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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. **5280**

04/04/2024 Authored by Noor and Fischer
The bill was read for the first time and referred to the Committee on Human Services Finance
04/25/2024 Adoption of Report: Amended and re-referred to the Committee on Ways and Means

1.1 A bill for an act

1.2 relating to state government; modifying provisions governing disability services,

1.3 aging services, substance use disorder services, and priority admissions and civil

1.4 commitment; establishing the Direct Care and Treatment executive board, the

1.5 human services response contingency account, the Homelessness and Housing

1.6 Support Office, workgroups, and councils; requiring studies and reports; providing

1.7 for rulemaking; appropriating money; amending Minnesota Statutes 2022, sections

1.8 13.46, subdivisions 1, as amended, 10, as amended; 144G.30, subdivision 5;

1.9 144G.63, subdivision 1; 144G.70, subdivision 2; 145.61, subdivision 5; 151.065,

1.10 subdivision 7; 245.821, subdivision 1; 245.825, subdivision 1; 245F.08, subdivision

1.11 3; 245I.23, subdivision 19a; 246.018, subdivision 3, as amended; 246.13,

1.12 subdivision 2, as amended; 246.234, as amended; 246.36, as amended; 246.511,

1.13 as amended; 252.27, subdivision 2b; 252.282, subdivision 1, by adding a

1.14 subdivision; 254B.01, by adding subdivisions; 256.01, by adding a subdivision;

1.15 256.88; 256.89; 256.90; 256.91; 256.92; 256B.02, subdivision 11; 256B.076, by

1.16 adding a subdivision; 256B.0911, subdivision 20; 256B.0924, subdivision 3;

1.17 256B.49, by adding a subdivision; 256B.69, subdivision 4; 256B.77, subdivision

1.18 7a; 256S.07, subdivision 1; 256S.205, subdivisions 2, 3, 5; 447.42, subdivision 1;

1.19 Minnesota Statutes 2023 Supplement, sections 10.65, subdivision 2; 13.46,

1.20 subdivision 2, as amended; 15.01; 15.06, subdivision 1; 15A.082, subdivisions 1,

1.21 3, 7; 43A.08, subdivisions 1, 1a; 245.91, subdivision 4; 245G.07, subdivision 2;

1.22 245I.04, subdivision 19; 246C.01; 246C.02, as amended; 246C.04, as amended;

1.23 246C.05, as amended; 253B.10, subdivision 1, as amended; 254B.05, subdivisions

1.24 1, 5; 256.043, subdivision 3; 256B.0911, subdivision 13; 256B.092, subdivision

1.25 1a; 256B.0949, subdivision 15; 256B.49, subdivision 13; 256R.55; 270B.14,

1.26 subdivision 1; Laws 2023, chapter 61, article 1, section 67, subdivision 3; article

1.27 4, section 11; article 8, sections 1; 2; 3; 8; article 9, section 2, subdivisions 5, 14,

1.28 16, as amended, 18; Laws 2023, chapter 70, article 20, section 16, subdivision 2;

1.29 Laws 2024, chapter 79, article 1, sections 18; 23; 24; 25, subdivision 3; article 10,

1.30 sections 1; 6; proposing coding for new law in Minnesota Statutes, chapters 144G;

1.31 246C; 254B; 256; 256B; repealing Minnesota Statutes 2022, sections 246.41;

1.32 252.021; 252.27, subdivisions 1a, 2, 3, 4a, 5, 6; 256.043, subdivision 4; 256S.205,

1.33 subdivision 4; Minnesota Statutes 2023 Supplement, sections 246C.03; 252.27,

1.34 subdivision 2a; Laws 2023, chapter 25, section 190, subdivision 10.

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 2022, section 246.511, as amended by Laws 2024, chapter 79,
8.12 article 2, section 39, is amended to read:

8.13 **246.511 RELATIVE RESPONSIBILITY.**

8.14 Except for substance use disorder services paid for with money provided under chapter
8.15 254B, the executive board must not require under section 246.51 a client's relatives to pay
8.16 more than the following: (1) for services provided in a community-based service, the
8.17 noncovered cost of care as determined under the ability to pay determination; and (2) for
8.18 services provided at a regional treatment center operated by state-operated services, 20
8.19 percent of the cost of care, unless the relatives reside outside the state. The executive board
8.20 must determine the responsibility of parents of children in state facilities to pay according
8.21 to ~~section 252.27, subdivision 2, or in~~ rules adopted under chapter 254B if the cost of care
8.22 is paid under chapter 254B. The executive board may accept voluntary payments in excess
8.23 of 20 percent. The executive board may require full payment of the full per capita cost of
8.24 care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do
8.25 not reside in Minnesota.

8.26 Sec. 5. Minnesota Statutes 2022, section 252.27, subdivision 2b, is amended to read:

8.27 Subd. 2b. ~~Child's responsibility~~ **Parental or guardian reimbursement to counties.** (a)
8.28 Parental or guardian responsibility of ~~for the child for the~~ child's cost of care incurred by
8.29 counties shall be up to the maximum amount of the total income and resources attributed
8.30 to the child except for the clothing and personal needs allowance as provided in section
8.31 256B.35, subdivision 1. Reimbursement by the parents ~~and child~~ or guardians residing
8.32 outside of Minnesota shall be made to the county making any payments for services. The

9.1 county board may require payment of the full cost of caring for children whose parents or
 9.2 guardians do not reside in this state.

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

9.5 Sec. 6. Minnesota Statutes 2022, section 252.282, subdivision 1, is amended to read:

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

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

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

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

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

9.23 (1) closure;

9.24 (2) relocation of services;

9.25 (3) downsizing; or

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

9.28 Sec. 7. Minnesota Statutes 2022, section 252.282, is amended by adding a subdivision to
 9.29 read:

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

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

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

10.5 Sec. 8. Minnesota Statutes 2022, section 256B.02, subdivision 11, is amended to read:

10.6 Subd. 11. **Related condition.** "Related condition" means ~~that condition defined in section~~
10.7 ~~252.27, subdivision 1a.~~ a condition:

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

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

10.12 (i) is severe and chronic;

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

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

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

10.18 (v) is likely to continue indefinitely;

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

10.21 (A) self-care;

10.22 (B) understanding and use of language;

10.23 (C) learning;

10.24 (D) mobility;

10.25 (E) self-direction; or

10.26 (F) capacity for independent living; and

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

11.1 Sec. 9. Minnesota Statutes 2022, section 256B.076, is amended by adding a subdivision
11.2 to read:

11.3 Subd. 4. **Case management provided under contract.** If a county agency provides
11.4 case management under contracts with other individuals or agencies, the county agency
11.5 must initiate a competitive proposal process for the procurement of contracted case
11.6 management services at least every two years. The competitive proposal process must
11.7 include evaluation criteria to ensure that the county maintains a culturally specific program
11.8 for case management services, as defined in section 256B.076, subdivision 3, adequate to
11.9 meet the needs of the population of the county.

11.10 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to contracts
11.11 entered into or renewed on or after that date.

11.12 Sec. 10. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is
11.13 amended to read:

11.14 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
11.15 commissioner shall develop and implement a curriculum and an assessor certification
11.16 process.

11.17 (b) MnCHOICES certified assessors must:

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

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

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

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

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

11.28 Sec. 11. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

11.29 Subd. 20. **MnCHOICES assessments; duration of validity.** (a) An assessment that is
11.30 completed as part of an eligibility determination for multiple programs for the alternative
11.31 care, elderly waiver, developmental disabilities, community access for disability inclusion,

12.1 community alternative care, and brain injury waiver programs under chapter 256S and
12.2 sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for no
12.3 more than ~~60 calendar~~ 365 days after the date of the assessment.

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

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

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

12.16 Sec. 12. Minnesota Statutes 2023 Supplement, section 256B.092, subdivision 1a, is
12.17 amended to read:

12.18 Subd. 1a. **Case management services.** (a) Each recipient of a home and community-based
12.19 waiver shall be provided case management services by qualified vendors as described in
12.20 the federally approved waiver application.

12.21 (b) Case management service activities provided to or arranged for a person include:

12.22 (1) development of the person-centered support plan under subdivision 1b;

12.23 (2) informing the individual or the individual's legal guardian or conservator, or parent
12.24 if the person is a minor, of service options, including all service options available under the
12.25 waiver plan;

12.26 (3) consulting with relevant medical experts or service providers;

12.27 (4) assisting the person in the identification of potential providers of chosen services,
12.28 including:

12.29 (i) providers of services provided in a non-disability-specific setting;

12.30 (ii) employment service providers;

12.31 (iii) providers of services provided in settings that are not controlled by a provider; and

- 13.1 (iv) providers of financial management services;
- 13.2 (5) assisting the person to access services and assisting in appeals under section 256.045;
- 13.3 (6) coordination of services, if coordination is not provided by another service provider;
- 13.4 (7) evaluation and monitoring of the services identified in the support plan, which must
- 13.5 incorporate at least one annual face-to-face visit by the case manager with each person; and
- 13.6 (8) reviewing support plans and providing the lead agency with recommendations for
- 13.7 service authorization based upon the individual's needs identified in the support plan.

13.8 (c) Case management service activities that are provided to the person with a

13.9 developmental disability shall be provided directly by county agencies or under contract.

13.10 If a county agency contracts for case management services, the county agency must provide

13.11 each recipient of home and community-based services who is receiving contracted case

13.12 management services with the contact information the recipient may use to file a grievance

13.13 with the county agency about the quality of the contracted services the recipient is receiving

13.14 from a county-contracted case manager. If a county agency provides case management

13.15 under contracts with other individuals or agencies, the county agency must initiate a

13.16 competitive proposal process for the procurement of contracted case management services

13.17 at least every two years. The competitive proposal process must include evaluation criteria

13.18 to ensure that the county maintains a culturally specific program for case management

13.19 services, as defined in section 256B.076, subdivision 3, adequate to meet the needs of the

13.20 population of the county.

13.21 (d) Case management services must be provided by a public or private agency that is

13.22 enrolled as a medical assistance provider determined by the commissioner to meet all of

13.23 the requirements in the approved federal waiver plans. Case management services must not

13.24 be provided to a recipient by a private agency that has a financial interest in the provision

13.25 of any other services included in the recipient's support plan. For purposes of this section,

13.26 "private agency" means any agency that is not identified as a lead agency under section

13.27 256B.0911, subdivision 10.

13.28 ~~(d)~~ (e) Case managers are responsible for service provisions listed in paragraphs (a) and

13.29 (b). Case managers shall collaborate with consumers, families, legal representatives, and

13.30 relevant medical experts and service providers in the development and annual review of the

13.31 person-centered support plan and habilitation plan.

13.32 ~~(e)~~ (f) For persons who need a positive support transition plan as required in chapter

13.33 245D, the case manager shall participate in the development and ongoing evaluation of the

14.1 plan with the expanded support team. At least quarterly, the case manager, in consultation
14.2 with the expanded support team, shall evaluate the effectiveness of the plan based on progress
14.3 evaluation data submitted by the licensed provider to the case manager. The evaluation must
14.4 identify whether the plan has been developed and implemented in a manner to achieve the
14.5 following within the required timelines:

14.6 (1) phasing out the use of prohibited procedures;

14.7 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's
14.8 timeline; and

14.9 (3) accomplishment of identified outcomes.

14.10 If adequate progress is not being made, the case manager shall consult with the person's
14.11 expanded support team to identify needed modifications and whether additional professional
14.12 support is required to provide consultation.

14.13 ~~(f)~~ (g) The Department of Human Services shall offer ongoing education in case
14.14 management to case managers. Case managers shall receive no less than 20 hours of case
14.15 management education and disability-related training each year. The education and training
14.16 must include person-centered planning, informed choice, cultural competency, employment
14.17 planning, community living planning, self-direction options, and use of technology supports.
14.18 By August 1, 2024, all case managers must complete an employment support training course
14.19 identified by the commissioner of human services. For case managers hired after August
14.20 1, 2024, this training must be completed within the first six months of providing case
14.21 management services. For the purposes of this section, "person-centered planning" or
14.22 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case
14.23 managers must document completion of training in a system identified by the commissioner.

14.24 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to contracts
14.25 entered into or renewed on or after that date.

14.26 Sec. 13. Minnesota Statutes 2022, section 256B.0924, subdivision 3, is amended to read:

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

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

14.30 (1) be age 18 or older;

14.31 (2) be receiving medical assistance;

14.32 (3) have significant functional limitations; and

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

15.3 (b) The person must be a vulnerable adult in need of adult protection as defined in section
15.4 626.5572, or is an adult with a developmental disability as defined in section 252A.02,
15.5 subdivision 2, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02,
15.6 subdivision 11, and is not receiving home and community-based waiver services, or is an
15.7 adult who lacks a permanent residence and who has been without a permanent residence
15.8 for at least one year or on at least four occasions in the last three years.

15.9 Sec. 14. Minnesota Statutes 2023 Supplement, section 256B.0949, subdivision 15, is
15.10 amended to read:

15.11 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency
15.12 and be:

15.13 (1) a licensed mental health professional who has at least 2,000 hours of supervised
15.14 clinical experience or training in examining or treating people with ASD or a related condition
15.15 or equivalent documented coursework at the graduate level by an accredited university in
15.16 ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child
15.17 development; or

15.18 (2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised
15.19 clinical experience or training in examining or treating people with ASD or a related condition
15.20 or equivalent documented coursework at the graduate level by an accredited university in
15.21 the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and
15.22 typical child development.

15.23 (b) A level I treatment provider must be employed by an agency and:

15.24 (1) have at least 2,000 hours of supervised clinical experience or training in examining
15.25 or treating people with ASD or a related condition or equivalent documented coursework
15.26 at the graduate level by an accredited university in ASD diagnostics, ASD developmental
15.27 and behavioral treatment strategies, and typical child development or an equivalent
15.28 combination of documented coursework or hours of experience; and

15.29 (2) have or be at least one of the following:

15.30 (i) a master's degree in behavioral health or child development or related fields including,
15.31 but not limited to, mental health, special education, social work, psychology, speech
15.32 pathology, or occupational therapy from an accredited college or university;

16.1 (ii) a bachelor's degree in a behavioral health, child development, or related field
16.2 including, but not limited to, mental health, special education, social work, psychology,
16.3 speech pathology, or occupational therapy, from an accredited college or university, and
16.4 advanced certification in a treatment modality recognized by the department;

16.5 (iii) a board-certified behavior analyst as defined by the Behavior Analyst Certification
16.6 Board or a qualified behavior analyst as defined by the Qualified Applied Behavior Analysis
16.7 Credentialing Board; or

16.8 (iv) a board-certified assistant behavior analyst with 4,000 hours of supervised clinical
16.9 experience that meets all registration, supervision, and continuing education requirements
16.10 of the certification.

16.11 (c) A level II treatment provider must be employed by an agency and must be:

16.12 (1) a person who has a bachelor's degree from an accredited college or university in a
16.13 behavioral or child development science or related field including, but not limited to, mental
16.14 health, special education, social work, psychology, speech pathology, or occupational
16.15 therapy; and meets at least one of the following:

16.16 (i) has at least 1,000 hours of supervised clinical experience or training in examining or
16.17 treating people with ASD or a related condition or equivalent documented coursework at
16.18 the graduate level by an accredited university in ASD diagnostics, ASD developmental and
16.19 behavioral treatment strategies, and typical child development or a combination of
16.20 coursework or hours of experience;

16.21 (ii) has certification as a board-certified assistant behavior analyst from the Behavior
16.22 Analyst Certification Board or a qualified autism service practitioner from the Qualified
16.23 Applied Behavior Analysis Credentialing Board;

16.24 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification
16.25 Board or an applied behavior analysis technician as defined by the Qualified Applied
16.26 Behavior Analysis Credentialing Board; or

16.27 (iv) is certified in one of the other treatment modalities recognized by the department;
16.28 or

16.29 (2) a person who has:

16.30 (i) an associate's degree in a behavioral or child development science or related field
16.31 including, but not limited to, mental health, special education, social work, psychology,
16.32 speech pathology, or occupational therapy from an accredited college or university; and

17.1 (ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people
17.2 with ASD or a related condition. Hours worked as a mental health behavioral aide or level
17.3 III treatment provider may be included in the required hours of experience; or

17.4 (3) a person who has at least 4,000 hours of supervised clinical experience in delivering
17.5 treatment to people with ASD or a related condition. Hours worked as a mental health
17.6 behavioral aide or level III treatment provider may be included in the required hours of
17.7 experience; or

17.8 (4) a person who is a graduate student in a behavioral science, child development science,
17.9 or related field and is receiving clinical supervision by a QSP affiliated with an agency to
17.10 meet the clinical training requirements for experience and training with people with ASD
17.11 or a related condition; or

17.12 (5) a person who is at least 18 years of age and who:

17.13 (i) is fluent in a non-English language or is an individual certified by a Tribal Nation;

17.14 (ii) completed the level III EIDBI training requirements; and

17.15 (iii) receives observation and direction from a QSP or level I treatment provider at least
17.16 once a week until the person meets 1,000 hours of supervised clinical experience.

17.17 (d) A level III treatment provider must be employed by an agency, have completed the
17.18 level III training requirement, be at least 18 years of age, and have at least one of the
17.19 following:

17.20 (1) a high school diploma or commissioner of education-selected high school equivalency
17.21 certification;

17.22 (2) fluency in a non-English language or Tribal Nation certification;

17.23 (3) one year of experience as a primary personal care assistant, community health worker,
17.24 waiver service provider, or special education assistant to a person with ASD or a related
17.25 condition within the previous five years; or

17.26 (4) completion of all required EIDBI training within six months of employment.

17.27 Sec. 15. Minnesota Statutes 2023 Supplement, section 256B.49, subdivision 13, is amended
17.28 to read:

17.29 Subd. 13. **Case management.** (a) Each recipient of a home and community-based waiver
17.30 shall be provided case management services by qualified vendors as described in the federally
17.31 approved waiver application. The case management service activities provided must include:

18.1 (1) finalizing the person-centered written support plan within the timelines established
18.2 by the commissioner and section 256B.0911, subdivision 29;

18.3 (2) informing the recipient or the recipient's legal guardian or conservator of service
18.4 options, including all service options available under the waiver plans;

18.5 (3) assisting the recipient in the identification of potential service providers of chosen
18.6 services, including:

18.7 (i) available options for case management service and providers;

18.8 (ii) providers of services provided in a non-disability-specific setting;

18.9 (iii) employment service providers;

18.10 (iv) providers of services provided in settings that are not community residential settings;
18.11 and

18.12 (v) providers of financial management services;

18.13 (4) assisting the recipient to access services and assisting with appeals under section
18.14 256.045; and

18.15 (5) coordinating, evaluating, and monitoring of the services identified in the service
18.16 plan.

18.17 (b) The case manager may delegate certain aspects of the case management service
18.18 activities to another individual provided there is oversight by the case manager. The case
18.19 manager may not delegate those aspects which require professional judgment including:

18.20 (1) finalizing the person-centered support plan;

18.21 (2) ongoing assessment and monitoring of the person's needs and adequacy of the
18.22 approved person-centered support plan; and

18.23 (3) adjustments to the person-centered support plan.

18.24 (c) Case management services must be provided by a public or private agency that is
18.25 enrolled as a medical assistance provider determined by the commissioner to meet all of
18.26 the requirements in the approved federal waiver plans. If a county agency provides case
18.27 management under contracts with other individuals or agencies, the county agency must
18.28 initiate a competitive proposal process for the procurement of contracted case management
18.29 services at least every two years. The competitive proposal process must include evaluation
18.30 criteria to ensure that the county maintains a culturally specific program for case management

19.1 services, as defined in section 256B.076, subdivision 3, adequate to meet the needs of the
19.2 population of the county.

19.3 (d) Case management services must not be provided to a recipient by a private agency
19.4 that has any financial interest in the provision of any other services included in the recipient's
19.5 support plan. For purposes of this section, "private agency" means any agency that is not
19.6 identified as a lead agency under section 256B.0911, subdivision 10.

19.7 ~~(d)~~ (e) For persons who need a positive support transition plan as required in chapter
19.8 245D, the case manager shall participate in the development and ongoing evaluation of the
19.9 plan with the expanded support team. At least quarterly, the case manager, in consultation
19.10 with the expanded support team, shall evaluate the effectiveness of the plan based on progress
19.11 evaluation data submitted by the licensed provider to the case manager. The evaluation must
19.12 identify whether the plan has been developed and implemented in a manner to achieve the
19.13 following within the required timelines:

19.14 (1) phasing out the use of prohibited procedures;

19.15 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's
19.16 timeline; and

19.17 (3) accomplishment of identified outcomes.

19.18 If adequate progress is not being made, the case manager shall consult with the person's
19.19 expanded support team to identify needed modifications and whether additional professional
19.20 support is required to provide consultation.

19.21 ~~(e)~~ (f) The Department of Human Services shall offer ongoing education in case
19.22 management to case managers. Case managers shall receive no less than 20 hours of case
19.23 management education and disability-related training each year. The education and training
19.24 must include person-centered planning, informed choice, cultural competency, employment
19.25 planning, community living planning, self-direction options, and use of technology supports.
19.26 By August 1, 2024, all case managers must complete an employment support training course
19.27 identified by the commissioner of human services. For case managers hired after August
19.28 1, 2024, this training must be completed within the first six months of providing case
19.29 management services. For the purposes of this section, "person-centered planning" or
19.30 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case
19.31 managers shall document completion of training in a system identified by the commissioner.

19.32 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to contracts
19.33 entered into or renewed on or after that date.

20.1 Sec. 16. Minnesota Statutes 2022, section 256B.77, subdivision 7a, is amended to read:

20.2 Subd. 7a. **Eligible individuals.** (a) Persons are eligible for the demonstration project as
20.3 provided in this subdivision.

20.4 (b) "Eligible individuals" means those persons living in the demonstration site who are
20.5 eligible for medical assistance and are disabled based on a disability determination under
20.6 section 256B.055, subdivisions 7 and 12, or who are eligible for medical assistance and
20.7 have been diagnosed as having:

20.8 (1) serious and persistent mental illness as defined in section 245.462, subdivision 20;

20.9 (2) severe emotional disturbance as defined in section 245.4871, subdivision 6; or

20.10 (3) developmental disability, or being a person with a developmental disability as defined
20.11 in section 252A.02, or a related condition as defined in section ~~252.27, subdivision 1a~~
20.12 256B.02, subdivision 11.

20.13 Other individuals may be included at the option of the county authority based on agreement
20.14 with the commissioner.

20.15 (c) Eligible individuals include individuals in excluded time status, as defined in chapter
20.16 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time
20.17 status as long as they live in the demonstration site and shall be eligible for 90 days after
20.18 placement outside the demonstration site if they move to excluded time status in a county
20.19 within Minnesota other than their county of financial responsibility.

20.20 (d) A person who is a sexual psychopathic personality as defined in section 253D.02,
20.21 subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision
20.22 16, is excluded from enrollment in the demonstration project.

20.23 Sec. 17. Minnesota Statutes 2022, section 256S.07, subdivision 1, is amended to read:

20.24 Subdivision 1. **Elderly waiver case management provided by counties and tribes.** (a)
20.25 For participants not enrolled in a managed care organization, the county of residence or
20.26 tribe must provide or arrange to provide elderly waiver case management activities under
20.27 section 256S.09, subdivisions 2 and 3.

20.28 (b) If a county agency provides case management under contracts with other individuals
20.29 or agencies, the county agency must initiate a competitive proposal process for the
20.30 procurement of contracted case management services at least every two years. The
20.31 competitive proposal process must include evaluation criteria to ensure that the county

21.1 maintains a culturally specific program for case management services, as defined in section
21.2 256B.076, subdivision 3, adequate to meet the needs of the population of the county.

21.3 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to contracts
21.4 entered into or renewed on or after that date.

21.5 Sec. 18. Minnesota Statutes 2023 Supplement, section 270B.14, subdivision 1, is amended
21.6 to read:

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

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

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

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

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

21.26 (f) The commissioner may provide records and information collected under sections
21.27 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid
21.28 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law
21.29 102-234. Upon the written agreement by the United States Department of Health and Human
21.30 Services to maintain the confidentiality of the data, the commissioner may provide records
21.31 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and
21.32 Medicaid Services section of the United States Department of Health and Human Services
21.33 for purposes of meeting federal reporting requirements.

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

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

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

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

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

22.27 Sec. 19. Minnesota Statutes 2022, section 447.42, subdivision 1, is amended to read:

22.28 Subdivision 1. **Establishment.** Notwithstanding any provision of Minnesota Statutes
22.29 to the contrary, any city, county, town, or nonprofit corporation approved by the
22.30 commissioner of human services, or any combination of them may establish and operate a
22.31 community residential facility for persons with developmental disabilities or related
22.32 conditions, as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11.

23.1 Sec. 20. Laws 2023, chapter 61, article 1, section 67, subdivision 3, is amended to read:

23.2 Subd. 3. **Evaluation and report.** (a) The Metropolitan Center for Independent Living
 23.3 must contract with a third party to evaluate the pilot project's impact on health care costs,
 23.4 retention of personal care assistants, and patients' and providers' satisfaction of care. The
 23.5 evaluation must include the number of participants, the hours of care provided by participants,
 23.6 and the retention of participants from semester to semester.

23.7 (b) By January 15, ~~2025~~ 2026, the Metropolitan Center for Independent Living must
 23.8 report the findings under paragraph (a) to the chairs and ranking minority members of the
 23.9 legislative committees with jurisdiction over human services finance and policy.

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

23.11 Sec. 21. Laws 2023, chapter 61, article 9, section 2, subdivision 5, is amended to read:

23.12	Subd. 5. Central Office; Aging and Disability		
23.13	Services	40,115,000	11,995,000

23.14 (a) **Employment Supports Alignment Study.**
 23.15 \$50,000 in fiscal year 2024 and \$200,000 in
 23.16 fiscal year 2025 are to conduct an interagency
 23.17 employment supports alignment study. The
 23.18 base for this appropriation is \$150,000 in fiscal
 23.19 year 2026 and \$100,000 in fiscal year 2027.

23.20 (b) **Case Management Training**
 23.21 **Curriculum.** \$377,000 in fiscal year 2024 and
 23.22 \$377,000 in fiscal year 2025 are to develop
 23.23 and implement a curriculum and training plan
 23.24 to ensure all lead agency assessors and case
 23.25 managers have the knowledge and skills
 23.26 necessary to fulfill support planning and
 23.27 coordination responsibilities for individuals
 23.28 who use home and community-based disability
 23.29 services and live in own-home settings. This
 23.30 is a onetime appropriation.

23.31 (c) **Office of Ombudsperson for Long-Term**
 23.32 **Care.** \$875,000 in fiscal year 2024 and
 23.33 \$875,000 in fiscal year 2025 are for additional

24.1 staff and associated direct costs in the Office
24.2 of Ombudsperson for Long-Term Care.

24.3 **(d) Direct Care Services Corps Pilot Project.**

24.4 \$500,000 in fiscal year 2024 is from the
24.5 general fund for a grant to the Metropolitan
24.6 Center for Independent Living for the direct
24.7 care services corps pilot project. Up to \$25,000
24.8 may be used by the Metropolitan Center for
24.9 Independent Living for administrative costs.
24.10 This is a onetime appropriation and is
24.11 available until June 30, 2026.

24.12 **(e) Research on Access to Long-Term Care**

24.13 **Services and Financing.** Any unexpended
24.14 amount of the fiscal year 2023 appropriation
24.15 referenced in Laws 2021, First Special Session
24.16 chapter 7, article 17, section 16, estimated to
24.17 be \$300,000, is canceled. The amount canceled
24.18 is appropriated in fiscal year 2024 for the same
24.19 purpose.

24.20 **(f) Native American Elder Coordinator.**

24.21 \$441,000 in fiscal year 2024 and \$441,000 in
24.22 fiscal year 2025 are for the Native American
24.23 elder coordinator position under Minnesota
24.24 Statutes, section 256.975, subdivision 6.

24.25 **(g) Grant Administration Carryforward.**

24.26 (1) Of this amount, \$8,154,000 in fiscal year
24.27 2024 is available until June 30, 2027.

24.28 (2) Of this amount, \$1,071,000 in fiscal year
24.29 2025 is available until June 30, 2027.

24.30 (3) Of this amount, \$19,000,000 in fiscal year
24.31 2024 is available until June 30, 2029.

24.32 **(h) Base Level Adjustment.** The general fund
24.33 base is increased by \$8,189,000 in fiscal year

25.1 2026 and increased by \$8,093,000 in fiscal
25.2 year 2027.

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

25.4 Sec. 22. **HOME CARE AND COMMUNITY FIRST SERVICES AND SUPPORTS**
25.5 **HOSPITAL TRANSITION MEDICAL ASSISTANCE BENEFIT.**

25.6 (a) The commissioner of human services must develop a Medicaid state plan service for
25.7 people eligible for home care services under Minnesota Statutes, section 256B.0651, and
25.8 community first services and supports under Minnesota Statutes, section 256B.85, for the
25.9 purpose of providing support during an acute care hospital stay, as authorized under United
25.10 States Code, title 42, section 1396a(h).

25.11 (b) By January 1, 2025, the commissioner must report to the chairs and ranking minority
25.12 members of the legislative committees with jurisdiction over health and human services
25.13 finance and policy with the recommended medical assistance service design and draft
25.14 legislation with statutory changes necessary to implement the service.

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

25.16 Sec. 23. **DISABILITY SERVICES PERSON-CENTERED ENGAGEMENT AND**
25.17 **NAVIGATION STUDY.**

25.18 (a) The commissioner of human services must issue a request for proposals for the design
25.19 and administration of a study of a person's experience in accessing and navigating medical
25.20 assistance state plan and home and community-based waiver services and state funded
25.21 disability services to improve people's experiences in accessing and navigating the system.

25.22 (b) The person-centered disability services engagement and navigation study must engage
25.23 with people and families who use services, lead agencies, and providers to assess:

25.24 (1) access to the full range of disability services programs in metropolitan, suburban,
25.25 and rural counties with a focus on non-English-speaking communities and by various
25.26 populations, including but not limited to Black people, Indigenous people, people of color,
25.27 communities with vision and hearing disabilities, and communities with physical,
25.28 neurocognitive, or intellectual developmental disabilities;

25.29 (2) how people and families experience and navigate the system, including their customer
25.30 service experiences and barriers to person-centered and culturally responsive navigation
25.31 support and resources; and

26.1 (3) opportunities to improve state, lead agency, and provider capacity to improve the
26.2 experiences of people accessing and navigating the system.

26.3 (c) To be eligible to respond to the request for proposals, an entity must demonstrate
26.4 that it has engaged successfully with people who use disability services and their families.

26.5 (d) The commissioner must report the results of the study and provide specific
26.6 recommendations and administrative strategy or policy modifications to improve system
26.7 accessibility, efficiency, and person-centered systemic design to the chairs and ranking
26.8 minority members of the legislative committees with jurisdiction over health and human
26.9 services finance and policy by January 15, 2026.

26.10 **Sec. 24. TRIBAL VULNERABLE ADULT AND DEVELOPMENTAL DISABILITY**
26.11 **TARGETED CASE MANAGEMENT MEDICAL ASSISTANCE BENEFIT.**

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

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

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

26.25 **Sec. 25. ASSISTIVE TECHNOLOGY LEAD AGENCY PARTNERSHIPS.**

26.26 (a) Lead agencies may establish partnerships with enrolled medical assistance providers
26.27 of home and community-based services under Minnesota Statutes, section 256B.0913,
26.28 256B.092, 256B.093, or 256B.49, or chapter 256S, to evaluate the benefits of informed
26.29 choice in accessing the following existing assistive technology home and community-based
26.30 waiver services:

26.31 (1) assistive technology;

26.32 (2) specialized equipment and supplies;

27.1 (3) environmental accessibility adaptations; and

27.2 (4) 24-hour emergency assistance.

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

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

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

27.13 **Sec. 26. PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES**
 27.14 **PROVIDED BY A PARENT OR SPOUSE.**

27.15 (a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivision 3, paragraph
 27.16 (a), clause (1); subdivision 11, paragraph (c); and subdivision 19, paragraph (b), clause (3),
 27.17 a parent, stepparent, or legal guardian of a minor who is a personal care assistance recipient
 27.18 or the spouse of a personal care assistance recipient may provide and be paid for providing
 27.19 personal care assistance services under medical assistance. The commissioner shall seek
 27.20 federal approval for these payments. The commissioner shall make payments for services
 27.21 rendered without federal financial participation until federal approval is obtained, and if
 27.22 federal approval is denied, until this section expires.

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

27.26 **EFFECTIVE DATE.** This section is effective retroactively from November 11, 2023.

27.27 **Sec. 27. DIRECTION TO COMMISSIONER; PEDIATRIC HOSPITAL-TO-HOME**
 27.28 **TRANSITION PILOT PROGRAM.**

27.29 (a) The commissioner of human services must award a single competitive grant to a
 27.30 home care nursing provider to develop and implement, in coordination with the commissioner
 27.31 of health, Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare,
 27.32 and Children's Minnesota of St. Paul and Minneapolis, a pilot program to expedite and

28.1 facilitate pediatric hospital-to-home discharges for patients receiving services in this state
28.2 under medical assistance, including under the community alternative care waiver, community
28.3 access for disability inclusion waiver, and developmental disabilities waiver.

28.4 (b) Grant money awarded under this section must be used only to support the
28.5 administrative, training, and auxiliary services necessary to reduce:

28.6 (1) delayed discharge days due to unavailability of home care nursing staffing to
28.7 accommodate complex pediatric patients;

28.8 (2) avoidable rehospitalization days for pediatric patients;

28.9 (3) unnecessary emergency department utilization by pediatric patients following
28.10 discharge;

28.11 (4) long-term nursing needs for pediatric patients; and

28.12 (5) the number of school days missed by pediatric patients.

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

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

28.21 (e) The commissioner must submit the report under paragraph (d) to the chairs and
28.22 ranking minority members of the legislative committees with jurisdiction over health and
28.23 human services finance and policy.

28.24 **Sec. 28. OWN HOME SERVICES PROVIDER CAPACITY-BUILDING GRANTS.**

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

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

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

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

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

29.7 (2) housing expenses related to moving an individual into their own home, if the person
 29.8 is not eligible for other available housing services;

29.9 (3) implementing and testing innovative approaches to better support people with
 29.10 disabilities and their families in living in their own homes;

29.11 (4) financial incentives for providers that have successfully moved an individual out of
 29.12 congregate living and into their own home;

29.13 (5) moving expenses that are not covered by other available housing services; and

29.14 (6) other activities approved by the commissioner.

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

29.16 Sec. 29. **REPEALER.**

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

29.19 (b) Minnesota Statutes 2023 Supplement, section 252.27, subdivision 2a, is repealed.

29.20 **ARTICLE 2**

29.21 **AGING SERVICES**

29.22 Section 1. **[144G.195] FACILITY RELOCATION.**

29.23 Subdivision 1. **New license not required.** (a) Effective March 15, 2025, an assisted
 29.24 living facility with a licensed resident capacity of ten residents or fewer may operate under
 29.25 the licensee's current license if the facility is relocated with the approval of the commissioner
 29.26 of health during the period the current license is valid.

29.27 (b) A licensee is not required to apply for a new license solely because the licensee
 29.28 receives approval to relocate a facility. The licensee's license for the relocated facility
 29.29 remains valid until the expiration date specified on the existing license. The commissioner

30.1 of health must apply the licensing and survey cycle previously established for the facility's
30.2 prior location to the facility's new location.

30.3 (c) A licensee must notify the commissioner of health, on a form developed by the
30.4 commissioner, of the licensee's intent to relocate the licensee's facility. The licensee must
30.5 obtain plan review approval for the building to which the licensee intends to relocate the
30.6 facility and a certificate of occupancy from the commissioner of labor and industry or the
30.7 commissioner of labor and industry's delegated authority for the building. Upon issuance
30.8 of a certificate of occupancy, the commissioner of health must review and inspect the
30.9 building to which the licensee intends to relocate the facility and approve or deny the license
30.10 relocation within 30 calendar days.

30.11 (d) A licensee that receives approval from the commissioner to relocate a facility must
30.12 provide each resident with a new assisted living contract and comply with the coordinated
30.13 move requirements under section 144G.55.

30.14 (e) A licensee denied approval by the commissioner of health to relocate a facility may
30.15 continue to operate the facility in its current location, follow the requirements in section
30.16 144G.57 and close the facility, or notify the commissioner of health of the licensee's intent
30.17 to relocate the facility to an alternative new location. If the licensee notifies the commissioner
30.18 of the licensee's intent to relocate the facility to an alternative new location, paragraph (c)
30.19 applies, including the timelines for approving or denying the license relocation for the
30.20 alternative new location.

30.21 Subd. 2. **Limited exemption from the customized living setting moratorium and**
30.22 **age limitations.** (a) A licensee that receives approval from the commissioner of health under
30.23 subdivision 1 to relocate a facility that is also enrolled with the Department of Human
30.24 Services as a customized living setting to deliver 24-hour customized living services and
30.25 customized living services as defined by the brain injury and community access for disability
30.26 inclusion home and community-based services waiver plans and under section 256B.49
30.27 must inform the commissioner of human services of the licensee's intent to relocate.

30.28 (b) If the licensee at the time of the intended relocation is providing customized living
30.29 or 24-hour customized living services under the brain injury and community access for
30.30 disability inclusion home and community-based services waiver plans and section 256B.49
30.31 to at least one individual, and the licensee intends to continue serving that individual in the
30.32 new location, the licensee must inform the commissioner of human services of the licensee's
30.33 intention to do so and meet the requirements specified under section 256B.49, subdivision
30.34 28a.

31.1 **EFFECTIVE DATE.** This section is effective August 1, 2024, except subdivision 2 is
31.2 effective August 1, 2024, or 90 days after federal approval, whichever is later. The
31.3 commissioner of human services shall notify the revisor of statutes when federal approval
31.4 is obtained.

31.5 Sec. 2. Minnesota Statutes 2022, section 144G.30, subdivision 5, is amended to read:

31.6 Subd. 5. **Correction orders.** (a) A correction order may be issued whenever the
31.7 commissioner finds upon survey or during a complaint investigation that a facility, a
31.8 managerial official, an agent of the facility, or an employee of the facility is not in compliance
31.9 with this chapter. The correction order shall cite the specific statute and document areas of
31.10 noncompliance and the time allowed for correction.

31.11 (b) The commissioner shall mail or email copies of any correction order to the facility
31.12 within 30 calendar days after the survey exit date. A copy of each correction order and
31.13 copies of any documentation supplied to the commissioner shall be kept on file by the
31.14 facility and public documents shall be made available for viewing by any person upon
31.15 request. Copies may be kept electronically.

31.16 (c) By the correction order date, the facility must:

31.17 (1) document in the facility's records any action taken to comply with the correction
31.18 order. The commissioner may request a copy of this documentation and the facility's action
31.19 to respond to the correction order in future surveys, upon a complaint investigation, and as
31.20 otherwise needed; and

31.21 (2) post or otherwise make available, in a manner or location readily accessible to
31.22 residents and others, the most recent plan of correction documenting the actions taken by
31.23 the facility to comply with the correction order.

31.24 (d) After the plan of correction is posted or otherwise made available under paragraph
31.25 (c), clause (2), the facility must provide a copy of the facility's most recent plan of correction
31.26 to any individual who requests it. A copy of the most recent plan of correction must be
31.27 provided within 30 days after the request and in a format determined by the facility, except
31.28 the facility must make reasonable accommodations in providing the plan of correction in
31.29 another format upon request.

31.30 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to correction
31.31 orders issued on or after that date.

32.1 Sec. 3. Minnesota Statutes 2022, section 144G.63, subdivision 1, is amended to read:

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

32.8 (b) A staff person is not required to repeat the orientation required under subdivision 2
32.9 if the staff person transfers from one licensed assisted living facility to another facility
32.10 operated by the same licensee or by a licensee affiliated with the same corporate organization
32.11 as the licensee of the first facility, or to another facility managed by the same entity managing
32.12 the first facility. The facility to which the staff person transfers must document that the staff
32.13 person completed the orientation at the prior facility. The facility to which the staff person
32.14 transfers must nonetheless provide the transferred staff person with supplemental orientation
32.15 specific to the facility and document that the supplemental orientation was provided. The
32.16 supplemental orientation must include the types of assisted living services the staff person
32.17 will be providing, the facility's category of licensure, and the facility's emergency procedures.
32.18 A staff person cannot transfer to an assisted living facility with dementia care without
32.19 satisfying the additional training requirements under section 144G.83.

32.20 Sec. 4. Minnesota Statutes 2022, section 144G.70, subdivision 2, is amended to read:

32.21 Subd. 2. **Initial reviews, assessments, and monitoring.** (a) Residents who are not
32.22 receiving any assisted living services shall not be required to undergo an initial nursing
32.23 assessment.

32.24 (b) An assisted living facility shall conduct a nursing assessment by a registered nurse
32.25 of the physical and cognitive needs of the prospective resident and propose a temporary
32.26 service plan prior to the date on which a prospective resident executes a contract with a
32.27 facility or the date on which a prospective resident moves in, whichever is earlier. If
32.28 necessitated by either the geographic distance between the prospective resident and the
32.29 facility, or urgent or unexpected circumstances, the assessment may be conducted using
32.30 telecommunication methods based on practice standards that meet the resident's needs and
32.31 reflect person-centered planning and care delivery.

32.32 (c) Resident reassessment and monitoring must be conducted ~~no more than 14 calendar~~
32.33 ~~days after initiation of services. Ongoing resident reassessment and monitoring must be~~

33.1 ~~conducted as needed based on changes in the needs of the resident and cannot exceed 90~~
33.2 ~~calendar days from the last date of the assessment.~~ by a registered nurse:

33.3 (1) no more than 14 calendar days after initiation of services;

33.4 (2) as needed based upon changes in the needs of the resident;

33.5 (3) not to exceed 180 calendar days; and

33.6 (4) annually.

33.7 (d) Focused assessments of the health status of the resident as described in section
33.8 148.171, subdivision 14, must be conducted by a registered nurse or licensed practical nurse
33.9 to address Minnesota Rules, part 4659.0150, subpart 2, item B; item D, subitems (2) to (4),
33.10 unit (h); item D, subitems (7) and (8); item E, subitems (2) and (3); item F, subitem (2);
33.11 items G to L; and item M, subitems (1) to (5) and (7) to (9), and be scheduled to not exceed
33.12 90 days since the last reassessment or focused assessment. Annual assessments conducted
33.13 by a registered nurse may take the place of a scheduled 90-day reassessment.

33.14 ~~(d)~~ (e) For residents only receiving assisted living services specified in section 144G.08,
33.15 subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review
33.16 of the resident's needs and preferences. The initial review must be completed within 30
33.17 calendar days of the start of services. Resident monitoring and review must be conducted
33.18 as needed based on changes in the needs of the resident and cannot exceed 90 calendar days
33.19 from the date of the last review.

33.20 ~~(e)~~ (f) A facility must inform the prospective resident of the availability of and contact
33.21 information for long-term care consultation services under section 256B.0911, prior to the
33.22 date on which a prospective resident executes a contract with a facility or the date on which
33.23 a prospective resident moves in, whichever is earlier.

33.24 Sec. 5. Minnesota Statutes 2022, section 256B.49, is amended by adding a subdivision to
33.25 read:

33.26 Subd. 28a. **Limited exemption from the customized living setting moratorium and**
33.27 **age limitations.** (a) For the purposes of this subdivision, "operational" has the meaning
33.28 given in subdivision 28.

33.29 (b) This paragraph applies only to customized living settings enrolled and operational
33.30 on or before June 30, 2021, and customized living settings that have previously been exempt
33.31 from the customized living moratorium under this paragraph. A setting for which a provider
33.32 receives approval from the commissioner of health under section 144G.195, subdivision 1,

34.1 to relocate a licensed assisted living facility that is also enrolled as a customized living
 34.2 setting to deliver 24-hour customized living services and customized living services as
 34.3 defined by the brain injury and community access for disability inclusion home and
 34.4 community-based services waiver plans and under this section is exempt from the customized
 34.5 living moratorium under subdivision 28.

34.6 (c) This paragraph applies only to customized living settings enrolled and operational
 34.7 on or before January 11, 2021, and customized living settings that have previously been
 34.8 deemed a tier 1 customized living setting under this paragraph. A setting for which a provider
 34.9 receives approval from the commissioner of health under section 144G.195, subdivision 1,
 34.10 to relocate a licensed assisted living facility that is also enrolled as a customized living
 34.11 setting to deliver 24-hour customized living services and customized living services as
 34.12 defined by the brain injury and community access for disability inclusion home and
 34.13 community-based services waiver plans and under this section must be deemed a current
 34.14 customized living setting, or tier 1 setting, for the purposes of the application of the home
 34.15 and community-based residential tiered standards under Minnesota's Home and
 34.16 Community-Based Services Rule Statewide Transition Plan.

34.17 **EFFECTIVE DATE.** This section is effective August 1, 2024, or 90 days after federal
 34.18 approval, whichever is later. The commissioner of human services shall notify the revisor
 34.19 of statutes when federal approval is obtained.

34.20 Sec. 6. Minnesota Statutes 2023 Supplement, section 256R.55, is amended to read:

34.21 **256R.55 FINANCIALLY DISTRESSED NURSING FACILITY LONG-TERM**
 34.22 **SERVICES AND SUPPORTS LOAN PROGRAM.**

34.23 Subdivision 1. ~~Financially distressed nursing facility loans~~ **Long-term services and**
 34.24 **supports loan program.** The commissioner of human services shall establish a competitive
 34.25 ~~financially distressed nursing facility~~ loan program to provide operating loans to eligible
 34.26 ~~nursing long-term services and supports providers and facilities.~~ The commissioner shall
 34.27 initiate the application process for the loan described in this section at least once annually
 34.28 if money is available. A second application process may be initiated each year at the
 34.29 discretion of the commissioner.

34.30 Subd. 2. **Eligibility.** To be an eligible applicant for a loan under this section, a ~~nursing~~
 34.31 ~~facility provider~~ must submit to the commissioner of human services a loan application in
 34.32 the form and according to the timelines established by the commissioner. In its loan
 34.33 application, a loan applicant must demonstrate ~~that~~ the following:

35.1 (1) for nursing facilities with a medical assistance provider agreement that are licensed
35.2 as a nursing home or boarding care home according to section 256R.02, subdivision 33:

35.3 ~~(1)~~ (i) the total net income of the nursing facility is not generating sufficient revenue to
35.4 cover the nursing facility's operating expenses;

35.5 ~~(2)~~ (ii) the nursing facility is at risk of closure; and

35.6 ~~(3)~~ (iii) additional operating revenue is necessary to either preserve access to nursing
35.7 facility services within the community or support people with complex, high-acuity support
35.8 needs; and

35.9 (2) for other long-term services and supports providers:

35.10 (i) demonstration that the provider is enrolled in a Minnesota health care program and
35.11 provides one or more of the following services in a Minnesota health care program:

35.12 (A) home and community-based services under chapter 245D;

35.13 (B) personal care assistance services under section 256B.0659;

35.14 (C) community first services and supports under section 256B.85;

35.15 (D) early intensive developmental and behavioral intervention services under section
35.16 256B.0949;

35.17 (E) home care services as defined under section 256B.0651, subdivision 1, paragraph
35.18 (d); or

35.19 (F) customized living services as defined in section 256S.02; and

35.20 (ii) additional operating revenue is necessary to preserve access to services within the
35.21 community, expand services to people within the community, expand services to new
35.22 communities, or support people with complex, high-acuity support needs.

35.23 Subd. 2a. **Allowable uses of loan money.** (a) A loan awarded to a nursing facility under
35.24 subdivision 2, clause (1), must only be used to cover the facility's short-term operating
35.25 expenses. Nursing facilities receiving loans must not use the loan proceeds to pay related
35.26 organizations as defined in section 256R.02, subdivision 43.

35.27 (b) A loan awarded to a long-term services and supports provider under subdivision 2,
35.28 clause (2), must only be used to cover expenses related to achieving outcomes identified in
35.29 subdivision 2, clause (2), item (ii).

36.1 Subd. 3. **Approving loans.** The commissioner must evaluate all loan applications on a
36.2 competitive basis and award loans to successful applicants within available appropriations
36.3 for this purpose. The commissioner's decisions are final and not subject to appeal.

36.4 Subd. 4. **Disbursement schedule.** Successful loan applicants under this section may
36.5 receive loan disbursements as a lump sum, or on an agreed upon disbursement schedule, ~~or~~
36.6 ~~as a time-limited line of credit.~~ The commissioner shall approve disbursements to successful
36.7 loan applicants through a memorandum of understanding. Memoranda of understanding
36.8 must specify the amount and schedule of loan disbursements.

36.9 Subd. 5. **Loan administration.** The commissioner may contract with an independent
36.10 third party to administer the loan program under this section.

36.11 Subd. 6. **Loan payments.** The commissioner shall negotiate the terms of the loan
36.12 repayment, including the start of the repayment plan, the due date of the repayment, and
36.13 the frequency of the repayment installments. Repayment installments must not begin until
36.14 at least 18 months after the first disbursement date. The memoranda of understanding must
36.15 specify the amount and schedule of loan payments. The repayment term must not exceed
36.16 72 months. If any loan payment to the commissioner is not paid within the time specified
36.17 by the memoranda of understanding, the late payment must be assessed a penalty rate of
36.18 0.01 percent of the original loan amount each month the payment is past due. For nursing
36.19 facilities, this late fee is not an allowable cost on the department's cost report. The
36.20 commissioner shall have the power to abate penalties when discrepancies occur resulting
36.21 from but not limited to circumstances of error and mail delivery.

36.22 Subd. 7. **Loan repayment.** (a) If a borrower is more than 60 calendar days delinquent
36.23 in the timely payment of a contractual payment under this section, the provisions in
36.24 paragraphs (b) to (e) apply.

36.25 (b) The commissioner may withhold some or all of the amount of the delinquent loan
36.26 payment, together with any penalties due and owing on those amounts, from any money
36.27 the department owes to the borrower. The commissioner may, at the commissioner's
36.28 discretion, also withhold future contractual payments from any money the commissioner
36.29 owes the provider as those contractual payments become due and owing. The commissioner
36.30 may continue this withholding until the commissioner determines there is no longer any
36.31 need to do so.

36.32 (c) The commissioner shall give prior notice of the commissioner's intention to withhold
36.33 by mail, facsimile, or email at least ten business days before the date of the first payment

37.1 period for which the withholding begins. The notice must be deemed received as of the date
37.2 of mailing or receipt of the facsimile or electronic notice. The notice must:

37.3 (1) state the amount of the delinquent contractual payment;

37.4 (2) state the amount of the withholding per payment period;

37.5 (3) state the date on which the withholding is to begin;

37.6 (4) state whether the commissioner intends to withhold future installments of the
37.7 provider's contractual payments; and

37.8 (5) state other contents as the commissioner deems appropriate.

37.9 (d) The commissioner, or the commissioner's designee, may enter into written settlement
37.10 agreements with a provider to resolve disputes and other matters involving unpaid loan
37.11 contractual payments or future loan contractual payments.

37.12 (e) Notwithstanding any law to the contrary, all unpaid loans, plus any accrued penalties,
37.13 are overpayments for the purposes of section 256B.0641, subdivision 1. The current owner
37.14 of a nursing home ~~or~~, boarding care home, or long-term services and supports provider is
37.15 liable for the overpayment amount owed by a former owner for any facility sold, transferred,
37.16 or reorganized.

37.17 Subd. 8. **Audit.** Loan money allocated under this section is subject to audit to determine
37.18 whether the money was spent as authorized under this section.

37.19 Subd. 8a. **Special revenue account.** A long-term services and supports loan account is
37.20 created in the special revenue fund in the state treasury. Money appropriated for the purposes
37.21 of this section must be transferred to the long-term services and supports loan account. All
37.22 payments received under subdivision 6, along with fees, penalties, and interest, must be
37.23 deposited into the special revenue account and are appropriated to the commissioner for the
37.24 purposes of this section.

37.25 Subd. 9. **Carryforward.** Notwithstanding section 16A.28, subdivision 3, ~~any~~
37.26 ~~appropriation~~ money in the long-term services and supports loan account for the purposes
37.27 under this section carries forward and does not lapse ~~until the close of the fiscal year in~~
37.28 ~~which this section expires.~~

37.29 ~~Subd. 10. **Expiration.** This section expires June 30, 2029.~~

37.30 **EFFECTIVE DATE.** This section is effective July 1, 2024, except that subdivision 8a
37.31 is effective retroactively from July 1, 2023.

38.1 Sec. 7. Minnesota Statutes 2022, section 256S.205, subdivision 2, is amended to read:

38.2 Subd. 2. **Rate adjustment application.** (a) Effective through September 30, 2023, a
38.3 facility may apply to the commissioner for designation as a disproportionate share facility.
38.4 Applications must be submitted annually between September 1 and September 30. The
38.5 applying facility must apply in a manner determined by the commissioner. The applying
38.6 facility must document each of the following on the application:

38.7 (1) the number of customized living residents in the facility on September 1 of the
38.8 application year, broken out by specific waiver program; and

38.9 (2) the total number of people residing in the facility on September 1 of the application
38.10 year.

38.11 (b) Effective October 1, 2023, the commissioner must not process any further applications
38.12 for disproportionate share facilities after the September 1 through September 30, 2023,
38.13 application period.

38.14 (c) This subdivision expires January 1, 2025.

38.15 Sec. 8. Minnesota Statutes 2022, section 256S.205, subdivision 3, is amended to read:

38.16 Subd. 3. **Rate adjustment eligibility criteria.** (a) Effective through September 30, 2023,
38.17 only facilities satisfying all of the following conditions on September 1 of the application
38.18 year are eligible for designation as a disproportionate share facility:

38.19 (1) at least 83.5 percent of the residents of the facility are customized living residents;
38.20 and

38.21 (2) at least 70 percent of the customized living residents are elderly waiver participants.

38.22 (b) This subdivision expires January 1, 2025.

38.23 Sec. 9. Minnesota Statutes 2022, section 256S.205, subdivision 5, is amended to read:

38.24 Subd. 5. **Rate adjustment; rate floor.** (a) Effective through December 31, 2024,
38.25 notwithstanding the 24-hour customized living monthly service rate limits under section
38.26 256S.202, subdivision 2, and the component service rates established under section 256S.201,
38.27 subdivision 4, the commissioner must establish a rate floor equal to \$119 per resident per
38.28 day for 24-hour customized living services provided to an elderly waiver participant in a
38.29 designated disproportionate share facility.

38.30 (b) The commissioner must apply the rate floor to the services described in paragraph

38.31 (a) provided during the rate year.

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

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

39.7 (e) This subdivision expires January 1, 2025.

39.8 Sec. 10. Laws 2023, chapter 61, article 9, section 2, subdivision 14, is amended to read:

39.9	Subd. 14. Grant Programs; Aging and Adult		
39.10	Services Grants	164,626,000	34,795,000

39.11 (a) **Vulnerable Adult Act Redesign Phase**
 39.12 **Two.** \$17,129,000 in fiscal year 2024 is for
 39.13 adult protection grants to counties and Tribes
 39.14 under Minnesota Statutes, section 256M.42.
 39.15 Notwithstanding Minnesota Statutes, section
 39.16 16A.28, this appropriation is available until
 39.17 June 30, 2027. The base for this appropriation
 39.18 is \$866,000 in fiscal year 2026 and \$867,000
 39.19 in fiscal year 2027.

39.20 (b) **Caregiver Respite Services Grants.**
 39.21 \$1,800,000 in fiscal year 2025 is for caregiver
 39.22 respite services grants under Minnesota
 39.23 Statutes, section 256.9756. This is a onetime
 39.24 appropriation.

39.25 (c) **Live Well at Home Grants.** \$4,575,000
 39.26 in fiscal year 2024 is for live well at home
 39.27 grants under Minnesota Statutes, section
 39.28 256.9754, subdivision 3f. This is a onetime
 39.29 appropriation and is available until June 30,
 39.30 2025.

39.31 (d) **Senior Nutrition Program.** \$10,552,000
 39.32 in fiscal year 2024 is for the senior nutrition
 39.33 program. Notwithstanding Minnesota Statutes,

40.1 section 16A.28, this appropriation is available
40.2 until June 30, 2027. This is a onetime
40.3 appropriation.

40.4 **(e) Age-Friendly Community Grants.**
40.5 \$3,000,000 in fiscal year 2024 is for the
40.6 continuation of age-friendly community grants
40.7 under Laws 2021, First Special Session
40.8 chapter 7, article 17, section 8, subdivision 1.
40.9 Notwithstanding Minnesota Statutes, section
40.10 16A.28, this is a onetime appropriation and is
40.11 available until June 30, 2027.

40.12 **(f) Age-Friendly Technical Assistance**
40.13 **Grants.** \$1,725,000 in fiscal year 2024 is for
40.14 the continuation of age-friendly technical
40.15 assistance grants under Laws 2021, First
40.16 Special Session chapter 7, article 17, section
40.17 8, subdivision 2. Notwithstanding Minnesota
40.18 Statutes, section 16A.28, this is a onetime
40.19 appropriation and is available until June 30,
40.20 2027.

40.21 **(g) ~~Financially Distressed Nursing Facility~~**
40.22 **Long-Term Services and Supports Loan**
40.23 **Program.** \$93,200,000 in fiscal year 2024 is
40.24 for the ~~financially distressed nursing facility~~
40.25 long-term services and supports loan program
40.26 under Minnesota Statutes, section 256R.55,
40.27 and is available as provided therein.

40.28 **(h) Base Level Adjustment.** The general fund
40.29 base is \$33,861,000 in fiscal year 2026 and
40.30 \$33,862,000 in fiscal year 2027.

40.31 **Sec. 11. PACE IMPLEMENTATION.**

40.32 By January 15, 2025, the commissioner of human services shall submit to the chairs and
40.33 ranking minority members of the legislative committees with jurisdiction over human
40.34 services a proposal for the implementation of a PACE program in Minnesota, as authorized

41.1 under section 9412(b)(2) of the federal Omnibus Reconciliation Act of 1986, Public Law
 41.2 99-509, and Minnesota Statutes, section 256B.69, subdivision 23. The commissioner's
 41.3 proposal must include:

41.4 (1) timelines for submission of any necessary Medicaid state plan amendments;
 41.5 (2) details for issuing a request for proposals for PACE; and
 41.6 (3) any administrative framework required to implement PACE, award contracts, and
 41.7 monitor beneficiary enrollment in PACE by January 1, 2027, or upon federal approval,
 41.8 whichever is later.

41.9 Sec. 12. **REVISOR INSTRUCTION.**

41.10 The revisor of statutes shall renumber Minnesota Statutes, section 256R.55, as Minnesota
 41.11 Statutes, section 256.4792, and correct all cross-references.

41.12 Sec. 13. **REPEALER.**

41.13 Minnesota Statutes 2022, section 256S.205, subdivision 4, is repealed.

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

ARTICLE 3

SUBSTANCE USE DISORDER SERVICES

41.17 Section 1. Minnesota Statutes 2022, section 151.065, subdivision 7, is amended to read:

41.18 Subd. 7. **Deposit of fees.** (a) The license fees collected under this section, with the
 41.19 exception of the fees identified in paragraphs (b) and (c), shall be deposited in the state
 41.20 government special revenue fund.

41.21 (b) \$5,000 of each fee collected under subdivision 1, clauses (6) to (9), and (11) to (15),
 41.22 and subdivision 3, clauses (4) to (7), and (9) to (13), and \$55,000 of each fee collected under
 41.23 subdivision 1, clause (16), and subdivision 3, clause (14), shall be deposited in the opiate
 41.24 epidemic response fund established in section 256.043.

41.25 ~~(c) If the fees collected under subdivision 1, clause (16), or subdivision 3, clause (14),~~
 41.26 ~~are reduced under section 256.043, \$5,000 of the reduced fee shall be deposited in the opiate~~
 41.27 ~~epidemic response fund in section 256.043.~~

42.1 Sec. 2. Minnesota Statutes 2023 Supplement, section 245.91, subdivision 4, is amended
42.2 to read:

42.3 Subd. 4. **Facility or program.** "Facility" or "program" means a nonresidential or
42.4 residential program as defined in section 245A.02, subdivisions 10 and 14, and any agency,
42.5 facility, or program that provides services or treatment for mental illness, developmental
42.6 disability, substance use disorder, or emotional disturbance that is required to be licensed,
42.7 certified, or registered by the commissioner of human services, health, or education; a sober
42.8 home as defined in section 254B.01, subdivision 11; peer recovery support services provided
42.9 by a recovery community organization as defined in section 254B.01, subdivision 8; and
42.10 an acute care inpatient facility that provides services or treatment for mental illness,
42.11 developmental disability, substance use disorder, or emotional disturbance.

42.12 Sec. 3. Minnesota Statutes 2022, section 245F.08, subdivision 3, is amended to read:

42.13 Subd. 3. **Peer recovery support services.** ~~(a) Peers in recovery serve as mentors or~~
42.14 ~~recovery support partners for individuals in recovery, and may provide encouragement,~~
42.15 ~~self-disclosure of recovery experiences, transportation to appointments, assistance with~~
42.16 ~~finding resources that will help locate housing, job search resources, and assistance finding~~
42.17 ~~and participating in support groups.~~

42.18 ~~(b) Peer recovery support services are provided by a recovery peer and must be supervised~~
42.19 ~~by the responsible staff person~~ must be provided according to sections 254B.05, subdivision
42.20 5, and 254B.052.

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

42.22 Sec. 4. Minnesota Statutes 2023 Supplement, section 245G.07, subdivision 2, is amended
42.23 to read:

42.24 Subd. 2. **Additional treatment service.** A license holder may provide or arrange the
42.25 following additional treatment service as a part of the client's individual treatment plan:

42.26 (1) relationship counseling provided by a qualified professional to help the client identify
42.27 the impact of the client's substance use disorder on others and to help the client and persons
42.28 in the client's support structure identify and change behaviors that contribute to the client's
42.29 substance use disorder;

42.30 (2) therapeutic recreation to allow the client to participate in recreational activities
42.31 without the use of mood-altering chemicals and to plan and select leisure activities that do
42.32 not involve the inappropriate use of chemicals;

43.1 (3) stress management and physical well-being to help the client reach and maintain an
43.2 appropriate level of health, physical fitness, and well-being;

43.3 (4) living skills development to help the client learn basic skills necessary for independent
43.4 living;

43.5 (5) employment or educational services to help the client become financially independent;

43.6 (6) socialization skills development to help the client live and interact with others in a
43.7 positive and productive manner;

43.8 (7) room, board, and supervision at the treatment site to provide the client with a safe
43.9 and appropriate environment to gain and practice new skills; and

43.10 (8) peer recovery support services must be provided by an individual in a recovery peer
43.11 qualified according to section 245I.04, subdivision 18. Peer recovery support services include
43.12 education; advocacy; mentoring through self-disclosure of personal recovery experiences;
43.13 attending recovery and other support groups with a client; accompanying the client to
43.14 appointments that support recovery; assistance accessing resources to obtain housing,
43.15 employment, education, and advocacy services; and nonclinical recovery support to assist
43.16 the transition from treatment into the recovery community must be provided according to
43.17 sections 254B.05, subdivision 5, and 254B.052.

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

43.19 Sec. 5. Minnesota Statutes 2023 Supplement, section 245I.04, subdivision 19, is amended
43.20 to read:

43.21 Subd. 19. **Recovery peer scope of practice.** (a) A recovery peer, under the supervision
43.22 of ~~an~~ a licensed alcohol and drug counselor or mental health professional who meets the
43.23 qualifications under subdivision 2, must:

43.24 (1) provide individualized peer support and individual recovery planning to each client;

43.25 (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development
43.26 of natural supports; and

43.27 (3) support a client's maintenance of skills that the client has learned from other services.

43.28 (b) A licensed alcohol and drug counselor or mental health professional providing
43.29 supervision to a recovery peer must meet with the recovery peer face-to-face, either remotely
43.30 or in person, at least once per month in order to provide adequate supervision to the recovery
43.31 peer. Supervision must include reviewing individual recovery plans, as defined in section
43.32 254B.01, subdivision 4e, and reviewing documentation of peer recovery support services

44.1 provided for clients and may include client updates, discussion of ethical considerations,
44.2 and any other questions or issues relevant to peer recovery support services.

44.3 Sec. 6. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision to
44.4 read:

44.5 Subd. 4e. **Individual recovery plan.** "Individual recovery plan" means a person-centered
44.6 outline of supports that an eligible vendor of peer recovery support services under section
44.7 254B.05, subdivision 1, must develop to respond to an individual's peer recovery support
44.8 services needs and goals.

44.9 Sec. 7. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision to
44.10 read:

44.11 Subd. 8a. **Recovery peer.** "Recovery peer" means a person who is qualified according
44.12 to section 245I.04, subdivision 18, to provide peer recovery support services within the
44.13 scope of practice provided under section 245I.04, subdivision 19.

44.14 Sec. 8. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended
44.15 to read:

44.16 **Subdivision 1. Licensure or certification required.** (a) Programs licensed by the
44.17 commissioner are eligible vendors. Hospitals may apply for and receive licenses to be
44.18 eligible vendors, notwithstanding the provisions of section 245A.03. American Indian
44.19 programs that provide substance use disorder treatment, extended care, transitional residence,
44.20 or outpatient treatment services, and are licensed by tribal government are eligible vendors.

44.21 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
44.22 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
44.23 vendor of a comprehensive assessment and assessment summary provided according to
44.24 section 245G.05, and treatment services provided according to sections 245G.06 and
44.25 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
44.26 (1) to (6).

44.27 (c) A county is an eligible vendor for a comprehensive assessment and assessment
44.28 summary when provided by an individual who meets the staffing credentials of section
44.29 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
44.30 245G.05. A county is an eligible vendor of care coordination services when provided by an
44.31 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
44.32 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),

45.1 clause (5). A county is an eligible vendor of peer recovery services when the services are
45.2 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

45.3 (d) A recovery community organization that meets the requirements of clauses (1) to
45.4 ~~(10) (12)~~ and meets membership certification or accreditation requirements of ~~the Association~~
45.5 ~~of Recovery Community Organizations~~ the Alliance for Recovery Centered Organizations,
45.6 the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide
45.7 recovery ~~community~~ organization identified by the commissioner is an eligible vendor of
45.8 peer recovery support services. A Minnesota statewide recovery organization identified by
45.9 the commissioner must update recovery community organization applicants for certification
45.10 or accreditation on the status of the application within 45 days of receipt. If the approved
45.11 statewide recovery organization denies an application, it must provide a written explanation
45.12 for the denial to the recovery community organization. Eligible vendors under this paragraph
45.13 must:

45.14 (1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be
45.15 free from conflicting self-interests, and be autonomous in decision-making, program
45.16 development, peer recovery support services provided, and advocacy efforts for the purpose
45.17 of supporting the recovery community organization's mission;

45.18 (2) be led and governed by individuals in the recovery community, with more than 50
45.19 percent of the board of directors or advisory board members self-identifying as people in
45.20 personal recovery from substance use disorders;

45.21 (3) ~~primarily focus on recovery from substance use disorders, with missions and visions~~
45.22 ~~that support this primary focus~~ have a mission statement and conduct corresponding activities
45.23 indicating that the organization's primary purpose is to support recovery from substance
45.24 use disorder;

45.25 (4) ~~be grassroots and reflective of and engaged with the community served~~ demonstrate
45.26 ongoing community engagement with the identified primary region and population served
45.27 by the organization, including individuals in recovery and their families, friends, and recovery
45.28 allies;

45.29 (5) be accountable to the recovery community through documented priority-setting and
45.30 participatory decision-making processes that promote the ~~involvement~~ and engagement of,
45.31 and consultation with, people in recovery and their families, friends, and recovery allies;

45.32 (6) provide nonclinical peer recovery support services, including but not limited to
45.33 recovery support groups, recovery coaching, telephone recovery support, skill-building
45.34 groups, and harm-reduction activities, and provide recovery public education and advocacy;

46.1 (7) have written policies that allow for and support opportunities for all paths toward
46.2 recovery and refrain from excluding anyone based on their chosen recovery path, which
46.3 may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based
46.4 paths;

46.5 (8) ~~be purposeful in meeting the diverse~~ maintain organizational practices to meet the
46.6 needs of Black, Indigenous, and people of color communities, ~~including LGBTQ+~~
46.7 communities, and other underrepresented or marginalized communities. Organizational
46.8 practices may include board and staff ~~development activities, organizational practices~~
46.9 training, service offerings, advocacy efforts, and culturally informed outreach and ~~service~~
46.10 plans services;

46.11 (9) ~~be stewards of~~ use recovery-friendly language in all media and written materials that
46.12 is supportive of and promotes recovery across diverse geographical and cultural contexts
46.13 and reduces stigma; ~~and~~

46.14 (10) establish and maintain an employee and volunteer a publicly available recovery
46.15 community organization code of ethics and easily accessible grievance policy and procedures
46.16 ~~posted in physical spaces, on websites, or on program policies or forms;~~

46.17 (11) provide an orientation for recovery peers that includes an overview of the consumer
46.18 advocacy services provided by the Ombudsman for Mental Health and Developmental
46.19 Disabilities and other relevant advocacy services; and

46.20 (12) provide notice to peer recovery support services participants that includes the
46.21 following statement: "If you have a complaint about the provider or the person providing
46.22 your peer recovery support services, you may contact the Minnesota Alliance of Recovery
46.23 Community Organizations. You may also contact the Office of Ombudsman for Mental
46.24 Health and Developmental Disabilities." The statement must also include:

46.25 (i) the telephone number, website address, email address, and mailing address of the
46.26 Minnesota Alliance of Recovery Community Organizations and the Office of Ombudsman
46.27 for Mental Health and Developmental Disabilities;

46.28 (ii) the recovery community organization's name, address, email, telephone number, and
46.29 name or title of the person at the recovery community organization to whom problems or
46.30 complaints may be directed; and

46.31 (iii) a statement that the recovery community organization will not retaliate against a
46.32 peer recovery support services participant because of a complaint.

47.1 (e) A recovery community organization approved by the commissioner
47.2 before June 30, 2023, shall retain their designation as recovery community organizations
47.3 must have begun the application process as required by an approved certifying or accrediting
47.4 entity and have begun the process to meet the requirements under paragraph (d) by September
47.5 1, 2024, in order to be considered as an eligible vendor of peer recovery support services.

47.6 (f) A recovery community organization that is aggrieved by an accreditation, certification,
47.7 or membership determination and believes it meets the requirements under paragraph (d)
47.8 may appeal the determination under section 256.045, subdivision 3, paragraph (a), clause
47.9 (15), for reconsideration as an eligible vendor. If the human services judge determines that
47.10 the recovery community organization meets the requirements under paragraph (d), the
47.11 recovery community organization is an eligible vendor of peer recovery support services.

47.12 (g) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
47.13 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
47.14 nonresidential substance use disorder treatment or withdrawal management program by the
47.15 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
47.16 and 1b are not eligible vendors.

47.17 (h) Hospitals, federally qualified health centers, and rural health clinics are eligible
47.18 vendors of a comprehensive assessment when the comprehensive assessment is completed
47.19 according to section 245G.05 and by an individual who meets the criteria of an alcohol and
47.20 drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor
47.21 must be individually enrolled with the commissioner and reported on the claim as the
47.22 individual who provided the service.

47.23 (i) Any complaints about a recovery community organization or peer recovery support
47.24 services may be made to and reviewed or investigated by the ombudsperson for behavioral
47.25 health and developmental disabilities under sections 245.91 and 245.94.

47.26 **EFFECTIVE DATE.** This section is effective the day following final enactment, except
47.27 the amendments adding paragraph (d), clauses (11) and (12), and paragraph (i) are effective
47.28 July 1, 2025.

47.29 Sec. 9. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, is amended
47.30 to read:

47.31 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
47.32 use disorder services and service enhancements funded under this chapter.

47.33 (b) Eligible substance use disorder treatment services include:

- 48.1 (1) those licensed, as applicable, according to chapter 245G or applicable Tribal license
48.2 and provided according to the following ASAM levels of care:
- 48.3 (i) ASAM level 0.5 early intervention services provided according to section 254B.19,
48.4 subdivision 1, clause (1);
- 48.5 (ii) ASAM level 1.0 outpatient services provided according to section 254B.19,
48.6 subdivision 1, clause (2);
- 48.7 (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,
48.8 subdivision 1, clause (3);
- 48.9 (iv) ASAM level 2.5 partial hospitalization services provided according to section
48.10 254B.19, subdivision 1, clause (4);
- 48.11 (v) ASAM level 3.1 clinically managed low-intensity residential services provided
48.12 according to section 254B.19, subdivision 1, clause (5);
- 48.13 (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential
48.14 services provided according to section 254B.19, subdivision 1, clause (6); and
- 48.15 (vii) ASAM level 3.5 clinically managed high-intensity residential services provided
48.16 according to section 254B.19, subdivision 1, clause (7);
- 48.17 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
48.18 and 245G.05;
- 48.19 (3) treatment coordination services provided according to section 245G.07, subdivision
48.20 1, paragraph (a), clause (5);
- 48.21 (4) peer recovery support services provided according to section 245G.07, subdivision
48.22 2, clause (8);
- 48.23 (5) withdrawal management services provided according to chapter 245F;
- 48.24 (6) hospital-based treatment services that are licensed according to sections 245G.01 to
48.25 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
48.26 144.56;
- 48.27 (7) adolescent treatment programs that are licensed as outpatient treatment programs
48.28 according to sections 245G.01 to 245G.18 or as residential treatment programs according
48.29 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
48.30 applicable tribal license;

49.1 (8) ASAM 3.5 clinically managed high-intensity residential services that are licensed
49.2 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which
49.3 provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7),
49.4 and are provided by a state-operated vendor or to clients who have been civilly committed
49.5 to the commissioner, present the most complex and difficult care needs, and are a potential
49.6 threat to the community; and

49.7 (9) room and board facilities that meet the requirements of subdivision 1a.

49.8 (c) The commissioner shall establish higher rates for programs that meet the requirements
49.9 of paragraph (b) and one of the following additional requirements:

49.10 (1) programs that serve parents with their children if the program:

49.11 (i) provides on-site child care during the hours of treatment activity that:

49.12 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
49.13 9503; or

49.14 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or

49.15 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
49.16 licensed under chapter 245A as:

49.17 (A) a child care center under Minnesota Rules, chapter 9503; or

49.18 (B) a family child care home under Minnesota Rules, chapter 9502;

49.19 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
49.20 subdivision 4a;

49.21 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;

49.22 (4) programs that offer medical services delivered by appropriately credentialed health
49.23 care staff in an amount equal to two hours per client per week if the medical needs of the
49.24 client and the nature and provision of any medical services provided are documented in the
49.25 client file; or

49.26 (5) programs that offer services to individuals with co-occurring mental health and
49.27 substance use disorder problems if:

49.28 (i) the program meets the co-occurring requirements in section 245G.20;

49.29 (ii) 25 percent of the counseling staff are licensed mental health professionals under
49.30 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision
49.31 of a licensed alcohol and drug counselor supervisor and mental health professional under

50.1 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health
50.2 staff may be students or licensing candidates with time documented to be directly related
50.3 to provisions of co-occurring services;

50.4 (iii) clients scoring positive on a standardized mental health screen receive a mental
50.5 health diagnostic assessment within ten days of admission;

50.6 (iv) the program has standards for multidisciplinary case review that include a monthly
50.7 review for each client that, at a minimum, includes a licensed mental health professional
50.8 and licensed alcohol and drug counselor, and their involvement in the review is documented;

50.9 (v) family education is offered that addresses mental health and substance use disorder
50.10 and the interaction between the two; and

50.11 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
50.12 training annually.

50.13 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
50.14 that provides arrangements for off-site child care must maintain current documentation at
50.15 the substance use disorder facility of the child care provider's current licensure to provide
50.16 child care services.

50.17 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
50.18 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
50.19 in paragraph (c), clause (4), items (i) to (iv).

50.20 (f) ~~Subject to federal approval,~~ Substance use disorder services that are otherwise covered
50.21 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
50.22 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
50.23 the condition and needs of the person being served. Reimbursement shall be at the same
50.24 rates and under the same conditions that would otherwise apply to direct face-to-face services.

50.25 (g) For the purpose of reimbursement under this section, substance use disorder treatment
50.26 services provided in a group setting without a group participant maximum or maximum
50.27 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
50.28 At least one of the attending staff must meet the qualifications as established under this
50.29 chapter for the type of treatment service provided. A recovery peer may not be included as
50.30 part of the staff ratio.

50.31 (h) Payment for outpatient substance use disorder services that are licensed according
50.32 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
50.33 prior authorization of a greater number of hours is obtained from the commissioner.

51.1 (i) Payment for substance use disorder services under this section must start from the
51.2 day of service initiation, when the comprehensive assessment is completed within the
51.3 required timelines.

51.4 (j) Eligible vendors of peer recovery support services must:

51.5 (1) submit to a review by the commissioner of up to ten percent of all medical assistance
51.6 and behavioral health fund claims to determine the medical necessity of peer recovery
51.7 support services for entities billing for peer recovery support services individually and not
51.8 receiving a daily rate; and

51.9 (2) limit an individual client to 14 hours per week for peer recovery support services
51.10 from an individual provider of peer recovery support services.

51.11 (k) Peer recovery support services not provided in accordance with section 254B.052
51.12 are subject to monetary recovery under section 256B.064 as money improperly paid.

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

51.14 Sec. 10. **[254B.052] PEER RECOVERY SUPPORT SERVICES REQUIREMENTS.**

51.15 **Subdivision 1. Peer recovery support services; service requirements.** (a) Peer recovery
51.16 support services are face-to-face interactions between a recovery peer and a client, on a
51.17 one-on-one basis, in which specific goals identified in an individual recovery plan, treatment
51.18 plan, or stabilization plan are discussed and addressed. Peer recovery support services are
51.19 provided to promote a client's recovery goals, self-sufficiency, self-advocacy, and
51.20 development of natural supports and to support maintenance of a client's recovery.

51.21 (b) Peer recovery support services must be provided according to an individual recovery
51.22 plan if provided by a recovery community organization or county, a treatment plan if provided
51.23 in a substance use disorder treatment program under chapter 245G, or a stabilization plan
51.24 if provided by a withdrawal management program under chapter 245F.

51.25 (c) A client receiving peer recovery support services must participate in the services
51.26 voluntarily. Any program that incorporates peer recovery support services must provide
51.27 written notice to the client that peer recovery support services will be provided.

51.28 (d) Peer recovery support services may not be provided to a client residing with or
51.29 employed by a recovery peer from whom they receive services.

51.30 **Subd. 2. Individual recovery plan.** (a) The individual recovery plan must be developed
51.31 with the client and must be completed within the first three sessions with a recovery peer.

52.1 (b) The recovery peer must document how each session ties into the client's individual
52.2 recovery plan. The individual recovery plan must be updated as needed. The individual
52.3 recovery plan must include:

52.4 (1) the client's name;

52.5 (2) the recovery peer's name;

52.6 (3) the name of the recovery peer's supervisor;

52.7 (4) the client's recovery goals;

52.8 (5) the client's resources and assets to support recovery;

52.9 (6) activities that may support meeting identified goals; and

52.10 (7) the planned frequency of peer recovery support services sessions between the recovery
52.11 peer and the client.

52.12 Subd. 3. **Eligible vendor documentation requirements.** An eligible vendor of peer
52.13 recovery support services under section 254B.05, subdivision 1, must keep a secure file for
52.14 each individual receiving medical assistance peer recovery support services. The file must
52.15 include, at a minimum:

52.16 (1) the client's comprehensive assessment under section 245G.05 that led to the client's
52.17 referral for peer recovery support services;

52.18 (2) the client's individual recovery plan; and

52.19 (3) documentation of each billed peer recovery support services interaction between the
52.20 client and the recovery peer, including the date, start and end time with a.m. and p.m.
52.21 designations, the client's response, and the name of the recovery peer who provided the
52.22 service.

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

52.24 Sec. 11. Minnesota Statutes 2023 Supplement, section 256.043, subdivision 3, is amended
52.25 to read:

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

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

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

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

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

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

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

53.16 (h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to
53.17 the commissioner of human services for the opioid overdose surge alert system under section
53.18 245.891.

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

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

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

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

53.29 (m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining
53.30 amount is appropriated to the commissioner of human services for distribution to county
53.31 social service agencies and Tribal social service agency initiative projects authorized under
53.32 section 256.01, subdivision 14b, to provide prevention and child protection services to
53.33 children and families who are affected by addiction. The commissioner shall distribute this

54.1 money proportionally to county social service agencies and Tribal social service agency
54.2 initiative projects through a formula based on intake data from the previous three calendar
54.3 years related to substance use and out-of-home placement episodes where parental drug
54.4 abuse is the primary a reason for the out-of-home placement using data from the previous
54.5 calendar year. County social service agencies and Tribal social service agency initiative
54.6 projects receiving funds from the opiate epidemic response fund must annually report to
54.7 the commissioner on how the funds were used to provide prevention and child protection
54.8 services, including measurable outcomes, as determined by the commissioner. County social
54.9 service agencies and Tribal social service agency initiative projects must not use funds
54.10 received under this paragraph to supplant current state or local funding received for child
54.11 protection services for children and families who are affected by addiction.

54.12 (n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in
54.13 the account is appropriated to the commissioner of human services to award grants as
54.14 specified by the Opiate Epidemic Response Advisory Council in accordance with section
54.15 256.042, unless otherwise appropriated by the legislature.

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

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

54.22 Sec. 12. **[256B.0761] REENTRY DEMONSTRATION WAIVER.**

54.23 Subdivision 1. Establishment. The commissioner must submit a waiver application to
54.24 the Centers for Medicare and Medicaid Services to implement a medical assistance
54.25 demonstration project to provide health care and coordination services that bridge to
54.26 community-based services for individuals confined in state, local, or Tribal correctional
54.27 facilities, or facilities located outside of the seven-county metropolitan area that have an
54.28 inmate census with a significant proportion of Tribal members or American Indians, prior
54.29 to community reentry. The demonstration must be designed to:

54.30 (1) increase continuity of coverage;

54.31 (2) improve access to health care services, including mental health services, physical
54.32 health services, and substance use disorder treatment services;

55.1 (3) enhance coordination between Medicaid systems, health and human services systems,
55.2 correctional systems, and community-based providers;

55.3 (4) reduce overdoses and deaths following release;

55.4 (5) decrease disparities in overdoses and deaths following release; and

55.5 (6) maximize health and overall community reentry outcomes.

55.6 Subd. 2. **Eligible individuals.** Notwithstanding section 256B.055, subdivision 14,
55.7 individuals are eligible to receive services under this demonstration if they are eligible under
55.8 section 256B.055, subdivision 3a, 6, 7, 7a, 9, 15, 16, or 17, as determined by the
55.9 commissioner in collaboration with correctional facilities, local governments, and Tribal
55.10 governments.

55.11 Subd. 3. **Eligible correctional facilities.** (a) The commissioner's waiver application is
55.12 limited to:

55.13 (1) three state correctional facilities to be determined by the commissioner of corrections,
55.14 one of which must be the Minnesota Correctional Facility-Shakopee;

55.15 (2) two facilities for delinquent children and youth licensed under section 241.021,
55.16 subdivision 2, identified in coordination with the Minnesota Juvenile Detention Association
55.17 and the Minnesota Sheriffs' Association;

55.18 (3) four correctional facilities for adults licensed under section 241.021, subdivision 1,
55.19 identified in coordination with the Minnesota Sheriffs' Association and the Association of
55.20 Minnesota Counties; and

55.21 (4) one correctional facility owned and managed by a Tribal government or a facility
55.22 located outside of the seven-county metropolitan area that has an inmate census with a
55.23 significant proportion of Tribal members or American Indians.

55.24 (b) Additional facilities may be added to the waiver contingent on legislative authorization
55.25 and appropriations.

55.26 Subd. 4. **Services and duration.** (a) Services must be provided 90 days prior to an
55.27 individual's release date or, if an individual's confinement is less than 90 days, during the
55.28 time period between a medical assistance eligibility determination and the release to the
55.29 community.

55.30 (b) Facilities must offer the following services using either community-based or
55.31 corrections-based providers:

56.1 (1) case management activities to address physical and behavioral health needs, including
56.2 a comprehensive assessment of individual needs, development of a person-centered care
56.3 plan, referrals and other activities to address assessed needs, and monitoring and follow-up
56.4 activities;

56.5 (2) drug coverage in accordance with section 256B.0625, subdivision 13, including up
56.6 to a 30-day supply of drugs upon release;

56.7 (3) substance use disorder comprehensive assessments according section 254B.05,
56.8 subdivision 5, paragraph (b), clause (2);

56.9 (4) treatment coordination services according to section 254B.05, subdivision 5, paragraph
56.10 (b), clause (3);

56.11 (5) peer recovery support services according to sections 245I.04, subdivisions 18 and
56.12 19, and 254B.05, subdivision 5, paragraph (b), clause (4);

56.13 (6) substance use disorder individual and group counseling provided according to sections
56.14 245G.07, subdivision 1, paragraph (a), clause (1); 245G.11, subdivision 5; and 254B.05;

56.15 (7) mental health diagnostic assessments as required under section 245I.10;

56.16 (8) group and individual psychotherapy as required under section 256B.0671;

56.17 (9) peer specialist services as required under sections 245I.04 and 256B.0615;

56.18 (10) family planning and obstetrics and gynecology services; and

56.19 (11) physical health well-being and screenings and care for adults and youth.

56.20 (c) Services outlined in this subdivision must only be authorized when an individual
56.21 demonstrates medical necessity or other eligibility as required under this chapter or applicable
56.22 state and federal laws.

56.23 Subd. 5. **Provider requirements and standards.** (a) Service providers must adhere to
56.24 applicable licensing and provider requirements under chapters 245A, 245G, 245I, 254B,
56.25 256B, and 256I.

56.26 (b) Service providers must be enrolled to provide services under Minnesota health care
56.27 programs.

56.28 (c) Services must be provided by eligible providers employed by the correctional facility
56.29 or by eligible community providers under contract with the correctional facility.

57.1 (d) The commissioner must determine whether each facility is ready to participate in
57.2 this demonstration based on a facility-submitted assessment of the facility's readiness to
57.3 implement:

57.4 (1) prerelease medical assistance application and enrollment processes for inmates not
57.5 enrolled in medical assistance coverage;

57.6 (2) the provision or facilitation of all required prerelease services for a period of up to
57.7 90 days prior to release;

57.8 (3) coordination among county and Tribal human services agencies and all other entities
57.9 with a role in furnishing health care and supports to address health related social needs;

57.10 (4) appropriate reentry planning, prerelease care management, and assistance with care
57.11 transitions to the community;

57.12 (5) operational approaches to implementing certain Medicaid and CHIP requirements
57.13 including applications, suspensions, notices, fair hearings, and reasonable promptness for
57.14 coverage of services;

57.15 (6) a data exchange process to support care coordination and transition activities; and

57.16 (7) reporting of all requested data to the commissioner of human services to support
57.17 program monitoring, evaluation, oversight, and all financial data to meet reinvestment
57.18 requirements.

57.19 (e) Participating facilities must detail reinvestment plans for all new federal Medicaid
57.20 money expended for reentry services that were previously the responsibility of each facility
57.21 and provide detailed financial reports to the commissioner.

57.22 Subd. 6. **Payment rates.** (a) Payment rates for services under this section that are
57.23 approved under Minnesota's state plan agreement with the Centers for Medicare and Medicaid
57.24 Services are equal to current and applicable state law and federal requirements.

57.25 (b) Case management payment rates are equal to rates authorized by the commissioner
57.26 for relocation targeted case management under section 256B.0621, subdivision 10.

57.27 (c) Claims for covered drugs purchased through discount purchasing programs, such as
57.28 the Federal Supply Schedule of the United States General Services Administration or the
57.29 MMCAP Infuse program, must be no more than the actual acquisition cost plus the
57.30 professional dispensing fee in section 256B.0625, subdivision 13e. Drugs administered to
57.31 members must be billed on a professional claim in accordance with section 256B.0625,
57.32 subdivision 13e, paragraph (e), and submitted with the actual acquisition cost for the drug

58.1 on the claim line. Pharmacy claims must be submitted with the actual acquisition cost as
58.2 the ingredient cost field and the dispensing fee in section 256B.0625, subdivision 13e, as
58.3 the dispensing fee field on the claim with the basis of cost indicator of 08. Providers may
58.4 establish written protocols for establishing or calculating the facility's actual acquisition
58.5 drug cost based on a monthly, quarterly, or other average of the facility's actual acquisition
58.6 drug cost through the discount purchasing program. A written protocol must not include an
58.7 inflation, markup, spread, or margin to be added to the provider's actual purchase price after
58.8 subtracting all discounts.

58.9 Subd. 7. **Reentry services working group.** (a) The commissioner of human services,
58.10 in collaboration with the commissioner of corrections, must convene a reentry services
58.11 working group to consider ways to improve the demonstration under this section and related
58.12 policies for justice-involved individuals.

58.13 (b) The working group must be composed of balanced representation, including:

58.14 (1) people with lived experience; and

58.15 (2) representatives from:

58.16 (i) community health care providers;

58.17 (ii) the Minnesota Sheriffs' Association;

58.18 (iii) the Minnesota Association for County Social Service Administrators;

58.19 (iv) the Association of Minnesota Counties;

58.20 (v) the Minnesota Juvenile Detention Association;

58.21 (vi) the Office of Addiction and Recovery;

58.22 (vii) NAMI Minnesota;

58.23 (viii) the Minnesota Association of Resources for Recovery and Chemical Health;

58.24 (ix) Tribal Nations; and

58.25 (x) the Minnesota Alliance of Recovery Community Organizations.

58.26 (c) The working group must:

58.27 (1) advise on the waiver application, implementation, monitoring, evaluation, and
58.28 reinvestment plans;

59.1 (2) recommend strategies to improve processes that ensure notifications of the individual's
59.2 release date, current location, postrelease location, and other relevant information are
59.3 provided to state, county, and Tribal eligibility systems and managed care organizations;

59.4 (3) consider the value of expanding, replicating, or adapting the components of the
59.5 demonstration authorized under this section to additional populations;

59.6 (4) consider information technology and other implementation needs for participating
59.7 correctional facilities; and

59.8 (5) recommend ideas to fund expanded reentry services.

59.9 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
59.10 whichever is later, except subdivision 7 is effective July 1, 2024. The commissioner of
59.11 human services must notify the revisor of statutes when federal approval is obtained.

59.12 Sec. 13. Minnesota Statutes 2022, section 256B.69, subdivision 4, is amended to read:

59.13 Subd. 4. **Limitation of choice.** (a) The commissioner shall develop criteria to determine
59.14 when limitation of choice may be implemented in the experimental counties. The criteria
59.15 shall ensure that all eligible individuals in the county have continuing access to the full
59.16 range of medical assistance services as specified in subdivision 6.

59.17 (b) The commissioner shall exempt the following persons from participation in the
59.18 project, in addition to those who do not meet the criteria for limitation of choice:

59.19 (1) persons eligible for medical assistance according to section 256B.055, subdivision
59.20 1;

59.21 (2) persons eligible for medical assistance due to blindness or disability as determined
59.22 by the Social Security Administration or the state medical review team, unless:

59.23 (i) they are 65 years of age or older; or

59.24 (ii) they reside in Itasca County or they reside in a county in which the commissioner
59.25 conducts a pilot project under a waiver granted pursuant to section 1115 of the Social
59.26 Security Act;

59.27 (3) recipients who currently have private coverage through a health maintenance
59.28 organization;

59.29 (4) recipients who are eligible for medical assistance by spending down excess income
59.30 for medical expenses other than the nursing facility per diem expense;

60.1 (5) recipients who receive benefits under the Refugee Assistance Program, established
60.2 under United States Code, title 8, section 1522(e);

60.3 (6) children who are both determined to be severely emotionally disturbed and receiving
60.4 case management services according to section 256B.0625, subdivision 20, except children
60.5 who are eligible for and who decline enrollment in an approved preferred integrated network
60.6 under section 245.4682;

60.7 (7) adults who are both determined to be seriously and persistently mentally ill and
60.8 received case management services according to section 256B.0625, subdivision 20;

60.9 (8) persons eligible for medical assistance according to section 256B.057, subdivision
60.10 10;

60.11 (9) persons with access to cost-effective employer-sponsored private health insurance
60.12 or persons enrolled in a non-Medicare individual health plan determined to be cost-effective
60.13 according to section 256B.0625, subdivision 15; ~~and~~

60.14 (10) persons who are absent from the state for more than 30 consecutive days but still
60.15 deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision
60.16 1, paragraph (b); and

60.17 (11) persons who are enrolled in the reentry demonstration waiver under section
60.18 256B.0761.

60.19 Children under age 21 who are in foster placement may enroll in the project on an elective
60.20 basis. Individuals excluded under clauses (1), (6), and (7) may choose to enroll on an elective
60.21 basis. The commissioner may enroll recipients in the prepaid medical assistance program
60.22 for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by spending
60.23 down excess income.

60.24 (c) The commissioner may allow persons with a one-month spenddown who are otherwise
60.25 eligible to enroll to voluntarily enroll or remain enrolled, if they elect to prepay their monthly
60.26 spenddown to the state.

60.27 (d) The commissioner may require those individuals to enroll in the prepaid medical
60.28 assistance program who otherwise would have been excluded under paragraph (b), clauses
60.29 (1), (3), and (8), and under Minnesota Rules, part 9500.1452, subpart 2, items H, K, and L.

60.30 (e) Before limitation of choice is implemented, eligible individuals shall be notified and
60.31 after notification, shall be allowed to choose only among demonstration providers. The
60.32 commissioner may assign an individual with private coverage through a health maintenance
60.33 organization, to the same health maintenance organization for medical assistance coverage,

61.1 if the health maintenance organization is under contract for medical assistance in the
 61.2 individual's county of residence. After initially choosing a provider, the recipient is allowed
 61.3 to change that choice only at specified times as allowed by the commissioner. If a
 61.4 demonstration provider ends participation in the project for any reason, a recipient enrolled
 61.5 with that provider must select a new provider but may change providers without cause once
 61.6 more within the first 60 days after enrollment with the second provider.

61.7 (f) An infant born to a woman who is eligible for and receiving medical assistance and
 61.8 who is enrolled in the prepaid medical assistance program shall be retroactively enrolled to
 61.9 the month of birth in the same managed care plan as the mother once the child is enrolled
 61.10 in medical assistance unless the child is determined to be excluded from enrollment in a
 61.11 prepaid plan under this section.

61.12 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
 61.13 whichever is later. The commissioner of human services must notify the revisor of statutes
 61.14 when federal approval is obtained.

61.15 Sec. 14. Laws 2023, chapter 61, article 9, section 2, subdivision 18, is amended to read:

61.16 **Subd. 18. Grant Programs; Chemical**
 61.17 **Dependency Treatment Support Grants**

61.18	Appropriations by Fund		
61.19	General	54,691,000	5,342,000
61.20	Lottery Prize	1,733,000	1,733,000

61.21 **(a) Culturally Specific Recovery**
 61.22 **Community Organization Start-Up Grants.**

61.23 \$4,000,000 in fiscal year 2024 is for culturally
 61.24 specific recovery community organization
 61.25 start-up grants. Notwithstanding Minnesota
 61.26 Statutes, section 16A.28, this appropriation is
 61.27 available until June 30, 2027. This is a onetime
 61.28 appropriation.

61.29 **(b) Safe Recovery Sites.** \$14,537,000 in fiscal
 61.30 year 2024 is from the general fund for start-up
 61.31 and capacity-building grants for organizations
 61.32 to establish safe recovery sites.
 61.33 Notwithstanding Minnesota Statutes, section

62.1 16A.28, this appropriation is onetime and is
62.2 available until June 30, 2029.

62.3 **(c) Technical Assistance for Culturally**
62.4 **Specific Organizations; Culturally Specific**
62.5 **Services Grants.** \$4,000,000 in fiscal year
62.6 2024 is for grants to culturally specific
62.7 providers for technical assistance navigating
62.8 culturally specific and responsive substance
62.9 use and recovery programs. Notwithstanding
62.10 Minnesota Statutes, section 16A.28, this
62.11 appropriation is available until June 30, 2027.

62.12 **(d) Technical Assistance for Culturally**
62.13 **Specific Organizations; Culturally Specific**
62.14 **Grant Development Training.** \$400,000 in
62.15 fiscal year 2024 is for grants for up to four
62.16 trainings for community members and
62.17 culturally specific providers for grant writing
62.18 training for substance use and recovery-related
62.19 grants. Notwithstanding Minnesota Statutes,
62.20 section 16A.28, this is a onetime appropriation
62.21 and is available until June 30, 2027.

62.22 **(e) Harm Reduction Supplies for Tribal and**
62.23 **Culturally Specific Programs.** \$7,597,000
62.24 in fiscal year 2024 is from the general fund to
62.25 provide sole source grants to culturally
62.26 specific communities to purchase syringes,
62.27 testing supplies, and opiate antagonists.
62.28 Notwithstanding Minnesota Statutes, section
62.29 16A.28, this appropriation is available until
62.30 June 30, 2027. This is a onetime appropriation.

62.31 **(f) Families and Family Treatment**
62.32 **Capacity-Building and Start-Up Grants.**
62.33 \$10,000,000 in fiscal year 2024 is from the
62.34 general fund for start-up and capacity-building
62.35 grants for family substance use disorder

63.1 treatment programs. Notwithstanding
63.2 Minnesota Statutes, section 16A.28, this
63.3 appropriation is available until June 30, 2029.
63.4 This is a onetime appropriation.

63.5 **(g) Start-Up and Capacity Building Grants**
63.6 **for Withdrawal Management.** \$500,000 in
63.7 fiscal year 2024 and \$1,000,000 in fiscal year
63.8 2025 are for start-up and capacity building
63.9 grants for withdrawal management.

63.10 **(h) Recovery Community Organization**
63.11 **Grants.** \$4,300,000 in fiscal year 2024 is from
63.12 the general fund for grants to recovery
63.13 community organizations, as defined in
63.14 Minnesota Statutes, section 254B.01,
63.15 subdivision 8, that are current grantees as of
63.16 June 30, 2023. This is a onetime appropriation
63.17 and is available until June 30, 2025.

63.18 **(i) Opioid Overdose Prevention Grants.**

63.19 (1) \$125,000 in fiscal year 2024 and \$125,000
63.20 in fiscal year 2025 are from the general fund
63.21 for a grant to Ka Joog, a nonprofit organization
63.22 in Minneapolis, Minnesota, to be used for
63.23 collaborative outreach, education, and training
63.24 on opioid use and overdose, and distribution
63.25 of opiate antagonist kits in East African and
63.26 Somali communities in Minnesota. This is a
63.27 onetime appropriation.

63.28 (2) \$125,000 in fiscal year 2024 and \$125,000
63.29 in fiscal year 2025 are from the general fund
63.30 for a grant to the Steve Rummmler Hope
63.31 Network to be used for statewide outreach,
63.32 education, and training on opioid use and
63.33 overdose, and distribution of opiate antagonist
63.34 kits. This is a onetime appropriation.

64.1 (3) \$250,000 in fiscal year 2024 and \$250,000
64.2 in fiscal year 2025 are from the general fund
64.3 for a grant to African Career Education and
64.4 Resource, Inc. to be used for collaborative
64.5 outreach, education, and training on opioid
64.6 use and overdose, and distribution of opiate
64.7 antagonist kits. This is a onetime
64.8 appropriation.

64.9 (j) **Problem Gambling.** \$225,000 in fiscal
64.10 year 2024 and \$225,000 in fiscal year 2025
64.11 are from the lottery prize fund for a grant to a
64.12 state affiliate recognized by the National
64.13 Council on Problem Gambling. The affiliate
64.14 must provide services to increase public
64.15 awareness of problem gambling, education,
64.16 training for individuals and organizations that
64.17 provide effective treatment services to problem
64.18 gamblers and their families, and research
64.19 related to problem gambling.

64.20 (k) **Project ECHO.** \$1,310,000 in fiscal year
64.21 2024 and \$1,295,000 in fiscal year 2025 are
64.22 from the general fund for a grant to Hennepin
64.23 Healthcare to expand the Project ECHO
64.24 program. The grant must be used to establish
64.25 at least four substance use disorder-focused
64.26 Project ECHO programs at Hennepin
64.27 Healthcare, expanding the grantee's capacity
64.28 to improve health and substance use disorder
64.29 outcomes for diverse populations of
64.30 individuals enrolled in medical assistance,
64.31 including but not limited to immigrants,
64.32 individuals who are homeless, individuals
64.33 seeking maternal and perinatal care, and other
64.34 underserved populations. The Project ECHO
64.35 programs funded under this section must be

65.1 culturally responsive, and the grantee must
65.2 contract with culturally and linguistically
65.3 appropriate substance use disorder service
65.4 providers who have expertise in focus areas,
65.5 based on the populations served. Grant funds
65.6 may be used for program administration,
65.7 equipment, provider reimbursement, and
65.8 staffing hours. This is a onetime appropriation
65.9 and is available until June 30, 2027.

65.10 **(l) White Earth Nation Substance Use**
65.11 **Disorder Digital Therapy Tool.** \$3,000,000
65.12 in fiscal year 2024 is from the general fund
65.13 for a grant to the White Earth Nation to
65.14 develop an individualized Native American
65.15 centric digital therapy tool with Pathfinder
65.16 Solutions. This is a onetime appropriation.

65.17 The grant must be used to:

65.18 (1) develop a mobile application that is
65.19 culturally tailored to connecting substance use
65.20 disorder resources with White Earth Nation
65.21 members;

65.22 (2) convene a planning circle with White Earth
65.23 Nation members to design the tool;

65.24 (3) provide and expand White Earth
65.25 Nation-specific substance use disorder
65.26 services; and

65.27 (4) partner with an academic research
65.28 institution to evaluate the efficacy of the
65.29 program.

65.30 **(m) Wellness in the Woods.** \$300,000 in
65.31 fiscal year 2024 and \$300,000 in fiscal year
65.32 2025 are from the general fund for a grant to
65.33 Wellness in the Woods for daily peer support
65.34 and special sessions for individuals who are

66.1 in substance use disorder recovery, are
 66.2 transitioning out of incarceration, or who have
 66.3 experienced trauma. These are onetime
 66.4 appropriations.

66.5 (n) **Base Level Adjustment.** The general fund
 66.6 base is \$3,247,000 in fiscal year 2026 and
 66.7 \$3,247,000 in fiscal year 2027.

66.8 Sec. 15. **DIRECTION TO OMBUDSMAN FOR MENTAL HEALTH AND**
 66.9 **DEVELOPMENTAL DISABILITIES.**

66.10 By September 30, 2025, the ombudsman for mental health and developmental disabilities
 66.11 must provide a report to the governor and the chairs and ranking minority members of the
 66.12 legislative committees with jurisdiction over human services that contains summary
 66.13 information on complaints received regarding peer recovery support services provided by
 66.14 a recovery community organization as defined in Minnesota Statutes, section 254B.01, and
 66.15 any recommendations to the legislature to improve the quality of peer recovery support
 66.16 services, recovery peer worker misclassification, and peer recovery support services billing
 66.17 codes and procedures.

66.18 Sec. 16. **PEER RECOVERY SUPPORT SERVICES AND RECOVERY**
 66.19 **COMMUNITY ORGANIZATION WORKING GROUP.**

66.20 Subdivision 1. Establishment; duties. The commissioner of human services must
 66.21 convene a working group to develop recommendations on:

66.22 (1) peer recovery support services billing rates and practices, including a billing model
 66.23 for providing services to groups of up to four clients and groups larger than four clients at
 66.24 one time;

66.25 (2) acceptable activities to bill for peer recovery services, including group activities and
 66.26 transportation related to individual recovery plans;

66.27 (3) ways to address authorization for additional service hours and a review of the amount
 66.28 of peer recovery support services clients may need;

66.29 (4) improving recovery peer supervision and reimbursement for the costs of providing
 66.30 recovery peer supervision for provider organizations;

66.31 (5) certification or other regulation of recovery community organizations and recovery
 66.32 peers; and

67.1 (6) policy and statutory changes to improve access to peer recovery support services
67.2 and increase oversight of provider organizations.

67.3 Subd. 2. **Membership; meetings.** (a) Members of the working group must include but
67.4 not be limited to:

67.5 (1) a representative of the Minnesota Alliance of Recovery Community Organizations;

67.6 (2) a representative of the Minnesota Association of Resources for Recovery and
67.7 Chemical Health;

67.8 (3) representatives from at least three recovery community organizations who are eligible
67.9 vendors of peer recovery support services under Minnesota Statutes, section 254B.05,
67.10 subdivision 1;

67.11 (4) at least two currently practicing recovery peers qualified under Minnesota Statutes,
67.12 section 245I.04, subdivision 18;

67.13 (5) at least two individuals currently providing supervision for recovery peers according
67.14 to Minnesota Statutes, section 245I.04, subdivision 19;

67.15 (6) the commissioner of human services or a designee;

67.16 (7) a representative of county social services agencies; and

67.17 (8) a representative of a Tribal social services agency.

67.18 (b) Members of the working group may include a representative of the Alliance for
67.19 Recovery Centered Organizations and a representative of the Council on Accreditation of
67.20 Peer Recovery Support Services.

67.21 (c) The commissioner of human services must make appointments to the working group
67.22 by October 1, 2024, and convene the first meeting of the working group by December 1,
67.23 2024.

67.24 (d) The commissioner of human services must provide administrative support and meeting
67.25 space for the working group. The working group may conduct meetings remotely.

67.26 Subd. 3. **Report.** The commissioner must complete and submit a report on the
67.27 recommendations in this section to the chairs and ranking minority members of the legislative
67.28 committees with jurisdiction over health and human services policy and finance on or before
67.29 August 1, 2025.

67.30 Subd. 4. **Expiration.** The working group expires upon submission of the report to the
67.31 legislature under subdivision 3.

69.1 (b) The license holder must meet all applicable building and fire codes to operate a
69.2 building with locked exit doors. The license holder must have the appropriate license from
69.3 the Department of Health, as determined by the Department of Health, for operating a
69.4 program with locked exit doors.

69.5 ~~(e) The license holder's policies and procedures must clearly describe the types of court~~
69.6 ~~orders that authorize the license holder to prohibit clients from leaving the facility.~~

69.7 ~~(d)~~ (c) For each client present in the facility under a court order, the license holder must
69.8 maintain documentation of the court order for treatment authorizing the license holder to
69.9 prohibit the client from leaving the facility.

69.10 ~~(e)~~ (d) Upon a client's admission to a locked program facility, the license holder must
69.11 document in the client file that the client was informed:

69.12 (1) that the client has the right to leave the facility according to the client's rights under
69.13 section 144.651, subdivision 21, if the client is not subject to a court order authorizing the
69.14 license holder to prohibit the client from leaving the facility; or

69.15 (2) that the client cannot leave the facility due to a court order for treatment authorizing
69.16 the license holder to prohibit the client from leaving the facility.

69.17 ~~(f)~~ (e) If the license holder prohibits a client from leaving the facility, the client's treatment
69.18 plan must reflect this restriction.

69.19 Sec. 2. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, as amended
69.20 by Laws 2024, chapter 79, article 5, section 8, is amended to read:

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

69.26 (b) The executive board shall prioritize patients being admitted from jail or a correctional
69.27 institution or who are referred to a state-operated treatment facility for competency attainment
69.28 or a competency examination under sections 611.40 to 611.59 for admission to a medically
69.29 appropriate state-operated direct care and treatment bed based on the decisions of physicians
69.30 in the executive medical director's office, using a priority admissions framework. The
69.31 framework must account for a range of factors for priority admission, including but not
69.32 limited to:

70.1 (1) ~~ordered confined in a state-operated treatment program for an examination under~~
70.2 ~~Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and~~
70.3 ~~20.02, subdivision 2~~ the length of time the person has been on a waiting list for admission
70.4 to a state-operated direct care and treatment program since the date of the order under
70.5 paragraph (a);

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

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

70.13 (4) ~~committed under this chapter to the executive board after dismissal of the patient's~~
70.14 ~~criminal charges.~~ the person's safety and safety of others in the person's current environment;

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

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

70.18 (7) any relevant federal prioritization requirements.

70.19 Patients described in this paragraph must be admitted to a state-operated treatment program
70.20 within 48 hours. The commitment must be ordered by the court as provided in section
70.21 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or
70.22 less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2,
70.23 must be prioritized for admission to a state-operated treatment program using the priority
70.24 admissions framework in this paragraph.

70.25 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
70.26 treatment program, or community-based treatment program, the head of the facility or
70.27 program shall retain the duplicate of the warrant and endorse receipt upon the original
70.28 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
70.29 be filed in the court of commitment. After arrival, the patient shall be under the control and
70.30 custody of the head of the facility or program.

70.31 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
70.32 of law, the court order committing the patient, the report of the court examiners, and the
70.33 prepetition report, and any medical and behavioral information available shall be provided

71.1 at the time of admission of a patient to the designated treatment facility or program to which
71.2 the patient is committed. Upon a patient's referral to the executive board for admission
71.3 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or
71.4 correctional facility that has provided care or supervision to the patient in the previous two
71.5 years shall, when requested by the treatment facility or commissioner, provide copies of
71.6 the patient's medical and behavioral records to the executive board for purposes of
71.7 preadmission planning. This information shall be provided by the head of the treatment
71.8 facility to treatment facility staff in a consistent and timely manner and pursuant to all
71.9 applicable laws.

71.10 (e) Patients described in paragraph (b) must be admitted to a state-operated treatment
71.11 program within 48 hours of the Office of Executive Medical Director, under section 246C.09,
71.12 or a designee determining that a medically appropriate bed is available. This paragraph
71.13 expires on June 30, 2025.

71.14 (f) Within four business days of determining which state-operated direct care and
71.15 treatment program or programs are appropriate for an individual, the executive medical
71.16 director's office or a designee must notify the source of the referral and the responsible
71.17 county human services agency, the individual being ordered to direct care and treatment,
71.18 and the district court that issued the order of the determination. The notice shall include
71.19 which program or programs are appropriate for the person's priority status. Any interested
71.20 person may provide additional information or request updated priority status about the
71.21 individual to the executive medical director's office or a designee while the individual is
71.22 awaiting admission. Updated priority status of an individual will only be disclosed to
71.23 interested persons who are legally authorized to receive private information about the
71.24 individual. When an available bed has been identified, the executive medical director's
71.25 office or a designee must notify the designated agency and the facility where the individual
71.26 is awaiting admission that the individual has been accepted for admission to a particular
71.27 state-operated direct care and treatment program and the earliest possible date the admission
71.28 can occur. The designated agency or facility where the individual is awaiting admission
71.29 must transport the individual to the admitting state-operated direct care and treatment
71.30 program no more than 48 hours after the offered admission date.

71.31 (g) A panel appointed by the commissioner, consisting of all members who served on
71.32 the Task Force on Priority Admissions to State-Operated Treatment Programs under Laws
71.33 2023, chapter 61, article 8, section 13, subdivision 2, must:

71.34 (1) evaluate the 48-hour timeline for priority admissions required under paragraph (b)
71.35 and develop policy and legislative proposals related to the priority admissions timeline in

72.1 order to minimize litigation costs, maximize capacity in and access to state-operated treatment
72.2 programs, and address issues related to individuals awaiting admission to state-operated
72.3 treatment programs in jails and correctional institutions; and

72.4 (2) by February 1, 2025, submit a written report to the chairs and ranking minority
72.5 members of the legislative committees with jurisdiction over public safety and human
72.6 services that includes legislative proposals to amend paragraph (b) to modify the 48-hour
72.7 priority admissions timeline.

72.8 (h) The panel appointed under paragraph (g) must also advise the commissioner on the
72.9 effectiveness of the framework and priority admissions generally and review de-identified
72.10 data quarterly for one year following the implementation of the priority admissions
72.11 framework to ensure that the framework is implemented and applied equitably. If the panel
72.12 requests to review data that are classified as private or confidential and the commissioner
72.13 determines the data requested are necessary for the scope of the panel's review, the
72.14 commissioner is authorized to disclose private or confidential data to the panel under this
72.15 paragraph and pursuant to section 13.05, subdivision 4, paragraph (b), for private or
72.16 confidential data collected prior to the effective date of this paragraph.

72.17 (i) After the panel completes its year of review, a quality committee established by the
72.18 Direct Care and Treatment executive board must continue to review data; seek input from
72.19 counties, hospitals, community providers, and advocates; and provide a routine report to
72.20 the executive board on the effectiveness of the framework and priority admissions.

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

72.22 Sec. 3. Laws 2023, chapter 70, article 20, section 16, subdivision 2, is amended to read:

72.23 Subd. 2. **Intensive residential treatment services.** (a) The fiscal year 2023 general
72.24 fund appropriation in Laws 2022, chapter 99, article 3, section 7, is reduced by \$2,914,000
72.25 and that amount is canceled to the general fund.

72.26 (b) The general fund base for the appropriation in Laws 2022, chapter 99, article 3,
72.27 section 7, is reduced by \$180,000 in fiscal year 2024.

72.28 ~~(c) This act includes \$2,796,000 in fiscal year 2024 from the general fund to the~~
72.29 ~~commissioner of human services for start-up funds to intensive residential treatment service~~
72.30 ~~providers to provide treatment in locked facilities for patients who have been transferred~~
72.31 ~~from a jail or who have been deemed incompetent to stand trial and a judge has determined~~
72.32 ~~that the patient needs to be in a secure facility.~~

73.1 Sec. 4. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
73.2 **REIMBURSEMENT TO BELTRAMI COUNTY FOR CERTAIN COST OF CARE**
73.3 **PAYMENTS.**

73.4 (a) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivisions
73.5 1a and 1b; Minnesota Statutes 2022, section 246.54, subdivisions 1a and 1b; or any other
73.6 law to the contrary, the commissioner of human services must not sanction or otherwise
73.7 seek payment from Beltrami County for outstanding debts for the cost of care provided
73.8 between July 1, 2022, and June 30, 2023, under:

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

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

73.17 (b) The commissioner must reimburse Beltrami County with state-only money any
73.18 amount previously paid to the state or otherwise recovered by the commissioner from
73.19 Beltrami County for the cost of care identified in paragraph (a).

73.20 (c) Nothing in this section prohibits the commissioner from seeking reimbursement from
73.21 Beltrami County for the cost of care provided in the Anoka-Metro Regional Treatment
73.22 Center or a state-operated community-based behavioral health hospital for care not described
73.23 in paragraph (a).

73.24 (d) Notwithstanding any law to the contrary, the client is not responsible for payment
73.25 of the cost of care under this section.

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

73.27 Sec. 5. **MENTALLY ILL AND DANGEROUS CIVIL COMMITMENT REFORM**
73.28 **TASK FORCE.**

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

- 74.1 Subd. 2. **Membership.** (a) The Mentally Ill and Dangerous Civil Commitment Reform
74.2 Task Force consists of the members appointed as follows:
- 74.3 (1) the commissioner of human services or a designee;
- 74.4 (2) two members representing the Department of Direct Care and Treatment who have
74.5 experience with mentally ill and dangerous civil commitments, appointed by the
74.6 commissioner of human services;
- 74.7 (3) the ombudsman for mental health and developmental disabilities;
- 74.8 (4) a judge with experience presiding over mentally ill and dangerous civil commitments,
74.9 appointed by the state court administrator;
- 74.10 (5) a court examiner with experience participating in mentally ill and dangerous civil
74.11 commitments, appointed by the state court administrator;
- 74.12 (6) a member of the Special Review Board, appointed by the state court administrator;
- 74.13 (7) a county representative, appointed by the Association of Minnesota Counties;
- 74.14 (8) a representative appointed by the Minnesota Association of County Social Service
74.15 Administrators;
- 74.16 (9) a county attorney with experience participating in mentally ill and dangerous civil
74.17 commitments, appointed by the Minnesota County Attorneys Association;
- 74.18 (10) an attorney with experience representing respondents in mentally ill and dangerous
74.19 civil commitments, appointed by the governor;
- 74.20 (11) a member appointed by the Minnesota Association of Community Mental Health
74.21 Programs;
- 74.22 (12) a member appointed by the National Alliance on Mental Illness Minnesota;
- 74.23 (13) a licensed independent practitioner with experience treating individuals subject to
74.24 a mentally ill and dangerous civil commitment;
- 74.25 (14) an individual with lived experience under civil commitment as mentally ill and
74.26 dangerous and who is on a provisional discharge or has been discharged from commitment;
- 74.27 (15) a family member of an individual with lived experience under civil commitment
74.28 as mentally ill and dangerous and who is on a provisional discharge or has been discharged
74.29 from commitment; and
- 74.30 (16) at least one Tribal government representative.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

76.18 Sec. 6. **ENGAGEMENT SERVICES PILOT GRANTS.**

76.19 Subdivision 1. **Creation.** The engagement services pilot grant program is established
76.20 in the Department of Human Services to provide grants to counties or certified community
76.21 behavioral health clinics under section 245.735 that have a letter of support from a county
76.22 to provide engagement services under section 253B.041. Engagement services must provide
76.23 culturally responsive early interventions to prevent an individual from meeting the criteria
76.24 for civil commitment and promote positive outcomes.

76.25 Subd. 2. **Allowable grant activities.** (a) Grantees must use grant money to:

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

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

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

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

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

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

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

77.11 (b) Engagement services staff must have completed training on person-centered care.
77.12 Staff may include but are not limited to mobile crisis providers under Minnesota Statutes,
77.13 section 256B.0624; certified peer specialists under Minnesota Statutes, section 256B.0615;
77.14 community-based treatment programs staff; and homeless outreach workers.

77.15 **Sec. 7. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; LIMITED**
77.16 **EXCEPTION FOR ADMISSION FROM HOSPITAL SETTINGS.**

77.17 The commissioner of human services may immediately approve an exception to add up
77.18 to ten patients who have been civilly committed and are awaiting admission in hospital
77.19 settings to the waiting list for admission to medically appropriate direct care and treatment
77.20 beds under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b). This section
77.21 expires upon the commissioner's approval of the exception for ten patients who have been
77.22 civilly committed and are awaiting admission.

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

77.24 **Sec. 8. COUNTY CORRECTIONAL FACILITY MENTAL HEALTH MEDICATION**
77.25 **PILOT PROGRAM.**

77.26 Subdivision 1. **Authorization.** The commissioner of human services must establish a
77.27 pilot program that provides payments to counties to support county correctional facilities
77.28 in delivering injectable medications to prisoners for mental health treatment.

77.29 Subd. 2. **Application.** Counties may submit requests for reimbursement for costs incurred
77.30 pursuant to subdivision 3 on an application form specified by the commissioner. The
77.31 commissioner must issue an application to each county board at least once per calendar
77.32 quarter until money for the pilot program is expended.

78.1 Subd. 3. Pilot program payments; allowable uses. Counties must use payments received
 78.2 under this section for reimbursement of costs incurred during the most recent calendar
 78.3 quarter for:

78.4 (1) the delivery of injectable medications to prisoners for mental health treatment in
 78.5 county correctional facilities; and

78.6 (2) billable health care costs related to the delivery of injectable medications for mental
 78.7 health treatment.

78.8 Subd. 4. Pilot program payment allocation. (a) The commissioner may allocate up to
 78.9 one quarter of the total appropriation for the pilot program with each quarterly application.
 78.10 If the amount of money for eligible requests received exceeds the amount of money available
 78.11 in the quarter, the commissioner shall determine an equitable allocation of payments among
 78.12 the applicants.

78.13 (b) The commissioner's determination of payment amounts is final and not subject to
 78.14 appeal.

78.15 Subd. 5. Report. By December 15, 2025, the commissioner must provide a summary
 78.16 report on the pilot program to the chairs and ranking minority members of the legislative
 78.17 committees with jurisdiction over mental health and county correctional facilities.

78.18 **ARTICLE 5**

78.19 **DIRECT CARE AND TREATMENT AGENCY**

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

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

78.24 (1) "agency" means the Department of Administration; Department of Agriculture;
 78.25 Department of Children, Youth, and Families; Department of Commerce; Department of
 78.26 Corrections; Department of Education; Department of Employment and Economic
 78.27 Development; Department of Health; Office of Higher Education; Housing Finance Agency;
 78.28 Department of Human Rights; Department of Human Services; Department of Information
 78.29 Technology Services; Department of Iron Range Resources and Rehabilitation; Department
 78.30 of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services;
 78.31 Department of Military Affairs; Metropolitan Council; Department of Natural Resources;
 78.32 Pollution Control Agency; Department of Public Safety; Department of Revenue; Department

79.1 of Transportation; Department of Veterans Affairs; Direct Care and Treatment; Gambling
79.2 Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; and
79.3 the Board of Water and Soil Resources;

79.4 (2) "consultation" means the direct and interactive involvement of the Minnesota Tribal
79.5 governments in the development of policy on matters that have Tribal implications.

79.6 Consultation is the proactive, affirmative process of identifying and seeking input from
79.7 appropriate Tribal governments and considering their interest as a necessary and integral
79.8 part of the decision-making process. This definition adds to statutorily mandated notification
79.9 procedures. During a consultation, the burden is on the agency to show that it has made a
79.10 good faith effort to elicit feedback. Consultation is a formal engagement between agency
79.11 officials and the governing body or bodies of an individual Minnesota Tribal government
79.12 that the agency or an individual Tribal government may initiate. Formal meetings or
79.13 communication between top agency officials and the governing body of a Minnesota Tribal
79.14 government is a necessary element of consultation;

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

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

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

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

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

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

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

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

80.7 (c) "Welfare system" includes the Department of Human Services; ~~the Department of~~
80.8 Direct Care and Treatment; the Department of Children, Youth, and Families; local social
80.9 services agencies; county welfare agencies; county public health agencies; county veteran
80.10 services agencies; county housing agencies; private licensing agencies; the public authority
80.11 responsible for child support enforcement; human services boards; community mental health
80.12 center boards, state hospitals, state nursing homes, the ombudsman for mental health and
80.13 developmental disabilities; Native American Tribes to the extent a Tribe provides a service
80.14 component of the welfare system; and persons, agencies, institutions, organizations, and
80.15 other entities under contract to any of the above agencies to the extent specified in the
80.16 contract.

80.17 (d) "Mental health data" means data on individual clients and patients of community
80.18 mental health centers, established under section 245.62, mental health divisions of counties
80.19 and other providers under contract to deliver mental health services, ~~Department of Direct~~
80.20 Care and Treatment mental health services, or the ombudsman for mental health and
80.21 developmental disabilities.

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

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

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

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

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

80.31 (1) according to section 13.05;

80.32 (2) according to court order;

- 81.1 (3) according to a statute specifically authorizing access to the private data;
- 81.2 (4) to an agent of the welfare system and an investigator acting on behalf of a county,
81.3 the state, or the federal government, including a law enforcement person or attorney in the
81.4 investigation or prosecution of a criminal, civil, or administrative proceeding relating to the
81.5 administration of a program;
- 81.6 (5) to personnel of the welfare system who require the data to verify an individual's
81.7 identity; determine eligibility, amount of assistance, and the need to provide services to an
81.8 individual or family across programs; coordinate services for an individual or family;
81.9 evaluate the effectiveness of programs; assess parental contribution amounts; and investigate
81.10 suspected fraud;
- 81.11 (6) to administer federal funds or programs;
- 81.12 (7) between personnel of the welfare system working in the same program;
- 81.13 (8) to the Department of Revenue to assess parental contribution amounts for purposes
81.14 of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit programs
81.15 and to identify individuals who may benefit from these programs, and prepare the databases
81.16 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
81.17 6. The following information may be disclosed under this paragraph: an individual's and
81.18 their dependent's names, dates of birth, Social Security or individual taxpayer identification
81.19 numbers, income, addresses, and other data as required, upon request by the Department
81.20 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
81.21 services for the purposes described in this clause are governed by section 270B.14,
81.22 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
81.23 care credit under section 290.067, the Minnesota working family credit under section
81.24 290.0671, the property tax refund under section 290A.04, and the Minnesota education
81.25 credit under section 290.0674;
- 81.26 (9) between the Department of Human Services; the Department of Employment and
81.27 Economic Development; the Department of Children, Youth, and Families; Direct Care and
81.28 Treatment; and, when applicable, the Department of Education, for the following purposes:
- 81.29 (i) to monitor the eligibility of the data subject for unemployment benefits, for any
81.30 employment or training program administered, supervised, or certified by that agency;
- 81.31 (ii) to administer any rehabilitation program or child care assistance program, whether
81.32 alone or in conjunction with the welfare system;

82.1 (iii) to monitor and evaluate the Minnesota family investment program or the child care
82.2 assistance program by exchanging data on recipients and former recipients of Supplemental
82.3 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,
82.4 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter
82.5 256B or 256L; and

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

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

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

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

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

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

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

83.1 (i) the participant:

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

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

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

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

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

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

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

83.20 (i) the member:

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

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

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

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

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

83.29 (19) the current address of a recipient of Minnesota family investment program, general
83.30 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,
83.31 provide the name of the recipient and notify the agency that the recipient is a person required

84.1 to register under section 243.166, but is not residing at the address at which the recipient is
84.2 registered under section 243.166;

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

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

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

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

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

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

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

84.30 (27) to monitor and evaluate the Minnesota family investment program by exchanging
84.31 data between the Departments of Human Services; Children, Youth, and Families; and
84.32 Education, on recipients and former recipients of SNAP benefits, cash assistance under
84.33 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical

85.1 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
85.2 256D;

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

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

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

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

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

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

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

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

85.28 (ii) to provide for reimbursement of special transportation service provided under section
85.29 473.386.

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

86.1 (b) Information on persons who have been treated for substance use disorder may only
86.2 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
86.3 2.1 to 2.67.

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

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

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

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

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

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

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

86.20 (2) the responsible authority of a county welfare agency is the director of the county
86.21 welfare agency;

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

86.24 (4) the responsible authority of any person, agency, institution, organization, or other
86.25 entity under contract to any of the components of the welfare system listed in subdivision
86.26 1, clause (c), is the person specified in the contract;

86.27 (5) the responsible authority of the public authority for child support enforcement is the
86.28 head of the public authority for child support enforcement;

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

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

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

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

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

87.9 **15.01 DEPARTMENTS OF THE STATE.**

87.10 The following agencies are designated as the departments of the state government: the
87.11 Department of Administration; the Department of Agriculture; the Department of Children,
87.12 Youth, and Families; the Department of Commerce; the Department of Corrections; ~~the~~
87.13 ~~Department of Direct Care and Treatment~~; the Department of Education; the Department
87.14 of Employment and Economic Development; the Department of Health; the Department of
87.15 Human Rights; the Department of Human Services; the Department of Information
87.16 Technology Services; the Department of Iron Range Resources and Rehabilitation; the
87.17 Department of Labor and Industry; the Department of Management and Budget; the
87.18 Department of Military Affairs; the Department of Natural Resources; the Department of
87.19 Public Safety; the Department of Revenue; the Department of Transportation; the Department
87.20 of Veterans Affairs; and their successor departments.

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

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

87.24 Subdivision 1. **Applicability.** This section applies to the following departments or
87.25 agencies: the Departments of Administration; Agriculture; Children, Youth, and Families;
87.26 Commerce; Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic
87.27 Development; Health; Human Rights; Human Services; Labor and Industry; Management
87.28 and Budget; Natural Resources; Public Safety; Revenue; Transportation; and Veterans
87.29 Affairs; the Housing Finance and Pollution Control Agencies; the Office of Commissioner
87.30 of Iron Range Resources and Rehabilitation; the Department of Information Technology
87.31 Services; the Bureau of Mediation Services; and their successor departments and agencies.
87.32 The heads of the foregoing departments or agencies are "commissioners."

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

88.2 Sec. 7. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 1, is amended
88.3 to read:

88.4 Subdivision 1. **Creation.** A Compensation Council is created each odd-numbered year
88.5 to establish the compensation of constitutional officers and the heads of state and metropolitan
88.6 agencies identified in section 15A.0815, ~~and~~ to assist the legislature in establishing the
88.7 compensation of justices of the supreme court and judges of the court of appeals and district
88.8 court, and to determine the daily compensation for voting members of the Direct Care and
88.9 Treatment executive board.

88.10 Sec. 8. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 3, is amended
88.11 to read:

88.12 Subd. 3. **Submission of recommendations and determination.** (a) By April 1 in each
88.13 odd-numbered year, the Compensation Council shall submit to the speaker of the house and
88.14 the president of the senate salary recommendations for justices of the supreme court, and
88.15 judges of the court of appeals and district court. The recommended salaries take effect on
88.16 July 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
88.17 the council recommends thereafter, unless the legislature by law provides otherwise. The
88.18 salary recommendations take effect if an appropriation of money to pay the recommended
88.19 salaries is enacted after the recommendations are submitted and before their effective date.
88.20 Recommendations may be expressly modified or rejected.

88.21 (b) By April 1 in each odd-numbered year, the Compensation Council must prescribe
88.22 salaries for constitutional officers, and for the agency and metropolitan agency heads
88.23 identified in section 15A.0815. The prescribed salary for each office must take effect July
88.24 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
88.25 the council determines thereafter, unless the legislature by law provides otherwise. An
88.26 appropriation by the legislature to fund the relevant office, branch, or agency of an amount
88.27 sufficient to pay the salaries prescribed by the council constitutes a prescription by law as
88.28 provided in the Minnesota Constitution, article V, sections 4 and 5.

88.29 (c) By April 1 in each odd-numbered year, the Compensation Council must prescribe
88.30 daily compensation for voting members of the Direct Care and Treatment executive board.
88.31 The recommended daily compensation takes effect on July 1 of that year and July 1 of the
88.32 subsequent even-numbered year and at whatever interval the council recommends thereafter,
88.33 unless the legislature by law provides otherwise.

89.1 Sec. 9. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 7, is amended
89.2 to read:

89.3 Subd. 7. **No ex parte communications.** Members may not have any communication
89.4 with a constitutional officer, a head of a state agency, ~~or~~ a member of the judiciary, or a
89.5 member of the Direct Care and Treatment executive board during the period after the first
89.6 meeting is convened under this section and the date the prescribed and recommended salaries
89.7 and daily compensation are submitted under subdivision 3.

89.8 Sec. 10. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1, is amended
89.9 to read:

89.10 Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees
89.11 who are:

89.12 (1) chosen by election or appointed to fill an elective office;

89.13 (2) heads of agencies required by law to be appointed by the governor or other elective
89.14 officers, and the executive or administrative heads of departments, bureaus, divisions, and
89.15 institutions specifically established by law in the unclassified service;

89.16 (3) deputy and assistant agency heads and one confidential secretary in the agencies
89.17 listed in subdivision 1a;

89.18 (4) the confidential secretary to each of the elective officers of this state and, for the
89.19 secretary of state and state auditor, an additional deputy, clerk, or employee;

89.20 (5) intermittent help employed by the commissioner of public safety to assist in the
89.21 issuance of vehicle licenses;

89.22 (6) employees in the offices of the governor and of the lieutenant governor and one
89.23 confidential employee for the governor in the Office of the Adjutant General;

89.24 (7) employees of the Washington, D.C., office of the state of Minnesota;

89.25 (8) employees of the legislature and of legislative committees or commissions; provided
89.26 that employees of the Legislative Audit Commission, except for the legislative auditor, the
89.27 deputy legislative auditors, and their confidential secretaries, shall be employees in the
89.28 classified service;

89.29 (9) presidents, vice-presidents, deans, other managers and professionals in academic
89.30 and academic support programs, administrative or service faculty, teachers, research
89.31 assistants, and student employees eligible under terms of the federal Economic Opportunity
89.32 Act work study program in the Perpich Center for Arts Education and the Minnesota State

90.1 Colleges and Universities, but not the custodial, clerical, or maintenance employees, or any
90.2 professional or managerial employee performing duties in connection with the business
90.3 administration of these institutions;

90.4 (10) officers and enlisted persons in the National Guard;

90.5 (11) attorneys, legal assistants, and three confidential employees appointed by the attorney
90.6 general or employed with the attorney general's authorization;

90.7 (12) judges and all employees of the judicial branch, referees, receivers, jurors, and
90.8 notaries public, except referees and adjusters employed by the Department of Labor and
90.9 Industry;

90.10 (13) members of the State Patrol; provided that selection and appointment of State Patrol
90.11 troopers must be made in accordance with applicable laws governing the classified service;

90.12 (14) examination monitors and intermittent training instructors employed by the
90.13 Departments of Management and Budget and Commerce and by professional examining
90.14 boards and intermittent staff employed by the technical colleges for the administration of
90.15 practical skills tests and for the staging of instructional demonstrations;

90.16 (15) student workers;

90.17 (16) executive directors or executive secretaries appointed by and reporting to any
90.18 policy-making board or commission established by statute;

90.19 (17) employees unclassified pursuant to other statutory authority;

90.20 (18) intermittent help employed by the commissioner of agriculture to perform duties
90.21 relating to pesticides, fertilizer, and seed regulation;

90.22 (19) the administrators and the deputy administrators at the State Academies for the
90.23 Deaf and the Blind; and

90.24 (20) the chief executive officers in the Department of Human Services officer of Direct
90.25 Care and Treatment.

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

90.27 Sec. 11. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended
90.28 to read:

90.29 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following
90.30 agencies may designate additional unclassified positions according to this subdivision: the
90.31 Departments of Administration; Agriculture; Children, Youth, and Families; Commerce;

91.1 Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic
 91.2 Development; Explore Minnesota Tourism; Management and Budget; Health; Human
 91.3 Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue;
 91.4 Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies;
 91.5 the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the
 91.6 Department of Information Technology Services; the Offices of the Attorney General,
 91.7 Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the
 91.8 Minnesota Office of Higher Education; the Perpich Center for Arts Education; Direct Care
 91.9 and Treatment; and the Minnesota Zoological Board.

91.10 A position designated by an appointing authority according to this subdivision must
 91.11 meet the following standards and criteria:

91.12 (1) the designation of the position would not be contrary to other law relating specifically
 91.13 to that agency;

91.14 (2) the person occupying the position would report directly to the agency head or deputy
 91.15 agency head and would be designated as part of the agency head's management team;

91.16 (3) the duties of the position would involve significant discretion and substantial
 91.17 involvement in the development, interpretation, and implementation of agency policy;

91.18 (4) the duties of the position would not require primarily personnel, accounting, or other
 91.19 technical expertise where continuity in the position would be important;

91.20 (5) there would be a need for the person occupying the position to be accountable to,
 91.21 loyal to, and compatible with, the governor and the agency head, the employing statutory
 91.22 board or commission, or the employing constitutional officer;

91.23 (6) the position would be at the level of division or bureau director or assistant to the
 91.24 agency head; and

91.25 (7) the commissioner has approved the designation as being consistent with the standards
 91.26 and criteria in this subdivision.

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

91.28 Sec. 12. Minnesota Statutes 2022, section 145.61, subdivision 5, is amended to read:

91.29 Subd. 5. **Review organization.** "Review organization" means a nonprofit organization
 91.30 acting according to clause (1), a committee as defined under section 144E.32, subdivision
 91.31 2, or a committee whose membership is limited to professionals, administrative staff, and
 91.32 consumer directors, except where otherwise provided for by state or federal law, and which

92.1 is established by one or more of the following: a hospital, a clinic, a nursing home, an
92.2 ambulance service or first responder service regulated under chapter 144E, one or more
92.3 state or local associations of professionals, an organization of professionals from a particular
92.4 area or medical institution, a health maintenance organization as defined in chapter 62D, a
92.5 community integrated service network as defined in chapter 62N, a nonprofit health service
92.6 plan corporation as defined in chapter 62C, a preferred provider organization, a professional
92.7 standards review organization established pursuant to United States Code, title 42, section
92.8 1320c-1 et seq., a medical review agent established to meet the requirements of section
92.9 256B.04, subdivision 15, the Department of Human Services, Direct Care and Treatment,
92.10 or a nonprofit corporation that owns, operates, or is established by one or more of the above
92.11 referenced entities, to gather and review information relating to the care and treatment of
92.12 patients for the purposes of:

92.13 (a) evaluating and improving the quality of health care;

92.14 (b) reducing morbidity or mortality;

92.15 (c) obtaining and disseminating statistics and information relative to the treatment and
92.16 prevention of diseases, illness and injuries;

92.17 (d) developing and publishing guidelines showing the norms of health care in the area
92.18 or medical institution or in the entity or organization that established the review organization;

92.19 (e) developing and publishing guidelines designed to keep within reasonable bounds the
92.20 cost of health care;

92.21 (f) developing and publishing guidelines designed to improve the safety of care provided
92.22 to individuals;

92.23 (g) reviewing the safety, quality, or cost of health care services provided to enrollees of
92.24 health maintenance organizations, community integrated service networks, health service
92.25 plans, preferred provider organizations, and insurance companies;

92.26 (h) acting as a professional standards review organization pursuant to United States
92.27 Code, title 42, section 1320c-1 et seq.;

92.28 (i) determining whether a professional shall be granted staff privileges in a medical
92.29 institution, membership in a state or local association of professionals, or participating status
92.30 in a nonprofit health service plan corporation, health maintenance organization, community
92.31 integrated service network, preferred provider organization, or insurance company, or
92.32 whether a professional's staff privileges, membership, or participation status should be
92.33 limited, suspended or revoked;

93.1 (j) reviewing, ruling on, or advising on controversies, disputes or questions between:

93.2 (1) health insurance carriers, nonprofit health service plan corporations, health
93.3 maintenance organizations, community integrated service networks, self-insurers and their
93.4 insureds, subscribers, enrollees, or other covered persons;

93.5 (2) professional licensing boards and health providers licensed by them;

93.6 (3) professionals and their patients concerning diagnosis, treatment or care, or the charges
93.7 or fees therefor;

93.8 (4) professionals and health insurance carriers, nonprofit health service plan corporations,
93.9 health maintenance organizations, community integrated service networks, or self-insurers
93.10 concerning a charge or fee for health care services provided to an insured, subscriber,
93.11 enrollee, or other covered person;

93.12 (5) professionals or their patients and the federal, state, or local government, or agencies
93.13 thereof;

93.14 (k) providing underwriting assistance in connection with professional liability insurance
93.15 coverage applied for or obtained by dentists, or providing assistance to underwriters in
93.16 evaluating claims against dentists;

93.17 (l) acting as a medical review agent under section 256B.04, subdivision 15;

93.18 (m) providing recommendations on the medical necessity of a health service, or the
93.19 relevant prevailing community standard for a health service;

93.20 (n) providing quality assurance as required by United States Code, title 42, sections
93.21 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;

93.22 (o) providing information to group purchasers of health care services when that
93.23 information was originally generated within the review organization for a purpose specified
93.24 by this subdivision;

93.25 (p) providing information to other, affiliated or nonaffiliated review organizations, when
93.26 that information was originally generated within the review organization for a purpose
93.27 specified by this subdivision, and as long as that information will further the purposes of a
93.28 review organization as specified by this subdivision; or

93.29 (q) participating in a standardized incident reporting system, including Internet-based
93.30 applications, to share information for the purpose of identifying and analyzing trends in
93.31 medical error and iatrogenic injury.

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

94.1 Sec. 13. Minnesota Statutes 2022, section 246.018, subdivision 3, as amended by Laws
94.2 2024, chapter 79, article 1, section 6, is amended to read:

94.3 Subd. 3. **Duties.** The executive medical director shall:

94.4 (1) oversee the clinical provision of inpatient mental health services provided in the
94.5 state's regional treatment centers;

94.6 (2) recruit and retain psychiatrists to serve on the direct care and treatment medical staff
94.7 established in subdivision 4;

94.8 (3) consult with the executive board, the chief executive officer, and community mental
94.9 health center directors, ~~and the state-operated services governing body~~ to develop standards
94.10 for treatment and care of patients in state-operated service programs;

94.11 (4) develop and oversee a continuing education program for members of the medical
94.12 staff; and

94.13 (5) participate and cooperate in the development and maintenance of a quality assurance
94.14 program for state-operated services that assures that residents receive continuous quality
94.15 inpatient, outpatient, and postdischarge care.

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

94.17 Sec. 14. Minnesota Statutes 2022, section 246.13, subdivision 2, as amended by Laws
94.18 2024, chapter 79, article 2, section 4, is amended to read:

94.19 Subd. 2. **Definitions; risk assessment and management.** (a) As used in this section:

94.20 (1) "appropriate and necessary medical and other records" includes patient medical
94.21 records and other protected health information as defined by Code of Federal Regulations,
94.22 title 45, section 164.501, relating to a patient in a state-operated services facility including
94.23 but not limited to the patient's treatment plan and abuse prevention plan pertinent to the
94.24 patient's ongoing care, treatment, or placement in a community-based treatment facility or
94.25 a health care facility that is not operated by state-operated services, including information
94.26 describing the level of risk posed by a patient when the patient enters the facility;

94.27 (2) "community-based treatment" means the community support services listed in section
94.28 253B.02, subdivision 4b;

94.29 (3) "criminal history data" means data maintained or used by the Departments of
94.30 Corrections and Public Safety and by the supervisory authorities listed in section 13.84,
94.31 subdivision 1, that relate to an individual's criminal history or propensity for violence,
94.32 including data in the:

- 95.1 (i) Corrections Offender Management System (COMS);
- 95.2 (ii) Statewide Supervision System (S3);
- 95.3 (iii) Bureau of Criminal Apprehension criminal history data as defined in section 13.87;
- 95.4 (iv) Integrated Search Service as defined in section 13.873; and
- 95.5 (v) Predatory Offender Registration (POR) system;
- 95.6 (4) "designated agency" means the agency defined in section 253B.02, subdivision 5;
- 95.7 (5) "law enforcement agency" means the law enforcement agency having primary
- 95.8 jurisdiction over the location where the offender expects to reside upon release;
- 95.9 (6) "predatory offender" and "offender" mean a person who is required to register as a
- 95.10 predatory offender under section 243.166; and
- 95.11 (7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.
- 95.12 (b) To promote public safety and for the purposes and subject to the requirements of
- 95.13 this paragraph, the executive board or the executive board's designee shall have access to,
- 95.14 and may review and disclose, medical and criminal history data as provided by this section,
- 95.15 as necessary to comply with Minnesota Rules, part 1205.0400, to:
- 95.16 (1) determine whether a patient is required under state law to register as a predatory
- 95.17 offender according to section 243.166;
- 95.18 (2) facilitate and expedite the responsibilities of the special review board and
- 95.19 end-of-confinement review committees by corrections institutions and state treatment
- 95.20 facilities;
- 95.21 (3) prepare, amend, or revise the abuse prevention plans required under section 626.557,
- 95.22 subdivision 14, and individual patient treatment plans required under section 253B.03,
- 95.23 subdivision 7;
- 95.24 (4) facilitate the custody, supervision, and transport of individuals transferred between
- 95.25 the Department of Corrections and ~~the Department of Direct Care and Treatment~~; and
- 95.26 (5) effectively monitor and supervise individuals who are under the authority of the
- 95.27 Department of Corrections, ~~the Department of Direct Care and Treatment~~, and the supervisory
- 95.28 authorities listed in section 13.84, subdivision 1.
- 95.29 (c) The state-operated services treatment facility or a designee must make a good faith
- 95.30 effort to obtain written authorization from the patient before releasing information from the
- 95.31 patient's medical record.

96.1 (d) If the patient refuses or is unable to give informed consent to authorize the release
96.2 of information required under this subdivision, the chief executive officer ~~for state-operated~~
96.3 ~~services~~ or a designee shall provide the appropriate and necessary medical and other records.
96.4 The chief executive officer or a designee shall comply with the minimum necessary privacy
96.5 requirements.

96.6 (e) The executive board may have access to the National Crime Information Center
96.7 (NCIC) database through the Department of Public Safety in support of the public safety
96.8 functions described in paragraph (b).

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

96.10 Sec. 15. Minnesota Statutes 2022, section 246.234, as amended by Laws 2024, chapter
96.11 79, article 1, section 11, is amended to read:

96.12 **246.234 RECIPROCAL EXCHANGE OF CERTAIN PERSONS.**

96.13 The executive board is ~~hereby~~ authorized with the approval of the governor to enter into
96.14 reciprocal agreements with duly authorized authorities of ~~any other~~ another state or states
96.15 regarding the mutual exchange, return, and transportation of persons with a mental illness
96.16 or developmental disability who are within the confines of one state but have legal residence
96.17 or legal settlement for the purposes of relief in another state. ~~Such agreements~~ Any agreement
96.18 entered into under this subdivision must not contain ~~provisions conflicting~~ any provision
96.19 that conflicts with any ~~law of this state~~ law.

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

96.21 Sec. 16. Minnesota Statutes 2022, section 246.36, as amended by Laws 2024, chapter 79,
96.22 article 1, section 14, is amended to read:

96.23 **246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.**

96.24 For the purpose of carrying out a duty, the executive board ~~shall have authority to~~ may
96.25 accept uncompensated and voluntary services and ~~to~~ may enter into contracts or agreements
96.26 with private or public agencies, organizations, or persons for uncompensated and voluntary
96.27 services as the executive board deems practicable. Uncompensated and voluntary services
96.28 do not include services mandated by licensure and certification requirements for health care
96.29 facilities. The volunteer agencies, organizations, or persons who provide services to residents
96.30 of state facilities operated under the authority of the executive board are not subject to the
96.31 procurement requirements of chapters 16A and 16C. ~~The agencies, organizations, or persons~~

97.1 ~~may purchase supplies, services, and equipment to be used in providing services to residents~~
97.2 ~~of state facilities through the Department of Administration.~~

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

97.4 Sec. 17. Minnesota Statutes 2023 Supplement, section 246C.01, is amended to read:

97.5 **246C.01 TITLE.**

97.6 This chapter may be cited as the "~~Department of~~ Direct Care and Treatment Act."

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

97.8 Sec. 18. Minnesota Statutes 2023 Supplement, section 246C.02, as amended by Laws
97.9 2024, chapter 79, article 1, section 19, is amended to read:

97.10 **246C.02 ~~DEPARTMENT OF DIRECT CARE AND TREATMENT;~~**
97.11 **ESTABLISHMENT.**

97.12 Subdivision 1. **Establishment.** ~~The Department of Direct Care and Treatment is created~~
97.13 as an agency headed by an executive board. ~~An executive board shall head the Department~~
97.14 ~~of Direct Care and Treatment.~~

97.15 ~~Subd. 2. **Mission.** (a) The executive board shall develop and maintain direct care and~~
97.16 ~~treatment in a manner consistent with applicable law, including chapters 13, 245, 246, 246B,~~
97.17 ~~252, 253, 253B, 253C, 253D, 254A, 254B, and 256.~~

97.18 ~~(b) The executive board shall provide direct care and treatment services in coordination~~
97.19 ~~with the commissioner of human services, counties, and other vendors.~~

97.20 Subd. 3. **Direct care and treatment services.** Direct Care and Treatment ~~services~~ shall
97.21 provide direct care and treatment services that include specialized inpatient programs at
97.22 secure treatment facilities, community preparation services, regional treatment centers,
97.23 enterprise services, consultative services, aftercare services, community-based services and
97.24 programs, transition services, nursing home services, and other services consistent with the
97.25 mission of the Department of Direct Care and Treatment state law, including this chapter
97.26 and chapters 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256. Direct
97.27 Care and Treatment shall provide direct care and treatment services in coordination with
97.28 the commissioner of human services, counties, and other vendors.

97.29 Subd. 4. **Statewide services.** (a) The administrative structure of state-operated services
97.30 must be statewide in character.

98.1 (b) The state-operated services staff may deliver services at any location throughout the
98.2 state.

98.3 Subd. 5. **Department of Human Services as state agency.** The commissioner of human
98.4 services continues to constitute the "state agency" as defined by the Social Security Act of
98.5 the United States and the laws of this state for all purposes relating to mental health and
98.6 mental hygiene.

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

98.8 Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.04, as amended by Laws
98.9 2024, chapter 79, article 1, section 21, is amended to read:

98.10 **246C.04 TRANSFER OF DUTIES.**

98.11 Subdivision 1. **Transfer of duties.** (a) Section 15.039 applies to the transfer of ~~duties~~
98.12 responsibilities from the Department of Human Services to Direct Care and Treatment
98.13 required by this chapter.

98.14 (b) The commissioner of administration, with the governor's approval, shall issue
98.15 reorganization orders under section 16B.37 as necessary to carry out the transfer of duties
98.16 required by ~~section 246C.03~~ this chapter. The provision of section 16B.37, subdivision 1,
98.17 stating that transfers under section 16B.37 may only be to an agency that has existed for at
98.18 least one year does not apply to transfers to an agency created by this chapter.

98.19 ~~(c) The initial salary for the health systems chief executive officer of the Department of~~
98.20 ~~Direct Care and Treatment is the same as the salary for the health systems chief executive~~
98.21 ~~officer of direct care and treatment at the Department of Human Services immediately before~~
98.22 ~~July 1, 2024.~~

98.23 Subd. 2. **Transfer of custody of civilly committed persons.** The commissioner of
98.24 human services shall continue to exercise all authority and responsibility for and retain
98.25 custody of persons subject to civil commitment under chapter 253B or 253D until July 1,
98.26 2025. Effective July 1, 2025, custody of persons subject to civil commitment under chapter
98.27 253B or 253D and in the custody of the commissioner of human services as of that date is
98.28 hereby transferred to the executive board without any further act or proceeding. Authority
98.29 and responsibility for the commitment of such persons is transferred to the executive board
98.30 on July 1, 2025.

98.31 Subd. 3. **Control of direct care and treatment.** The commissioner of human services
98.32 shall continue to exercise all authorities and responsibilities under this chapter and chapters
98.33 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, with reference to

99.1 any state-operated service, program, or facility subject to transfer under this act until July
 99.2 1, 2025. Effective July 1, 2025, the powers and duties vested in or imposed upon the
 99.3 commissioner of human services with reference to any state-operated service, program, or
 99.4 facility are hereby transferred to, vested in, and imposed upon the executive board according
 99.5 to this chapter and applicable state law. Effective July 1, 2025, the executive board ~~is hereby~~
 99.6 ~~charged with and~~ has the exclusive power of administration and management of all state
 99.7 hospitals for persons with a developmental disability, mental illness, or substance use
 99.8 disorder. Effective July 1, 2025, the executive board has the power and authority to determine
 99.9 all matters relating to the development of all of the foregoing institutions and of such other
 99.10 institutions vested in the executive board. Effective July 1, 2025, the powers, functions, and
 99.11 authority vested in the commissioner of human services relative to such state institutions
 99.12 are ~~hereby~~ transferred to the executive board according to this chapter and applicable state
 99.13 law.

99.14 Subd. 4. **Appropriations.** There is hereby appropriated to such persons or institutions
 99.15 as are entitled to such sums as are provided for in this section, from the fund or account in
 99.16 the state treasury to which the money was credited, an amount sufficient to make such
 99.17 payment.

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

99.19 Sec. 20. Minnesota Statutes 2023 Supplement, section 246C.05, as amended by Laws
 99.20 2024, chapter 79, article 1, section 22, is amended to read:

99.21 **246C.05 EMPLOYEE PROTECTIONS FOR ESTABLISHING THE NEW**
 99.22 **~~DEPARTMENT OF DIRECT CARE AND TREATMENT.~~**

99.23 (a) Personnel whose duties relate to the functions assigned to the executive board in
 99.24 ~~section 246C.03~~ this chapter are transferred to the Department of Direct Care and Treatment
 99.25 effective 30 days after approval by the commissioner of management and budget.

99.26 (b) Before the executive board is appointed, personnel whose duties relate to the functions
 99.27 in this ~~section~~ chapter may be transferred beginning July 1, 2024, with 30 days' notice from
 99.28 the commissioner of management and budget.

99.29 (c) The following protections shall apply to employees who are transferred from the
 99.30 Department of Human Services to ~~the Department of~~ Direct Care and Treatment:

99.31 (1) No transferred employee shall have their employment status and job classification
 99.32 altered as a result of the transfer.

100.1 (2) Transferred employees who were represented by an exclusive representative prior
100.2 to the transfer shall continue to be represented by the same exclusive representative after
100.3 the transfer.

100.4 (3) The applicable collective bargaining agreements with exclusive representatives shall
100.5 continue in full force and effect for such transferred employees after the transfer.

100.6 (4) The state shall have the obligation to meet and negotiate with the exclusive
100.7 representatives of the transferred employees about any proposed changes affecting or relating
100.8 to the transferred employees' terms and conditions of employment to the extent such changes
100.9 are not addressed in the applicable collective bargaining agreement.

100.10 (5) When an employee in a temporary unclassified position is transferred to ~~the~~
100.11 ~~Department of~~ Direct Care and Treatment, the total length of time that the employee has
100.12 served in the appointment shall include all time served in the appointment at the transferring
100.13 agency and the time served in the appointment at ~~the Department of~~ Direct Care and
100.14 Treatment. An employee in a temporary unclassified position who was hired by a transferring
100.15 agency through an open competitive selection process in accordance with a policy enacted
100.16 by Minnesota Management and Budget shall be considered to have been hired through such
100.17 process after the transfer.

100.18 (6) In the event that the state transfers ownership or control of any of the facilities,
100.19 services, or operations of ~~the Department of~~ Direct Care and Treatment to another entity,
100.20 whether private or public, by subcontracting, sale, assignment, lease, or other transfer, the
100.21 state shall require as a written condition of such transfer of ownership or control the following
100.22 provisions:

100.23 (i) Employees who perform work in transferred facilities, services, or operations must
100.24 be offered employment with the entity acquiring ownership or control before the entity
100.25 offers employment to any individual who was not employed by the transferring agency at
100.26 the time of the transfer.

100.27 (ii) The wage and benefit standards of such transferred employees must not be reduced
100.28 by the entity acquiring ownership or control through the expiration of the collective
100.29 bargaining agreement in effect at the time of the transfer or for a period of two years after
100.30 the transfer, whichever is longer.

100.31 (d) There is no liability on the part of, and no cause of action arises against, the state of
100.32 Minnesota or its officers or agents for any action or inaction of any entity acquiring ownership
100.33 or control of any facilities, services, or operations of ~~the Department of~~ Direct Care and
100.34 Treatment.

101.1 (e) This section expires upon the completion of the transfer of duties to the executive
101.2 board under ~~section 246C.03~~ this chapter. The commissioner of human services shall notify
101.3 the revisor of statutes when the transfer of duties is complete.

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

101.5 Sec. 21. **[246C.07] POWERS AND DUTIES OF EXECUTIVE BOARD.**

101.6 **Subdivision 1. Generally.** (a) The executive board must operate the agency according
101.7 to this chapter and applicable state and federal law. The overall management and control
101.8 of the agency is vested in the executive board in accordance with this chapter.

101.9 (b) The executive board must appoint a chief executive officer according to section
101.10 246C.08. The chief executive officer is responsible for the administrative and operational
101.11 duties of Direct Care and Treatment in accordance with this chapter.

101.12 (c) The executive board may delegate duties imposed by this chapter and under applicable
101.13 state and federal law as deemed appropriate by the board and in accordance with this chapter.
101.14 Any delegation of a specified statutory duty or power to an employee of Direct Care and
101.15 Treatment other than the chief executive officer must be made by written order and filed
101.16 with the secretary of state. Only the chief executive officer shall have the powers and duties
101.17 of the executive board as specified in section 246C.08.

101.18 **Subd. 2. Principles.** The executive board, in undertaking its duties and responsibilities
101.19 and within Direct Care and Treatment resources, shall act according to the following
101.20 principles:

101.21 (1) prevent the waste or unnecessary spending of public money;

101.22 (2) use innovative fiscal and human resource practices to manage the state's resources
101.23 and operate the agency as efficiently as possible;

101.24 (3) coordinate Direct Care and Treatment activities wherever appropriate with the
101.25 activities of other governmental agencies;

101.26 (4) use technology where appropriate to increase agency productivity, improve customer
101.27 service, increase public access to information about government, and increase public
101.28 participation in the business of government; and

101.29 (5) utilize constructive and cooperative labor management practices to the extent
101.30 otherwise required by chapter 43A or 179A.

101.31 **Subd. 3. Powers and duties.** (a) The executive board has the power and duty to:

- 102.1 (1) set the overall strategic direction for Direct Care and Treatment, ensuring that Direct
102.2 Care and Treatment delivers exceptional care and supports the well-being of all individuals
102.3 served by Direct Care and Treatment;
- 102.4 (2) establish policies and procedures to govern the operation of the facilities, programs,
102.5 and services under the direct authority of Direct Care and Treatment;
- 102.6 (3) employ personnel and delegate duties and responsibilities to personnel as deemed
102.7 appropriate by the executive board, subject to chapters 43A and 179A and in accordance
102.8 with this chapter;
- 102.9 (4) review and approve the operating budget proposal for Direct Care and Treatment;
- 102.10 (5) accept and use gifts, grants, or contributions from any nonstate source or refuse to
102.11 accept any gift, grant, or contribution if acceptance would not be in the best interest of the
102.12 state;
- 102.13 (6) deposit all money received as gifts, grants, or contributions pursuant to section
102.14 246C.091, subdivision 1;
- 102.15 (7) expend or use any gift, grant, or contribution as nearly in accordance with the
102.16 conditions of the gift, grant, or contribution identified by the donor for a certain institution
102.17 or purpose, compatible with the best interests of the individuals under the jurisdiction of
102.18 the executive board and of the state;
- 102.19 (8) comply with all conditions and requirements necessary to receive federal aid or block
102.20 grants with respect to the establishment, construction, maintenance, equipment, or operation
102.21 of adequate facilities and services consistent with the mission of Direct Care and Treatment;
- 102.22 (9) enter into information-sharing agreements with federal and state agencies and other
102.23 entities, provided the agreements include adequate protections with respect to the
102.24 confidentiality and integrity of the information to be shared and comply with all applicable
102.25 state and federal laws, regulations, and rules;
- 102.26 (10) enter into interagency or service level agreements with a state department listed in
102.27 section 15.01; a multimember state agency described in section 15.012, paragraph (a); or
102.28 the Department of Information Technology Services;
- 102.29 (11) enter into contractual agreements with federally recognized Indian Tribes with a
102.30 reservation in Minnesota;
- 102.31 (12) enter into contracts with public and private agencies, private and nonprofit
102.32 organizations, and individuals using appropriated money;

103.1 (13) establish and maintain any administrative units reasonably necessary for the
103.2 performance of administrative functions common to all programs or divisions of Direct
103.3 Care and Treatment;

103.4 (14) authorize the method of payment to or from Direct Care and Treatment as part of
103.5 programs administered by Direct Care and Treatment, including authorization of the receipt
103.6 or disbursement of money held by Direct Care and Treatment in a fiduciary capacity as part
103.7 of the programs administered by Direct Care and Treatment;

103.8 (15) inform Tribal Nations and county agencies, on a timely basis, of changes in statute,
103.9 rule, federal law, regulation, and policy necessary to Tribal or county agency administration
103.10 of Direct Care and Treatment programs and services;

103.11 (16) report to the legislature on the performance of Direct Care and Treatment operations
103.12 and the accomplishment of Direct Care and Treatment goals in its biennial budget in
103.13 accordance with section 16A.10, subdivision 1;

103.14 (17) recommend to the legislature appropriate changes in law necessary to carry out the
103.15 principles and improve the performance of Direct Care and Treatment; and

103.16 (18) exercise all powers reasonably necessary to implement and administer the
103.17 requirements of this chapter and applicable state and federal law.

103.18 (b) The specific enumeration of powers and duties as set forth in this section shall not
103.19 be construed as a limitation upon the general transfer of Direct Care and Treatment facilities,
103.20 programs, and services from the Department of Human Services to Direct Care and Treatment
103.21 under this chapter.

103.22 Subd. 4. **Creation of bylaws.** The board may establish bylaws governing its operations
103.23 and the operations of Direct Care and Treatment in accordance with this chapter.

103.24 Subd. 5. **Reciprocal exchange of certain persons.** The executive board is authorized
103.25 and empowered with the approval of the governor to enter into reciprocal agreements with
103.26 another state or states regarding the mutual exchange, return, and transportation of persons
103.27 with a mental illness or a developmental disability who are within the confines of one state
103.28 but have legal residence or legal settlement for the purposes of relief in another state. Any
103.29 agreement entered into under this subdivision must not contain any provision that conflicts
103.30 with any state law.

103.31 Subd. 6. **Acceptance of voluntary, uncompensated services.** For the purpose of carrying
103.32 out a duty, the executive board may accept uncompensated and voluntary services and may
103.33 enter into contracts or agreements with private or public agencies, organizations, or persons,

104.1 for uncompensated and voluntary services, as the executive board may deem practicable.
104.2 Uncompensated and voluntary services do not include services mandated by licensure or
104.3 certification requirements for health care facilities. The volunteer agencies, organizations,
104.4 or persons who provide services to residents of state facilities operated under the authority
104.5 of Direct Care and Treatment are not subject to the procurement requirements of chapter
104.6 16A or 16C.

104.7 Subd. 7. **Advisory committee.** (a) The executive board shall establish an advisory
104.8 committee to provide state legislators, counties, union representatives, the National Alliance
104.9 on Mental Illness Minnesota, people being served by direct care and treatment programs,
104.10 and other stakeholders the opportunity to advise the executive board regarding the operation
104.11 of Direct Care and Treatment. The legislative members of the advisory committee must be
104.12 appointed as follows: (1) one member appointed by the speaker of the house of
104.13 representatives; (2) one member appointed by the minority leader of the house of
104.14 representatives; and (3) two members appointed by the senate committee on committees,
104.15 one member representing the majority caucus and one member representing the minority
104.16 caucus.

104.17 (b) The executive board shall regularly consult with the advisory committee.

104.18 (c) The advisory committee under this subdivision expires December 31, 2027.

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

104.20 Sec. 22. **[246C.08] CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES.**

104.21 Subdivision 1. **Service.** (a) The Direct Care and Treatment chief executive officer is
104.22 appointed by the executive board and serves at the pleasure of the executive board, with
104.23 the advice and consent of the senate.

104.24 (b) The chief executive officer shall serve in the unclassified service in accordance with
104.25 section 43A.08 and shall be governed by a compensation plan prepared by the executive
104.26 board, submitted to the commissioner of management and budget for review and comment,
104.27 and approved by the Legislative Coordinating Commission and the legislature in accordance
104.28 with section 3.855.

104.29 Subd. 2. **Powers and duties.** (a) The chief executive officer's primary duty is to assist
104.30 the executive board. The chief executive officer is responsible for the administrative and
104.31 operational management of the agency.

104.32 (b) The chief executive officer shall have all the powers of the executive board unless
104.33 the executive board directs otherwise. The chief executive officer shall have the authority

105.1 to speak for the executive board and Direct Care and Treatment within and outside the
105.2 agency.

105.3 (c) In the event that a vacancy occurs for any reason within the chief executive officer
105.4 position, the executive medical director appointed under section 246.018 shall immediately
105.5 become the temporary chief executive officer until the executive board appoints a new chief
105.6 executive officer. During this period, the executive medical director shall have all the powers
105.7 and authority delegated to the chief executive officer by the board and specified in this
105.8 chapter.

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

105.10 Sec. 23. **[246C.091] DIRECT CARE AND TREATMENT ACCOUNTS.**

105.11 Subdivision 1. **Gifts, grants, and contributions account.** (a) A gifts, grants, and
105.12 contributions account is created in the special revenue fund in the state treasury. All money
105.13 received by the executive board as a gift, grant, or contribution must be deposited in the
105.14 gifts, grants, and contributions account. Beginning July 1, 2025, except as provided in
105.15 paragraph (b), money in the account is annually appropriated to the Direct Care and
105.16 Treatment executive board to accomplish the purposes of this chapter. Gifts, grants, or
105.17 contributions received by the executive board exceeding current agency needs must be
105.18 invested by the State Board of Investment in accordance with section 11A.24. Disbursements
105.19 from the gifts, grants, and contributions account must be made in the manner provided for
105.20 the issuance of other state payments.

105.21 (b) If the gift or contribution is designated for a certain person, institution, or purpose,
105.22 the Direct Care and Treatment executive board must use the gift or contribution as specified
105.23 in accordance with the conditions of the gift or contribution if compatible with the best
105.24 interests of the person and the state. If a gift or contribution is accepted for the use and
105.25 benefit of a person with a developmental disability, including those within a state hospital,
105.26 research relating to persons with a developmental disability must be considered an appropriate
105.27 use of the gift or contribution. Such money must not be used for any structures or installations
105.28 which by their nature would require state expenditures for their operation or maintenance
105.29 without specific legislative enactment.

105.30 Subd. 2. **Facilities management account.** A facilities management account is created
105.31 in the special revenue fund of the state treasury. Beginning July 1, 2025, money in the
105.32 account is appropriated to the Direct Care and Treatment executive board and may be used
105.33 to maintain buildings, acquire facilities, renovate existing buildings, or acquire land for the
105.34 design and construction of buildings for Direct Care and Treatment use. Money received

106.1 for maintaining state property under control of the executive board may be deposited into
106.2 this account.

106.3 Subd. 3. **Direct Care and Treatment systems account.** (a) The Direct Care and
106.4 Treatment systems account is created in the special revenue fund of the state treasury.
106.5 Beginning July 1, 2025, money in the account is appropriated to the Direct Care and
106.6 Treatment executive board and may be used for security systems and information technology
106.7 projects, services, and support under the control of the executive board.

106.8 (b) The commissioner of human services shall transfer all money allocated to the Direct
106.9 Care and Treatment systems projects under section 256.014 to the Direct Care and Treatment
106.10 systems account by June 30, 2026.

106.11 Subd. 4. **Cemetery maintenance account.** The cemetery maintenance account is created
106.12 in the special revenue fund of the state treasury. Money in the account is appropriated to
106.13 the executive board for the maintenance of cemeteries under control of the executive board.
106.14 Money allocated to Direct Care and Treatment cemeteries may be transferred to this account.

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

106.16 Sec. 24. Minnesota Statutes 2022, section 256.88, is amended to read:

106.17 **256.88 SOCIAL WELFARE FUND ESTABLISHED.**

106.18 Except as otherwise expressly provided, all moneys and funds held by the commissioner
106.19 of human services, the Direct Care and Treatment executive board, and the local social
106.20 services agencies of the several counties in trust or for the benefit of children with a disability
106.21 and children who are dependent, neglected, or delinquent, children born to mothers who
106.22 were not married to the children's fathers at the times of the conception nor at the births of
106.23 the children, persons determined to have developmental disability, mental illness, or substance
106.24 use disorder, or other wards or beneficiaries, under any law, shall be kept in a single fund
106.25 to be known as the "social welfare fund" which shall be deposited at interest, held, or
106.26 disbursed as provided in sections 256.89 to 256.92.

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

106.28 Sec. 25. Minnesota Statutes 2022, section 256.89, is amended to read:

106.29 **256.89 FUND DEPOSITED IN STATE TREASURY.**

106.30 The social welfare fund and all accretions thereto shall be deposited in the state treasury,
106.31 as a separate and distinct fund, to the credit of the commissioner of human services and the
106.32 Direct Care and Treatment executive board as ~~trustee~~ trustees for ~~the~~ their respective

107.1 beneficiaries ~~thereof~~ in proportion to ~~their~~ the beneficiaries' several interests. The
107.2 commissioner of management and budget shall be responsible only to the commissioner of
107.3 human services and the Direct Care and Treatment executive board for the sum total of the
107.4 fund, and shall have no duties nor direct obligations toward the beneficiaries thereof
107.5 individually. Subject to the applicable rules of the commissioner of human services or the
107.6 Direct Care and Treatment executive board, money so received by a local social services
107.7 agency may be deposited by the executive secretary of the local social services agency in
107.8 a local bank carrying federal deposit insurance, designated by the local social services
107.9 agency for this purpose. The amount of such deposit in each such bank at any one time shall
107.10 not exceed the amount protected by federal deposit insurance.

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

107.12 Sec. 26. Minnesota Statutes 2022, section 256.90, is amended to read:

107.13 **256.90 SOCIAL WELFARE FUND; USE; DISPOSITION; DEPOSITORIES.**

107.14 The commissioner of human services, in consultation with the Direct Care and Treatment
107.15 executive board, at least 30 days before the first day of January and the first day of July in
107.16 each year shall file with the commissioner of management and budget an estimate of the
107.17 amount of the social welfare fund to be held in the treasury during the succeeding six-month
107.18 period, subject to current disbursement. Such portion of the remainder thereof as may be at
107.19 any time designated by the request of the commissioner of human services may be invested
107.20 by the commissioner of management and budget in bonds in which the permanent trust
107.21 funds of the state of Minnesota may be invested, upon approval by the State Board of
107.22 Investment. The portion of such remainder not so invested shall be placed by the
107.23 commissioner of management and budget at interest for the period of six months, or when
107.24 directed by the commissioner of human services, for the period of 12 months thereafter at
107.25 the highest rate of interest obtainable in a bank, or banks, designated by the board of deposit
107.26 as a suitable depository therefor. All the provisions of law relative to the designation and
107.27 qualification of depositories of other state funds shall be applicable to sections 256.88 to
107.28 256.92, except as herein otherwise provided. Any bond given, or collateral assigned or both,
107.29 to secure a deposit hereunder may be continuous in character to provide for the repayment
107.30 of any moneys belonging to the fund theretofore or thereafter at any time deposited in such
107.31 bank until its designation as such depository is revoked and the security thereof shall be not
107.32 impaired by any subsequent agreement or understanding as to the rate of interest to be paid
107.33 upon such deposit, or as to time for its repayment. The amount of money belonging to the
107.34 fund deposited in any bank, including other state deposits, shall not at any time exceed the

108.1 amount of the capital stock thereof. In the event of the closing of the bank any sum deposited
108.2 therein shall immediately become due and payable.

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

108.4 Sec. 27. Minnesota Statutes 2022, section 256.91, is amended to read:

108.5 **256.91 PURPOSES.**

108.6 From that part of the social welfare fund held in the state treasury subject to disbursement
108.7 as provided in section 256.90 the commissioner of human services or the Direct Care and
108.8 Treatment executive board at any time may pay out such amounts as the commissioner or
108.9 executive board deems proper for the support, maintenance, or other legal benefit of any of
108.10 the children with a disability and children who are dependent, neglected, or delinquent,
108.11 children born to mothers who were not married to the children's fathers at the times of the
108.12 conception nor at the births of the children, persons with developmental disability, substance
108.13 use disorder, or mental illness, or other wards or persons entitled thereto, not exceeding in
108.14 the aggregate to or for any person the principal amount previously received for the benefit
108.15 of the person, together with the increase in it from an equitable apportionment of interest
108.16 realized from the social welfare fund.

108.17 When any such person dies or is finally discharged from the guardianship, care, custody,
108.18 and control of the commissioner of human services or the Direct Care and Treatment
108.19 executive board, the amount then remaining subject to use for the benefit of the person shall
108.20 be paid as soon as may be from the social welfare fund to the persons thereto entitled by
108.21 law.

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

108.23 Sec. 28. Minnesota Statutes 2022, section 256.92, is amended to read:

108.24 **256.92 COMMISSIONER OF HUMAN SERVICES AND DIRECT CARE AND**
108.25 **TREATMENT, ACCOUNTS.**

108.26 It shall be the duty of the commissioner of human services, the Direct Care and Treatment
108.27 executive board, and ~~of~~ the local social services agencies of the several counties of this state
108.28 to cause to be deposited with the commissioner of management and budget all moneys and
108.29 funds in their possession or under their control and designated by section 256.91 as and for
108.30 the social welfare fund; and all such moneys and funds shall be so deposited in the state
108.31 treasury as soon as received. The commissioner of human services, in consultation with the
108.32 Direct Care and Treatment executive board, shall keep books of account or other records

109.1 showing separately the principal amount received and deposited in the social welfare fund
109.2 for the benefit of any person, together with the name of such person, and the name and
109.3 address, if known to the commissioner of human services or the Direct Care and Treatment
109.4 executive board, of the person from whom such money was received; and, at least once
109.5 every two years, the amount of interest, if any, which the money has earned in the social
109.6 welfare fund shall be apportioned thereto and posted in the books of account or records to
109.7 the credit of such beneficiary.

109.8 The provisions of sections 256.88 to 256.92 shall not apply to any fund or money now
109.9 or hereafter deposited or otherwise disposed of pursuant to the lawful orders, decrees,
109.10 judgments, or other directions of any district court having jurisdiction thereof.

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

109.12 Sec. 29. Laws 2023, chapter 61, article 8, section 1, the effective date, is amended to read:

109.13 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, ~~2025~~ 2024.

109.14 Sec. 30. Laws 2023, chapter 61, article 8, section 2, the effective date, is amended to read:

109.15 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, ~~2025~~ 2024.

109.16 Sec. 31. Laws 2023, chapter 61, article 8, section 3, the effective date, is amended to read:

109.17 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, ~~2025~~ 2024.

109.18 Sec. 32. Laws 2023, chapter 61, article 8, section 8, the effective date, is amended to read:

109.19 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, ~~2025~~ 2024.

109.20 Sec. 33. Laws 2024, chapter 79, article 1, section 18, is amended to read:

109.21 Sec. 18. **246C.015 DEFINITIONS.**

109.22 Subdivision 1. **Scope.** For purposes of this chapter, the following terms have the meanings
109.23 given.

109.24 Subd. 2. **Chief executive officer.** "Chief executive officer" means the ~~Department of~~
109.25 Direct Care and Treatment chief executive officer appointed according to section 246C.08.

109.26 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of human services.

110.1 Subd. 4. **Community preparation services.** "Community preparation services" means
110.2 specialized inpatient or outpatient services operated outside of a secure environment but
110.3 administered by a secure treatment facility.

110.4 Subd. 5. **County of financial responsibility.** "County of financial responsibility" has
110.5 the meaning given in section 256G.02, subdivision 4.

110.6 Subd. 5a. **Direct Care and Treatment.** "Direct Care and Treatment" means the agency
110.7 of Direct Care and Treatment established under this chapter.

110.8 Subd. 6. **Executive board.** "Executive board" means the ~~Department of~~ Direct Care and
110.9 Treatment executive board established under section 246C.06.

110.10 Subd. 7. **Executive medical director.** "Executive medical director" means the licensed
110.11 physician serving as executive medical director in the ~~Department of~~ Direct Care and
110.12 Treatment under section 246C.09.

110.13 Subd. 8. **Head of the facility or head of the program.** "Head of the facility" or "head
110.14 of the program" means the person who is charged with overall responsibility for the
110.15 professional program of care and treatment of the facility or program.

110.16 Subd. 9. **Indian.** "Indian" has the meaning given in section 260.755, subdivision 7.

110.17 Subd. 10. **Secure treatment facility.** "Secure treatment facility" means a facility as
110.18 defined in section 253B.02, subdivision 18a, or 253D.02, subdivision 13.

110.19 Subd. 11. **Tobacco; tobacco-related device.** "Tobacco" and "tobacco-related device"
110.20 have the meanings given in section 609.685, subdivision 1.

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

110.22 Sec. 34. Laws 2024, chapter 79, article 1, section 23, is amended to read:

110.23 Sec. 23. **246C.06 EXECUTIVE BOARD; POWERS AND DUTIES MEMBERSHIP;**
110.24 **GOVERNANCE.**

110.25 Subdivision 1. **Establishment.** The Direct Care and Treatment executive board ~~of the~~
110.26 ~~Department of Direct Care and Treatment~~ is established.

110.27 Subd. 2. **Membership of the executive board.** ~~The executive board shall consist of no~~
110.28 ~~more than five members, all appointed by the governor.~~ (a) The Direct Care and Treatment
110.29 executive board consists of nine members with seven voting members and two nonvoting
110.30 members. The seven voting members must include six members appointed by the governor
110.31 with the advice and consent of the senate in accordance with paragraph (b) and the

111.1 commissioner of human services or a designee. The two nonvoting members must be
111.2 appointed in accordance with paragraph (c). Section 15.0597 applies to all executive board
111.3 appointments except for the commissioner of human services.

111.4 (b) The executive board voting members appointed by the governor must meet the
111.5 following qualifications:

111.6 (1) one member must be a licensed physician who is a psychiatrist or has experience in
111.7 serving behavioral health patients;

111.8 (2) two members must have experience serving on a hospital or nonprofit board; and

111.9 (3) three members must have experience working: (i) in the delivery of behavioral health
111.10 services or care coordination or in traditional healing practices; (ii) as a licensed health care
111.11 professional; (iii) within health care administration; or (iv) with residential services.

111.12 (c) The executive board nonvoting members must be appointed as follows:

111.13 (1) one member appointed by the Association of Counties; and

111.14 (2) one member who has an active role as a union representative representing staff at

111.15 Direct Care and Treatment appointed by joint representatives of the following unions:

111.16 American Federation of State, County and Municipal Employees (AFSCME); Minnesota

111.17 Association of Professional Employees (MAPE); Minnesota Nurses Association (MNA);

111.18 Middle Management Association (MMA); and State Residential Schools Education

111.19 Association (SRSEA).

111.20 (d) Membership on the board must include representation from outside the seven-county
111.21 metropolitan area, as defined in section 473.121, subdivision 2.

111.22 (e) A voting member of the executive board must not be or must not have been within
111.23 one year prior to appointment: (1) an employee of Direct Care and Treatment; (2) an
111.24 employee of a county, including a county commissioner; (3) an active employee or
111.25 representative of a labor union that represents employees of Direct Care and Treatment; or
111.26 (4) a member of the state legislature. This paragraph does not apply to the nonvoting members
111.27 or the commissioner of human services or designee.

111.28 ~~Subd. 3. **Qualifications of members Procedures.** An executive board member's~~
111.29 ~~qualifications must be appropriate for overseeing a complex behavioral health system, such~~
111.30 ~~as experience serving on a hospital or nonprofit board, serving as a public sector labor union~~
111.31 ~~representative, delivering behavioral health services or care coordination, or working as a~~
111.32 ~~licensed health care provider in an allied health profession or in health care administration.~~

112.1 Except as otherwise provided in this section, the membership terms and removal and filling
112.2 of vacancies for the executive board are governed by section 15.0575.

112.3 Subd. 4. ~~Accepting contributions or gifts~~ Compensation. (a) ~~The executive board has~~
112.4 ~~the power and authority to accept, on behalf of the state, contributions and gifts of money~~
112.5 ~~and personal property for the use and benefit of the residents of the public institutions under~~
112.6 ~~the executive board's control. All money and securities received must be deposited in the~~
112.7 ~~state treasury subject to the order of the executive board. Notwithstanding section 15.0575,~~
112.8 ~~subdivision 3, paragraph (a), the nonvoting members of the executive board must not receive~~
112.9 ~~daily compensation for executive board activities. Nonvoting members of the executive~~
112.10 ~~board may receive expenses in the same manner and amount as authorized by the~~
112.11 ~~commissioner's plan adopted under section 43A.18, subdivision 2. Nonvoting members~~
112.12 ~~who, as a result of time spent attending board meetings, incur child care expenses that would~~
112.13 ~~not otherwise have been incurred may be reimbursed for those expenses upon board~~
112.14 ~~authorization.~~

112.15 (b) ~~If the gift or contribution is designated by the donor for a certain institution or purpose,~~
112.16 ~~the executive board shall expend or use the money as nearly in accordance with the conditions~~
112.17 ~~of the gift or contribution, compatible with the best interests of the individuals under the~~
112.18 ~~jurisdiction of the executive board and the state. Notwithstanding section 15.0575, subdivision~~
112.19 ~~3, paragraph (a), the Compensation Council under section 15A.082 must determine the~~
112.20 ~~compensation for voting members of the executive board per day spent on executive board~~
112.21 ~~activities authorized by the executive board. Voting members of the executive board may~~
112.22 ~~also receive the expenses in the same manner and amount as authorized by the commissioner's~~
112.23 ~~plan adopted under section 43A.18, subdivision 2. Voting members who, as a result of time~~
112.24 ~~spent attending board meetings, incur child care expenses that would not otherwise have~~
112.25 ~~been incurred may be reimbursed for those expenses upon board authorization.~~

112.26 (c) The commissioner of management and budget must publish the daily compensation
112.27 rate for voting members of the executive board determined under paragraph (b) on the
112.28 Department of Management and Budget's website.

112.29 (d) Voting members of the executive board must adopt internal standards prescribing
112.30 what constitutes a day spent on board activities for the purposes of making payments
112.31 authorized under paragraph (b).

112.32 (e) All other requirements under section 15.0575, subdivision 3, apply to the
112.33 compensation of executive board members.

113.1 Subd. 5. ~~Federal aid or block grants~~ Acting chair; officers. The executive board may
113.2 ~~comply with all conditions and requirements necessary to receive federal aid or block grants~~
113.3 ~~with respect to the establishment, constructions, maintenance, equipment, or operation of~~
113.4 ~~adequate facilities and services consistent with the mission of the Department of Direct~~
113.5 ~~Care and Treatment.~~ (a) The governor shall designate one member from the voting
113.6 membership appointed by the governor as acting chair of the executive board.

113.7 (b) At the first meeting of the executive board, the executive board must elect a chair
113.8 from among the voting membership appointed by the governor.

113.9 (c) The executive board must annually elect a chair from among the voting membership
113.10 appointed by the governor.

113.11 (d) The executive board must elect officers from among the voting membership appointed
113.12 by the governor. The elected officers shall serve for one year.

113.13 Subd. 6. ~~Operation of a communication systems account~~ Terms. (a) The executive
113.14 ~~board may operate a communications systems account established in Laws 1993, First~~
113.15 ~~Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared~~
113.16 ~~communication costs necessary for the operation of the regional treatment centers the~~
113.17 ~~executive board supervises.~~ Except for the commissioner of human services, executive
113.18 board members must not serve more than two consecutive terms unless service beyond two
113.19 consecutive terms is approved by the majority of voting members. The commissioner of
113.20 human services or a designee shall serve until replaced by the governor.

113.21 ~~(b) Each account must be used to manage shared communication costs necessary for the~~
113.22 ~~operations of the regional treatment centers the executive board supervises. The executive~~
113.23 ~~board may distribute the costs of operating and maintaining communication systems to~~
113.24 ~~participants in a manner that reflects actual usage. Costs may include acquisition, licensing,~~
113.25 ~~insurance, maintenance, repair, staff time, and other costs as determined by the executive~~
113.26 ~~board.~~ An executive board member may resign at any time by giving written notice to the
113.27 executive board.

113.28 (c) ~~Nonprofit organizations and state, county, and local government agencies involved~~
113.29 ~~in the operation of regional treatment centers the executive board supervises may participate~~
113.30 ~~in the use of the executive board's communication technology and share in the cost of~~
113.31 ~~operation.~~ The initial term of the member appointed under subdivision 2, paragraph (b),
113.32 clause (1), is two years. The initial term of the members appointed under subdivision 2,
113.33 paragraph (b), clause (2), is three years. The initial term of the members appointed under

114.1 subdivision 2, paragraph (b), clause (3), and the members appointed under subdivision 2,
114.2 paragraph (c), is four years.

114.3 ~~(d) The executive board may accept on behalf of the state any gift, bequest, devise,~~
114.4 ~~personal property of any kind, or money tendered to the state for any lawful purpose~~
114.5 ~~pertaining to the communication activities under this section. Any money received for this~~
114.6 ~~purpose must be deposited into the executive board's communication systems account.~~
114.7 ~~Money collected by the executive board for the use of communication systems must be~~
114.8 ~~deposited into the state communication systems account and is appropriated to the executive~~
114.9 ~~board for purposes of this section. After the initial term, the term length of all appointed~~
114.10 executive board members is four years.

114.11 Subd. 7. **Conflicts of interest.** Executive board members must recuse themselves from
114.12 discussion of and voting on an official matter if the executive board member has a conflict
114.13 of interest. A conflict of interest means an association, including a financial or personal
114.14 association, that has the potential to bias or have the appearance of biasing an executive
114.15 board member's decision in matters related to Direct Care and Treatment or the conduct of
114.16 activities under this chapter.

114.17 Subd. 8. **Meetings.** The executive board must meet at least four times per fiscal year at
114.18 a place and time determined by the executive board.

114.19 Subd. 9. **Quorum.** A majority of the voting members of the executive board constitutes
114.20 a quorum. The affirmative vote of a majority of the voting members of the executive board
114.21 is necessary and sufficient for action taken by the executive board.

114.22 Subd. 10. **Immunity; indemnification.** (a) Members of the executive board are immune
114.23 from civil liability for any act or omission occurring within the scope of the performance
114.24 of their duties under this chapter.

114.25 (b) When performing executive board duties or actions, members of the executive board
114.26 are employees of the state for purposes of indemnification under section 3.736, subdivision
114.27 9.

114.28 Subd. 11. **Rulemaking.** (a) The executive board is authorized to adopt, amend, and
114.29 repeal rules in accordance with chapter 14 to the extent necessary to implement this chapter
114.30 or any responsibilities of Direct Care and Treatment specified in state law.

114.31 (b) Until July 1, 2027, the executive board may adopt rules using the expedited
114.32 rulemaking process in section 14.389.

115.1 (c) In accordance with section 15.039, all orders, rules, delegations, permits, and other
115.2 privileges issued or granted by the Department of Human Services with respect to any
115.3 function of Direct Care and Treatment and in effect at the time of the establishment of Direct
115.4 Care and Treatment shall continue in effect as if such establishment had not occurred. The
115.5 executive board may amend or repeal rules applicable to Direct Care and Treatment that
115.6 were established by the Department of Human Services in accordance with chapter 14.

115.7 (d) The executive board must not adopt rules that go into effect or enforce rules prior
115.8 to July 1, 2025.

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

115.10 Sec. 35. Laws 2024, chapter 79, article 1, section 24, is amended to read:

115.11 Sec. 24. **246C.10 FORENSIC SERVICES.**

115.12 Subdivision 1. **Maintenance of forensic services.** (a) The executive board shall create
115.13 and maintain forensic services programs.

115.14 (b) The executive board must provide forensic services in coordination with counties
115.15 and other vendors.

115.16 (c) Forensic services must include specialized inpatient programs at secure treatment
115.17 facilities, consultive services, aftercare services, community-based services and programs,
115.18 transition services, nursing home services, or other services consistent with the mission of
115.19 ~~the Department of~~ Direct Care and Treatment.

115.20 (d) The executive board ~~shall~~ may adopt rules to carry out the provision of this section
115.21 and to govern the operation of the services and programs under the direct administrative
115.22 authority of the executive board.

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

115.24 Sec. 36. Laws 2024, chapter 79, article 1, section 25, subdivision 3, is amended to read:

115.25 Subd. 3. **Comprehensive system of services.** The establishment of state-operated,
115.26 community-based programs must be within the context of a comprehensive definition of
115.27 the role of state-operated services in the state. The role of state-operated services must be
115.28 defined within the context of a comprehensive system of services for persons with
115.29 developmental disability.

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

116.1 Sec. 37. Laws 2024, chapter 79, article 10, section 1, is amended to read:

116.2 Section 1. **REVISOR INSTRUCTION.**

116.3 The revisor of statutes shall renumber each provision of Minnesota Statutes listed in
116.4 column A as amended in this act to the number listed in column B.

116.5	Column A	Column B
116.6	245.036	246C.16, subdivision 1
116.7	245.037	246C.16, subdivision 2
116.8	245.041	246C.15
116.9	245.474, subdivision 1	246C.12, subdivision 1
116.10	245.474, subdivision 2	246C.12, subdivision 2
116.11	245.474, subdivision 3	246C.12, subdivision 3
116.12	245.474, subdivision 4	246C.12, subdivision 4
116.13	246.0135, paragraph (a)	246C.18, subdivision 2, paragraph (a)
116.14	246.0135, paragraph (b)	246C.18, subdivision 2, paragraph (b)
116.15	246.0135, paragraph (c)	246C.18, subdivision 2, paragraph (c)
116.16	246.0135, paragraph (d)	246C.18, subdivision 3
116.17	246.018, subdivision 1	246C.09, subdivision 1
116.18	246.018, subdivision 2	246C.09, subdivision 2
116.19	246.018, subdivision 3	246C.09, subdivision 3
116.20	246.018, subdivision 4	246C.09, subdivision 4
116.21		246C.06, subdivision 7 <u>246C.07,</u>
116.22	246.12	<u>subdivision 7</u>
116.23	246.128	246C.18, subdivision 1
116.24	246.129	246C.18, subdivision 4
116.25	246.14	246C.16, subdivision 3
116.26	246.23, subdivision 2	246.555, subdivision 1
116.27	246.23, subdivision 3	246.555, subdivision 2
116.28	246.23, subdivision 4	246.555, subdivision 3
116.29	246.23, subdivision 5	246.555, subdivision 4
116.30	246.23, subdivision 6	246.555, subdivision 5
116.31		246C.06, subdivision 8 <u>246C.07,</u>
116.32	246.234	<u>subdivision 5</u>
116.33	246.24	246C.16, subdivision 4
116.34	246.27	246C.19
116.35		246C.06, subdivision 9 <u>246C.07,</u>
116.36	246.36	<u>subdivision 6</u>

117.1	246.41, subdivision 1	246C.06, subdivision 10, paragraph (a)
117.2		
117.3	246.41, subdivision 2	246C.06, subdivision 10, paragraph (b)
117.4		
117.5	246.41, subdivision 3	246C.06, subdivision 10, paragraph (c)
117.6		
117.7	246.70	246C.18, subdivision 5
117.8	246B.02	246C.13
117.9	251.012, subdivision 1	246.575, subdivision 1
117.10	251.012, subdivision 2	246.575, subdivision 2
117.11	251.012, subdivision 3	246.575, subdivision 3
117.12	251.012, subdivision 4	246.575, subdivision 4
117.13	251.041	176.87
117.14	251.042	176.871
117.15	251.043, subdivision 1	176.872, subdivision 1
117.16	251.043, subdivision 1a	176.872, subdivision 2
117.17	251.043, subdivision 1b	176.872, subdivision 3
117.18	251.043, subdivision 2	176.872, subdivision 4
117.19	251.043, subdivision 3	176.872, subdivision 5
117.20	251.044	176.873
117.21	251.051	176.874
117.22	251.052	176.875
117.23	251.053	176.876
117.24	251.15, subdivision 1	176.872, subdivision 6, paragraph (a)
117.25	251.15, subdivision 2	176.872, subdivision 6, paragraph (b)
117.26	251.17	246C.14
117.27	252.50, subdivision 2	246C.16, subdivision 5
117.28	252.50, subdivision 4	246C.10, subdivision 2
117.29	252.50, subdivision 6	246.65
117.30	252.50, subdivision 7	246.585
117.31	252.50, subdivision 8	246.588
117.32	252.50, subdivision 10	246.611
117.33	253.015, subdivision 1	253B.10, subdivision 6
117.34	253.016	246.554
117.35	253.017, subdivision 1	246.591
117.36	253.017, subdivision 2	246C.10, subdivision 3
117.37	253.017, subdivision 3	246C.10, subdivision 4
117.38	253.13	253.245
117.39	253C.01, subdivision 1	245A.27, subdivision 1

118.1	253C.01, subdivision 2	245A.27, subdivision 2
118.2	253C.01, subdivision 3	245A.27, subdivision 3
118.3	256.0121, subdivision 1	246.595, subdivision 1
118.4	256.0121, subdivision 2	246.595, subdivision 2
118.5	256.0121, subdivision 3	246.595, subdivision 3

118.6 Sec. 38. Laws 2024, chapter 79, article 10, section 6, is amended to read:

118.7 **Sec. 6. EFFECTIVE DATE.**

118.8 ~~(a) Article 1, section 23, is effective July 1, 2024.~~ This act is effective July 1, 2024.

118.9 ~~(b) Article 1, sections 1 to 22 and 24 to 31, and articles 2 to 10 are effective January 1,~~
118.10 ~~2025.~~

118.11 **Sec. 39. INITIAL APPOINTMENTS AND COMPENSATION OF THE DIRECT**
118.12 **CARE AND TREATMENT EXECUTIVE BOARD AND CHIEF EXECUTIVE**
118.13 **OFFICER.**

118.14 Subdivision 1. **Executive board.** (a) The initial appointments of the members of the
118.15 Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06,
118.16 must be made by January 1, 2025.

118.17 (b) Prior to the first Compensation Council determination of the daily compensation rate
118.18 for voting members of the executive board under Minnesota Statutes, section 246C.06,
118.19 subdivision 4, paragraph (b), voting members of the executive board must be paid the per
118.20 diem rate provided for in Minnesota Statutes, section 15.0575, subdivision 3, paragraph (a).

118.21 (c) The executive board is exempt from Minnesota Statutes, section 13D.01, until the
118.22 authority and responsibilities for Direct Care and Treatment are transferred to the executive
118.23 board in accordance with Minnesota Statutes, section 246C.04.

118.24 Subd. 2. **Chief executive officer.** (a) The Direct Care and Treatment executive board
118.25 must appoint as the initial chief executive officer for Direct Care and Treatment under
118.26 Minnesota Statutes, section 246C.07, the chief executive officer of the direct care and
118.27 treatment division of the Department of Human Services holding that position at the time
118.28 the initial appointment is made by the board. The initial appointment of the chief executive
118.29 officer must be made by the executive board by July 1, 2025. The initial appointment of
118.30 the chief executive officer is subject to confirmation by the senate.

119.1 (b) Notwithstanding Minnesota Statutes, section 246C.08, the salary of the initial chief
119.2 executive officer must not be less than the amount paid to the chief executive officer of the
119.3 direct care and treatment division of the Department of Human Services as of the date of
119.4 the initial appointment.

119.5 Subd. 3. **Commissioner of human services to consult.** In preparing the budget estimates
119.6 required under Minnesota Statutes, section 16A.10, for the direct care and treatment division
119.7 for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative
119.8 session that involve direct care and treatment operations, the commissioner of human services
119.9 must consult with the Direct Care and Treatment executive board before submitting the
119.10 budget estimates or legislative proposals. If the executive board is not appointed by the date
119.11 the budget estimates must be submitted to the commissioner of management and budget,
119.12 the commissioner of human services must provide the executive board with a summary of
119.13 the budget estimates that were submitted.

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

119.15 Sec. 40. **REVISOR INSTRUCTION.**

119.16 The revisor of statutes shall change the term "Department of Human Services" to "Direct
119.17 Care and Treatment" wherever the term appears in respect to the governmental entity with
119.18 programmatic direction and fiscal control over state-operated services, programs, or facilities
119.19 under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary
119.20 changes to sentence structure to preserve the meaning of the text.

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

119.22 Sec. 41. **REVISOR INSTRUCTION.**

119.23 The revisor of statutes shall change the term "Department of Direct Care and Treatment"
119.24 to "Direct Care and Treatment" wherever the term appears in respect to the governmental
119.25 entity with programmatic direction and fiscal control over state-operated services, programs,
119.26 or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and
119.27 other necessary changes to sentence structure to preserve the meaning of the text.

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

119.29 Sec. 42. **REVISOR INSTRUCTION.**

119.30 The revisor of statutes, in consultation with the House Research Department; the Office
119.31 of Senate Counsel, Research, and Fiscal Analysis; the Department of Human Services; and

120.1 Direct Care and Treatment, shall make necessary cross-reference changes to conform with
120.2 this act. The revisor may make technical and other necessary changes to sentence structure
120.3 to preserve the meaning of the text. The revisor may alter the coding in this act to incorporate
120.4 statutory changes made by other law in the 2024 regular legislative session.

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

120.6 Sec. 43. **REPEALER.**

120.7 (a) Minnesota Statutes 2022, section 246.41, is repealed.

120.8 (b) Minnesota Statutes 2023 Supplement, section 246C.03, is repealed.

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

120.10

ARTICLE 6

120.11

HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT

120.12 Section 1. **[256.044] HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT.**

120.13 Subdivision 1. **Human services response contingency account.** A human services
120.14 response contingency account is created in the special revenue fund in the state treasury.

120.15 Money in the human services response contingency account does not cancel and is
120.16 appropriated to the commissioner of human services for the purposes specified in this section.

120.17 Subd. 2. **Definition.** For purposes of this section, "human services response" means
120.18 activities deemed necessary by the commissioner of human services to respond to emerging
120.19 or immediate needs related to supporting the health, welfare, or safety of people.

120.20 Subd. 3. **Use of money.** (a) The commissioner may make expenditures from the human
120.21 services response contingency account to respond to needs as defined in subdivision 2 and
120.22 for which no other funding or insufficient funding is available.

120.23 (b) When the commissioner determines that a human services response is needed, the
120.24 commissioner may make expenditures from the human services response contingency
120.25 account for the following uses to implement the human services response:

120.26 (1) services, supplies, and equipment to support the health, welfare, or safety of people;

120.27 (2) training and coordination with service providers, Tribal Nations, and local government
120.28 entities;

120.29 (3) communication with and outreach to impacted people;

120.30 (4) informational technology; and

121.1 (5) staffing.

121.2 (c) The commissioner may transfer money within the Department of Human Services
121.3 and to the Department of Children, Youth, and Families for eligible uses under paragraph
121.4 (b) as necessary to implement a human services response.

121.5 (d) Notwithstanding any other law or rule to the contrary, when implementing a human
121.6 services response, the commissioner may allocate funds from the human services response
121.7 contingency account to programs, providers, and organizations for eligible uses under
121.8 paragraph (b) through one or more fiscal agents chosen by the commissioner. In contracting
121.9 with a fiscal agent, the commissioner may use a sole-source contract and is not subject to
121.10 the solicitation requirements of chapter 16B or 16C.

121.11 (e) Programs, providers, and organizations receiving funds from the human services
121.12 response contingency account under paragraph (d) must describe how the money will be
121.13 used. If a program, provider, or organization receiving money from the human services
121.14 response contingency account receives money from a nonstate source other than a local unit
121.15 of government or Tribe for the same human services response, the entity must notify the
121.16 commissioner of the amount received from the nonstate source. If the commissioner
121.17 determines that the total amount received under this section and from the nonstate source
121.18 exceeds the entity's total costs for the human services response, the entity must pay the
121.19 commissioner the amount that exceeds the costs up to the amount of funding provided to
121.20 the entity under this section. All money paid to the commissioner under this paragraph must
121.21 be deposited in the human services response contingency account.

121.22 Subd. 4. **Assistance from other sources.** (a) As a condition of making expenditures
121.23 from the human services response contingency account, the commissioner must seek any
121.24 appropriate assistance from other available sources, including the federal government, to
121.25 assist with costs attributable to the human services response.

121.26 (b) If the commissioner recovers eligible costs for the human services response from a
121.27 nonstate source after making expenditures from the human services response contingency
121.28 account, the commissioner shall reimburse the human services response contingency account
121.29 for those costs up to the amount recovered for eligible costs from the nonstate source.

121.30 Subd. 5. **Reporting.** The commissioner must develop required reporting for entities
121.31 receiving human services response contingency account money. Entities receiving money
121.32 from the commissioner of human services from the human services response contingency
121.33 account must submit reports to the commissioner of human services with detailed information
121.34 in a manner determined by the commissioner, including but not limited to:

- 122.1 (1) amounts expended by category of expenditure;
- 122.2 (2) outcomes achieved, including estimated individuals served;
- 122.3 (3) documentation necessary to verify that funds were spent in compliance with this
- 122.4 section;
- 122.5 (4) expenditure reports for the purpose of requesting reimbursement from other available
- 122.6 sources; and
- 122.7 (5) data necessary to comply with an audit of human services response contingency
- 122.8 account expenditures.
- 122.9 Subd. 6. **Report.** By March 1 of each year, the commissioner shall submit a report to
- 122.10 the chairs and ranking minority members of the house of representatives and senate
- 122.11 committees with jurisdiction over human services finance and health and human services
- 122.12 finance detailing expenditures made in the previous calendar year from the human services
- 122.13 response contingency account. This report is exempt from section 256.01, subdivision 42.

122.14 **ARTICLE 7**

122.15 **MISCELLANEOUS**

122.16 Section 1. Minnesota Statutes 2022, section 256.01, is amended by adding a subdivision

122.17 to read:

122.18 Subd. 44. **Homelessness and Housing Support Office.** (a) The Homelessness and

122.19 Housing Support Office is established in the Department of Human Services. The office

122.20 shall be under the supervision of an assistant commissioner appointed by the commissioner.

122.21 (b) The commissioner, working with the assistant commissioner for homelessness and

122.22 housing support, shall:

- 122.23 (1) administer the following programs:
- 122.24 (i) housing stabilization services under section 256B.051, subdivision 7;
- 122.25 (ii) general assistance under sections 256D.01 to 256D.17;
- 122.26 (iii) Minnesota supplemental aid under sections 256D.33 to 256D.54;
- 122.27 (iv) the transitional housing program under section 256E.33;
- 122.28 (v) the emergency services program under section 256E.36;
- 122.29 (vi) the emergency solutions grant;
- 122.30 (vii) bridging benefits;

- 123.1 (viii) the housing support program under chapter 256I;
- 123.2 (ix) community living infrastructure grants under section 256I.09;
- 123.3 (x) long-term homeless supportive services under section 256K.26;
- 123.4 (xi) the Homeless Youth Act under section 256K.45;
- 123.5 (xii) the shelter-linked youth mental health grant program under section 256K.46;
- 123.6 (xiii) safe harbor shelter and housing under section 256K.47;
- 123.7 (xiv) emergency shelter facilities grants under Laws 2023, chapter 70, article 11, section
- 123.8 14; and
- 123.9 (xv) the homeless youth cash stipend pilot project under Laws 2023, chapter 70, article
- 123.10 11, section 13;
- 123.11 (2) coordinate with the Interagency Council on Homelessness;
- 123.12 (3) make recommendations to the legislature on improving access to homeless services
- 123.13 and supportive housing, improving service delivery, and improving the effectiveness of the
- 123.14 state's homeless and supportive housing system;
- 123.15 (4) engage with other state agencies, counties, Tribes, advocacy organizations, and other
- 123.16 stakeholders on issues related to homelessness in Minnesota; and
- 123.17 (5) perform other duties related to the provision of services to people experiencing
- 123.18 homelessness in the state.
- 123.19 (c) By January 15 of each year, the assistant commissioner must submit an annual report
- 123.20 to the legislative committees with jurisdiction over human services policy and finance
- 123.21 detailing the activities of the office and making recommendations for system improvements,
- 123.22 including any necessary draft legislation.

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

123.24 **Sec. 2. DIRECTION TO COMMISSIONER; TARGETED CASE MANAGEMENT**

123.25 **REDESIGN.**

123.26 The commissioner of human services must consult with members of the Minnesota

123.27 Association of County Social Service Administrators to improve case management

123.28 information systems and identify the necessary changes needed to comply with regulations

123.29 related to federal certified public expenditures. The changes must facilitate transition to use

123.30 of a 15-minute unit rate or improved financial reporting for fee-for-service targeted case

123.31 management services provided by counties. The Social Service Information System and

124.1 adjacent systems must be modified to support any increase in the intensity of time reporting
124.2 requirements prior to any implementation of proposed changes to targeted case management
124.3 rate setting, reimbursement, and reconciliation processes.

124.4 Sec. 3. **DIRECTION TO COMMISSIONER; FEDERAL WAIVERS FOR**
124.5 **HEALTH-RELATED SOCIAL NEEDS.**

124.6 (a) The commissioner of human services shall develop a strategy to implement
124.7 interventions to address unmet health-related social needs, including but not limited to
124.8 nutrition support, housing support, case management, and violence prevention. In developing
124.9 such a strategy, the commissioner shall consider whether services could be reimbursed
124.10 under section 1115 of the Social Security Act, other federal waivers, or existing state
124.11 authority.

124.12 (b) The commissioner shall collaborate with the commissioner of health and community
124.13 and other external partners providing services in nutrition, housing, case management, and
124.14 violence prevention to medical assistance recipients on specific interventions to include in
124.15 the proposed strategy.

124.16 (c) By March 1, 2025, the commissioner shall provide the strategy developed under this
124.17 section to the chairs and ranking minority members of the legislative committees with
124.18 jurisdiction over health care finance and must include:

124.19 (1) a proposed timeline for implementation;

124.20 (2) an estimate of the administrative and programmatic costs associated with
124.21 implementing and evaluating any proposed federal waivers; and

124.22 (3) any statutory changes necessary to seek ongoing state funding and federal authority
124.23 for the proposed strategies.

124.24 (d) The commissioner may perform the steps necessary to develop a federal waiver or
124.25 other strategies identified in paragraph (c) in preparation for enactment of the strategies.

124.26 (e) The commissioner is exempt from the requirements of Minnesota Statutes, chapter
124.27 16C, when entering into a new contract or amending an existing contract to complete the
124.28 work under this section.

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

125.1 Sec. 4. **DIRECTION TO COMMISSIONER; STUDY OF NAVIGATOR**
125.2 **REIMBURSEMENT.**

125.3 (a) The commissioner of human services, in collaboration with the board of directors of
125.4 MNsure, shall conduct an analysis of the navigator and in-person assister programs in
125.5 Minnesota Statutes, section 62V.05, subdivision 4. The analysis must consider the incentive
125.6 program in Minnesota Statutes, section 256.962, subdivision 5, including examining
125.7 reimbursement levels and methodologies used in other states and recommending a sustainable
125.8 source of funding for the navigator program. The analysis must also include consultation
125.9 with individual navigators and navigator organizations.

125.10 (b) By October 1, 2025, the commissioner shall submit the analysis under this section
125.11 and recommendations to the chairs and ranking minority members of the legislative
125.12 committees with jurisdiction over human services and health care finance.

125.13 Sec. 5. **WORKING GROUP ON SIMPLIFYING SUPPORTIVE HOUSING**
125.14 **RESOURCES.**

125.15 Subdivision 1. **Establishment.** A working group on simplifying supportive housing
125.16 resources is established to streamline access, eligibility, and administration of state-funded
125.17 supportive housing resources for people experiencing homelessness.

125.18 Subd. 2. **Membership.** (a) The working group must prioritize membership from
125.19 individuals and organizations that use or administer state-funded supportive housing resources
125.20 and must include the following:

125.21 (1) the commissioner of the Minnesota Housing Finance Agency or designee;

125.22 (2) the commissioner of human services or designee;

125.23 (3) two representatives from the Minnesota Coalition for the Homeless;

125.24 (4) eight representatives from organizations providing services to people experiencing
125.25 homelessness, including organizations that provide services to youth experiencing
125.26 homelessness and populations that disproportionately experience homelessness, and a
125.27 coordinated entry provider;

125.28 (5) one representative with lived experience of homelessness;

125.29 (6) one representative from the Minnesota Tribal Collaborative;

125.30 (7) one representative from Hennepin County;

125.31 (8) one representative from St. Louis County;

126.1 (9) two members from the house of representatives, one appointed by the speaker of the
126.2 house and one appointed by the minority leader; and

126.3 (10) two members from the senate appointed by the senate committee on committees,
126.4 one representing the majority caucus and one representing the minority caucus.

126.5 (b) The members listed in paragraph (a), clauses (3) to (8), must be appointed by the
126.6 commissioner of human services.

126.7 (c) All appointing authorities must make their appointments to the working group by
126.8 August 1, 2024.

126.9 Subd. 3. **Duties.** (a) The working group must study supportive housing resources to
126.10 streamline access, eligibility, and administration of state-funded supportive housing resources
126.11 for people experiencing homelessness, including the following programs:

126.12 (1) the housing support program;

126.13 (2) long-term homeless supportive services;

126.14 (3) housing with supports for adults with serious mental illness;

126.15 (4) the housing trust fund; and

126.16 (5) other capital and operating funds administered by the Minnesota Housing Finance
126.17 Agency.

126.18 (b) In studying supportive housing resources, the working group must identify the
126.19 processes, procedures, and technological or personnel resources that would be necessary to
126.20 enable the state, county or Tribal agencies, and providers responsible for administering
126.21 public supportive housing funds to meet the following goals:

126.22 (1) reduce administrative complexities;

126.23 (2) enhance equity and accessibility, including coordinated entry;

126.24 (3) streamline and simplify eligibility criteria, paperwork, and funding distribution; and

126.25 (4) accelerate the transition of individuals from homelessness to sustainable long-term
126.26 solutions.

126.27 Subd. 4. **Compensation.** Notwithstanding Minnesota Statutes, section 15.059, subdivision
126.28 3, members of the working group shall not be compensated, except for the member with
126.29 lived experience of homelessness.

127.1 Subd. 5. **Meetings; facilitation.** (a) The commissioner of human services may contract
127.2 with a third-party vendor to facilitate the working group and convene the first meeting by
127.3 January 15, 2025.

127.4 (b) The working group must meet at regular intervals as often as necessary to fulfill the
127.5 duties under subdivision 3.

127.6 (c) Meetings of the working group are subject to the Minnesota Open Meeting Law
127.7 under Minnesota Statutes, chapter 13D.

127.8 Subd. 6. **Consultation.** The working group must consult with other individuals and
127.9 organizations that have expertise and experience in providing supportive services that may
127.10 assist the working group in fulfilling its responsibilities, including entities engaging in
127.11 additional external stakeholder input from those with lived experience of homelessness and
127.12 administrators of state-funded supportive housing not included on the working group.

127.13 Subd. 7. **Report required.** The working group shall submit a final report by January
127.14 15, 2026, to the chairs and ranking minority members of the legislative committees with
127.15 jurisdiction over housing and homelessness finance and policy detailing the recommendations
127.16 to streamline access, eligibility, and administration of state-funded supportive housing
127.17 resources for people experiencing homelessness. The report shall include draft legislation
127.18 required to implement the proposed legislation.

127.19 Subd. 8. **Expiration.** The working group expires January 15, 2026, whichever is later.

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

127.21 Sec. 6. **DIRECTION TO THE MINNESOTA INTERAGENCY COUNCIL ON**
127.22 **HOMELESSNESS; HOMELESSNESS DATA REPORTING.**

127.23 (a) By January 15 of each year, the Minnesota Interagency Council on Homelessness,
127.24 in consultation with the commissioner of human services and other relevant state agencies,
127.25 must report to the chairs and ranking minority members of the legislative committees with
127.26 jurisdiction over homelessness policy and finance key trends and other relevant summary
127.27 data on the state of homelessness in Minnesota, including but not limited to:

127.28 (1) the number of people experiencing homelessness, including the sheltered and
127.29 unsheltered populations;

127.30 (2) the demographic composition of people experiencing homelessness;

127.31 (3) information on the intersection between homelessness and other relevant factors,
127.32 including but not limited to mental health and substance use disorder;

128.1 (4) the change in the number and subpopulations of people experiencing homelessness
 128.2 from year to year; and

128.3 (5) any other relevant data on homelessness trends and outcomes in Minnesota.

128.4 (b) The Minnesota Interagency Council on Homelessness may use publicly available
 128.5 data from the United States Department of Housing and Urban Development's annual
 128.6 Point-In-Time Count, the Homeless Management Information System, and other relevant
 128.7 sources for the information collected and reported under paragraph (a). The information
 128.8 must also be available on the Minnesota Interagency Council on Homelessness's website.

128.9 **Sec. 7. REVISOR INSTRUCTION.**

128.10 The revisor of statutes shall renumber each section of Minnesota Statutes listed in column
 128.11 A with the number listed in column B. The revisor shall also make necessary cross-reference
 128.12 changes consistent with the renumbering:

	<u>Column A</u>	<u>Column B</u>
128.13	<u>256E.33</u>	<u>256K.48</u>
128.14	<u>256E.36</u>	<u>256K.49</u>

128.16 **ARTICLE 8**
 128.17 **APPROPRIATIONS**

128.18 **Section 1. HUMAN SERVICES APPROPRIATION.**

128.19 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
 128.20 shown in parentheses, are subtracted from the appropriations in Laws 2023, chapter 70,
 128.21 article 20, and chapter 61, article 9, from the general fund or any fund named for the purposes
 128.22 specified in this article, to be available for the fiscal years indicated for each purpose. The
 128.23 figures "2024" and "2025" used in this article mean that the appropriations listed under them
 128.24 are available for the fiscal years ending June 30, 2024, or June 30, 2025, respectively. "The
 128.25 first year" is fiscal year 2024. "The second year" is fiscal year 2025. "The biennium" is
 128.26 fiscal years 2024 and 2025.

	<u>APPROPRIATIONS</u>	
128.27	<u>Available for the Year</u>	
128.28	<u>Ending June 30</u>	
128.29	<u>2024</u>	<u>2025</u>
128.30		

128.31 **Sec. 2. COMMISSIONER OF HUMAN**
 128.32 **SERVICES**

129.1	<u>Subdivision 1. Total General Fund</u>		
129.2	<u>Appropriation</u>	<u>\$ (7,107,000)</u>	<u>\$ 53,502,000</u>
129.3	<u>The amounts that may be spent for each</u>		
129.4	<u>purpose are specified in the following</u>		
129.5	<u>subdivisions.</u>		
129.6	<u>Subd. 2. Central Office; Operations</u>	<u>(3,030,000)</u>	<u>2,609,000</u>
129.7	<u>(a) Feasibility Study of Department of</u>		
129.8	<u>Human Services Background Studies</u>		
129.9	<u>Fingerprinting and Process Reform.</u>		
129.10	<u>\$500,000 in fiscal year 2025 is for a feasibility</u>		
129.11	<u>study of the Department of Human Services</u>		
129.12	<u>becoming an FBI-approved fingerprinting</u>		
129.13	<u>channeler, evaluating fingerprinting options,</u>		
129.14	<u>and identifying critical needs in the</u>		
129.15	<u>background study system. The commissioner</u>		
129.16	<u>shall contract with an independent contractor</u>		
129.17	<u>to complete the study and submit a report to</u>		
129.18	<u>the department. This is a onetime</u>		
129.19	<u>appropriation and is available until June 30,</u>		
129.20	<u>2026.</u>		
129.21	<u>(b) Carryforward Authority.</u>		
129.22	<u>Notwithstanding Minnesota Statutes, section</u>		
129.23	<u>16A.28, subdivision 3, \$504,000 in fiscal year</u>		
129.24	<u>2025 is available until June 30, 2027, and</u>		
129.25	<u>\$592,000 in fiscal year 2025 is available until</u>		
129.26	<u>June 30, 2027.</u>		
129.27	<u>(c) Base Level Adjustment. The general fund</u>		
129.28	<u>base is increased by \$373,000 in fiscal year</u>		
129.29	<u>2026 and each year thereafter.</u>		
129.30	<u>Subd. 3. Central Office; Health Care</u>	<u>-0-</u>	<u>2,568,000</u>
129.31	<u>(a) Study of Navigator Reimbursement.</u>		
129.32	<u>\$577,000 in fiscal year 2025 is for a contract</u>		
129.33	<u>and staffing related to navigator</u>		
129.34	<u>reimbursement. This is a onetime</u>		

130.1 appropriation and is available until June 30,
 130.2 2026.

130.3 **(b) Base Level Adjustment.** The general fund
 130.4 base is increased by \$726,000 in fiscal year
 130.5 2026 and increased by \$730,000 in fiscal year
 130.6 2027.

130.7 **(c) Health-Related Social Needs 1115**
 130.8 **Waiver.** \$1,043,000 is for a contract and
 130.9 staffing related to developing an 1115 waiver
 130.10 related to nutrition supports as a covered
 130.11 service under medical assistance. This is a
 130.12 onetime appropriation.

130.13	<u>Subd. 4. Central Office; Aging and Disability</u>		
130.14	<u>Services</u>	(1,281,000)	4,577,000

130.15 **(a) Tribal vulnerable Adult And**
 130.16 **Developmental Disabilities Targeted Case**
 130.17 **Management Medical Assistance Benefit.**
 130.18 \$666,000 in fiscal year 2025 is for the
 130.19 development of a Tribal vulnerable adult and
 130.20 developmental disabilities targeted case
 130.21 management medical assistance benefit under
 130.22 Minnesota Statutes, section 256B.0924. This
 130.23 is a onetime appropriation and is available
 130.24 until June 30, 2027.

130.25 **(b) Disability Services Person-Centered**
 130.26 **Engagement and Navigation Study.**
 130.27 \$600,000 in fiscal year 2025 is for the
 130.28 disability services person-centered engagement
 130.29 and navigation study. This is a onetime
 130.30 appropriation and is available until June 30,
 130.31 2026.

130.32 **(c) Own Home Services Provider**
 130.33 **Capacity-Building Grants Administration.**
 130.34 \$200,000 in fiscal year 2025 is for a contract

131.1 related to own home services provider
 131.2 capacity-building grants. This is a onetime
 131.3 appropriation.

131.4 **(d) Pediatric Hospital-to-Home Transition**
 131.5 **Pilot Program Administration. \$200,000 in**
 131.6 **fiscal year 2025 is for a contract related to the**
 131.7 **pediatric hospital-to-home transition pilot**
 131.8 **program. This is a onetime appropriation and**
 131.9 **is available until June 30, 2027.**

131.10 **(e) Carryforward Authority.**
 131.11 **Notwithstanding Minnesota Statutes, section**
 131.12 **16A.28, subdivision 3, \$1,281,000 in fiscal**
 131.13 **year 2025 is available until June 30, 2027.**

131.14 **Subd. 5. Central Office; Behavioral Health,**
 131.15 **Housing, and Deaf and Hard of Hearing**
 131.16 **Services**

131.17 **(a) Personal Care Assistance in Hospitals.**
 131.18 **\$504,000 in fiscal year 2025 is for the policy**
 131.19 **development of providing personal care**
 131.20 **assistance in hospital settings. This is a**
 131.21 **onetime appropriation and is available until**
 131.22 **June 30, 2026.**

131.23 **(b) Medical Assistance Reentry**
 131.24 **Demonstration. \$600,000 in fiscal year 2025**
 131.25 **is for engagement with people with lived**
 131.26 **experience, families, and community partners**
 131.27 **on the development and implementation of**
 131.28 **the medical assistance reentry demonstration**
 131.29 **benefit under Minnesota Statutes, section**
 131.30 **256B.0761. This is a onetime appropriation**
 131.31 **and is available until June 30, 2027.**

131.32 **(c) Working Group on Simplifying Housing**
 131.33 **Support Resources. \$434,000 in fiscal year**
 131.34 **2025 is for administration of a working group**
 131.35 **to streamline access, eligibility, and**

-0-

3,981,000

132.1 administration of state-funded supportive
 132.2 housing resources for people experiencing
 132.3 homelessness. This is a onetime appropriation
 132.4 and is available until June 30, 2026.

132.5 (d) **Base Level Adjustment.** The general fund
 132.6 base is increased by \$2,876,000 in fiscal year
 132.7 2026 and each year thereafter.

132.8 Subd. 6. **Forecasted Programs; Medical**
 132.9 **Assistance** -0- 3,290,000

132.10 Subd. 7. **Forecasted Programs; Alternative Care** -0- 48,000

132.11 Subd. 8. **Grant Programs; Refugee Services**
 132.12 **Grants** -0- 1,656,000

132.13 **Human Services Response Contingency**
 132.14 **Account.** \$1,656,000 in fiscal year 2025 is for
 132.15 the human services response contingency
 132.16 account under Minnesota Statutes, section
 132.17 256.044. This is a onetime appropriation.

132.18 Subd. 9. **Grant Programs; Health Care Grants** -0- 1,000,000

132.19 **County Correctional Facility Mental Health**
 132.20 **Medication Pilot Program.** \$1,000,000 in
 132.21 fiscal year 2025 is for the county correctional
 132.22 facility mental health medication pilot
 132.23 program. This is a onetime appropriation and
 132.24 is available until June 30, 2026.

132.25 Subd. 10. **Grant Programs; Other Long-Term**
 132.26 **Care Grants** -0- 10,185,000

132.27 (a) **Long-Term Services and Supports Loan**
 132.28 **Program.** \$7,685,000 is for the long-term
 132.29 services and supports loan program. This is a
 132.30 onetime appropriation.

132.31 (b) **Provider Capacity Grant for Rural and**
 132.32 **Underserved Communities.** \$2,500,000 in
 132.33 fiscal year 2025 is for provider capacity grants
 132.34 for rural and underserved communities. This

133.1 is a onetime appropriation and is available
133.2 until June 30, 2027.

133.3 (1) Of this amount, \$575,000 is for a
133.4 competitive grant to a nonprofit organization
133.5 with experience serving the West African
133.6 immigrant community for a health awareness
133.7 hub pilot project. The pilot project must seek
133.8 to address health care education and the
133.9 physical and mental wellness needs of elderly
133.10 individuals within the African immigrant
133.11 community by offering culturally relevant
133.12 support, resources, and preventive care
133.13 education from medical practitioners who have
133.14 a similar background and by making
133.15 appropriate referrals to culturally competent
133.16 programs, supports, and medical care. Within
133.17 six months of the conclusion of the pilot
133.18 project, the grantee must provide the
133.19 commissioner with an evaluation of the project
133.20 as determined by the commissioner.

133.21 (2) Of this amount, \$450,000 is for a
133.22 competitive grant to a nonprofit organization
133.23 to support minority providers licensed under
133.24 Minnesota Statutes, chapter 245D, as intensive
133.25 support services providers to build skills and
133.26 the infrastructure needed to increase the
133.27 quality of services provided to the people they
133.28 serve while complying with the requirements
133.29 of Minnesota Statutes, chapter 245D, and to
133.30 enable the providers to accept clients with high
133.31 behavioral needs.

133.32 (3) Of this amount, \$250,000 is for a grant to
133.33 a nonprofit organization to conduct a culturally
133.34 specific outreach and education campaign
133.35 toward existing customized living providers

134.1 that might more appropriately serve their
 134.2 clients under a different home and
 134.3 community-based services program or license.

134.4 **Subd. 11. Grant Programs; Disabilities Grants** 8,900,000 5,183,000

134.5 **(a) Dakota County Disability Services**
 134.6 **Workforce Shortage Pilot Project.**
 134.7 \$1,000,000 in fiscal year 2025 is for a grant
 134.8 to Dakota County for innovative solutions to
 134.9 the disability workforce shortage. The grant
 134.10 must be used: (1) to develop and test an online
 134.11 application for matching requests for services
 134.12 from people with disabilities to available staff;
 134.13 and (2) to develop a communities-for-all
 134.14 program that engages businesses, community
 134.15 organizations, neighbors, and informal support
 134.16 systems to promote community inclusion of
 134.17 people with disabilities. By October 1, 2026,
 134.18 the commissioner shall report the outcomes
 134.19 and recommendations of these pilot projects
 134.20 to the chairs and ranking minority members
 134.21 of the legislative committees with jurisdiction
 134.22 over human services finance and policy. This
 134.23 is a onetime appropriation.

134.24 **(b) Working Group on Simplifying**
 134.25 **Supportive Housing Resources.** \$400,000 in
 134.26 fiscal year 2025 is for the working group on
 134.27 simplifying supportive housing resources. This
 134.28 is a onetime appropriation and is available
 134.29 until June 30, 2026.

134.30 **(c) Own Home Services Provider**
 134.31 **Capacity-Building Grants.** \$1,332,000 in
 134.32 fiscal year 2025 is for the own home services
 134.33 provider capacity-building grant program. This
 134.34 is a onetime appropriation.

135.1 (d) Pediatric Hospital-to-Home Transition
 135.2 Pilot Program. \$1,040,000 in fiscal year 2025
 135.3 is for the pediatric hospital-to-home transition
 135.4 pilot program. This is a onetime appropriation
 135.5 and is available until June 30, 2027.

135.6 (e) Base Level Adjustment. The general fund
 135.7 base is increased by \$1,811,000 in fiscal year
 135.8 2026 and each year thereafter.

135.9 <u>Subd. 12. Grant Programs; Adult Mental Health</u>		
135.10 <u>Grants</u>	<u>(11,696,000)</u>	<u>5,520,000</u>

135.11 (a) Medical Assistance Reentry
 135.12 Demonstration Grants. \$2,500,000 in fiscal
 135.13 year 2025 is for capacity building and
 135.14 implementation grants for the medical
 135.15 assistance reentry demonstration under
 135.16 Minnesota Statutes, section 256B.0761.
 135.17 Money appropriated in fiscal year 2025 is
 135.18 available until June 30, 2027. The base for this
 135.19 appropriation is \$77,000 in fiscal year 2026
 135.20 and each year thereafter.

135.21 (b) Locked Intensive Residential Treatment
 135.22 Services. \$1,000,000 in fiscal year 2025 is for
 135.23 start-up funds to intensive residential treatment
 135.24 services providers to provide treatment in
 135.25 locked facilities for patients meeting medical
 135.26 necessity criteria and when a judge has
 135.27 determined that the patient needs to be in a
 135.28 secure facility due to the severity of their
 135.29 mental illness and the risk of harming others.
 135.30 This is a onetime appropriation and is
 135.31 available until June 30, 2027.

135.32 (c) Engagement Services Pilot Grants.
 135.33 \$1,500,000 in fiscal year 2025 is for
 135.34 engagement services pilot grants. This is a

136.1 onetime appropriation and is available until
 136.2 June 30, 2026.

136.3 **(d) Mental Health Innovation Grant**
 136.4 **Program.** \$2,331,000 in fiscal year 2025 is
 136.5 for the mental health innovation grant program
 136.6 under Minnesota Statutes, section 245.4662.
 136.7 This is a onetime appropriation and is
 136.8 available until June 30, 2026.

136.9 **(e) Base Level Adjustment.** The general fund
 136.10 base is decreased by \$1,657,000 in fiscal year
 136.11 2026 and \$1,811,000 in fiscal year 2027.

136.12 **Subd. 13. Grant Programs; Child Mental Health**
 136.13 **Grants**

-0-

500,000

136.14 **(a) Youth Peer Recovery Support Services**
 136.15 **Pilot Project.** \$500,000 in fiscal year 2025 is
 136.16 for a grant to Hennepin County to conduct a
 136.17 two-year pilot project to provide peer recovery
 136.18 support services under Minnesota Statutes,
 136.19 section 245G.07, subdivision 2, clause (8), to
 136.20 youth between 13 and 18 years of age. The
 136.21 pilot project must be conducted in partnership
 136.22 with a community organization that provides
 136.23 culturally specific peer recovery support
 136.24 services to East African individuals and that
 136.25 is working to expand peer recovery support
 136.26 services for youth in Hennepin County. At the
 136.27 conclusion of the pilot project, Hennepin
 136.28 County must submit a report to the chairs and
 136.29 ranking minority members of the legislative
 136.30 committees with jurisdiction over health and
 136.31 human services detailing the implementation,
 136.32 operation, and outcomes of the pilot project
 136.33 and providing recommendations on expanding
 136.34 youth peer recovery support services
 136.35 statewide.

137.1 (b) This appropriation is from the opioid
 137.2 emergency response fund settlement account
 137.3 and is a onetime appropriation.

137.4 **Subd. 14. Direct Care and Treatment - Mental**
 137.5 **Health and Substance Abuse** -0- 977,000

137.6 **Base Level Adjustment.** The general fund
 137.7 base is increased by \$977,000 in fiscal year
 137.8 2026 and each year thereafter.

137.9 **Subd. 15. Direct Care and Treatment - Forensic**
 137.10 **Services** -0- 7,182,000

137.11 **Base Level Adjustment.** The general fund
 137.12 base is increased by \$6,612,000 in fiscal year
 137.13 2026 and each year thereafter.

137.14 **Subd. 16. Direct Care and Treatment -**
 137.15 **Operations** -0- 4,726,000

137.16 **(a) Direct Care and Treatment Capacity;**
 137.17 **Miller Building.** \$1,796,000 in fiscal year
 137.18 2025 is to design a replacement facility for the
 137.19 Miller Building on the Anoka Metro Regional
 137.20 Treatment Center campus. This is a onetime
 137.21 appropriation and is available until June 30,
 137.22 2026.

137.23 **(b) Direct Care and Treatment County**
 137.24 **Correctional Facility Support Pilot**
 137.25 **Program.** \$2,387,000 in fiscal year 2025 is
 137.26 to establish a two-year county correctional
 137.27 facility support pilot program. The pilot
 137.28 program must: (1) provide education and
 137.29 support to counties and county correctional
 137.30 facilities on protocols and best practices for
 137.31 the provision of involuntary medications for
 137.32 mental health treatment; (2) provide technical
 137.33 assistance to expand access to injectable
 137.34 psychotropic medications in county
 137.35 correctional facilities; and (3) survey county

138.1 correctional facilities and their contracted
 138.2 medical providers on their capacity to provide
 138.3 injectable psychotropic medications, including
 138.4 involuntary administration of medications,
 138.5 and barriers to providing these services. This
 138.6 is a onetime appropriation and is available
 138.7 until June 30, 2026.

138.8 **(c) Advisory Committee for Direct Care**
 138.9 **and Treatment.** \$482,000 in fiscal year 2025
 138.10 is for the administration of an advisory
 138.11 committee for the operation of Direct Care
 138.12 and Treatment under Minnesota Statutes,
 138.13 section 246C.07, subdivision 7. This is a
 138.14 onetime appropriation and is available until
 138.15 June 30, 2028.

138.16 **(d) Base Level Adjustment.** The general fund
 138.17 base is increased by \$31,000 in fiscal year
 138.18 2026 and \$0 in fiscal year 2027.

138.19 Sec. 3. **DEPARTMENT OF CORRECTIONS** **\$** **0** **\$** **1,649,000**

138.20 **Medical Assistance Reentry Demonstration.**
 138.21 \$1,649,000 in fiscal year 2025 is from the
 138.22 general fund for planning and implementation
 138.23 of the medical assistance reentry
 138.24 demonstration. The base for this appropriation
 138.25 is \$1,924,000 in fiscal year 2026 and
 138.26 \$2,364,000 in fiscal year 2027.

138.27 Sec. 4. Minnesota Statutes 2023 Supplement, section 256R.55, subdivision 9, is amended
 138.28 to read:

138.29 Subd. 9. **Carryforward.** Notwithstanding section 16A.28, subdivision 3, any
 138.30 appropriation for the purposes under this section ~~carries forward and does not lapse until~~
 138.31 ~~the close of the fiscal year in which this section expires~~ is available until June 30, 2029.

139.1 Sec. 5. Laws 2023, chapter 61, article 4, section 11, the effective date, is amended to read:

139.2 **EFFECTIVE DATE.** This section is effective January 1, ~~2024~~ 2026, or upon federal
 139.3 approval, whichever is later. The commissioner shall notify the revisor of statutes when
 139.4 federal approval is obtained.

139.5 Sec. 6. Laws 2023, chapter 61, article 9, section 2, subdivision 5, is amended to read:

139.6	Subd. 5. Central Office; Aging and Disability		
139.7	Services	40,115,000	11,995,000

139.8 **(a) Employment Supports Alignment Study.**
 139.9 \$50,000 in fiscal year 2024 and \$200,000 in
 139.10 fiscal year 2025 are to conduct an interagency
 139.11 employment supports alignment study. The
 139.12 base for this appropriation is \$150,000 in fiscal
 139.13 year 2026 and \$100,000 in fiscal year 2027.

139.14 **(b) Case Management Training**
Curriculum. \$377,000 in fiscal year 2024 and
 139.16 \$377,000 in fiscal year 2025 are to develop
 139.17 and implement a curriculum and training plan
 139.18 to ensure all lead agency assessors and case
 139.19 managers have the knowledge and skills
 139.20 necessary to fulfill support planning and
 139.21 coordination responsibilities for individuals
 139.22 who use home and community-based disability
 139.23 services and live in own-home settings. This
 139.24 is a onetime appropriation.

139.25 **(c) Office of Ombudsperson for Long-Term**
Care. \$875,000 in fiscal year 2024 and
 139.27 \$875,000 in fiscal year 2025 are for additional
 139.28 staff and associated direct costs in the Office
 139.29 of Ombudsperson for Long-Term Care.

139.30 **(d) Direct Care Services Corps Pilot Project.**
 139.31 \$500,000 in fiscal year 2024 is from the
 139.32 general fund for a grant to the Metropolitan
 139.33 Center for Independent Living for the direct
 139.34 care services corps pilot project. Up to \$25,000

140.1 may be used by the Metropolitan Center for
 140.2 Independent Living for administrative costs.
 140.3 This is a onetime appropriation.

140.4 **(e) Research on Access to Long-Term Care**
 140.5 **Services and Financing.** Any unexpended
 140.6 amount of the fiscal year 2023 appropriation
 140.7 referenced in Laws 2021, First Special Session
 140.8 chapter 7, article 17, section 16, estimated to
 140.9 be \$300,000, is canceled. The amount canceled
 140.10 is appropriated in fiscal year 2024 for the same
 140.11 purpose.

140.12 **(f) Native American Elder Coordinator.**
 140.13 \$441,000 in fiscal year 2024 and \$441,000 in
 140.14 fiscal year 2025 are for the Native American
 140.15 elder coordinator position under Minnesota
 140.16 Statutes, section 256.975, subdivision 6.

140.17 **(g) Grant Administration Carryforward.**
 140.18 (1) Of this amount, ~~\$8,154,000~~ \$9,501,000 in
 140.19 fiscal year 2024 is available until June 30,
 140.20 2027.

140.21 (2) Of this amount, \$1,071,000 in fiscal year
 140.22 2025 is available until June 30, 2027.

140.23 (3) Of this amount, \$19,000,000 in fiscal year
 140.24 2024 is available until June 30, 2029.

140.25 **(h) Base Level Adjustment.** The general fund
 140.26 base is increased by \$8,189,000 in fiscal year
 140.27 2026 and increased by \$8,093,000 in fiscal
 140.28 year 2027.

140.29 Sec. 7. Laws 2023, chapter 61, article 9, section 2, subdivision 16, as amended by Laws
 140.30 2023, chapter 70, article 15, section 8, is amended to read:

140.31 Subd. 16. Grant Programs; Disabilities Grants	113,684,000	30,377,000
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- 141.1 **(a) Temporary Grants for Small**
141.2 **Customized Living Providers.** \$5,450,000
141.3 in fiscal year 2024 is for grants to assist small
141.4 customized living providers to transition to
141.5 community residential services licensure or
141.6 integrated community supports licensure.
141.7 Notwithstanding Minnesota Statutes, section
141.8 16A.28, this appropriation is available until
141.9 June 30, 2027. This is a onetime appropriation.
- 141.10 **(b) Lead Agency Capacity Building Grants.**
141.11 \$444,000 in fiscal year 2024 and \$2,396,000
141.12 in fiscal year 2025 are for grants to assist
141.13 organizations, counties, and Tribes to build
141.14 capacity for employment opportunities for
141.15 people with disabilities. The base for this
141.16 appropriation is \$2,413,000 in fiscal year 2026
141.17 and \$2,411,000 in fiscal year 2027.
- 141.18 **(c) Employment and Technical Assistance**
141.19 **Center Grants.** \$450,000 in fiscal year 2024
141.20 and \$1,800,000 in fiscal year 2025 are for
141.21 employment and technical assistance grants
141.22 to assist organizations and employers in
141.23 promoting a more inclusive workplace for
141.24 people with disabilities.
- 141.25 **(d) Case Management Training Grants.**
141.26 \$37,000 in fiscal year 2024 and \$123,000 in
141.27 fiscal year 2025 are for grants to provide case
141.28 management training to organizations and
141.29 employers to support the state's disability
141.30 employment supports system. The base for
141.31 this appropriation is \$45,000 in fiscal year
141.32 2026 and \$45,000 in fiscal year 2027.
- 141.33 **(e) Self-Directed Bargaining Agreement;**
141.34 **Electronic Visit Verification Stipends.**
141.35 \$6,095,000 in fiscal year 2024 is for onetime

142.1 stipends of \$200 to bargaining members to
142.2 offset the potential costs related to people
142.3 using individual devices to access the
142.4 electronic visit verification system. Of this
142.5 amount, \$5,600,000 is for stipends and
142.6 \$495,000 is for administration. This is a
142.7 onetime appropriation and is available until
142.8 June 30, 2025.

142.9 **(f) Self-Directed Collective Bargaining**
142.10 **Agreement; Temporary Rate Increase**
142.11 **Memorandum of Understanding.** \$1,600,000
142.12 in fiscal year 2024 is for onetime stipends for
142.13 individual providers covered by the SEIU
142.14 collective bargaining agreement based on the
142.15 memorandum of understanding related to the
142.16 temporary rate increase in effect between
142.17 December 1, 2020, and February 7, 2021. Of
142.18 this amount, \$1,400,000 of the appropriation
142.19 is for stipends and \$200,000 is for
142.20 administration. This is a onetime
142.21 appropriation.

142.22 **(g) Self-Directed Collective Bargaining**
142.23 **Agreement; Retention Bonuses.** \$50,750,000
142.24 in fiscal year 2024 is for onetime retention
142.25 bonuses covered by the SEIU collective
142.26 bargaining agreement. Of this amount,
142.27 \$50,000,000 is for retention bonuses and
142.28 \$750,000 is for administration of the bonuses.
142.29 This is a onetime appropriation and is
142.30 available until June 30, 2025.

142.31 **(h) Self-Directed Bargaining Agreement;**
142.32 **Training Stipends.** \$2,100,000 in fiscal year
142.33 2024 and \$100,000 in fiscal year 2025 are for
142.34 onetime stipends of \$500 for collective
142.35 bargaining unit members who complete

143.1 designated, voluntary trainings made available
143.2 through or recommended by the State Provider
143.3 Cooperation Committee. Of this amount,
143.4 \$2,000,000 in fiscal year 2024 is for stipends,
143.5 and \$100,000 in fiscal year 2024 and \$100,000
143.6 in fiscal year 2025 are for administration. This
143.7 is a onetime appropriation.

143.8 **(i) Self-Directed Bargaining Agreement;**
143.9 **Orientation Program.** \$2,000,000 in fiscal
143.10 year 2024 and \$2,000,000 in fiscal year 2025
143.11 are for onetime \$100 payments to collective
143.12 bargaining unit members who complete
143.13 voluntary orientation requirements. Of this
143.14 amount, \$1,500,000 in fiscal year 2024 and
143.15 \$1,500,000 in fiscal year 2025 are for the
143.16 onetime \$100 payments, and \$500,000 in
143.17 fiscal year 2024 and \$500,000 in fiscal year
143.18 2025 are for orientation-related costs. This is
143.19 a onetime appropriation.

143.20 **(j) Self-Directed Bargaining Agreement;**
143.21 **Home Care Orientation Trust.** \$1,000,000
143.22 in fiscal year 2024 is for the Home Care
143.23 Orientation Trust under Minnesota Statutes,
143.24 section 179A.54, subdivision 11. The
143.25 commissioner shall disburse the appropriation
143.26 to the board of trustees of the Home Care
143.27 Orientation Trust for deposit into an account
143.28 designated by the board of trustees outside the
143.29 state treasury and state's accounting system.
143.30 This is a onetime appropriation and is
143.31 available until June 30, 2025.

143.32 **(k) HIV/AIDS Supportive Services.**
143.33 \$12,100,000 in fiscal year 2024 is for grants
143.34 to community-based HIV/AIDS supportive
143.35 services providers as defined in Minnesota

144.1 Statutes, section 256.01, subdivision 19, and
144.2 for payment of allowed health care costs as
144.3 defined in Minnesota Statutes, section
144.4 256.9365. This is a onetime appropriation and
144.5 is available until June 30, 2025.

144.6 **(l) Motion Analysis Advancements Clinical**
144.7 **Study and Patient Care.** \$400,000 is fiscal
144.8 year 2024 is for a grant to the Mayo Clinic
144.9 Motion Analysis Laboratory and Limb Lab
144.10 for continued research in motion analysis
144.11 advancements and patient care. This is a
144.12 onetime appropriation and is available through
144.13 June 30, 2025.

144.14 **(m) Grant to Family Voices in Minnesota.**
144.15 \$75,000 in fiscal year 2024 and \$75,000 in
144.16 fiscal year 2025 are for a grant to Family
144.17 Voices in Minnesota under Minnesota
144.18 Statutes, section 256.4776.

144.19 **(n) Parent-to-Parent Programs.**
144.20 (1) \$550,000 in fiscal year 2024 and \$550,000
144.21 in fiscal year 2025 are for grants to
144.22 organizations that provide services to
144.23 underserved communities with a high
144.24 prevalence of autism spectrum disorder. This
144.25 is a onetime appropriation and is available
144.26 until June 30, 2025.

144.27 (2) The commissioner shall give priority to
144.28 organizations that provide culturally specific
144.29 and culturally responsive services.

144.30 (3) Eligible organizations must:
144.31 (i) conduct outreach and provide support to
144.32 newly identified parents or guardians of a child
144.33 with special health care needs;

145.1 (ii) provide training to educate parents and
145.2 guardians in ways to support their child and
145.3 navigate the health, education, and human
145.4 services systems;

145.5 (iii) facilitate ongoing peer support for parents
145.6 and guardians from trained volunteer support
145.7 parents; and

145.8 (iv) communicate regularly with other
145.9 parent-to-parent programs and national
145.10 organizations to ensure that best practices are
145.11 implemented.

145.12 (4) Grant recipients must use grant money for
145.13 the activities identified in clause (3).

145.14 (5) For purposes of this paragraph, "special
145.15 health care needs" means disabilities, chronic
145.16 illnesses or conditions, health-related
145.17 educational or behavioral problems, or the risk
145.18 of developing disabilities, illnesses, conditions,
145.19 or problems.

145.20 (6) Each grant recipient must report to the
145.21 commissioner of human services annually by
145.22 January 15 with measurable outcomes from
145.23 programs and services funded by this
145.24 appropriation the previous year including the
145.25 number of families served and the number of
145.26 volunteer support parents trained by the
145.27 organization's parent-to-parent program.

145.28 (o) **Self-Advocacy Grants for Persons with**
145.29 **Intellectual and Developmental Disabilities.**
145.30 \$323,000 in fiscal year 2024 and \$323,000 in
145.31 fiscal year 2025 are for self-advocacy grants
145.32 under Minnesota Statutes, section 256.477.
145.33 This is a onetime appropriation. Of these
145.34 amounts, \$218,000 in fiscal year 2024 and

146.1 \$218,000 in fiscal year 2025 are for the
146.2 activities under Minnesota Statutes, section
146.3 256.477, subdivision 1, paragraph (a), clauses
146.4 (5) to (7), and for administrative costs, and
146.5 \$105,000 in fiscal year 2024 and \$105,000 in
146.6 fiscal year 2025 are for the activities under
146.7 Minnesota Statutes, section 256.477,
146.8 subdivision 2.

146.9 **(p) Technology for Home Grants.** \$300,000
146.10 in fiscal year 2024 and \$300,000 in fiscal year
146.11 2025 are for technology for home grants under
146.12 Minnesota Statutes, section 256.4773.

146.13 **(q) Community Residential Setting**
146.14 **Transition.** \$500,000 in fiscal year 2024 is
146.15 for a grant to Hennepin County to expedite
146.16 approval of community residential setting
146.17 licenses subject to the corporate foster care
146.18 moratorium exception under Minnesota
146.19 Statutes, section 245A.03, subdivision 7,
146.20 paragraph (a), clause (5).

146.21 **(r) Base Level Adjustment.** The general fund
146.22 base is \$27,343,000 in fiscal year 2026 and
146.23 \$27,016,000 in fiscal year 2027.

146.24 **Sec. 8. REIMBURSEMENT TO BELTRAMI COUNTY FOR CERTAIN COST OF**
146.25 **CARE PAYMENTS.**

146.26 (a) This act includes \$336,680 for both reimbursement of prior payments by Beltrami
146.27 County and the forgiveness of existing Beltrami County debt, either of which is attributable
146.28 to the cost of care provided between July 1, 2022, and June 30, 2023, under either:

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

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

147.5 (b) This appropriation is available until June 30, 2025.

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

147.7 **Sec. 9. REVIVAL AND REENACTMENT.**

147.8 Minnesota Statutes 2022, section 256B.051, subdivision 7, is revived and reenacted
147.9 effective retroactively from August 1, 2023. Any time frames within or dependent on the
147.10 subdivision are based on the original effective date in Laws 2017, First Special Session
147.11 chapter 6, article 2, section 10.

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

147.13 **Sec. 10. APPROPRIATIONS GIVEN EFFECT ONCE.**

147.14 If an appropriation or transfer in this article is enacted more than once during the 2024
147.15 legislative session, the appropriation or transfer must be given effect once.

147.16 **Sec. 11. EXPIRATION OF UNCODIFIED LANGUAGE.**

147.17 All uncodified language contained in this article expires on June 30, 2025, unless a
147.18 different expiration date is explicit.

147.19 **Sec. 12. REPEALER.**

147.20 Laws 2023, chapter 25, section 190, subdivision 10, is repealed.

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

147.22 **Sec. 13. EFFECTIVE DATE.**

147.23 This article is effective July 1, 2024, unless a different effective date is specified.

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.

256.043 OPIATE EPIDEMIC RESPONSE FUND.

Subd. 4. **Settlement; sunset.** (a) If the state receives a total sum of \$250,000,000: (1) as a result of a settlement agreement or an assurance of discontinuance entered into by the attorney general of the state or resulting from a court order in litigation brought by the attorney general of the state on behalf of the state or a state agency, related to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this state, or other alleged illegal actions that contributed to the excessive use of opioids; (2) from the fees collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are deposited into the opiate epidemic response fund established in this section; or (3) from a combination of both, the fees specified in section 151.065, subdivisions 1, clause (16), and 3, clause (14), shall be reduced to \$5,260, and the opiate registration fee in section 151.066, subdivision 3, shall be repealed. For purposes of this paragraph, any money received as a result of a settlement agreement specified in this paragraph and directly allocated or distributed and received by either the state or a municipality as defined in section 466.01, subdivision 1, shall be counted toward determining when the \$250,000,000 is reached.

(b) The commissioner of management and budget shall inform the Board of Pharmacy, the governor, and the legislature when the amount specified in paragraph (a) has been reached. The board shall apply the reduced license fee for the next licensure period.

(c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065, subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur before July 1, 2031.

256S.205 CUSTOMIZED LIVING SERVICES; DISPROPORTIONATE SHARE RATE ADJUSTMENTS.

Subd. 4. **Designation as a disproportionate share facility.** (a) By October 15 of each application year, the commissioner must designate as a disproportionate share facility a facility that complies with the application requirements of subdivision 2 and meets the eligibility criteria of subdivision 3.

(b) An annual designation is effective for one rate year.

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Laws 2023, chapter 25, section 190, subdivision 10

Sec. 190. **REPEALER.**

Subd. 10. **Obsolete subdivision.** Minnesota Statutes 2022, section 256B.051, subdivision 7, is repealed.