Adjutant General;

79.24 (7) employees of the Washington, D.C., office of the state of Minnesota;

79.25 (8) employees of the legislature and of legislative committees or commissions; provided
79.26 that employees of the Legislative Audit Commission, except for the legislative auditor, the
79.27 deputy legislative auditors, and their confidential secretaries, shall be employees in the
79.28 classified service;

79.29 (9) presidents, vice-presidents, deans, other managers and professionals in academic
79.30 and academic support programs, administrative or service faculty, teachers, research
79.31 assistants, and student employees eligible under terms of the federal Economic Opportunity
79.32 Act work study program in the Perpich Center for Arts Education and the Minnesota State

80.1 Colleges and Universities, but not the custodial, clerical, or maintenance employees, or any
 80.2 professional or managerial employee performing duties in connection with the business
 80.3 administration of these institutions;

80.4 (10) officers and enlisted persons in the National Guard;

80.5 (11) attorneys, legal assistants, and three confidential employees appointed by the attorney
 80.6 general or employed with the attorney general's authorization;

80.7 (12) judges and all employees of the judicial branch, referees, receivers, jurors, and
 80.8 notaries public, except referees and adjusters employed by the Department of Labor and
 80.9 Industry;

80.10 (13) members of the State Patrol; provided that selection and appointment of State Patrol
 80.11 troopers must be made in accordance with applicable laws governing the classified service;

80.12 (14) examination monitors and intermittent training instructors employed by the
 80.13 Departments of Management and Budget and Commerce and by professional examining
 80.14 boards and intermittent staff employed by the technical colleges for the administration of
 80.15 practical skills tests and for the staging of instructional demonstrations;

80.16 (15) student workers;

80.17 (16) executive directors or executive secretaries appointed by and reporting to any
 80.18 policy-making board or commission established by statute;

80.19 (17) employees unclassified pursuant to other statutory authority;

80.20 (18) intermittent help employed by the commissioner of agriculture to perform duties
 80.21 relating to pesticides, fertilizer, and seed regulation; and

80.22 (19) the administrators and the deputy administrators at the State Academies for the
 80.23 Deaf and the Blind; and.

80.24 ~~(20) chief executive officers in the Department of Human Services.~~

80.25 **EFFECTIVE DATE.** This section is effective July 1, 2025.

80.26 Sec. 12. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended
 80.27 to read:

80.28 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following
 80.29 agencies may designate additional unclassified positions according to this subdivision: the
 80.30 Departments of Administration; Agriculture; Children, Youth, and Families; Commerce;
 80.31 Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic

81.1 Development; Explore Minnesota Tourism; Management and Budget; Health; Human
 81.2 Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue;
 81.3 Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies;
 81.4 the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the
 81.5 Department of Information Technology Services; the Offices of the Attorney General,
 81.6 Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the
 81.7 Minnesota Office of Higher Education; the Perpich Center for Arts Education; Direct Care
 81.8 and Treatment; and the Minnesota Zoological Board.

81.9 A position designated by an appointing authority according to this subdivision must
 81.10 meet the following standards and criteria:

81.11 (1) the designation of the position would not be contrary to other law relating specifically
 81.12 to that agency;

81.13 (2) the person occupying the position would report directly to the agency head or deputy
 81.14 agency head and would be designated as part of the agency head's management team;

81.15 (3) the duties of the position would involve significant discretion and substantial
 81.16 involvement in the development, interpretation, and implementation of agency policy;

81.17 (4) the duties of the position would not require primarily personnel, accounting, or other
 81.18 technical expertise where continuity in the position would be important;

81.19 (5) there would be a need for the person occupying the position to be accountable to,
 81.20 loyal to, and compatible with, the governor and the agency head, the employing statutory
 81.21 board or commission, or the employing constitutional officer;

81.22 (6) the position would be at the level of division or bureau director or assistant to the
 81.23 agency head; and

81.24 (7) the commissioner has approved the designation as being consistent with the standards
 81.25 and criteria in this subdivision.

81.26 **EFFECTIVE DATE.** This section is effective July 1, 2024.

81.27 Sec. 13. Minnesota Statutes 2022, section 145.61, subdivision 5, is amended to read:

81.28 Subd. 5. **Review organization.** "Review organization" means a nonprofit organization
 81.29 acting according to clause (1), a committee as defined under section 144E.32, subdivision
 81.30 2, or a committee whose membership is limited to professionals, administrative staff, and
 81.31 consumer directors, except where otherwise provided for by state or federal law, and which
 81.32 is established by one or more of the following: a hospital, a clinic, a nursing home, an

82.1 ambulance service or first responder service regulated under chapter 144E, one or more
82.2 state or local associations of professionals, an organization of professionals from a particular
82.3 area or medical institution, a health maintenance organization as defined in chapter 62D, a
82.4 community integrated service network as defined in chapter 62N, a nonprofit health service
82.5 plan corporation as defined in chapter 62C, a preferred provider organization, a professional
82.6 standards review organization established pursuant to United States Code, title 42, section
82.7 1320c-1 et seq., a medical review agent established to meet the requirements of section
82.8 256B.04, subdivision 15, the Department of Human Services, Direct Care and Treatment,
82.9 or a nonprofit corporation that owns, operates, or is established by one or more of the above
82.10 referenced entities, to gather and review information relating to the care and treatment of
82.11 patients for the purposes of:

82.12 (a) evaluating and improving the quality of health care;

82.13 (b) reducing morbidity or mortality;

82.14 (c) obtaining and disseminating statistics and information relative to the treatment and
82.15 prevention of diseases, illness and injuries;

82.16 (d) developing and publishing guidelines showing the norms of health care in the area
82.17 or medical institution or in the entity or organization that established the review organization;

82.18 (e) developing and publishing guidelines designed to keep within reasonable bounds the
82.19 cost of health care;

82.20 (f) developing and publishing guidelines designed to improve the safety of care provided
82.21 to individuals;

82.22 (g) reviewing the safety, quality, or cost of health care services provided to enrollees of
82.23 health maintenance organizations, community integrated service networks, health service
82.24 plans, preferred provider organizations, and insurance companies;

82.25 (h) acting as a professional standards review organization pursuant to United States
82.26 Code, title 42, section 1320c-1 et seq.;

82.27 (i) determining whether a professional shall be granted staff privileges in a medical
82.28 institution, membership in a state or local association of professionals, or participating status
82.29 in a nonprofit health service plan corporation, health maintenance organization, community
82.30 integrated service network, preferred provider organization, or insurance company, or
82.31 whether a professional's staff privileges, membership, or participation status should be
82.32 limited, suspended or revoked;

82.33 (j) reviewing, ruling on, or advising on controversies, disputes or questions between:

83.1 (1) health insurance carriers, nonprofit health service plan corporations, health
83.2 maintenance organizations, community integrated service networks, self-insurers and their
83.3 insureds, subscribers, enrollees, or other covered persons;

83.4 (2) professional licensing boards and health providers licensed by them;

83.5 (3) professionals and their patients concerning diagnosis, treatment or care, or the charges
83.6 or fees therefor;

83.7 (4) professionals and health insurance carriers, nonprofit health service plan corporations,
83.8 health maintenance organizations, community integrated service networks, or self-insurers
83.9 concerning a charge or fee for health care services provided to an insured, subscriber,
83.10 enrollee, or other covered person;

83.11 (5) professionals or their patients and the federal, state, or local government, or agencies
83.12 thereof;

83.13 (k) providing underwriting assistance in connection with professional liability insurance
83.14 coverage applied for or obtained by dentists, or providing assistance to underwriters in
83.15 evaluating claims against dentists;

83.16 (l) acting as a medical review agent under section 256B.04, subdivision 15;

83.17 (m) providing recommendations on the medical necessity of a health service, or the
83.18 relevant prevailing community standard for a health service;

83.19 (n) providing quality assurance as required by United States Code, title 42, sections
83.20 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;

83.21 (o) providing information to group purchasers of health care services when that
83.22 information was originally generated within the review organization for a purpose specified
83.23 by this subdivision;

83.24 (p) providing information to other, affiliated or nonaffiliated review organizations, when
83.25 that information was originally generated within the review organization for a purpose
83.26 specified by this subdivision, and as long as that information will further the purposes of a
83.27 review organization as specified by this subdivision; or

83.28 (q) participating in a standardized incident reporting system, including Internet-based
83.29 applications, to share information for the purpose of identifying and analyzing trends in
83.30 medical error and iatrogenic injury.

83.31 **EFFECTIVE DATE.** This section is effective July 1, 2024.

84.1 Sec. 14. Minnesota Statutes 2022, section 246.018, subdivision 3, as amended by Laws
84.2 2024, chapter 79, article 1, section 6, is amended to read:

84.3 Subd. 3. **Duties.** The executive medical director shall:

84.4 (1) oversee the clinical provision of inpatient mental health services provided in the
84.5 state's regional treatment centers;

84.6 (2) recruit and retain psychiatrists to serve on the direct care and treatment medical staff
84.7 established in subdivision 4;

84.8 (3) consult with the executive board, the chief executive officer, and community mental
84.9 health center directors, ~~and the state-operated services governing body~~ to develop standards
84.10 for treatment and care of patients in state-operated service programs;

84.11 (4) develop and oversee a continuing education program for members of the medical
84.12 staff; and

84.13 (5) participate and cooperate in the development and maintenance of a quality assurance
84.14 program for state-operated services that assures that residents receive continuous quality
84.15 inpatient, outpatient, and postdischarge care.

84.16 **EFFECTIVE DATE.** This section is effective July 1, 2024.

84.17 Sec. 15. Minnesota Statutes 2022, section 246.13, subdivision 2, as amended by Laws
84.18 2024, chapter 79, article 2, section 4, is amended to read:

84.19 Subd. 2. **Definitions; risk assessment and management.** (a) As used in this section:

84.20 (1) "appropriate and necessary medical and other records" includes patient medical
84.21 records and other protected health information as defined by Code of Federal Regulations,
84.22 title 45, section 164.501, relating to a patient in a state-operated services facility including
84.23 but not limited to the patient's treatment plan and abuse prevention plan pertinent to the
84.24 patient's ongoing care, treatment, or placement in a community-based treatment facility or
84.25 a health care facility that is not operated by state-operated services, including information
84.26 describing the level of risk posed by a patient when the patient enters the facility;

84.27 (2) "community-based treatment" means the community support services listed in section
84.28 253B.02, subdivision 4b;

84.29 (3) "criminal history data" means data maintained or used by the Departments of
84.30 Corrections and Public Safety and by the supervisory authorities listed in section 13.84,
84.31 subdivision 1, that relate to an individual's criminal history or propensity for violence,
84.32 including data in the:

- 85.1 (i) Corrections Offender Management System (COMS);
- 85.2 (ii) Statewide Supervision System (S3);
- 85.3 (iii) Bureau of Criminal Apprehension criminal history data as defined in section 13.87;
- 85.4 (iv) Integrated Search Service as defined in section 13.873; and
- 85.5 (v) Predatory Offender Registration (POR) system;
- 85.6 (4) "designated agency" means the agency defined in section 253B.02, subdivision 5;
- 85.7 (5) "law enforcement agency" means the law enforcement agency having primary
- 85.8 jurisdiction over the location where the offender expects to reside upon release;
- 85.9 (6) "predatory offender" and "offender" mean a person who is required to register as a
- 85.10 predatory offender under section 243.166; and
- 85.11 (7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.
- 85.12 (b) To promote public safety and for the purposes and subject to the requirements of
- 85.13 this paragraph, the executive board or the executive board's designee shall have access to,
- 85.14 and may review and disclose, medical and criminal history data as provided by this section,
- 85.15 as necessary to comply with Minnesota Rules, part 1205.0400, to:
- 85.16 (1) determine whether a patient is required under state law to register as a predatory
- 85.17 offender according to section 243.166;
- 85.18 (2) facilitate and expedite the responsibilities of the special review board and
- 85.19 end-of-confinement review committees by corrections institutions and state treatment
- 85.20 facilities;
- 85.21 (3) prepare, amend, or revise the abuse prevention plans required under section 626.557,
- 85.22 subdivision 14, and individual patient treatment plans required under section 253B.03,
- 85.23 subdivision 7;
- 85.24 (4) facilitate the custody, supervision, and transport of individuals transferred between
- 85.25 the Department of Corrections and ~~the Department of Direct Care and Treatment~~; and
- 85.26 (5) effectively monitor and supervise individuals who are under the authority of the
- 85.27 Department of Corrections, ~~the Department of Direct Care and Treatment~~, and the supervisory
- 85.28 authorities listed in section 13.84, subdivision 1.
- 85.29 (c) The state-operated services treatment facility or a designee must make a good faith
- 85.30 effort to obtain written authorization from the patient before releasing information from the
- 85.31 patient's medical record.

86.1 (d) If the patient refuses or is unable to give informed consent to authorize the release
 86.2 of information required under this subdivision, the chief executive officer ~~for state-operated~~
 86.3 ~~services~~ or a designee shall provide the appropriate and necessary medical and other records.
 86.4 The chief executive officer or a designee shall comply with the minimum necessary privacy
 86.5 requirements.

86.6 (e) The executive board may have access to the National Crime Information Center
 86.7 (NCIC) database through the Department of Public Safety in support of the public safety
 86.8 functions described in paragraph (b).

86.9 **EFFECTIVE DATE.** This section is effective July 1, 2024.

86.10 Sec. 16. Minnesota Statutes 2022, section 246.234, as amended by Laws 2024, chapter
 86.11 79, article 1, section 11, is amended to read:

86.12 **246.234 RECIPROCAL EXCHANGE OF CERTAIN PERSONS.**

86.13 The executive board is ~~hereby~~ authorized with the approval of the governor to enter into
 86.14 reciprocal agreements with duly authorized authorities of ~~any other~~ another state or states
 86.15 regarding the mutual exchange, return, and transportation of persons with a mental illness
 86.16 or developmental disability who are within the confines of one state but have legal residence
 86.17 or legal settlement for the purposes of relief in another state. ~~Such agreements~~ Any agreement
 86.18 entered into under this subdivision must not contain ~~provisions conflicting~~ any provision
 86.19 that conflicts with any ~~law of this state~~ law.

86.20 **EFFECTIVE DATE.** This section is effective July 1, 2024.

86.21 Sec. 17. Minnesota Statutes 2022, section 246.36, as amended by Laws 2024, chapter 79,
 86.22 article 1, section 14, is amended to read:

86.23 **246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.**

86.24 For the purpose of carrying out a duty, the executive board ~~shall have authority to~~ may
 86.25 accept uncompensated and voluntary services and ~~to~~ may enter into contracts or agreements
 86.26 with private or public agencies, organizations, or persons for uncompensated and voluntary
 86.27 services as the executive board deems practicable. Uncompensated and voluntary services
 86.28 do not include services mandated by licensure and certification requirements for health care
 86.29 facilities. The volunteer agencies, organizations, or persons who provide services to residents
 86.30 of state facilities operated under the authority of the executive board are not subject to the
 86.31 procurement requirements of chapters 16A and 16C. ~~The agencies, organizations, or persons~~

87.1 ~~may purchase supplies, services, and equipment to be used in providing services to residents~~
 87.2 ~~of state facilities through the Department of Administration.~~

87.3 **EFFECTIVE DATE.** This section is effective July 1, 2024.

87.4 Sec. 18. Minnesota Statutes 2023 Supplement, section 246C.01, is amended to read:

87.5 **246C.01 TITLE.**

87.6 This chapter may be cited as the "~~Department of~~ Direct Care and Treatment Act."

87.7 **EFFECTIVE DATE.** This section is effective July 1, 2024.

87.8 Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.02, as amended by Laws
 87.9 2024, chapter 79, article 1, section 19, is amended to read:

87.10 **246C.02 ~~DEPARTMENT OF DIRECT CARE AND TREATMENT;~~**
 87.11 **ESTABLISHMENT.**

87.12 Subdivision 1. **Establishment.** ~~The Department of Direct Care and Treatment is created~~
 87.13 as an agency headed by an executive board. ~~An executive board shall head the Department~~
 87.14 ~~of Direct Care and Treatment.~~

87.15 ~~Subd. 2. **Mission.** (a) The executive board shall develop and maintain direct care and~~
 87.16 ~~treatment in a manner consistent with applicable law, including chapters 13, 245, 246, 246B,~~
 87.17 ~~252, 253, 253B, 253C, 253D, 254A, 254B, and 256.~~

87.18 ~~(b) The executive board shall provide direct care and treatment services in coordination~~
 87.19 ~~with the commissioner of human services, counties, and other vendors.~~

87.20 Subd. 3. **Direct care and treatment services.** Direct Care and Treatment ~~services~~ shall
 87.21 provide direct care and treatment services that include specialized inpatient programs at
 87.22 secure treatment facilities, community preparation services, regional treatment centers,
 87.23 enterprise services, consultative services, aftercare services, community-based services and
 87.24 programs, transition services, nursing home services, and other services consistent with the
 87.25 mission of the Department of Direct Care and Treatment state law, including this chapter
 87.26 and chapters 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256. Direct
 87.27 Care and Treatment shall provide direct care and treatment services in coordination with
 87.28 the commissioner of human services, counties, and other vendors.

87.29 Subd. 4. **Statewide services.** (a) The administrative structure of state-operated services
 87.30 must be statewide in character.

88.1 (b) The state-operated services staff may deliver services at any location throughout the
88.2 state.

88.3 Subd. 5. **Department of Human Services as state agency.** The commissioner of human
88.4 services continues to constitute the "state agency" as defined by the Social Security Act of
88.5 the United States and the laws of this state for all purposes relating to mental health and
88.6 mental hygiene.

88.7 **EFFECTIVE DATE.** This section is effective July 1, 2024.

88.8 Sec. 20. Minnesota Statutes 2023 Supplement, section 246C.04, as amended by Laws
88.9 2024, chapter 79, article 1, section 21, is amended to read:

88.10 **246C.04 TRANSFER OF DUTIES.**

88.11 Subdivision 1. **Transfer of duties.** (a) Section 15.039 applies to the transfer of ~~duties~~
88.12 responsibilities from the Department of Human Services to Direct Care and Treatment
88.13 required by this chapter.

88.14 (b) The commissioner of administration, with the governor's approval, shall issue
88.15 reorganization orders under section 16B.37 as necessary to carry out the transfer of duties
88.16 required by ~~section 246C.03~~ this chapter. The provision of section 16B.37, subdivision 1,
88.17 stating that transfers under section 16B.37 may only be to an agency that has existed for at
88.18 least one year does not apply to transfers to an agency created by this chapter.

88.19 ~~(c) The initial salary for the health systems chief executive officer of the Department of~~
88.20 ~~Direct Care and Treatment is the same as the salary for the health systems chief executive~~
88.21 ~~officer of direct care and treatment at the Department of Human Services immediately before~~
88.22 ~~July 1, 2024.~~

88.23 Subd. 2. **Transfer of custody of civilly committed persons.** The commissioner of
88.24 human services shall continue to exercise all authority and responsibility for and retain
88.25 custody of persons subject to civil commitment under chapter 253B or 253D until July 1,
88.26 2025. Effective July 1, 2025, custody of persons subject to civil commitment under chapter
88.27 253B or 253D and in the custody of the commissioner of human services as of that date is
88.28 hereby transferred to the executive board without any further act or proceeding. Authority
88.29 and responsibility for the commitment of such persons is transferred to the executive board
88.30 July 1, 2025.

88.31 Subd. 3. **Control of direct care and treatment.** The commissioner of human services
88.32 shall continue to exercise all authorities and responsibilities under this chapter and chapters
88.33 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, with reference to

89.1 any state-operated service, program, or facility subject to transfer under this act until July
 89.2 1, 2025. Effective July 1, 2025, the powers and duties vested in or imposed upon the
 89.3 commissioner of human services with reference to any state-operated service, program, or
 89.4 facility are hereby transferred to, vested in, and imposed upon the executive board according
 89.5 to this chapter and applicable state law. Effective July 1, 2025, the executive board ~~is hereby~~
 89.6 ~~charged with and~~ has the exclusive power of administration and management of all state
 89.7 hospitals for persons with a developmental disability, mental illness, or substance use
 89.8 disorder. Effective July 1, 2025, the executive board has the power and authority to determine
 89.9 all matters relating to the development of all of the foregoing institutions and of such other
 89.10 institutions vested in the executive board. Effective July 1, 2025, the powers, functions, and
 89.11 authority vested in the commissioner of human services relative to such state institutions
 89.12 are ~~hereby~~ transferred to the executive board according to this chapter and applicable state
 89.13 law.

89.14 Subd. 4. **Appropriations.** There is hereby appropriated to such persons or institutions
 89.15 as are entitled to such sums as are provided for in this section, from the fund or account in
 89.16 the state treasury to which the money was credited, an amount sufficient to make such
 89.17 payment.

89.18 **EFFECTIVE DATE.** This section is effective July 1, 2024.

89.19 Sec. 21. Minnesota Statutes 2023 Supplement, section 246C.05, as amended by Laws
 89.20 2024, chapter 79, article 1, section 22, is amended to read:

89.21 **246C.05 EMPLOYEE PROTECTIONS FOR ESTABLISHING ~~THE NEW~~**
 89.22 **~~DEPARTMENT OF DIRECT CARE AND TREATMENT.~~**

89.23 (a) Personnel whose duties relate to the functions assigned to the executive board in
 89.24 ~~section 246C.03~~ this chapter are transferred to the Department of Direct Care and Treatment
 89.25 effective 30 days after approval by the commissioner of management and budget.

89.26 (b) Before the executive board is appointed, personnel whose duties relate to the functions
 89.27 in this ~~section~~ chapter may be transferred beginning July 1, 2024, with 30 days' notice from
 89.28 the commissioner of management and budget.

89.29 (c) The following protections shall apply to employees who are transferred from the
 89.30 Department of Human Services to ~~the Department of~~ Direct Care and Treatment:

89.31 (1) No transferred employee other than the chief executive officer shall have their
 89.32 employment status and job classification altered as a result of the transfer.

90.1 (2) Transferred employees who were represented by an exclusive representative prior
90.2 to the transfer shall continue to be represented by the same exclusive representative after
90.3 the transfer.

90.4 (3) The applicable collective bargaining agreements with exclusive representatives shall
90.5 continue in full force and effect for such transferred employees after the transfer.

90.6 (4) The state shall have the obligation to meet and negotiate with the exclusive
90.7 representatives of the transferred employees about any proposed changes affecting or relating
90.8 to the transferred employees' terms and conditions of employment to the extent such changes
90.9 are not addressed in the applicable collective bargaining agreement.

90.10 (5) When an employee in a temporary unclassified position is transferred to ~~the~~
90.11 ~~Department of~~ Direct Care and Treatment, the total length of time that the employee has
90.12 served in the appointment shall include all time served in the appointment at the transferring
90.13 agency and the time served in the appointment at ~~the Department of~~ Direct Care and
90.14 Treatment. An employee in a temporary unclassified position who was hired by a transferring
90.15 agency through an open competitive selection process in accordance with a policy enacted
90.16 by Minnesota Management and Budget shall be considered to have been hired through such
90.17 process after the transfer.

90.18 (6) In the event that the state transfers ownership or control of any of the facilities,
90.19 services, or operations of ~~the Department of~~ Direct Care and Treatment to another entity,
90.20 whether private or public, by subcontracting, sale, assignment, lease, or other transfer, the
90.21 state shall require as a written condition of such transfer of ownership or control the following
90.22 provisions:

90.23 (i) Employees who perform work in transferred facilities, services, or operations must
90.24 be offered employment with the entity acquiring ownership or control before the entity
90.25 offers employment to any individual who was not employed by the transferring agency at
90.26 the time of the transfer.

90.27 (ii) The wage and benefit standards of such transferred employees must not be reduced
90.28 by the entity acquiring ownership or control through the expiration of the collective
90.29 bargaining agreement in effect at the time of the transfer or for a period of two years after
90.30 the transfer, whichever is longer.

90.31 (d) There is no liability on the part of, and no cause of action arises against, the state of
90.32 Minnesota or its officers or agents for any action or inaction of any entity acquiring ownership
90.33 or control of any facilities, services, or operations of ~~the Department of~~ Direct Care and
90.34 Treatment.

91.1 (e) This section expires upon the completion of the transfer of duties to the executive
 91.2 board under ~~section 246C.03~~ this chapter. The commissioner of human services shall notify
 91.3 the revisor of statutes when the transfer of duties is complete.

91.4 **EFFECTIVE DATE.** This section is effective July 1, 2024.

91.5 Sec. 22. **[246C.07] POWERS AND DUTIES OF EXECUTIVE BOARD.**

91.6 Subdivision 1. **Generally.** (a) The executive board must operate the agency according
 91.7 to this chapter and applicable state and federal law. The overall management and control
 91.8 of the agency is vested in the executive board in accordance with this chapter.

91.9 (b) The executive board may delegate duties imposed by this chapter and under applicable
 91.10 state and federal law as deemed appropriate by the board and in accordance with this chapter.
 91.11 Any delegation of a specified statutory duty or power to an employee of Direct Care and
 91.12 Treatment other than the chief executive officer must be made by written order and filed
 91.13 with the secretary of state. Only the chief executive officer shall have the powers and duties
 91.14 of the executive board as specified in section 246C.08.

91.15 Subd. 2. **Principles.** The executive board, in undertaking its duties and responsibilities
 91.16 and within Direct Care and Treatment resources, shall act according to the following
 91.17 principles:

91.18 (1) prevent the waste or unnecessary spending of public money;

91.19 (2) use innovative fiscal and human resource practices to manage the state's resources
 91.20 and operate the agency as efficiently as possible;

91.21 (3) coordinate Direct Care and Treatment activities wherever appropriate with the
 91.22 activities of other governmental agencies;

91.23 (4) use technology where appropriate to increase agency productivity, improve customer
 91.24 service, increase public access to information about government, and increase public
 91.25 participation in the business of government; and

91.26 (5) utilize constructive and cooperative labor management practices to the extent
 91.27 otherwise required by chapter 43A or 179A.

91.28 Subd. 3. **Powers and duties.** (a) The executive board has the power and duty to:

91.29 (1) set the overall strategic direction for Direct Care and Treatment, ensuring that Direct
 91.30 Care and Treatment delivers exceptional care and supports the well-being of all individuals
 91.31 served by Direct Care and Treatment;

- 92.1 (2) establish policies and procedures to govern the operation of the facilities, programs,
92.2 and services under the direct authority of Direct Care and Treatment;
- 92.3 (3) employ personnel and delegate duties and responsibilities to personnel as deemed
92.4 appropriate by the executive board, subject to chapters 43A and 179A and in accordance
92.5 with this chapter;
- 92.6 (4) review and approve the operating budget proposal for Direct Care and Treatment;
- 92.7 (5) accept and use gifts, grants, or contributions from any nonstate source or refuse to
92.8 accept any gift, grant, or contribution if acceptance would not be in the best interest of the
92.9 state;
- 92.10 (6) deposit all money received as gifts, grants, or contributions pursuant to section
92.11 246C.091, subdivision 1;
- 92.12 (7) expend or use any gift, grant, or contribution as nearly in accordance with the
92.13 conditions of the gift, grant, or contribution identified by the donor for a certain institution
92.14 or purpose, compatible with the best interests of the individuals under the jurisdiction of
92.15 the executive board and of the state;
- 92.16 (8) comply with all conditions and requirements necessary to receive federal aid or block
92.17 grants with respect to the establishment, construction, maintenance, equipment, or operation
92.18 of adequate facilities and services consistent with the mission of Direct Care and Treatment;
- 92.19 (9) enter into information-sharing agreements with federal and state agencies and other
92.20 entities, provided the agreements include adequate protections with respect to the
92.21 confidentiality and integrity of the information to be shared and comply with all applicable
92.22 state and federal laws, regulations, and rules;
- 92.23 (10) enter into interagency or service level agreements with a state department listed in
92.24 section 15.01; a multimember state agency described in section 15.012, paragraph (a); or
92.25 the Department of Information Technology Services;
- 92.26 (11) enter into contractual agreements with federally recognized Indian Tribes with a
92.27 reservation in Minnesota;
- 92.28 (12) enter into contracts with public and private agencies, private and nonprofit
92.29 organizations, and individuals, using appropriated money;
- 92.30 (13) establish and maintain any administrative units reasonably necessary for the
92.31 performance of administrative functions common to all programs or divisions of Direct
92.32 Care and Treatment;

93.1 (14) authorize the method of payment to or from Direct Care and Treatment as part of
 93.2 programs administered by Direct Care and Treatment, including authorization of the receipt
 93.3 or disbursement of money held by Direct Care and Treatment in a fiduciary capacity as part
 93.4 of the programs administered by Direct Care and Treatment;

93.5 (15) inform Tribal Nations and county agencies, on a timely basis, of changes in statute,
 93.6 rule, federal law, regulation, and policy necessary to Tribal or county agency administration
 93.7 of Direct Care and Treatment programs and services;

93.8 (16) report to the legislature on the performance of Direct Care and Treatment operations
 93.9 and the accomplishment of Direct Care and Treatment goals in its biennial budget in
 93.10 accordance with section 16A.10, subdivision 1;

93.11 (17) recommend to the legislature appropriate changes in law necessary to carry out the
 93.12 principles and improve the performance of Direct Care and Treatment; and

93.13 (18) exercise all powers reasonably necessary to implement and administer the
 93.14 requirements of this chapter and applicable state and federal law.

93.15 (b) The specific enumeration of powers and duties as set forth in this section shall not
 93.16 be construed as a limitation upon the general transfer of Direct Care and Treatment facilities,
 93.17 programs, and services from the Department of Human Services to Direct Care and Treatment
 93.18 under this chapter.

93.19 Subd. 4. **Powers and duties vested exclusively in the chair of the executive board.** The
 93.20 chair of the executive board has exclusive and solely independent authority to exercise the
 93.21 executive board's powers and duties under sections 253B.18, 253B.19, 253D.23, and 253D.28
 93.22 that involve any person subject to civil commitment under chapter 253B or 253D as a person
 93.23 who has a mental illness and is dangerous to the public, as a sexually dangerous person, or
 93.24 as a sexual psychopathic personality.

93.25 Subd. 5. **Creation of bylaws.** The board may establish bylaws governing its operations
 93.26 and the operations of Direct Care and Treatment in accordance with this chapter.

93.27 **EFFECTIVE DATE.** This section is effective July 1, 2024.

93.28 Sec. 23. **[246C.08] CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES.**

93.29 Subdivision 1. **Service.** The Direct Care and Treatment chief executive officer is
 93.30 appointed by the governor with the advice and consent of the senate and serves at the pleasure
 93.31 of the governor.

94.1 Subd. 2. Powers and duties. (a) The chief executive officer shall serve as chair of the
 94.2 executive board. The chief executive officer is responsible for the administrative and
 94.3 operational management of the agency in accordance with this chapter.

94.4 (b) The chief executive officer shall have all the powers of the executive board unless
 94.5 the executive board directs otherwise. The chief executive officer shall have the authority
 94.6 to speak for the executive board and Direct Care and Treatment within and outside the
 94.7 agency.

94.8 (c) In the event that a vacancy occurs for any reason within the chief executive officer
 94.9 position, the executive medical director appointed under section 246.018 shall immediately
 94.10 become the temporary chief executive officer until the governor appoints a new chief
 94.11 executive officer. During this period, the executive medical director shall have all the powers
 94.12 and authority delegated to the chief executive officer by the board and specified in this
 94.13 chapter except those specified in section 246C.07, subdivision 4. During this period, the
 94.14 governor has the exclusive and solely independent authority to exercise the powers and
 94.15 duties specified under section 246C.07, subdivision 4.

94.16 **EFFECTIVE DATE.** This section is effective July 1, 2024.

94.17 Sec. 24. **[246C.091] DIRECT CARE AND TREATMENT ACCOUNTS.**

94.18 Subdivision 1. **Gifts, grants, and contributions account.** (a) A gifts, grants, and
 94.19 contributions account is created in the special revenue fund in the state treasury. All money
 94.20 received by the executive board as a gift, grant, or contribution must be deposited in the
 94.21 gifts, grants, and contributions account. Beginning July 1, 2025, except as provided in
 94.22 paragraph (b), money in the account is annually appropriated to the Direct Care and
 94.23 Treatment executive board to accomplish the purposes of this chapter. Gifts, grants, or
 94.24 contributions received by the executive board exceeding current agency needs must be
 94.25 invested by the State Board of Investment in accordance with section 11A.24. Disbursements
 94.26 from the gifts, grants, and contributions account must be made in the manner provided for
 94.27 the issuance of other state payments.

94.28 (b) If the gift or contribution is designated for a certain person, institution, or purpose,
 94.29 the Direct Care and Treatment executive board must use the gift or contribution as specified
 94.30 in accordance with the conditions of the gift or contribution if compatible with the best
 94.31 interests of the person and the state. If a gift or contribution is accepted for the use and
 94.32 benefit of a person with a developmental disability, including those within a state hospital,
 94.33 research relating to persons with a developmental disability must be considered an appropriate
 94.34 use of the gift or contribution. Such money must not be used for any structures or installations

95.1 which by their nature would require state expenditures for their operation or maintenance
95.2 without specific legislative enactment.

95.3 Subd. 2. **Facilities management account.** A facilities management account is created
95.4 in the special revenue fund of the state treasury. Beginning July 1, 2025, money in the
95.5 account is appropriated to the Direct Care and Treatment executive board and may be used
95.6 to maintain buildings, acquire facilities, renovate existing buildings, or acquire land for the
95.7 design and construction of buildings for Direct Care and Treatment use. Money received
95.8 for maintaining state property under control of the executive board may be deposited into
95.9 this account.

95.10 Subd. 3. **Direct Care and Treatment systems account.** (a) The Direct Care and
95.11 Treatment systems account is created in the special revenue fund of the state treasury.
95.12 Beginning July 1, 2025, money in the account is appropriated to the Direct Care and
95.13 Treatment executive board and may be used for security systems and information technology
95.14 projects, services, and support under the control of the executive board.

95.15 (b) The commissioner of human services shall transfer all money allocated to the Direct
95.16 Care and Treatment systems projects under section 256.014 to the Direct Care and Treatment
95.17 systems account by June 30, 2026.

95.18 Subd. 4. **Cemetery maintenance account.** The cemetery maintenance account is created
95.19 in the special revenue fund of the state treasury. Money in the account is appropriated to
95.20 the executive board for the maintenance of cemeteries under control of the executive board.
95.21 Money allocated to Direct Care and Treatment cemeteries may be transferred to this account.

95.22 **EFFECTIVE DATE.** This section is effective July 1, 2024.

95.23 Sec. 25. Minnesota Statutes 2022, section 256.88, is amended to read:

95.24 **256.88 SOCIAL WELFARE FUND ESTABLISHED.**

95.25 Except as otherwise expressly provided, all moneys and funds held by the commissioner
95.26 of human services, the Direct Care and Treatment executive board, and the local social
95.27 services agencies of the several counties in trust or for the benefit of children with a disability
95.28 and children who are dependent, neglected, or delinquent, children born to mothers who
95.29 were not married to the children's fathers at the times of the conception nor at the births of
95.30 the children, persons determined to have developmental disability, mental illness, or substance
95.31 use disorder, or other wards or beneficiaries, under any law, shall be kept in a single fund
95.32 to be known as the "social welfare fund" which shall be deposited at interest, held, or
95.33 disbursed as provided in sections 256.89 to 256.92.

96.1 **EFFECTIVE DATE.** This section is effective July 1, 2024.

96.2 Sec. 26. Minnesota Statutes 2022, section 256.89, is amended to read:

96.3 **256.89 FUND DEPOSITED IN STATE TREASURY.**

96.4 The social welfare fund and all accretions thereto shall be deposited in the state treasury,
 96.5 as a separate and distinct fund, to the credit of the commissioner of human services and the
 96.6 Direct Care and Treatment executive board as ~~trustee~~ trustees for ~~the~~ their respective
 96.7 beneficiaries thereof in proportion to ~~their~~ the beneficiaries' several interests. The
 96.8 commissioner of management and budget shall be responsible only to the commissioner of
 96.9 human services and the Direct Care and Treatment executive board for the sum total of the
 96.10 fund, and shall have no duties nor direct obligations toward the beneficiaries thereof
 96.11 individually. Subject to the applicable rules of the commissioner of human services or the
 96.12 Direct Care and Treatment executive board, money so received by a local social services
 96.13 agency may be deposited by the executive secretary of the local social services agency in
 96.14 a local bank carrying federal deposit insurance, designated by the local social services
 96.15 agency for this purpose. The amount of such deposit in each such bank at any one time shall
 96.16 not exceed the amount protected by federal deposit insurance.

96.17 **EFFECTIVE DATE.** This section is effective July 1, 2024.

96.18 Sec. 27. Minnesota Statutes 2022, section 256.90, is amended to read:

96.19 **256.90 SOCIAL WELFARE FUND; USE; DISPOSITION; DEPOSITORIES.**

96.20 The commissioner of human services, in consultation with the Direct Care and Treatment
 96.21 executive board, at least 30 days before the first day of January and the first day of July in
 96.22 each year shall file with the commissioner of management and budget an estimate of the
 96.23 amount of the social welfare fund to be held in the treasury during the succeeding six-month
 96.24 period, subject to current disbursement. Such portion of the remainder thereof as may be at
 96.25 any time designated by the request of the commissioner of human services may be invested
 96.26 by the commissioner of management and budget in bonds in which the permanent trust
 96.27 funds of the state of Minnesota may be invested, upon approval by the State Board of
 96.28 Investment. The portion of such remainder not so invested shall be placed by the
 96.29 commissioner of management and budget at interest for the period of six months, or when
 96.30 directed by the commissioner of human services, for the period of 12 months thereafter at
 96.31 the highest rate of interest obtainable in a bank, or banks, designated by the board of deposit
 96.32 as a suitable depository therefor. All the provisions of law relative to the designation and
 96.33 qualification of depositories of other state funds shall be applicable to sections 256.88 to

97.1 256.92, except as herein otherwise provided. Any bond given, or collateral assigned or both,
97.2 to secure a deposit hereunder may be continuous in character to provide for the repayment
97.3 of any moneys belonging to the fund theretofore or thereafter at any time deposited in such
97.4 bank until its designation as such depository is revoked and the security thereof shall be not
97.5 impaired by any subsequent agreement or understanding as to the rate of interest to be paid
97.6 upon such deposit, or as to time for its repayment. The amount of money belonging to the
97.7 fund deposited in any bank, including other state deposits, shall not at any time exceed the
97.8 amount of the capital stock thereof. In the event of the closing of the bank any sum deposited
97.9 therein shall immediately become due and payable.

97.10 **EFFECTIVE DATE.** This section is effective July 1, 2024.

97.11 Sec. 28. Minnesota Statutes 2022, section 256.91, is amended to read:

97.12 **256.91 PURPOSES.**

97.13 From that part of the social welfare fund held in the state treasury subject to disbursement
97.14 as provided in section 256.90 the commissioner of human services or the Direct Care and
97.15 Treatment executive board at any time may pay out such amounts as the commissioner or
97.16 executive board deems proper for the support, maintenance, or other legal benefit of any of
97.17 the children with a disability and children who are dependent, neglected, or delinquent,
97.18 children born to mothers who were not married to the children's fathers at the times of the
97.19 conception nor at the births of the children, persons with developmental disability, substance
97.20 use disorder, or mental illness, or other wards or persons entitled thereto, not exceeding in
97.21 the aggregate to or for any person the principal amount previously received for the benefit
97.22 of the person, together with the increase in it from an equitable apportionment of interest
97.23 realized from the social welfare fund.

97.24 When any such person dies or is finally discharged from the guardianship, care, custody,
97.25 and control of the commissioner of human services or the Direct Care and Treatment
97.26 executive board, the amount then remaining subject to use for the benefit of the person shall
97.27 be paid as soon as may be from the social welfare fund to the persons thereto entitled by
97.28 law.

97.29 **EFFECTIVE DATE.** This section is effective July 1, 2024.

98.1 Sec. 29. Minnesota Statutes 2022, section 256.92, is amended to read:

98.2 **256.92 COMMISSIONER OF HUMAN SERVICES AND DIRECT CARE AND**
 98.3 **TREATMENT, ACCOUNTS.**

98.4 It shall be the duty of the commissioner of human services, the Direct Care and Treatment
 98.5 executive board, and of the local social services agencies of the several counties of this state
 98.6 to cause to be deposited with the commissioner of management and budget all moneys and
 98.7 funds in their possession or under their control and designated by section 256.91 as and for
 98.8 the social welfare fund; and all such moneys and funds shall be so deposited in the state
 98.9 treasury as soon as received. The commissioner of human services, in consultation with the
 98.10 Direct Care and Treatment executive board, shall keep books of account or other records
 98.11 showing separately the principal amount received and deposited in the social welfare fund
 98.12 for the benefit of any person, together with the name of such person, and the name and
 98.13 address, if known to the commissioner of human services or the Direct Care and Treatment
 98.14 executive board, of the person from whom such money was received; and, at least once
 98.15 every two years, the amount of interest, if any, which the money has earned in the social
 98.16 welfare fund shall be apportioned thereto and posted in the books of account or records to
 98.17 the credit of such beneficiary.

98.18 The provisions of sections 256.88 to 256.92 shall not apply to any fund or money now
 98.19 or hereafter deposited or otherwise disposed of pursuant to the lawful orders, decrees,
 98.20 judgments, or other directions of any district court having jurisdiction thereof.

98.21 **EFFECTIVE DATE.** This section is effective July 1, 2024.

98.22 Sec. 30. Laws 2023, chapter 61, article 8, section 1, the effective date, is amended to read:

98.23 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

98.24 Sec. 31. Laws 2023, chapter 61, article 8, section 2, the effective date, is amended to read:

98.25 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

98.26 Sec. 32. Laws 2023, chapter 61, article 8, section 3, the effective date, is amended to read:

98.27 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

98.28 Sec. 33. Laws 2023, chapter 61, article 8, section 8, the effective date, is amended to read:

98.29 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

99.1 Sec. 34. Laws 2024, chapter 79, article 1, section 18, is amended to read:

99.2 Sec. 18. **246C.015 DEFINITIONS.**

99.3 Subdivision 1. **Scope.** For purposes of this chapter, the following terms have the meanings
99.4 given.

99.5 Subd. 2. **Chief executive officer.** "Chief executive officer" means the ~~Department of~~
99.6 Direct Care and Treatment chief executive officer appointed according to section 246C.08.

99.7 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of human services.

99.8 Subd. 4. **Community preparation services.** "Community preparation services" means
99.9 specialized inpatient or outpatient services operated outside of a secure environment but
99.10 administered by a secure treatment facility.

99.11 Subd. 5. **County of financial responsibility.** "County of financial responsibility" has
99.12 the meaning given in section 256G.02, subdivision 4.

99.13 Subd. 5a. **Direct Care and Treatment.** "Direct Care and Treatment" means the agency
99.14 of Direct Care and Treatment established under this chapter.

99.15 Subd. 6. **Executive board.** "Executive board" means the ~~Department of~~ Direct Care and
99.16 Treatment executive board established under section 246C.06.

99.17 Subd. 7. **Executive medical director.** "Executive medical director" means the licensed
99.18 physician serving as executive medical director in the ~~Department of~~ Direct Care and
99.19 Treatment under section 246C.09.

99.20 Subd. 8. **Head of the facility or head of the program.** "Head of the facility" or "head
99.21 of the program" means the person who is charged with overall responsibility for the
99.22 professional program of care and treatment of the facility or program.

99.23 Subd. 9. **Indian.** "Indian" has the meaning given in section 260.755, subdivision 7.

99.24 Subd. 10. **Secure treatment facility.** "Secure treatment facility" means a facility as
99.25 defined in section 253B.02, subdivision 18a, or 253D.02, subdivision 13.

99.26 Subd. 11. **Tobacco; tobacco-related device.** "Tobacco" and "tobacco-related device"
99.27 have the meanings given in section 609.685, subdivision 1.

99.28 **EFFECTIVE DATE.** This section is effective July 1, 2024.

100.1 Sec. 35. Laws 2024, chapter 79, article 1, section 23, is amended to read:

100.2 Sec. 23. **246C.06 EXECUTIVE BOARD; POWERS AND DUTIES** MEMBERSHIP;
 100.3 GOVERNANCE.

100.4 Subdivision 1. **Establishment.** The Direct Care and Treatment executive board ~~of the~~
 100.5 ~~Department of Direct Care and Treatment~~ is established.

100.6 Subd. 2. **Membership of the executive board.** ~~The executive board shall consist of no~~
 100.7 ~~more than five members, all appointed by the governor.~~ (a) The Direct Care and Treatment
 100.8 executive board consists of ten members with eight voting members and two nonvoting
 100.9 members. The eight voting members must include six members appointed by the governor
 100.10 with the advice and consent of the senate in accordance with paragraph (b), the chief
 100.11 executive officer, and the commissioner of human services or a designee. The two nonvoting
 100.12 members must be appointed in accordance with paragraph (c). Section 15.0597 applies to
 100.13 all executive board appointments except for the commissioner of human services and the
 100.14 chief executive officer.

100.15 (b) The executive board voting members appointed by the governor other than the
 100.16 commissioner of human services and the chief executive officer must meet the following
 100.17 qualifications:

100.18 (1) one member must be a licensed physician who is a psychiatrist or has experience in
 100.19 servicing behavioral health patients;

100.20 (2) two members must have experience serving on a hospital or nonprofit board; and

100.21 (3) three members must have experience working: (i) as a public labor union
 100.22 representative; (ii) in the delivery of behavioral health services or care coordination or in
 100.23 traditional healing practices; (iii) as a licensed health care professional; (iv) within health
 100.24 care administration; or (v) with residential services.

100.25 (c) The executive board nonvoting members must be appointed as follows:

100.26 (1) one member appointed by the Association of Counties; and

100.27 (2) one member who has an active role as a union representative representing staff at
 100.28 Direct Care and Treatment appointed by joint representatives of the following unions:
 100.29 American Federation of State and Municipal Employees (AFSCME); Minnesota Association
 100.30 of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle
 100.31 Management Association (MMA); and State Residential Schools Education Association
 100.32 (SRSEA).

101.1 (d) Membership on the board must include representation from outside the seven-county
 101.2 metropolitan area, as defined in section 473.121, subdivision 2.

101.3 (e) A voting member of the executive board must not be or must not have been within
 101.4 one year prior to appointment: (1) an employee of Direct Care and Treatment; (2) an
 101.5 employee of a county, including a county commissioner; (3) an active employee or
 101.6 representative of a labor union that represents employees of Direct Care and Treatment; or
 101.7 (4) a member of the state legislature. This paragraph does not apply to the nonvoting
 101.8 members, the chief executive officer, or the commissioner of human services or designee.

101.9 ~~Subd. 3. **Qualifications of members** Procedures. An executive board member's~~
 101.10 ~~qualifications must be appropriate for overseeing a complex behavioral health system, such~~
 101.11 ~~as experience serving on a hospital or nonprofit board, serving as a public sector labor union~~
 101.12 ~~representative, delivering behavioral health services or care coordination, or working as a~~
 101.13 ~~licensed health care provider in an allied health profession or in health care administration.~~
 101.14 Except as otherwise provided for in this section, the membership terms and removal and
 101.15 filling of vacancies for the executive board are governed by section 15.0575.

101.16 ~~Subd. 4. **Accepting contributions or gifts** Compensation. (a) The executive board has~~
 101.17 ~~the power and authority to accept, on behalf of the state, contributions and gifts of money~~
 101.18 ~~and personal property for the use and benefit of the residents of the public institutions under~~
 101.19 ~~the executive board's control. All money and securities received must be deposited in the~~
 101.20 ~~state treasury subject to the order of the executive board. Notwithstanding section 15.0575,~~
 101.21 ~~subdivision 3, paragraph (a), the nonvoting members of the executive board must not receive~~
 101.22 ~~daily compensation for executive board activities. Nonvoting members of the executive~~
 101.23 ~~board may receive expenses in the same manner and amount as authorized by the~~
 101.24 ~~commissioner's plan adopted under section 43A.18, subdivision 2. Nonvoting members~~
 101.25 ~~who, as a result of time spent attending board meetings, incur child care expenses that would~~
 101.26 ~~not otherwise have been incurred, may be reimbursed for those expenses upon board~~
 101.27 ~~authorization.~~

101.28 ~~(b) If the gift or contribution is designated by the donor for a certain institution or purpose,~~
 101.29 ~~the executive board shall expend or use the money as nearly in accordance with the conditions~~
 101.30 ~~of the gift or contribution, compatible with the best interests of the individuals under the~~
 101.31 ~~jurisdiction of the executive board and the state. Notwithstanding section 15.0575, subdivision~~
 101.32 ~~3, paragraph (a), the Compensation Council under section 15A.082 must determine the~~
 101.33 ~~compensation for voting members of the executive board per day spent on executive board~~
 101.34 ~~activities authorized by the executive board. Voting members of the executive board may~~
 101.35 ~~also receive the expenses in the same manner and amount as authorized by the commissioner's~~

102.1 plan adopted under section 43A.18, subdivision 2. Voting members who, as a result of time
 102.2 spent attending board meetings, incur child care expenses that would not otherwise have
 102.3 been incurred, may be reimbursed for those expenses upon board authorization.

102.4 (c) The commissioner of management and budget must publish the daily compensation
 102.5 rate for voting members of the executive board determined under paragraph (b) on the
 102.6 Department of Management and Budget's website.

102.7 (d) Voting members of the executive board must adopt internal standards prescribing
 102.8 what constitutes a day spent on board activities for the purposes of making payments
 102.9 authorized under paragraph (b).

102.10 (e) All other requirements under section 15.0575, subdivision 3, apply to the
 102.11 compensation of executive board members.

102.12 (f) This subdivision does not apply to the chief executive officer or the commissioner
 102.13 of human services or the commissioner's designee.

102.14 Subd. 5. ~~Federal aid or block grants~~ Chair; officers. ~~The executive board may comply~~
 102.15 ~~with all conditions and requirements necessary to receive federal aid or block grants with~~
 102.16 ~~respect to the establishment, constructions, maintenance, equipment, or operation of adequate~~
 102.17 ~~facilities and services consistent with the mission of the Department of Direct Care and~~
 102.18 ~~Treatment.~~ (a) The chief executive officer shall serve as the chair.

102.19 (b) The executive board must elect officers from among the voting membership appointed
 102.20 by the governor. The elected officers shall serve for one year.

102.21 Subd. 6. ~~Operation of a communication systems account~~ Terms. ~~(a) The executive~~
 102.22 ~~board may operate a communications systems account established in Laws 1993, First~~
 102.23 ~~Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared~~
 102.24 ~~communication costs necessary for the operation of the regional treatment centers the~~
 102.25 ~~executive board supervises.~~ Except for the commissioner of human services and the chief
 102.26 executive officer, executive board members must not serve more than two consecutive terms
 102.27 unless service beyond two consecutive terms is approved by the majority of voting members.
 102.28 The chief executive officer and the commissioner of human services or designee shall serve
 102.29 until replaced by the governor.

102.30 ~~(b) Each account must be used to manage shared communication costs necessary for the~~
 102.31 ~~operations of the regional treatment centers the executive board supervises. The executive~~
 102.32 ~~board may distribute the costs of operating and maintaining communication systems to~~
 102.33 ~~participants in a manner that reflects actual usage. Costs may include acquisition, licensing,~~

103.1 ~~insurance, maintenance, repair, staff time, and other costs as determined by the executive~~
 103.2 ~~board.~~ An executive board member may resign at any time by giving written notice to the
 103.3 executive board.

103.4 ~~(c) Nonprofit organizations and state, county, and local government agencies involved~~
 103.5 ~~in the operation of regional treatment centers the executive board supervises may participate~~
 103.6 ~~in the use of the executive board's communication technology and share in the cost of~~
 103.7 ~~operation.~~ The initial term of the member appointed under subdivision 2, paragraph (b),
 103.8 clause (1), is two years. The initial term of the members appointed under subdivision 2,
 103.9 paragraph (b), clause (2), is three years. The initial term of the members appointed under
 103.10 subdivision 2, paragraph (b), clause (3), and the members appointed under subdivision 2,
 103.11 paragraph (c), is four years.

103.12 ~~(d) The executive board may accept on behalf of the state any gift, bequest, devise,~~
 103.13 ~~personal property of any kind, or money tendered to the state for any lawful purpose~~
 103.14 ~~pertaining to the communication activities under this section. Any money received for this~~
 103.15 ~~purpose must be deposited into the executive board's communication systems account.~~
 103.16 ~~Money collected by the executive board for the use of communication systems must be~~
 103.17 ~~deposited into the state communication systems account and is appropriated to the executive~~
 103.18 ~~board for purposes of this section.~~ After the initial term, the term length of all appointed
 103.19 executive board members is four years.

103.20 Subd. 7. **Conflicts of interest.** Executive board members must recuse themselves from
 103.21 discussion of and voting on an official matter if the executive board member has a conflict
 103.22 of interest. A conflict of interest means an association, including a financial or personal
 103.23 association, that has the potential to bias or have the appearance of biasing an executive
 103.24 board member's decision in matters related to Direct Care and Treatment or the conduct of
 103.25 activities under this chapter.

103.26 Subd. 8. **Meetings.** The executive board must meet at least four times per fiscal year at
 103.27 a place and time determined by the executive board.

103.28 Subd. 9. **Quorum.** A majority of the voting members of the executive board constitutes
 103.29 a quorum. The affirmative vote of a majority of the voting members of the executive board
 103.30 is necessary and sufficient for action taken by the executive board.

103.31 Subd. 10. **Immunity; indemnification.** (a) Members of the executive board are immune
 103.32 from civil liability for any act or omission occurring within the scope of the performance
 103.33 of their duties under this chapter.

104.1 (b) When performing executive board duties or actions, members of the executive board
 104.2 are employees of the state for purposes of indemnification under section 3.736, subdivision
 104.3 9.

104.4 Subd. 11. **Rulemaking.** (a) The executive board is authorized to adopt, amend, and
 104.5 repeal rules in accordance with chapter 14 under the executive board's authority to implement
 104.6 this chapter or any responsibilities of Direct Care and Treatment specified in state law.

104.7 (b) Until July 1, 2030, the executive board may adopt rules using the expedited
 104.8 rulemaking process in section 14.389.

104.9 (c) All orders, rules, delegations, permits, and other privileges issued or granted by the
 104.10 Department of Human Services with respect to any function of Direct Care and Treatment
 104.11 and in effect at the time of the establishment of Direct Care and Treatment shall continue
 104.12 in effect as if such establishment had not occurred. The executive board may amend or
 104.13 repeal rules applicable to Direct Care and Treatment that were established by the Department
 104.14 of Human Services in accordance with chapter 14.

104.15 **EFFECTIVE DATE.** This section is effective July 1, 2024.

104.16 Sec. 36. Laws 2024, chapter 79, article 1, section 24, is amended to read:

104.17 Sec. 24. **246C.10 FORENSIC SERVICES.**

104.18 Subdivision 1. **Maintenance of forensic services.** (a) The executive board shall create
 104.19 and maintain forensic services programs.

104.20 (b) The executive board must provide forensic services in coordination with counties
 104.21 and other vendors.

104.22 (c) Forensic services must include specialized inpatient programs at secure treatment
 104.23 facilities, consultive services, aftercare services, community-based services and programs,
 104.24 transition services, nursing home services, or other services consistent with the mission of
 104.25 ~~the Department of~~ Direct Care and Treatment.

104.26 (d) The executive board ~~shall~~ may adopt rules to carry out the provision of this section
 104.27 and to govern the operation of the services and programs under the direct administrative
 104.28 authority of the executive board.

104.29 **EFFECTIVE DATE.** This section is effective July 1, 2024.

105.1 Sec. 37. Laws 2024, chapter 79, article 1, section 25, subdivision 3, is amended to read:

105.2 Subd. 3. **Comprehensive system of services.** The establishment of state-operated,
 105.3 community-based programs must be within the context of a comprehensive definition of
 105.4 the role of state-operated services in the state. The role of state-operated services must be
 105.5 defined within the context of a comprehensive system of services for persons with
 105.6 developmental disability.

105.7 **EFFECTIVE DATE.** This section is effective July 1, 2024.

105.8 Sec. 38. Laws 2024, chapter 79, article 10, section 1, is amended to read:

105.9 Section 1. **REVISOR INSTRUCTION.**

105.10 The revisor of statutes shall renumber each provision of Minnesota Statutes listed in
 105.11 column A as amended in this act to the number listed in column B.

105.12	Column A	Column B
105.13	245.036	246C.16, subdivision 1
105.14	245.037	246C.16, subdivision 2
105.15	245.041	246C.15
105.16	245.474, subdivision 1	246C.12, subdivision 1
105.17	245.474, subdivision 2	246C.12, subdivision 2
105.18	245.474, subdivision 3	246C.12, subdivision 3
105.19	245.474, subdivision 4	246C.12, subdivision 4
105.20	246.0135, paragraph (a)	246C.18, subdivision 2, paragraph (a)
105.21	246.0135, paragraph (b)	246C.18, subdivision 2, paragraph (b)
105.22	246.0135, paragraph (c)	246C.18, subdivision 2, paragraph (c)
105.23	246.0135, paragraph (d)	246C.18, subdivision 3
105.24	246.018, subdivision 1	246C.09, subdivision 1
105.25	246.018, subdivision 2	246C.09, subdivision 2
105.26	246.018, subdivision 3	246C.09, subdivision 3
105.27	246.018, subdivision 4	246C.09, subdivision 4
105.28		246C.06, subdivision 7 <u>246C.07,</u>
105.29	246.12	<u>subdivision 7</u>
105.30	246.128	246C.18, subdivision 1
105.31	246.129	246C.18, subdivision 4
105.32	246.14	246C.16, subdivision 3
105.33	246.23, subdivision 2	246.555, subdivision 1
105.34	246.23, subdivision 3	246.555, subdivision 2

106.1	246.23, subdivision 4	246.555, subdivision 3
106.2	246.23, subdivision 5	246.555, subdivision 4
106.3	246.23, subdivision 6	246.555, subdivision 5
106.4		246C.06, subdivision 8 <u>246C.07,</u>
106.5	246.234	<u>subdivision 5</u>
106.6	246.24	246C.16, subdivision 4
106.7	246.27	246C.19
106.8		246C.06, subdivision 9 <u>246C.07,</u>
106.9	246.36	<u>subdivision 6</u>
106.10	246.41, subdivision 1	246C.06, subdivision 10, paragraph
106.11		(a)
106.12	246.41, subdivision 2	246C.06, subdivision 10, paragraph
106.13		(b)
106.14	246.41, subdivision 3	246C.06, subdivision 10, paragraph
106.15		(c)
106.16	246.70	246C.18, subdivision 5
106.17	246B.02	246C.13
106.18	251.012, subdivision 1	246.575, subdivision 1
106.19	251.012, subdivision 2	246.575, subdivision 2
106.20	251.012, subdivision 3	246.575, subdivision 3
106.21	251.012, subdivision 4	246.575, subdivision 4
106.22	251.041	176.87
106.23	251.042	176.871
106.24	251.043, subdivision 1	176.872, subdivision 1
106.25	251.043, subdivision 1a	176.872, subdivision 2
106.26	251.043, subdivision 1b	176.872, subdivision 3
106.27	251.043, subdivision 2	176.872, subdivision 4
106.28	251.043, subdivision 3	176.872, subdivision 5
106.29	251.044	176.873
106.30	251.051	176.874
106.31	251.052	176.875
106.32	251.053	176.876
106.33	251.15, subdivision 1	176.872, subdivision 6, paragraph (a)
106.34	251.15, subdivision 2	176.872, subdivision 6, paragraph (b)
106.35	251.17	246C.14
106.36	252.50, subdivision 2	246C.16, subdivision 5
106.37	252.50, subdivision 4	246C.10, subdivision 2
106.38	252.50, subdivision 6	246.65
106.39	252.50, subdivision 7	246.585
106.40	252.50, subdivision 8	246.588

107.1	252.50, subdivision 10	246.611
107.2	253.015, subdivision 1	253B.10, subdivision 6
107.3	253.016	246.554
107.4	253.017, subdivision 1	246.591
107.5	253.017, subdivision 2	246C.10, subdivision 3
107.6	253.017, subdivision 3	246C.10, subdivision 4
107.7	253.13	253.245
107.8	253C.01, subdivision 1	245A.27, subdivision 1
107.9	253C.01, subdivision 2	245A.27, subdivision 2
107.10	253C.01, subdivision 3	245A.27, subdivision 3
107.11	256.0121, subdivision 1	246.595, subdivision 1
107.12	256.0121, subdivision 2	246.595, subdivision 2
107.13	256.0121, subdivision 3	246.595, subdivision 3

107.14 Sec. 39. Laws 2024, chapter 79, article 10, section 6, is amended to read:

107.15 Sec. 6. **EFFECTIVE DATE.**

107.16 ~~(a) Article 1, section 23, is effective July 1, 2024.~~ This act is effective July 1, 2024.

107.17 ~~(b) Article 1, sections 1 to 22 and 24 to 31, and articles 2 to 10 are effective January 1,~~
107.18 ~~2025.~~

107.19 Sec. 40. **INITIAL APPOINTMENTS AND COMPENSATION OF THE DIRECT**
107.20 **CARE AND TREATMENT EXECUTIVE BOARD AND CHIEF EXECUTIVE**
107.21 **OFFICER.**

107.22 Subdivision 1. **Executive board.** (a) The initial appointments of the members of the
107.23 Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06,
107.24 must be made by January 1, 2025.

107.25 (b) Prior to the first Compensation Council determination of the daily compensation rate
107.26 for voting members of the executive board under Minnesota Statutes, section 246C.06,
107.27 subdivision 4, paragraph (b), voting members of the executive board must be paid the per
107.28 diem rate provided for in Minnesota Statutes, section 15.0575, subdivision 3, paragraph (a).

107.29 (c) The executive board is exempt from Minnesota Statutes, section 13D.01, until the
107.30 authority and responsibilities for Direct Care and Treatment are transferred to the executive
107.31 board in accordance with Minnesota Statutes, section 246C.04.

108.1 Subd. 2. **Chief executive officer.** (a) No later than October 1, 2024, the governor shall
108.2 appoint a chief executive officer designee of Direct Care and Treatment. The individual
108.3 appointed as the chief executive officer designee of Direct Care and Treatment shall become
108.4 the governor's appointee as chief executive officer of Direct Care and Treatment on January
108.5 1, 2025, and shall serve as the chair of the executive board effective January 1, 2025.

108.6 (b) Prior to the first Compensation Council determination under Minnesota Statutes,
108.7 section 15A.082, of the salary of the chief executive officer, the salary of the chief executive
108.8 officer must equal the amount paid to the chief executive officer of the direct care and
108.9 treatment division of the Department of Human Services as of June 30, 2025.

108.10 (c) Between October 1, 2024, and June 30, 2025, the chief executive officer designee
108.11 shall receive the same per diem that voting members of the executive board receive under
108.12 subdivision 1, paragraph (b), except on any day the designee is an employee of the state,
108.13 the designee must not receive a per diem.

108.14 Subd. 3. **Commissioner of human services to consult.** In preparing the budget estimates
108.15 required under Minnesota Statutes, section 16A.10, for the direct care and treatment division
108.16 for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative
108.17 session that involve direct care and treatment operations, the commissioner of human services
108.18 must consult with the chief executive officer designee and the Direct Care and Treatment
108.19 executive board before submitting the budget estimates or legislative proposals. If the
108.20 executive board is not appointed by the date the budget estimates must be submitted to the
108.21 commissioner of management and budget, the commissioner of human services must provide
108.22 the executive board with a summary of the budget estimates that were submitted.

108.23 **EFFECTIVE DATE.** This section is effective July 1, 2024.

108.24 Sec. 41. **REVISOR INSTRUCTION.**

108.25 The revisor of statutes shall change the term "Department of Human Services" to "Direct
108.26 Care and Treatment" wherever the term appears in respect to the governmental entity with
108.27 programmatic direction and fiscal control over state-operated services, programs, or facilities
108.28 under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary
108.29 changes to sentence structure to preserve the meaning of the text.

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

109.1 Sec. 42. **REVISOR INSTRUCTION.**

109.2 The revisor of statutes shall change the term "Department of Direct Care and Treatment"
109.3 to "Direct Care and Treatment" wherever the term appears in respect to the governmental
109.4 entity with programmatic direction and fiscal control over state-operated services, programs,
109.5 or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and
109.6 other necessary changes to sentence structure to preserve the meaning of the text.

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

109.8 Sec. 43. **REVISOR INSTRUCTION.**

109.9 The revisor of statutes, in consultation with the House Research Department; the Office
109.10 of Senate Counsel, Research, and Fiscal Analysis; the Department of Human Services; and
109.11 Direct Care and Treatment, shall make necessary cross-reference changes to conform with
109.12 this act. The revisor may make technical and other necessary changes to sentence structure
109.13 to preserve the meaning of the text. The revisor may alter the coding in this act to incorporate
109.14 statutory changes made by other law in the 2024 regular legislative session.

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

109.16 Sec. 44. **REPEALER.**

109.17 (a) Minnesota Statutes 2022, section 246.41, is repealed.

109.18 (b) Minnesota Statutes 2023 Supplement, section 246C.03, is repealed.

109.19 **EFFECTIVE DATE.** This section is effective July 1, 2024.

109.20

ARTICLE 6

109.21

MISCELLANEOUS

109.22 Section 1. **FREE COMMUNICATION SERVICES.**

109.23 Subdivision 1. **Free communication services.** (a) A facility must provide patients and
109.24 clients with voice communication services. A facility may supplement voice communication
109.25 services with other communication services, including but not limited to video
109.26 communication and email or electronic messaging services. A facility must continue to
109.27 offer the services the facility offered as of January 1, 2024.

109.28 (b) To the extent that voice or other communication services are provided, which must
109.29 not be limited beyond program participation and routine facility policies and procedures,

110.1 neither the individual initiating the communication nor the individual receiving the
110.2 communication must be charged for the service.

110.3 Subd. 2. **Communication services restrictions.** Nothing in this section allows a patient
110.4 or client to violate an active protection order, harassment restraining order, or other no-contact
110.5 order or directive. Nothing in this section entitles a civilly committed person to
110.6 communication services restricted or limited under Minnesota Statutes, section 253B.03,
110.7 subdivision 3, or 253D.19.

110.8 Subd. 3. **Revenue prohibited.** Direct Care and Treatment must not receive revenue
110.9 from the provision of voice communication services or any other communication services
110.10 under this section.

110.11 Subd. 4. **Visitation programs.** (a) Facilities shall maintain in-person visits for patients
110.12 or clients. Communication services, including video calls, must not be used to replace a
110.13 facility's in-person visitation program or be counted toward a patient's or client's in-person
110.14 visitation limit.

110.15 (b) Notwithstanding paragraph (a), the Direct Care and Treatment executive board may
110.16 waive the in-person visitation program requirement under this subdivision if there is:

110.17 (1) a declared emergency under Minnesota Statutes, section 12.31; or

110.18 (2) a local-, state-, or federal-declared natural disaster.

110.19 Subd. 5. **Reporting.** (a) By January 15, 2027, the Direct Care and Treatment executive
110.20 board must report the information described in paragraph (b) to the commissioner of
110.21 corrections. By March 15, 2027, the commissioner of corrections must submit a summary
110.22 of the information submitted under this paragraph to the chairs and ranking minority members
110.23 of the legislative committees having jurisdiction over corrections and human services policy
110.24 and finance.

110.25 (b) The Direct Care and Treatment executive board must include the following
110.26 information covering fiscal year 2025 in its annual report to the commissioner of corrections
110.27 required under paragraph (a):

110.28 (1) the status of all the agency's communication contracts; efforts to renegotiate the
110.29 agency's communication contracts, including the rates the agency is paying or charging
110.30 confined people or community members for any and all services in the contracts; and plans
110.31 to consolidate the agency's communication contracts to maximize purchasing power;

111.1 (2) a complete and detailed accounting of how appropriated funds for communication
111.2 services are spent, including spending on expenses previously covered by commissions;
111.3 and

111.4 (3) summary data on usage of all communication services, including monthly call and
111.5 message volume.

111.6 Subd. 6. **Definitions.** For the purposes of this section, the following terms have the
111.7 meanings given:

111.8 (1) "voice communications" means real-time, audio-only communication services,
111.9 namely phone calls made over wireline telephony, voice over Internet protocol, or any other
111.10 technology infrastructure;

111.11 (2) "other communication services" means communication services other than voice
111.12 communications, including but not limited to video calls and electronic messages; and

111.13 (3) "facility" means any facility, setting, or program owned, operated, or under the
111.14 programmatic or fiscal control of Direct Care and Treatment.

111.15 Subd. 7. **Expiration.** Subdivisions 1 to 4 expire June 30, 2026. Subdivisions 5 and 6
111.16 expire upon submission by the Direct Care and Treatment executive board of the report to
111.17 the legislature required under subdivision 5.

111.18 Sec. 2. **COMMUNITY CARE HUB PLANNING GRANT.**

111.19 Subdivision 1. **Establishment.** The commissioner of health shall establish a single grant
111.20 to develop and design programs to expand and strengthen the community care hub model,
111.21 which organizes and supports a network of health and social care service providers to address
111.22 health-related social needs.

111.23 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
111.24 meanings given.

111.25 (b) "Community-based organization" means a public or private nonprofit organization
111.26 of demonstrated effectiveness that is representative of a community or significant segments
111.27 of a community and provides educational or related services to individuals in the community.

111.28 (c) "Community care hub" means a nonprofit organization that provides a centralized
111.29 administrative and operational interface between health care institutions and a network of
111.30 community-based organizations that provide health promotion and social care services.

112.1 (d) "Health-related social needs" means the individual-level, adverse social conditions
 112.2 that can negatively impact a person's health or health care, such as poor health literacy, food
 112.3 insecurity, housing instability, and lack of access to transportation.

112.4 (e) "Social care services" means culturally informed services to address health-related
 112.5 social needs and community-informed health promotion programs.

112.6 Subd. 3. **Eligible applicants.** To be eligible for the single grant available under this
 112.7 section, a grant applicant must:

112.8 (1) be recognized as a selected community care hub by the federal Administration for
 112.9 Community Living and the Centers for Disease Control and Prevention;

112.10 (2) hold contracts with health plans within Minnesota that allow the applicant to provide
 112.11 social care services to a plan's covered member population; and

112.12 (3) demonstrate active engagement in providing, coordinating, and aiding health care
 112.13 and social care services at the community level.

112.14 Subd. 4. **Eligible uses.** The grantee must use awarded funding to develop and design
 112.15 programs that support the development of a social care network that provides services to
 112.16 address health-related social needs. Activities eligible for funding under this section include
 112.17 but are not limited to education activities, feasibility studies, program design, and pilots.

112.18 **EFFECTIVE DATE.** This section is effective July 1, 2024.

112.19 Sec. 3. **DIRECTION TO COMMISSIONER; WAIVER TO NURSE STAFFING**
 112.20 **REQUIREMENTS.**

112.21 The commissioner of health must submit a request for a waiver to the requirement that
 112.22 nursing homes have a registered nurse on site 24 hours per day.

112.23

ARTICLE 7

112.24

TECHNICAL CORRECTIONS

112.25 Section 1. Minnesota Statutes 2023 Supplement, section 256R.55, subdivision 9, is amended
 112.26 to read:

112.27 Subd. 9. **Carryforward.** Notwithstanding section 16A.28, subdivision 3, any
 112.28 appropriation for the purposes under this section ~~carries forward and does not lapse until~~
 112.29 ~~the close of the fiscal year in which this section expires~~ is available until June 30, 2029.

113.1 Sec. 2. Laws 2023, chapter 61, article 1, section 67, subdivision 3, is amended to read:

113.2 Subd. 3. **Evaluation and report.** (a) The Metropolitan Center for Independent Living
113.3 must contract with a third party to evaluate the pilot project's impact on health care costs,
113.4 retention of personal care assistants, and patients' and providers' satisfaction of care. The
113.5 evaluation must include the number of participants, the hours of care provided by participants,
113.6 and the retention of participants from semester to semester.

113.7 (b) By January 15, ~~2025~~ 2026, the Metropolitan Center for Independent Living must
113.8 report the findings under paragraph (a) to the chairs and ranking minority members of the
113.9 legislative committees with jurisdiction over human services finance and policy.

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

113.11 Sec. 3. Laws 2023, chapter 61, article 4, section 11, the effective date, is amended to read:

113.12 **EFFECTIVE DATE.** This section is effective January 1, ~~2024~~ 2025, or upon federal
113.13 approval, whichever is later. The commissioner shall notify the revisor of statutes when
113.14 federal approval is obtained.

113.15 **ARTICLE 8**

113.16 **APPROPRIATIONS**

113.17 Section 1. **HUMAN SERVICES APPROPRIATION.**

113.18 The sums shown in the columns marked "Appropriations" are added to or, if shown in
113.19 parentheses, subtracted from the appropriations in Laws 2023, chapter 61, article 9; Laws
113.20 2023, chapter 70, article 20; and Laws 2023, chapter 74, section 6, to the agencies and for
113.21 the purposes specified in this article. The appropriations are from the general fund or other
113.22 named fund and are available for the fiscal years indicated for each purpose. The figures
113.23 "2024" and "2025" used in this article mean that the addition to or subtraction from the
113.24 appropriation listed under them is available for the fiscal year ending June 30, 2024, or June
113.25 30, 2025, respectively. Base adjustments mean the increase or decrease of the base level
113.26 adjustment set in Laws 2023, chapter 61, article 9; Laws 2023, chapter 70, article 20; and
113.27 Laws 2023, chapter 74, section 6. Supplemental appropriations and reductions to
113.28 appropriations for the fiscal year ending June 30, 2024, are effective the day following final
113.29 enactment unless a different effective date is explicit.

113.30 **APPROPRIATIONS**

113.31 **Available for the Year**

113.32 **Ending June 30**

113.33 **2024**

2025

115.1	<u>Subd. 4. Central Office; Behavioral Health,</u>		
115.2	<u>Housing, and Deaf and Hard-of-Hearing</u>		
115.3	<u>Services</u>	<u>-0-</u>	<u>1,265,000</u>
115.4	<u>Carryforward Authority. Notwithstanding</u>		
115.5	<u>Minnesota Statutes, section 16A.28,</u>		
115.6	<u>subdivision 3, \$935,000 in fiscal year 2025 is</u>		
115.7	<u>available until June 30, 2027.</u>		
115.8	<u>Subd. 5. Forecasted Programs; Medical</u>		
115.9	<u>Assistance</u>	<u>-0-</u>	<u>7,994,000</u>
115.10	<u>Critical Access Nursing Facility Rate</u>		
115.11	<u>Adjustments. \$3,277,000 is for rate</u>		
115.12	<u>adjustments for critical access nursing</u>		
115.13	<u>facilities under Minnesota Statutes, section</u>		
115.14	<u>256R.47. Notwithstanding Minnesota Statutes,</u>		
115.15	<u>section 16A.28, subdivision 3, this</u>		
115.16	<u>appropriation is available until June 30, 2027.</u>		
115.17	<u>This is a onetime appropriation.</u>		
115.18	<u>Subd. 6. Forecasted Programs; Alternative Care</u>	<u>-0-</u>	<u>49,000</u>
115.19	<u>Subd. 7. Forecasted Programs; Behavioral</u>		
115.20	<u>Health Fund</u>	<u>-0-</u>	<u>1,519,000</u>
115.21	<u>Subd. 8. Grant Programs; Other Long Term</u>		
115.22	<u>Care Grants</u>	<u>-0-</u>	<u>1,675,000</u>
115.23	<u>(a) Health Awareness Hub Pilot Project.</u>		
115.24	<u>\$575,000 in fiscal year 2025 is for a grant to</u>		
115.25	<u>the Organization for Liberians in Minnesota</u>		
115.26	<u>for a health awareness hub pilot project. The</u>		
115.27	<u>pilot project must seek to address health care</u>		
115.28	<u>education and the physical and mental</u>		
115.29	<u>wellness needs of elderly individuals within</u>		
115.30	<u>the African immigrant community by offering</u>		
115.31	<u>culturally relevant support, resources, and</u>		
115.32	<u>preventive care education from medical</u>		
115.33	<u>practitioners who have a similar background,</u>		
115.34	<u>and by making appropriate referrals to</u>		
115.35	<u>culturally competent programs, supports, and</u>		
115.36	<u>medical care. Within six months of the</u>		

116.1 conclusion of the pilot project, the
 116.2 Organization for Liberians in Minnesota must
 116.3 provide the commissioner with an evaluation
 116.4 of the project as determined by the
 116.5 commissioner. Notwithstanding Minnesota
 116.6 Statutes, section 16A.28, subdivision 3, this
 116.7 appropriation is available until June 30, 2027.
 116.8 This is a onetime appropriation.

116.9 **(b) Chapter 245D Compliance Support**
 116.10 **Grant. \$450,000 in fiscal year 2025 is for a**
 116.11 **grant to Equitable Development Action to**
 116.12 **support minority providers licensed under**
 116.13 **Minnesota Statutes, chapter 245D, as intensive**
 116.14 **support services providers to build skills and**
 116.15 **the infrastructure needed to increase the**
 116.16 **quality of services provided to the people the**
 116.17 **providers serve while complying with the**
 116.18 **requirements of Minnesota Statutes, chapter**
 116.19 **245D, and to enable the providers to accept**
 116.20 **clients with high behavioral needs.**

116.21 Notwithstanding Minnesota Statutes, section
 116.22 16A.28, subdivision 3, this appropriation is
 116.23 available until June 30, 2027. This is a onetime
 116.24 appropriation.

116.25 **(c) Linguistically and Culturally Specific**
 116.26 **Training Pilot Project. \$650,000 in fiscal**
 116.27 **year 2025 is for a grant to the Minnesota**
 116.28 **Ethnic Providers Network to collaborate with**
 116.29 **the commissioner of human services to**
 116.30 **develop and implement a pilot program to**
 116.31 **provide: (1) linguistically and culturally**
 116.32 **specific in-person training to bilingual**
 116.33 **individuals, particularly bilingual women,**
 116.34 **from diverse ethnic backgrounds; and (2)**
 116.35 **technical assistance to Minnesota Ethnic**

117.1 Provider Network member providers to ensure
 117.2 successful implementation of the pilot
 117.3 program, including training, resources, and
 117.4 ongoing support. Within six months of the
 117.5 conclusion of the pilot project, the Minnesota
 117.6 Ethnic Providers Network must provide the
 117.7 commissioner with an evaluation of the project
 117.8 as determined by the commissioner.
 117.9 Notwithstanding Minnesota Statutes, section
 117.10 16A.28, subdivision 3, this appropriation is
 117.11 available until June 30, 2027. This is a onetime
 117.12 appropriation.

117.13 **Subd. 9. Grant Programs; Aging and Adult**
 117.14 **Services Grants**

-0-

8,922,000

117.15 **(a) Caregiver Respite Services Grants.**
 117.16 \$3,922,000 in fiscal year 2025 is for caregiver
 117.17 respite services grants under Minnesota
 117.18 Statutes, section 256.9756. Notwithstanding
 117.19 Minnesota Statutes, section 16A.28,
 117.20 subdivision 3, this appropriation is available
 117.21 until June 30, 2027. This is a onetime
 117.22 appropriation.

117.23 **(b) Caregiver Support Programs.**
 117.24 \$5,000,000 in fiscal year 2025 is for the
 117.25 Minnesota Board on Aging for the purposes
 117.26 of the caregiver support programs under
 117.27 Minnesota Statutes, section 256.9755.
 117.28 Programs receiving funding under this
 117.29 paragraph must include an ALS-specific
 117.30 respite service in their caregiver support
 117.31 program. This is a onetime appropriation.

117.32 **Subd. 10. Grant Programs; Disabilities Grants**

8,900,00013,535,000

117.33 **(a) Capital Improvement for Accessibility.**
 117.34 \$400,000 in fiscal year 2025 is for a payment
 117.35 to Anoka County to make capital

118.1 improvements to existing space in the Anoka
118.2 County Human Services building in the city
118.3 of Blaine, including making bathrooms fully
118.4 compliant with the Americans with Disabilities
118.5 Act with adult changing tables and ensuring
118.6 barrier-free access for the purposes of
118.7 improving and expanding the services an
118.8 existing building tenant can provide to adults
118.9 with developmental disabilities. This is a
118.10 onetime appropriation.

118.11 **(b) Own Home Services Provider**
118.12 **Capacity-Building Grants. \$5,000,000 in**
118.13 **fiscal year 2025 is for the own home services**
118.14 **provider capacity-building grant program.**
118.15 **Notwithstanding Minnesota Statutes, section**
118.16 **16A.28, subdivision 3, this appropriation is**
118.17 **available until June 30, 2027. This is a onetime**
118.18 **appropriation.**

118.19 **(c) Dakota County Disability Services**
118.20 **Workforce Shortage Pilot Project.**
118.21 **\$1,000,000 in fiscal year 2025 is for a grant**
118.22 **to Dakota County for innovative solutions to**
118.23 **the disability services workforce shortage. Up**
118.24 **to \$500,000 of this amount must be used to**
118.25 **develop and test an online application for**
118.26 **matching requests for services from people**
118.27 **with disabilities to available staff, and up to**
118.28 **\$500,000 of this amount must be used to**
118.29 **develop a communities-for-all program that**
118.30 **engages businesses, community organizations,**
118.31 **neighbors, and informal support systems to**
118.32 **promote community inclusion of people with**
118.33 **disabilities. By October 1, 2026, the**
118.34 **commissioner shall report the outcomes and**
118.35 **recommendations of these pilot projects to the**

- 119.1 chairs and ranking minority members of the
119.2 legislative committees with jurisdiction over
119.3 human services finance and policy.
119.4 Notwithstanding Minnesota Statutes, section
119.5 16A.28, subdivision 3, this appropriation is
119.6 available until June 30, 2027. This is a onetime
119.7 appropriation.
- 119.8 **(d) Pediatric Hospital-to-Home Transition**
119.9 **Pilot Program.** \$1,040,000 in fiscal year 2025
119.10 is for the pediatric hospital-to-home pilot
119.11 program. Notwithstanding Minnesota Statutes,
119.12 section 16A.28, subdivision 3, this
119.13 appropriation is available until June 30, 2027.
119.14 This is a onetime appropriation.
- 119.15 **(e) Artists With Disabilities Support Grant.**
119.16 \$690,000 in fiscal year 2025 is for a grant to
119.17 a nonprofit organization licensed under
119.18 Minnesota Statutes, chapter 245D, located on
119.19 Minnehaha Avenue West in Saint Paul, and
119.20 that supports artists with disabilities in creating
119.21 visual and performing art that challenges
119.22 society's views of persons with disabilities.
119.23 Notwithstanding Minnesota Statutes, section
119.24 16A.28, subdivision 3, this appropriation is
119.25 available until June 30, 2027. This is a onetime
119.26 appropriation.
- 119.27 **(f) Emergency Relief Grants for Rural**
119.28 **EIDBI Providers.** \$600,000 in fiscal year
119.29 2025 is for emergency relief grants for EIDBI
119.30 providers. This is a onetime appropriation.
- 119.31 **(g) Accessible Space, Inc.** \$250,000 in fiscal
119.32 year 2025 is for a grant to Accessible Space,
119.33 Inc. for nursing services provided in integrated
119.34 community supports settings, but not
119.35 otherwise reimbursed under Minnesota

120.1 Statutes, section 256B.4914. This is a onetime
120.2 appropriation.

120.3 **(h) Self-Advocacy Grants for Persons with**
120.4 **Intellectual and Developmental Disabilities.**

120.5 \$648,000 in fiscal year 2025 is for
120.6 self-advocacy grants under Minnesota Statutes,
120.7 section 256.477. Of these amounts, \$438,000
120.8 in fiscal year 2025 is for the activities under
120.9 Minnesota Statutes, section 256.477,
120.10 subdivision 1, paragraph (a), clauses (5) to (7),
120.11 and for administrative costs, and \$210,000 in
120.12 fiscal year 2025 is for the activities under
120.13 Minnesota Statutes, section 256.477,
120.14 subdivision 2. This is onetime appropriation.
120.15 Notwithstanding Minnesota Statutes, section
120.16 16A.28, subdivision 3, this appropriation is
120.17 available until June 30, 2027.

120.18 **(i) Electronic Visit Verification**
120.19 **Implementation Grants.** \$1,596,000 in fiscal
120.20 year 2025 is for electronic visit verification
120.21 implementation grants. This is a onetime
120.22 appropriation. Notwithstanding Minnesota
120.23 Statutes, section 16A.28, subdivision 3, this
120.24 appropriation is available until June 30, 2027.

120.25 **(j) SEWA-AIFW.** \$500,000 in fiscal year
120.26 2025 is for a grant to SEWA-AIFW. Of this
120.27 amount, \$150,000 is for SEWA-AIFW's South
120.28 Asian persons of neurodiverse abilities
120.29 (SAPNA) program and \$350,000 is for
120.30 SEWA-AIFW's senior program. This is a
120.31 onetime appropriation. Notwithstanding
120.32 Minnesota Statutes, section 16A.28,
120.33 subdivision 3, this appropriation is available
120.34 until June 30, 2027.

121.1	<u>(k) Base Level Adjustment. The general fund</u>		
121.2	<u>base is increased by \$1,811,000 in fiscal year</u>		
121.3	<u>2026 and \$1,811,000 in fiscal year 2027.</u>		
121.4	<u>Subd. 11. Grant Programs; Adult Mental Health</u>		
121.5	<u>Grants</u>	<u>(8,900,000)</u>	<u>(1,561,000)</u>
121.6	<u>Engagement Services Pilot Project.</u>		
121.7	<u>\$250,000 in fiscal year 2025 is for the</u>		
121.8	<u>engagement services pilot project.</u>		
121.9	<u>Notwithstanding Minnesota Statutes, section</u>		
121.10	<u>16A.28, subdivision 3, this appropriation is</u>		
121.11	<u>available until June 30, 2027. This is a onetime</u>		
121.12	<u>appropriation.</u>		
121.13	<u>Base Level Adjustment. The general fund</u>		
121.14	<u>base is decreased by \$1,811,000 in fiscal year</u>		
121.15	<u>2026 and \$1,811,000 in fiscal year 2027.</u>		
121.16	<u>Subd. 12. Grant Programs; Chemical</u>		
121.17	<u>Dependency Treatment Support Grants</u>	<u>(500,000)</u>	<u>-0-</u>
121.18	<u>Subd. 13. Direct Care and Treatment - Mental</u>		
121.19	<u>Health and Substance Abuse</u>	<u>-0-</u>	<u>977,000</u>
121.20	<u>Subd. 14. Direct Care and Treatment - Forensic</u>		
121.21	<u>Services</u>	<u>-0-</u>	<u>7,182,000</u>
121.22	<u>Base Level Adjustment. The general fund</u>		
121.23	<u>base is increased by \$6,612,000 in fiscal year</u>		
121.24	<u>2026 and \$6,612,000 in fiscal year 2027.</u>		
121.25	<u>Subd. 15. Direct Care and Treatment -</u>		
121.26	<u>Operations</u>	<u>-0-</u>	<u>898,000</u>
121.27	<u>(a) Free Communication Services for</u>		
121.28	<u>Patients and Clients. \$292,000 in fiscal year</u>		
121.29	<u>2025 is for free communication services under</u>		
121.30	<u>article 6, section 1. This is a onetime</u>		
121.31	<u>appropriation. Notwithstanding Minnesota</u>		
121.32	<u>Statutes, section 16A.28, subdivision 3, this</u>		
121.33	<u>appropriation is available until June 30, 2026.</u>		

123.1 available until June 30, 2027. This is a onetime
 123.2 appropriation.

123.3 **(b) Carryforward Authority.**

123.4 Notwithstanding Minnesota Statutes, section
 123.5 16A.28, subdivision 3, \$54,000 in fiscal year
 123.6 2025 is available for administration expenses
 123.7 until June 30, 2026.

123.8 **Subd. 3. Health Protection** -0- 432,000

123.9 Appropriations by Fund

123.10 General -0- 170,000

123.11 State Government

123.12 Special Revenue -0- 262,000

123.13 **(a) Chapter 144G Compliance Support**

123.14 **Grant.** \$250,000 in fiscal year 2025 is from
 123.15 the dedicated special revenue account
 123.16 established under Minnesota Statutes, section
 123.17 144A.474, subdivision 11, paragraph (j), and
 123.18 \$170,000 in fiscal year 2025 is from the
 123.19 general fund for a grant to a nonprofit
 123.20 organization to conduct culturally specific
 123.21 outreach and education for small assisted
 123.22 living providers seeking to improve
 123.23 understanding and compliance with physical
 123.24 plant and client-focused licensing
 123.25 requirements under chapter 144G and rules
 123.26 promulgated thereunder. This is a onetime
 123.27 appropriation.

123.28 **(b) Base Level Adjustments.** The state

123.29 government special revenue base is increased
 123.30 by \$24,000 in fiscal year 2026 and increased
 123.31 by \$24,000 in fiscal year 2027.

123.32 **Subd. 4. Grant Administration Costs**

123.33 Notwithstanding Minnesota Statutes, section
 123.34 16B.98, subdivision 14, the commissioner of

125.1 **EFFECTIVE DATE.** This section is effective retroactively from March 31, 2024.

125.2 Sec. 6. Laws 2023, chapter 61, article 9, section 2, subdivision 13, is amended to read:

125.3 **Subd. 13. Grant Programs; Other Long-Term**

125.4 **Care Grants**

152,387,000

1,925,000

125.5 **(a) Provider Capacity Grant for Rural and**

125.6 **Underserved Communities.** \$17,148,000 in

125.7 fiscal year 2024 is for provider capacity grants

125.8 for rural and underserved communities. Of

125.9 this amount, \$250,000 is for a competitive

125.10 grant to a nonprofit organization to conduct a

125.11 culturally specific outreach and education

125.12 campaign toward existing customized living

125.13 providers that might more appropriately serve

125.14 their clients under a different home and

125.15 community-based services program or license.

125.16 For all grants under this paragraph issued on

125.17 or after April 1, 2024, the commissioner of

125.18 human services must comply with the grantee

125.19 evaluation requirements under Minnesota

125.20 Statutes, section 16B.98, subdivision 12.

125.21 Notwithstanding Minnesota Statutes, section

125.22 16A.28, this appropriation is available until

125.23 June 30, 2027. This is a onetime appropriation.

125.24 **(b) New American Legal, Social Services,**

125.25 **and Long-Term Care Grant Program.**

125.26 \$28,316,000 in fiscal year 2024 is for

125.27 long-term care workforce grants for new

125.28 Americans. Notwithstanding Minnesota

125.29 Statutes, section 16A.28, this appropriation is

125.30 available until June 30, 2027. This is a onetime

125.31 appropriation.

125.32 **(c) Supported Decision Making Programs.**

125.33 \$4,000,000 in fiscal year 2024 is for supported

125.34 decision making grants. This is a onetime

126.1 appropriation and is available until June 30,
126.2 2025.

126.3 **(d) Direct Support Professionals**

126.4 **Employee-Owned Cooperative Program.**

126.5 \$350,000 in fiscal year 2024 is for a grant to
126.6 the Metropolitan Consortium of Community
126.7 Developers for the Direct Support
126.8 Professionals Employee-Owned Cooperative
126.9 program. The grantee must use the grant
126.10 amount for outreach and engagement,
126.11 managing a screening and selection process,
126.12 providing one-on-one technical assistance,
126.13 developing and providing training curricula
126.14 related to cooperative development and home
126.15 and community-based waiver services,
126.16 administration, reporting, and program
126.17 evaluation. This is a onetime appropriation
126.18 and is available until June 30, 2025.

126.19 **(e) Long-Term Services and Supports**

126.20 **Workforce Incentive Grants. \$83,560,000**

126.21 in fiscal year 2024 is for long-term services
126.22 and supports workforce incentive grants
126.23 administered according to Minnesota Statutes,
126.24 section 256.4764. Notwithstanding Minnesota
126.25 Statutes, section 16A.28, this appropriation is
126.26 available until June 30, 2029. This is a onetime
126.27 appropriation.

126.28 **(f) Base Level Adjustment.** The general fund

126.29 base is \$3,949,000 in fiscal year 2026 and
126.30 \$3,949,000 in fiscal year 2027. Of these
126.31 amounts, \$2,024,000 in fiscal year 2026 and
126.32 \$2,024,000 in fiscal year 2027 are for PCA
126.33 background study grants.

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

127.1 Sec. 7. Laws 2023, chapter 61, article 9, section 2, subdivision 16, as amended by Laws
 127.2 2023, chapter 70, article 15, section 8, is amended to read:

127.3 **Subd. 16. Grant Programs; Disabilities Grants** 113,684,000 30,377,000

127.4 **(a) Temporary Grants for Small**

127.5 **Customized Living Providers.** \$5,450,000

127.6 in fiscal year 2024 is for grants to assist small

127.7 customized living providers to transition to

127.8 community residential services licensure or

127.9 integrated community supports licensure.

127.10 Notwithstanding Minnesota Statutes, section

127.11 16A.28, this appropriation is available until

127.12 June 30, 2027. This is a onetime appropriation.

127.13 **(b) Lead Agency Capacity Building Grants.**

127.14 \$444,000 in fiscal year 2024 and \$2,396,000

127.15 in fiscal year 2025 are for grants to assist

127.16 organizations, counties, and Tribes to build

127.17 capacity for employment opportunities for

127.18 people with disabilities. The base for this

127.19 appropriation is \$2,413,000 in fiscal year 2026

127.20 and \$2,411,000 in fiscal year 2027.

127.21 **(c) Employment and Technical Assistance**

127.22 **Center Grants.** \$450,000 in fiscal year 2024

127.23 and \$1,800,000 in fiscal year 2025 are for

127.24 employment and technical assistance grants

127.25 to assist organizations and employers in

127.26 promoting a more inclusive workplace for

127.27 people with disabilities.

127.28 **(d) Case Management Training Grants.**

127.29 \$37,000 in fiscal year 2024 and \$123,000 in

127.30 fiscal year 2025 are for grants to provide case

127.31 management training to organizations and

127.32 employers to support the state's disability

127.33 employment supports system. The base for

128.1 this appropriation is \$45,000 in fiscal year
128.2 2026 and \$45,000 in fiscal year 2027.

128.3 **(e) Self-Directed Bargaining Agreement;**
128.4 **Electronic Visit Verification Stipends.**
128.5 \$6,095,000 in fiscal year 2024 is for onetime
128.6 stipends of \$200 to bargaining members to
128.7 offset the potential costs related to people
128.8 using individual devices to access the
128.9 electronic visit verification system. Of this
128.10 amount, \$5,600,000 is for stipends and
128.11 \$495,000 is for administration. This is a
128.12 onetime appropriation and is available until
128.13 June 30, 2025.

128.14 **(f) Self-Directed Collective Bargaining**
128.15 **Agreement; Temporary Rate Increase**
128.16 **Memorandum of Understanding.** \$1,600,000
128.17 in fiscal year 2024 is for onetime stipends for
128.18 individual providers covered by the SEIU
128.19 collective bargaining agreement based on the
128.20 memorandum of understanding related to the
128.21 temporary rate increase in effect between
128.22 December 1, 2020, and February 7, 2021. Of
128.23 this amount, \$1,400,000 of the appropriation
128.24 is for stipends and \$200,000 is for
128.25 administration. This is a onetime
128.26 appropriation.

128.27 **(g) Self-Directed Collective Bargaining**
128.28 **Agreement; Retention Bonuses.** \$50,750,000
128.29 in fiscal year 2024 is for onetime retention
128.30 bonuses covered by the SEIU collective
128.31 bargaining agreement. Of this amount,
128.32 \$50,000,000 is for retention bonuses and
128.33 \$750,000 is for administration of the bonuses.
128.34 This is a onetime appropriation and is
128.35 available until June 30, 2025.

129.1 **(h) Self-Directed Bargaining Agreement;**
129.2 **Training Stipends.** \$2,100,000 in fiscal year
129.3 2024 and \$100,000 in fiscal year 2025 are for
129.4 onetime stipends of \$500 for collective
129.5 bargaining unit members who complete
129.6 designated, voluntary trainings made available
129.7 through or recommended by the State Provider
129.8 Cooperation Committee. Of this amount,
129.9 \$2,000,000 in fiscal year 2024 is for stipends,
129.10 and \$100,000 in fiscal year 2024 and \$100,000
129.11 in fiscal year 2025 are for administration. This
129.12 is a onetime appropriation.

129.13 **(i) Self-Directed Bargaining Agreement;**
129.14 **Orientation Program.** \$2,000,000 in fiscal
129.15 year 2024 and \$2,000,000 in fiscal year 2025
129.16 are for onetime \$100 payments to collective
129.17 bargaining unit members who complete
129.18 voluntary orientation requirements. Of this
129.19 amount, \$1,500,000 in fiscal year 2024 and
129.20 \$1,500,000 in fiscal year 2025 are for the
129.21 onetime \$100 payments, and \$500,000 in
129.22 fiscal year 2024 and \$500,000 in fiscal year
129.23 2025 are for orientation-related costs. This is
129.24 a onetime appropriation.

129.25 **(j) Self-Directed Bargaining Agreement;**
129.26 **Home Care Orientation Trust.** \$1,000,000
129.27 in fiscal year 2024 is for the Home Care
129.28 Orientation Trust under Minnesota Statutes,
129.29 section 179A.54, subdivision 11. The
129.30 commissioner shall disburse the appropriation
129.31 to the board of trustees of the Home Care
129.32 Orientation Trust for deposit into an account
129.33 designated by the board of trustees outside the
129.34 state treasury and state's accounting system.

- 130.1 This is a onetime appropriation and is
130.2 available until June 30, 2025.
- 130.3 **(k) HIV/AIDS Supportive Services.**
130.4 \$12,100,000 in fiscal year 2024 is for grants
130.5 to community-based HIV/AIDS supportive
130.6 services providers as defined in Minnesota
130.7 Statutes, section 256.01, subdivision 19, and
130.8 for payment of allowed health care costs as
130.9 defined in Minnesota Statutes, section
130.10 256.9365. This is a onetime appropriation and
130.11 is available until June 30, 2025.
- 130.12 **(l) Motion Analysis Advancements Clinical**
130.13 **Study and Patient Care.** \$400,000 is fiscal
130.14 year 2024 is for a grant to the Mayo Clinic
130.15 Motion Analysis Laboratory and Limb Lab
130.16 for continued research in motion analysis
130.17 advancements and patient care. This is a
130.18 onetime appropriation and is available through
130.19 June 30, 2025.
- 130.20 **(m) Grant to Family Voices in Minnesota.**
130.21 \$75,000 in fiscal year 2024 and \$75,000 in
130.22 fiscal year 2025 are for a grant to Family
130.23 Voices in Minnesota under Minnesota
130.24 Statutes, section 256.4776.
- 130.25 **(n) Parent-to-Parent Programs.**
130.26 (1) \$550,000 in fiscal year 2024 and \$550,000
130.27 in fiscal year 2025 are for grants to
130.28 organizations that provide services to
130.29 underserved communities with a high
130.30 prevalence of autism spectrum disorder. This
130.31 is a onetime appropriation and is available
130.32 until June 30, 2025.

- 131.1 (2) The commissioner shall give priority to
131.2 organizations that provide culturally specific
131.3 and culturally responsive services.
- 131.4 (3) Eligible organizations must:
- 131.5 (i) conduct outreach and provide support to
131.6 newly identified parents or guardians of a child
131.7 with special health care needs;
- 131.8 (ii) provide training to educate parents and
131.9 guardians in ways to support their child and
131.10 navigate the health, education, and human
131.11 services systems;
- 131.12 (iii) facilitate ongoing peer support for parents
131.13 and guardians from trained volunteer support
131.14 parents; and
- 131.15 (iv) communicate regularly with other
131.16 parent-to-parent programs and national
131.17 organizations to ensure that best practices are
131.18 implemented.
- 131.19 (4) Grant recipients must use grant money for
131.20 the activities identified in clause (3).
- 131.21 (5) For purposes of this paragraph, "special
131.22 health care needs" means disabilities, chronic
131.23 illnesses or conditions, health-related
131.24 educational or behavioral problems, or the risk
131.25 of developing disabilities, illnesses, conditions,
131.26 or problems.
- 131.27 (6) Each grant recipient must report to the
131.28 commissioner of human services annually by
131.29 January 15 with measurable outcomes from
131.30 programs and services funded by this
131.31 appropriation the previous year including the
131.32 number of families served and the number of

132.1 volunteer support parents trained by the
132.2 organization's parent-to-parent program.

132.3 **(o) Self-Advocacy Grants for Persons with**
132.4 **Intellectual and Developmental Disabilities.**

132.5 \$323,000 in fiscal year 2024 and \$323,000 in
132.6 fiscal year 2025 are for self-advocacy grants
132.7 under Minnesota Statutes, section 256.477.

132.8 This is a onetime appropriation. Of these
132.9 amounts, \$218,000 in fiscal year 2024 and
132.10 \$218,000 in fiscal year 2025 are for the
132.11 activities under Minnesota Statutes, section
132.12 256.477, subdivision 1, paragraph (a), clauses
132.13 (5) to (7), and for administrative costs, and
132.14 \$105,000 in fiscal year 2024 and \$105,000 in
132.15 fiscal year 2025 are for the activities under
132.16 Minnesota Statutes, section 256.477,
132.17 subdivision 2.

132.18 **(p) Technology for Home Grants.** \$300,000
132.19 in fiscal year 2024 and \$300,000 in fiscal year
132.20 2025 are for technology for home grants under
132.21 Minnesota Statutes, section 256.4773.

132.22 **(q) Community Residential Setting**
132.23 **Transition.** \$500,000 in fiscal year 2024 is
132.24 for a grant to Hennepin County to expedite
132.25 approval of community residential setting
132.26 licenses subject to the corporate foster care
132.27 moratorium exception under Minnesota
132.28 Statutes, section 245A.03, subdivision 7,
132.29 paragraph (a), clause (5).

132.30 **(r) Base Level Adjustment.** The general fund
132.31 base is \$27,343,000 in fiscal year 2026 and
132.32 \$27,016,000 in fiscal year 2027.

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

133.1 Sec. 8. Laws 2023, chapter 61, article 9, section 2, subdivision 18, is amended to read:

133.2 **Subd. 18. Grant Programs; Chemical**
 133.3 **Dependency Treatment Support Grants**

133.4 Appropriations by Fund

133.5	General	54,691,000	5,342,000
133.6	Lottery Prize	1,733,000	1,733,000

133.7 **(a) Culturally Specific Recovery**

133.8 **Community Organization Start-Up Grants.**

133.9 \$4,000,000 in fiscal year 2024 is for culturally
 133.10 specific recovery community organization
 133.11 start-up grants. Notwithstanding Minnesota
 133.12 Statutes, section 16A.28, this appropriation is
 133.13 available until June 30, 2027. This is a onetime
 133.14 appropriation.

133.15 **(b) Safe Recovery Sites.** \$14,537,000 in fiscal
 133.16 year 2024 is from the general fund for start-up
 133.17 and capacity-building grants for organizations
 133.18 to establish safe recovery sites.

133.19 Notwithstanding Minnesota Statutes, section
 133.20 16A.28, this appropriation is onetime and is
 133.21 available until June 30, 2029.

133.22 **(c) Technical Assistance for Culturally**

133.23 **Specific Organizations; Culturally Specific**

133.24 **Services Grants.** \$4,000,000 in fiscal year
 133.25 2024 is for grants to culturally specific
 133.26 providers for technical assistance navigating
 133.27 culturally specific and responsive substance
 133.28 use and recovery programs. Notwithstanding
 133.29 Minnesota Statutes, section 16A.28, this
 133.30 appropriation is available until June 30, 2027.

133.31 **(d) Technical Assistance for Culturally**

133.32 **Specific Organizations; Culturally Specific**

133.33 **Grant Development Training.** \$400,000 in
 133.34 fiscal year 2024 is for grants for up to four
 133.35 trainings for community members and

134.1 culturally specific providers for grant writing
134.2 training for substance use and recovery-related
134.3 grants. Notwithstanding Minnesota Statutes,
134.4 section 16A.28, this is a onetime appropriation
134.5 and is available until June 30, 2027.

134.6 **(e) Harm Reduction Supplies for Tribal and**
134.7 **Culturally Specific Programs.** \$7,597,000
134.8 in fiscal year 2024 is from the general fund to
134.9 provide sole source grants to culturally
134.10 specific communities to purchase syringes,
134.11 testing supplies, and opiate antagonists.
134.12 Notwithstanding Minnesota Statutes, section
134.13 16A.28, this appropriation is available until
134.14 June 30, 2027. This is a onetime appropriation.

134.15 **(f) Families and Family Treatment**
134.16 **Capacity-Building and Start-Up Grants.**
134.17 \$10,000,000 in fiscal year 2024 is from the
134.18 general fund for start-up and capacity-building
134.19 grants for family substance use disorder
134.20 treatment programs. Notwithstanding
134.21 Minnesota Statutes, section 16A.28, this
134.22 appropriation is available until June 30, 2029.
134.23 This is a onetime appropriation.

134.24 **(g) Start-Up and Capacity Building Grants**
134.25 **for Withdrawal Management.** ~~\$500,000~~ \$0
134.26 in fiscal year 2024 and \$1,000,000 in fiscal
134.27 year 2025 are for start-up and capacity
134.28 building grants for withdrawal management.

134.29 **(h) Recovery Community Organization**
134.30 **Grants.** \$4,300,000 in fiscal year 2024 is from
134.31 the general fund for grants to recovery
134.32 community organizations, as defined in
134.33 Minnesota Statutes, section 254B.01,
134.34 subdivision 8, that are current grantees as of

135.1 June 30, 2023. This is a onetime appropriation
135.2 and is available until June 30, 2025.

135.3 **(i) Opioid Overdose Prevention Grants.**

135.4 (1) \$125,000 in fiscal year 2024 and \$125,000
135.5 in fiscal year 2025 are from the general fund
135.6 for a grant to Ka Joog, a nonprofit organization
135.7 in Minneapolis, Minnesota, to be used for
135.8 collaborative outreach, education, and training
135.9 on opioid use and overdose, and distribution
135.10 of opiate antagonist kits in East African and
135.11 Somali communities in Minnesota. This is a
135.12 onetime appropriation.

135.13 (2) \$125,000 in fiscal year 2024 and \$125,000
135.14 in fiscal year 2025 are from the general fund
135.15 for a grant to the Steve Rummeler Hope
135.16 Network to be used for statewide outreach,
135.17 education, and training on opioid use and
135.18 overdose, and distribution of opiate antagonist
135.19 kits. This is a onetime appropriation.

135.20 (3) \$250,000 in fiscal year 2024 and \$250,000
135.21 in fiscal year 2025 are from the general fund
135.22 for a grant to African Career Education and
135.23 Resource, Inc. to be used for collaborative
135.24 outreach, education, and training on opioid
135.25 use and overdose, and distribution of opiate
135.26 antagonist kits. This is a onetime
135.27 appropriation.

135.28 **(j) Problem Gambling.** \$225,000 in fiscal
135.29 year 2024 and \$225,000 in fiscal year 2025
135.30 are from the lottery prize fund for a grant to a
135.31 state affiliate recognized by the National
135.32 Council on Problem Gambling. The affiliate
135.33 must provide services to increase public
135.34 awareness of problem gambling, education,

136.1 training for individuals and organizations that
136.2 provide effective treatment services to problem
136.3 gamblers and their families, and research
136.4 related to problem gambling.

136.5 **(k) Project ECHO.** \$1,310,000 in fiscal year
136.6 2024 and \$1,295,000 in fiscal year 2025 are
136.7 from the general fund for a grant to Hennepin
136.8 Healthcare to expand the Project ECHO
136.9 program. The grant must be used to establish
136.10 at least four substance use disorder-focused
136.11 Project ECHO programs at Hennepin
136.12 Healthcare, expanding the grantee's capacity
136.13 to improve health and substance use disorder
136.14 outcomes for diverse populations of
136.15 individuals enrolled in medical assistance,
136.16 including but not limited to immigrants,
136.17 individuals who are homeless, individuals
136.18 seeking maternal and perinatal care, and other
136.19 underserved populations. The Project ECHO
136.20 programs funded under this section must be
136.21 culturally responsive, and the grantee must
136.22 contract with culturally and linguistically
136.23 appropriate substance use disorder service
136.24 providers who have expertise in focus areas,
136.25 based on the populations served. Grant funds
136.26 may be used for program administration,
136.27 equipment, provider reimbursement, and
136.28 staffing hours. This is a onetime appropriation.

136.29 **(l) White Earth Nation Substance Use**
136.30 **Disorder Digital Therapy Tool.** \$3,000,000
136.31 in fiscal year 2024 is from the general fund
136.32 for a grant to the White Earth Nation to
136.33 develop an individualized Native American
136.34 centric digital therapy tool with Pathfinder

137.1 Solutions. This is a onetime appropriation.

137.2 The grant must be used to:

137.3 (1) develop a mobile application that is
137.4 culturally tailored to connecting substance use
137.5 disorder resources with White Earth Nation
137.6 members;

137.7 (2) convene a planning circle with White Earth
137.8 Nation members to design the tool;

137.9 (3) provide and expand White Earth
137.10 Nation-specific substance use disorder
137.11 services; and

137.12 (4) partner with an academic research
137.13 institution to evaluate the efficacy of the
137.14 program.

137.15 (m) **Wellness in the Woods.** \$300,000 in
137.16 fiscal year 2024 and \$300,000 in fiscal year
137.17 2025 are from the general fund for a grant to
137.18 Wellness in the Woods for daily peer support
137.19 and special sessions for individuals who are
137.20 in substance use disorder recovery, are
137.21 transitioning out of incarceration, or who have
137.22 experienced trauma. These are onetime
137.23 appropriations.

137.24 (n) **Base Level Adjustment.** The general fund
137.25 base is \$3,247,000 in fiscal year 2026 and
137.26 \$3,247,000 in fiscal year 2027.

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

137.28 Sec. 9. **EXPIRATION OF UNCODIFIED LANGUAGE.**

137.29 All uncodified language contained in this article expires on June 30, 2025, unless a
137.30 different expiration date is explicit.

246.41 BENEFIT FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

Subdivision 1. **Acceptance.** The commissioner of human services is authorized to accept, for and in behalf of the state, contributions of money for the use and benefit of persons with developmental disabilities.

Subd. 2. **Special welfare fund.** Any money so received by the commissioner shall be deposited with the commissioner of management and budget in a special welfare fund, which fund is to be used by the commissioner of human services for the benefit of persons with developmental disabilities within the state, including those within state hospitals. And, without excluding other possible uses, research relating to persons with developmental disabilities shall be considered an appropriate use of such funds; but such funds shall not be used for any structures or installations which by their nature would require state expenditures for their operation or maintenance without specific legislative enactment therefor.

Subd. 3. **Appropriation.** There is hereby appropriated from the special welfare fund in the state treasury to such persons as are entitled thereto to carry out the provisions stated in this section.

246C.03 TRANSITION OF AUTHORITY; DEVELOPMENT OF A BOARD.

Subdivision 1. **Authority until board is developed and powers defined.** On July 1, 2023, the commissioner of human services shall continue to exercise all authorities and responsibilities under chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, until legislation is effective that develops the Department of Direct Care and Treatment executive board and defines the responsibilities and powers of the Department of Direct Care and Treatment and its executive board.

Subd. 2. **Development of Department of Direct Care and Treatment Board.** (a) The commissioner of human services shall prepare legislation for introduction during the 2024 legislative session, with input from stakeholders the commissioner deems necessary, proposing legislation for the creation and implementation of the Direct Care and Treatment executive board and defining the responsibilities, powers, and function of the Department of Direct Care and Treatment executive board.

(b) The Department of Direct Care and Treatment executive board shall consist of no more than five members, all appointed by the governor.

(c) An executive board member's qualifications must be appropriate for overseeing a complex behavioral health system, such as experience serving on a hospital or non-profit board, serving as a public sector labor union representative, experience in delivery of behavioral health services or care coordination, or working as a licensed health care provider, in an allied health profession, or in health care administration.

252.021 DEFINITION.

For the purposes of this chapter, the term "related condition" has the meaning given in section 252.27, subdivision 1a.

252.27 CHILDREN'S SERVICES; PARENTAL CONTRIBUTION.

Subd. 1a. **Definitions.** A "related condition" is a condition: (1) that is found to be closely related to a developmental disability, including, but not limited to, cerebral palsy, epilepsy, autism, fetal alcohol spectrum disorder, and Prader-Willi syndrome; and (2) that meets all of the following criteria:

(i) is severe and chronic;

(ii) results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with developmental disabilities;

(iii) requires treatment or services similar to those required for persons with developmental disabilities;

(iv) is manifested before the person reaches 22 years of age;

(v) is likely to continue indefinitely;

(vi) results in substantial functional limitations in three or more of the following areas of major life activity: (A) self-care, (B) understanding and use of language, (C) learning, (D) mobility, (E) self-direction, or (F) capacity for independent living; and

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(vii) is not attributable to mental illness as defined in section 245.462, subdivision 20, or an emotional disturbance as defined in section 245.4871, subdivision 15.

For purposes of item (vii), notwithstanding section 245.462, subdivision 20, or 245.4871, subdivision 15, "mental illness" does not include autism or other pervasive developmental disorders.

Subd. 2. Parental responsibility. Responsibility of the parents for the cost of services shall be based upon ability to pay. The state agency shall adopt rules to determine responsibility of the parents for the cost of services when:

- (1) insurance or other health care benefits pay some but not all of the cost of services; and
- (2) no insurance or other health care benefits are available.

Subd. 2a. Contribution amount. (a) The natural or adoptive parents of a minor child, not including a child determined eligible for medical assistance without consideration of parental income under the Tax Equity and Fiscal Responsibility Act (TEFRA) option or a child accessing home and community-based waiver services, must contribute to the cost of services used by making monthly payments on a sliding scale based on income, unless the child is married or has been married, parental rights have been terminated, or the child's adoption is subsidized according to chapter 259A or through title IV-E of the Social Security Act. The parental contribution is a partial or full payment for medical services provided for diagnostic, therapeutic, curing, treating, mitigating, rehabilitation, maintenance, and personal care services as defined in United States Code, title 26, section 213, needed by the child with a chronic illness or disability.

(b) For households with adjusted gross income equal to or greater than 275 percent of federal poverty guidelines, the parental contribution shall be computed by applying the following schedule of rates to the adjusted gross income of the natural or adoptive parents:

(1) if the adjusted gross income is equal to or greater than 275 percent of federal poverty guidelines and less than or equal to 545 percent of federal poverty guidelines, the parental contribution shall be determined using a sliding fee scale established by the commissioner of human services which begins at 1.65 percent of adjusted gross income at 275 percent of federal poverty guidelines and increases to 4.5 percent of adjusted gross income for those with adjusted gross income up to 545 percent of federal poverty guidelines;

(2) if the adjusted gross income is greater than 545 percent of federal poverty guidelines and less than 675 percent of federal poverty guidelines, the parental contribution shall be 4.5 percent of adjusted gross income;

(3) if the adjusted gross income is equal to or greater than 675 percent of federal poverty guidelines and less than 975 percent of federal poverty guidelines, the parental contribution shall be determined using a sliding fee scale established by the commissioner of human services which begins at 4.5 percent of adjusted gross income at 675 percent of federal poverty guidelines and increases to 5.99 percent of adjusted gross income for those with adjusted gross income up to 975 percent of federal poverty guidelines; and

(4) if the adjusted gross income is equal to or greater than 975 percent of federal poverty guidelines, the parental contribution shall be 7.49 percent of adjusted gross income.

If the child lives with the parent, the annual adjusted gross income is reduced by \$2,400 prior to calculating the parental contribution. If the child resides in an institution specified in section 256B.35, the parent is responsible for the personal needs allowance specified under that section in addition to the parental contribution determined under this section. The parental contribution is reduced by any amount required to be paid directly to the child pursuant to a court order, but only if actually paid.

(c) The household size to be used in determining the amount of contribution under paragraph (b) includes natural and adoptive parents and their dependents, including the child receiving services. Adjustments in the contribution amount due to annual changes in the federal poverty guidelines shall be implemented on the first day of July following publication of the changes.

(d) For purposes of paragraph (b), "income" means the adjusted gross income of the natural or adoptive parents determined according to the previous year's federal tax form, except, effective retroactive to July 1, 2003, taxable capital gains to the extent the funds have been used to purchase a home shall not be counted as income.

(e) The contribution shall be explained in writing to the parents at the time eligibility for services is being determined. The contribution shall be made on a monthly basis effective with the first

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month in which the child receives services. Annually upon redetermination or at termination of eligibility, if the contribution exceeded the cost of services provided, the local agency or the state shall reimburse that excess amount to the parents, either by direct reimbursement if the parent is no longer required to pay a contribution, or by a reduction in or waiver of parental fees until the excess amount is exhausted. All reimbursements must include a notice that the amount reimbursed may be taxable income if the parent paid for the parent's fees through an employer's health care flexible spending account under the Internal Revenue Code, section 125, and that the parent is responsible for paying the taxes owed on the amount reimbursed.

(f) The monthly contribution amount must be reviewed at least every 12 months; when there is a change in household size; and when there is a loss of or gain in income from one month to another in excess of ten percent. The local agency shall mail a written notice 30 days in advance of the effective date of a change in the contribution amount. A decrease in the contribution amount is effective in the month that the parent verifies a reduction in income or change in household size.

(g) Parents of a minor child who do not live with each other shall each pay the contribution required under paragraph (a). An amount equal to the annual court-ordered child support payment actually paid on behalf of the child receiving services shall be deducted from the adjusted gross income of the parent making the payment prior to calculating the parental contribution under paragraph (b).

(h) The contribution under paragraph (b) shall be increased by an additional five percent if the local agency determines that insurance coverage is available but not obtained for the child. For purposes of this section, "available" means the insurance is a benefit of employment for a family member at an annual cost of no more than five percent of the family's annual income. For purposes of this section, "insurance" means health and accident insurance coverage, enrollment in a nonprofit health service plan, health maintenance organization, self-insured plan, or preferred provider organization.

Parents who have more than one child receiving services shall not be required to pay more than the amount for the child with the highest expenditures. There shall be no resource contribution from the parents. The parent shall not be required to pay a contribution in excess of the cost of the services provided to the child, not counting payments made to school districts for education-related services. Notice of an increase in fee payment must be given at least 30 days before the increased fee is due.

(i) The contribution under paragraph (b) shall be reduced by \$300 per fiscal year if, in the 12 months prior to July 1:

(1) the parent applied for insurance for the child;

(2) the insurer denied insurance;

(3) the parents submitted a complaint or appeal, in writing to the insurer, submitted a complaint or appeal, in writing, to the commissioner of health or the commissioner of commerce, or litigated the complaint or appeal; and

(4) as a result of the dispute, the insurer reversed its decision and granted insurance.

For purposes of this section, "insurance" has the meaning given in paragraph (h).

A parent who has requested a reduction in the contribution amount under this paragraph shall submit proof in the form and manner prescribed by the commissioner or county agency, including but not limited to the insurer's denial of insurance, the written letter or complaint of the parents, court documents, and the written response of the insurer approving insurance. The determinations of the commissioner or county agency under this paragraph are not rules subject to chapter 14.

Subd. 3. Civil actions. If the parent fails to make appropriate reimbursement as required in subdivisions 2a and 2b, the attorney general, at the request of the commissioner, may institute or direct the appropriate county attorney to institute civil action to recover the required reimbursement.

Subd. 4a. Order of payment. If the parental contribution is for reimbursement for the cost of services to both the local agency and the medical assistance program, the local agency shall be reimbursed for its expenses first and the remainder must be deposited in the medical assistance account.

Subd. 5. Determination; redetermination; notice. A determination order and notice of parental fee shall be mailed to the parent at least annually, or more frequently as provided in Minnesota Rules, parts 9550.6220 to 9550.6229. The determination order and notice shall contain the following information:

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- (1) the amount the parent is required to contribute;
- (2) notice of the right to a redetermination and appeal; and
- (3) the telephone number of the division at the Department of Human Services that is responsible for redeterminations.

Subd. 6. **Appeals.** A parent may appeal the determination or redetermination of an obligation to make a contribution under this section, according to section 256.045. The parent must make a request for a hearing in writing within 30 days of the date the determination or redetermination order is mailed, or within 90 days of such written notice if the parent shows good cause why the request was not submitted within the 30-day time limit. The commissioner must provide the parent with a written notice that acknowledges receipt of the request and notifies the parent of the date of the hearing. While the appeal is pending, the parent has the rights regarding making payment that are provided in Minnesota Rules, part 9550.6235. If the commissioner's determination or redetermination is affirmed, the parent shall, within 90 calendar days after the date an order is issued under section 256.045, subdivision 5, pay the total amount due from the effective date of the notice of determination or redetermination that was appealed by the parent. If the commissioner's order under this subdivision results in a decrease in the parental fee amount, any payments made by the parent that result in an overpayment shall be credited to the parent as provided in Minnesota Rules, part 9550.6235, subpart 3.

256B.0916 EXPANSION OF HOME AND COMMUNITY-BASED SERVICES.

Subd. 10. **Transitional supports allowance.** A transitional supports allowance shall be available to all persons under a home and community-based waiver who are moving from a licensed setting to a community setting. "Transitional supports allowance" means a onetime payment of up to \$3,000, to cover the costs, not covered by other sources, associated with moving from a licensed setting to a community setting. Covered costs include:

- (1) lease or rent deposits;
- (2) security deposits;
- (3) utilities setup costs, including telephone;
- (4) essential furnishings and supplies; and
- (5) personal supports and transports needed to locate and transition to community settings.