

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

**S.F. No. 5335**

(SENATE AUTHORS: HOFFMAN)

DATE	D-PG	OFFICIAL STATUS
04/04/2024	13380	Introduction and first reading Referred to Human Services
04/24/2024	14471a	Comm report: To pass as amended and re-refer to Finance
04/29/2024	15545a	Comm report: To pass as amended
	15557	Second reading
04/30/2024	15586a	Special Order: Amended
	15592	Third reading Passed
05/07/2024	16435	Returned from House with amendment
	16436	Senate not concur, conference committee of 3 requested
	16517	Senate conferees Hoffman; Fateh; Abeler
05/09/2024	16520	House conferees Noor; Bahner; Franson
05/19/2024	18373c	Conference committee report, delete everything
	18541	Senate adopted CC report and repassed bill
	18542	Third reading
		Presentment date 05/22/24
		Governor's action Approval 05/24/24
		Secretary of State Chapter 125 05/24/24
		Effective date Various dates

- 1.1 A bill for an act
- 1.2 relating to human services; 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, task forces, and working groups; requiring studies and reports;
- 1.7 providing for rulemaking; appropriating money; amending Minnesota Statutes
- 1.8 2022, sections 13.46, subdivisions 1, as amended, 10, as amended; 144G.41,
- 1.9 subdivision 1, by adding subdivisions; 144G.63, subdivisions 1, 4; 144G.64;
- 1.10 145.61, subdivision 5; 151.065, subdivision 7; 245.821, subdivision 1; 245.825,
- 1.11 subdivision 1; 245A.11, subdivision 2a; 245I.23, subdivision 19a; 246.018,
- 1.12 subdivision 3, as amended; 246.129, as amended; 246.13, subdivision 2, as
- 1.13 amended; 246.234, as amended; 246.36, as amended; 246.511, as amended; 252.27,
- 1.14 subdivision 2b; 252.282, subdivision 1, by adding a subdivision; 254B.01, by
- 1.15 adding subdivisions; 256.88; 256.89; 256.90; 256.91; 256.92; 256.9755,
- 1.16 subdivisions 2, 3; 256B.02, subdivision 11; 256B.076, by adding a subdivision;
- 1.17 256B.0911, subdivisions 12, 17, 20; 256B.0913, subdivision 5a; 256B.0924,
- 1.18 subdivision 3; 256B.434, by adding a subdivision; 256B.49, subdivision 16, by
- 1.19 adding a subdivision; 256B.4911, by adding subdivisions; 256B.4912, subdivision
- 1.20 1; 256B.69, subdivision 4; 256B.77, subdivision 7a; 256S.07, subdivision 1;
- 1.21 256S.205, subdivisions 2, 3, 5, by adding a subdivision; 447.42, subdivision 1;
- 1.22 604A.04, subdivision 3; Minnesota Statutes 2023 Supplement, sections 10.65,
- 1.23 subdivision 2; 13.46, subdivision 2, as amended; 15.01; 15.06, subdivision 1, as
- 1.24 amended; 15A.0815, subdivision 2; 15A.082, subdivisions 1, 3, 7; 43A.08,
- 1.25 subdivisions 1, 1a; 245.91, subdivision 4; 245A.03, subdivision 7, as amended;
- 1.26 245G.07, subdivision 2; 245I.04, subdivision 19; 246.54, subdivisions 1a, 1b;
- 1.27 246C.01; 246C.02, as amended; 246C.04, as amended; 246C.05, as amended;
- 1.28 253B.10, subdivision 1, as amended; 254B.05, subdivisions 1, 5, as amended;
- 1.29 254B.19, subdivision 1; 256.043, subdivision 3; 256.4764, subdivision 3; 256.9756,
- 1.30 subdivisions 1, 2; 256B.0622, subdivision 8; 256B.0911, subdivision 13;
- 1.31 256B.0913, subdivision 5, as amended; 256B.092, subdivision 1a; 256B.0949,
- 1.32 subdivision 15; 256B.49, subdivision 13; 256B.766; 256R.55; 270B.14, subdivision
- 1.33 1; Laws 2021, First Special Session chapter 7, article 13, section 68; article 17,
- 1.34 section 19, as amended; Laws 2023, chapter 53, article 21, sections 6; 7; Laws
- 1.35 2023, chapter 61, article 1, sections 60, subdivisions 1, 2; 67, subdivision 3; article
- 1.36 4, section 11; article 8, sections 1; 2; 3; 8; article 9, section 2, subdivisions 5, 14,
- 1.37 16, as amended, 18; Laws 2023, chapter 70, article 20, section 2, subdivision 29;
- 1.38 Laws 2024, chapter 79, article 1, sections 18; 23; 24; 25, subdivision 3; article 10,

2.1 sections 1; 6; proposing coding for new law in Minnesota Statutes, chapters 144G;  
 2.2 246C; 254B; 256; 256B; 256S; repealing Minnesota Statutes 2022, sections 246.41;  
 2.3 252.27, subdivisions 1a, 2, 3, 4a, 5, 6; 253C.01; 256.043, subdivision 4; 256B.0916,  
 2.4 subdivision 10; Minnesota Statutes 2023 Supplement, sections 246C.03; 252.27,  
 2.5 subdivision 2a; Laws 2023, chapter 25, section 190, subdivision 10; Laws 2024,  
 2.6 chapter 79, article 4, section 1, subdivision 3.

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

2.8 **ARTICLE 1**

2.9 **DISABILITY SERVICES**

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

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

2.14 (1) according to section 13.05;

2.15 (2) according to court order;

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

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

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

2.26 (6) to administer federal funds or programs;

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

2.28 (8) to the Department of Revenue to ~~assess parental contribution amounts for purposes~~  
 2.29 ~~of section 252.27, subdivision 2a~~, administer and evaluate tax refund or tax credit programs  
 2.30 and to identify individuals who may benefit from these programs, and prepare the databases  
 2.31 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section  
 2.32 6. The following information may be disclosed under this paragraph: an individual's and  
 2.33 their dependent's names, dates of birth, Social Security or individual taxpayer identification  
 2.34 numbers, income, addresses, and other data as required, upon request by the Department

3.1 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human  
3.2 services for the purposes described in this clause are governed by section 270B.14,  
3.3 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent  
3.4 care credit under section 290.067, the Minnesota working family credit under section  
3.5 290.0671, the property tax refund under section 290A.04, and the Minnesota education  
3.6 credit under section 290.0674;

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

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

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

3.14 (iii) to monitor and evaluate the Minnesota family investment program or the child care  
3.15 assistance program by exchanging data on recipients and former recipients of Supplemental  
3.16 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,  
3.17 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter  
3.18 256B or 256L; and

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

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

3.29 (11) data maintained by residential programs as defined in section 245A.02 may be  
3.30 disclosed to the protection and advocacy system established in this state according to Part  
3.31 C of Public Law 98-527 to protect the legal and human rights of persons with developmental  
3.32 disabilities or other related conditions who live in residential facilities for these persons if  
3.33 the protection and advocacy system receives a complaint by or on behalf of that person and

4.1 the person does not have a legal guardian or the state or a designee of the state is the legal  
4.2 guardian of the person;

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

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

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

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

4.15 (i) the participant:

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

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

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

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

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

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

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

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

5.3 (i) the member:

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

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

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

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

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

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

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

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

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

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

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

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

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

6.13 (27) to monitor and evaluate the Minnesota family investment program by exchanging  
6.14 data between the Departments of Human Services; Children, Youth, and Families; and  
6.15 Education, on recipients and former recipients of SNAP benefits, cash assistance under  
6.16 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical  
6.17 programs under chapter 256B or 256L, or a medical program formerly codified under chapter  
6.18 256D;

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

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

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

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

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

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

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

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

7.12 (ii) to provide for reimbursement of special transportation service provided under section  
 7.13 473.386.

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

7.17 (b) Information on persons who have been treated for substance use disorder may only  
 7.18 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections  
 7.19 2.1 to 2.67.

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

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

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

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

7.29 Subdivision 1. **Notice required.** Notwithstanding any law to the contrary, no private or  
 7.30 public facility for the treatment, housing, or counseling of more than five persons with  
 7.31 mental illness, physical disability, developmental disability, ~~as defined in section 252.27,~~  
 7.32 ~~subdivision 1a,~~ substance use disorder, or another form of dependency, nor any correctional

8.1 facility for more than five persons, shall be established without 30 days' written notice to  
8.2 the affected municipality or other political subdivision.

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

8.4 Subdivision 1. **Rules governing aversive and deprivation procedures.** The  
8.5 commissioner of human services shall by October, 1983, promulgate rules governing the  
8.6 use of aversive and deprivation procedures in all licensed facilities and licensed services  
8.7 serving persons with developmental disabilities, ~~as defined in section 252.27, subdivision~~  
8.8 ~~1a.~~ No provision of these rules shall encourage or require the use of aversive and deprivation  
8.9 procedures. The rules shall prohibit: (1) the application of certain aversive and deprivation  
8.10 procedures in facilities except as authorized and monitored by the commissioner; (2) the  
8.11 use of aversive and deprivation procedures that restrict the consumers' normal access to  
8.12 nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene  
8.13 facilities, normal sleeping conditions, and necessary clothing; and (3) the use of faradic  
8.14 shock without a court order. The rule shall further specify that consumers may not be denied  
8.15 ordinary access to legal counsel and next of kin. In addition, the rule may specify other  
8.16 prohibited practices and the specific conditions under which permitted practices are to be  
8.17 carried out. For any persons receiving faradic shock, a plan to reduce and eliminate the use  
8.18 of faradic shock shall be in effect upon implementation of the procedure.

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

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



9.1 local county board. The determination by the commissioner is final and not subject to appeal.

9.2 Exceptions to the moratorium include:

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

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

9.9 (3) new foster care licenses or community residential setting licenses determined to be  
9.10 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,  
9.11 or regional treatment center; restructuring of state-operated services that limits the capacity  
9.12 of state-operated facilities; or allowing movement to the community for people who no  
9.13 longer require the level of care provided in state-operated facilities as provided under section  
9.14 256B.092, subdivision 13, or 256B.49, subdivision 24; ~~or~~

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

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

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

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

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

10.5 (e) A resource need determination process, managed at the state level, using the available  
10.6 data required by section 144A.351, and other data and information shall be used to determine  
10.7 where the reduced capacity determined under section 256B.493 will be implemented. The  
10.8 commissioner shall consult with the stakeholders described in section 144A.351, and employ  
10.9 a variety of methods to improve the state's capacity to meet the informed decisions of those  
10.10 people who want to move out of corporate foster care or community residential settings,  
10.11 long-term service needs within budgetary limits, including seeking proposals from service  
10.12 providers or lead agencies to change service type, capacity, or location to improve services,  
10.13 increase the independence of residents, and better meet needs identified by the long-term  
10.14 services and supports reports and statewide data and information.

10.15 (f) At the time of application and reapplication for licensure, the applicant and the license  
10.16 holder that are subject to the moratorium or an exclusion established in paragraph (a) are  
10.17 required to inform the commissioner whether the physical location where the foster care  
10.18 will be provided is or will be the primary residence of the license holder for the entire period  
10.19 of licensure. If the primary residence of the applicant or license holder changes, the applicant  
10.20 or license holder must notify the commissioner immediately. The commissioner shall print  
10.21 on the foster care license certificate whether or not the physical location is the primary  
10.22 residence of the license holder.

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

10.29 (h) The commissioner may adjust capacity to address needs identified in section  
10.30 144A.351. Under this authority, the commissioner may approve new licensed settings or  
10.31 delicense existing settings. Delicensing of settings will be accomplished through a process  
10.32 identified in section 256B.493.

10.33 (i) The commissioner must notify a license holder when its corporate foster care or  
10.34 community residential setting licensed beds are reduced under this section. The notice of

11.1 reduction of licensed beds must be in writing and delivered to the license holder by certified  
11.2 mail or personal service. The notice must state why the licensed beds are reduced and must  
11.3 inform the license holder of its right to request reconsideration by the commissioner. The  
11.4 license holder's request for reconsideration must be in writing. If mailed, the request for  
11.5 reconsideration must be postmarked and sent to the commissioner within 20 calendar days  
11.6 after the license holder's receipt of the notice of reduction of licensed beds. If a request for  
11.7 reconsideration is made by personal service, it must be received by the commissioner within  
11.8 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

11.9 (j) The commissioner shall not issue an initial license for children's residential treatment  
11.10 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter  
11.11 for a program that Centers for Medicare and Medicaid Services would consider an institution  
11.12 for mental diseases. Facilities that serve only private pay clients are exempt from the  
11.13 moratorium described in this paragraph. The commissioner has the authority to manage  
11.14 existing statewide capacity for children's residential treatment services subject to the  
11.15 moratorium under this paragraph and may issue an initial license for such facilities if the  
11.16 initial license would not increase the statewide capacity for children's residential treatment  
11.17 services subject to the moratorium under this paragraph.

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

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

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

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

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

11.32 (d) The commissioner may grant variances to paragraph (a) to allow the use of an  
11.33 additional bed, up to six, for emergency crisis services for a person with serious and persistent

12.1 mental illness or a developmental disability, regardless of age, if the variance complies with  
12.2 section 245A.04, subdivision 9, and approval of the variance is recommended by the county  
12.3 in which the licensed facility is located.

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

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

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

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

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

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

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

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

- 13.1 (i) individualized plan of care;
- 13.2 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or
- 13.3 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,
- 13.4 subpart 19, if required;
- 13.5 (3) the license holder obtains written and signed informed consent from each resident
- 13.6 or resident's legal representative documenting the resident's informed choice to remain
- 13.7 living in the home and that the resident's refusal to consent would not have resulted in
- 13.8 service termination; and
- 13.9 (4) the facility was licensed for adult foster care before March 1, 2016.
- 13.10 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)
- 13.11 after December 31, 2020. The commissioner shall allow a facility with an adult foster care
- 13.12 license issued under paragraph (f) before December 31, 2020, to continue with a capacity
- 13.13 of five adults if the license holder continues to comply with the requirements in paragraph
- 13.14 (f).
- 13.15 (h) The commissioner may issue an adult foster care or community residential setting
- 13.16 license with a capacity of five or six adults to facilities meeting the criteria in section
- 13.17 245A.03, subdivision 7, paragraph (a), clause (5), and grant variances to paragraph (b) to
- 13.18 allow the facility to admit an individual under the age of 55 if the variance complies with
- 13.19 section 245A.04, subdivision 9, and approval of the variance is recommended by the county
- 13.20 in which the licensed facility is located.
- 13.21 ~~(h)~~(i) Notwithstanding Minnesota Rules, part 9520.0500, adult foster care and community
- 13.22 residential setting licenses with a capacity of up to six adults as allowed under this subdivision
- 13.23 are not required to be licensed as an adult mental health residential program according to
- 13.24 Minnesota Rules, parts 9520.0500 to 9520.0670.

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

13.26 Sec. 6. Minnesota Statutes 2022, section 246.511, as amended by Laws 2024, chapter 79,

13.27 article 2, section 39, is amended to read:

13.28 **246.511 RELATIVE RESPONSIBILITY.**

13.29 Except for substance use disorder services paid for with money provided under chapter

13.30 254B, the executive board must not require under section 246.51 a client's relatives to pay

13.31 more than the following: (1) for services provided in a community-based service, the

13.32 noncovered cost of care as determined under the ability to pay determination; and (2) for

14.1 services provided at a regional treatment center operated by state-operated services, 20  
 14.2 percent of the cost of care, unless the relatives reside outside the state. ~~The executive board~~  
 14.3 ~~must determine the responsibility of parents of children in state facilities to pay according~~  
 14.4 ~~to section 252.27, subdivision 2, or in rules adopted under chapter 254B if the cost of care~~  
 14.5 ~~is paid under chapter 254B.~~ The executive board may accept voluntary payments in excess  
 14.6 of 20 percent. The executive board may require full payment of the full per capita cost of  
 14.7 care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do  
 14.8 not reside in Minnesota.

14.9 Sec. 7. Minnesota Statutes 2022, section 252.27, subdivision 2b, is amended to read:

14.10 Subd. 2b. ~~Child's responsibility~~ **Parental or guardian reimbursement to counties.** (a)  
 14.11 Parental or guardian responsibility of ~~for the child for the~~ child's cost of care incurred by  
 14.12 counties shall be up to the maximum amount of the total income and resources attributed  
 14.13 to the child except for the clothing and personal needs allowance as provided in section  
 14.14 256B.35, subdivision 1. Reimbursement by the parents ~~and child~~ or guardians shall be made  
 14.15 to the county making any payments for services.

14.16 (b) Notwithstanding paragraph (a), the county board may require payment of the full  
 14.17 cost of caring for children whose parents or guardians do not reside in this state.

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

14.20 Sec. 8. Minnesota Statutes 2022, section 252.282, subdivision 1, is amended to read:

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

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

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

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

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

15.7 (1) closure;

15.8 (2) relocation of services;

15.9 (3) downsizing; or

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

15.12 Sec. 9. Minnesota Statutes 2022, section 252.282, is amended by adding a subdivision to  
 15.13 read:

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

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

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

15.20 Sec. 10. Minnesota Statutes 2023 Supplement, section 256.4764, subdivision 3, is amended  
 15.21 to read:

15.22 **Subd. 3. Allowable uses of grant money.** (a) Grantees must use grant money to provide  
 15.23 payments to eligible workers for the following purposes:

15.24 (1) retention, recruitment, and incentive payments;

15.25 (2) postsecondary loan and tuition payments;

15.26 (3) child care costs;

15.27 (4) transportation-related costs;

15.28 (5) personal care assistant background study costs; and

16.1 (6) other costs associated with retaining and recruiting workers, as approved by the  
16.2 commissioner.

16.3 (b) Eligible workers may receive cumulative payments up to \$1,000 per calendar year  
16.4 from the workforce incentive grant account and all other state money intended for the same  
16.5 purpose. Workers are not eligible for payments under this section if they received payments  
16.6 under section 256.4766.

16.7 (c) The commissioner must develop a grant cycle distribution plan that allows for  
16.8 equitable distribution of money among eligible employers. The commissioner's determination  
16.9 of the grant awards and amounts is final and is not subject to appeal.

16.10 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2023.

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

16.12 Subd. 11. **Related condition.** "Related condition" means ~~that condition defined in section~~  
16.13 ~~252.27, subdivision 1a~~ a condition:

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

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

16.18 (i) is severe and chronic;

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

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

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

16.24 (v) is likely to continue indefinitely;

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

16.27 (A) self-care;

16.28 (B) understanding and use of language;

16.29 (C) learning;

16.30 (D) mobility;



17.1 (E) self-direction; or

17.2 (F) capacity for independent living; and

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

17.7 Sec. 12. Minnesota Statutes 2022, section 256B.076, is amended by adding a subdivision  
 17.8 to read:

17.9 Subd. 4. **Case management provided under contract.** If a county agency provides  
 17.10 case management under contracts with other individuals or agencies and the county agency  
 17.11 utilizes a competitive proposal process for the procurement of contracted case management  
 17.12 services, the competitive proposal process must include evaluation criteria to ensure that  
 17.13 the county maintains a culturally responsive program for case management services adequate  
 17.14 to meet the needs of the population of the county. For the purposes of this section, "culturally  
 17.15 responsive program" means a case management services program that:

17.16 (1) ensures effective, equitable, comprehensive, and respectful quality care services that  
 17.17 are responsive to individuals within a specific population's values, beliefs, practices, health  
 17.18 literacy, preferred language, and other communication needs; and

17.19 (2) is designed to address the unique needs of individuals who share a common language  
 17.20 or racial, ethnic, or social background.

17.21 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to  
 17.22 procurement processes that commence on or after that date.

17.23 Sec. 13. Minnesota Statutes 2022, section 256B.0911, subdivision 12, is amended to read:

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

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

18.1 Sec. 14. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is  
18.2 amended to read:

18.3 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The  
18.4 commissioner shall develop and implement a curriculum and an assessor certification  
18.5 process.

18.6 (b) MnCHOICES certified assessors must:

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

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

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

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

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

18.17 Sec. 15. Minnesota Statutes 2022, section 256B.0911, subdivision 17, is amended to read:

18.18 Subd. 17. **MnCHOICES assessments.** (a) A person requesting long-term care  
18.19 consultation services must be visited by a long-term care consultation team within 20  
18.20 ~~calendar~~ working days after the date on which an assessment was requested or recommended.  
18.21 Assessments must be conducted according to this subdivision and subdivisions 19 to 21,  
18.22 23, 24, and 29 to 31.

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

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

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

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

19.3 Sec. 16. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

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

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

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

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

19.22 Sec. 17. Minnesota Statutes 2023 Supplement, section 256B.092, subdivision 1a, is  
 19.23 amended to read:

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

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

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

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

- 20.1 (3) consulting with relevant medical experts or service providers;
- 20.2 (4) assisting the person in the identification of potential providers of chosen services,
- 20.3 including:
- 20.4 (i) providers of services provided in a non-disability-specific setting;
- 20.5 (ii) employment service providers;
- 20.6 (iii) providers of services provided in settings that are not controlled by a provider; and
- 20.7 (iv) providers of financial management services;
- 20.8 (5) assisting the person to access services and assisting in appeals under section 256.045;
- 20.9 (6) coordination of services, if coordination is not provided by another service provider;
- 20.10 (7) evaluation and monitoring of the services identified in the support plan, which must
- 20.11 incorporate at least one annual face-to-face visit by the case manager with each person; and
- 20.12 (8) reviewing support plans and providing the lead agency with recommendations for
- 20.13 service authorization based upon the individual's needs identified in the support plan.
- 20.14 (c) Case management service activities that are provided to the person with a
- 20.15 developmental disability shall be provided directly by county agencies or under contract.
- 20.16 If a county agency contracts for case management services, the county agency must provide
- 20.17 each recipient of home and community-based services who is receiving contracted case
- 20.18 management services with the contact information the recipient may use to file a grievance
- 20.19 with the county agency about the quality of the contracted services the recipient is receiving
- 20.20 from a county-contracted case manager. If a county agency provides case management
- 20.21 under contracts with other individuals or agencies and the county agency utilizes a
- 20.22 competitive proposal process for the procurement of contracted case management services,
- 20.23 the competitive proposal process must include evaluation criteria to ensure that the county
- 20.24 maintains a culturally responsive program for case management services adequate to meet
- 20.25 the needs of the population of the county. For the purposes of this section, "culturally
- 20.26 responsive program" means a case management services program that: (1) ensures effective,
- 20.27 equitable, comprehensive, and respectful quality care services that are responsive to
- 20.28 individuals within a specific population's values, beliefs, practices, health literacy, preferred
- 20.29 language, and other communication needs; and (2) is designed to address the unique needs
- 20.30 of individuals who share a common language or racial, ethnic, or social background.
- 20.31 (d) Case management services must be provided by a public or private agency that is
- 20.32 enrolled as a medical assistance provider determined by the commissioner to meet all of

21.1 the requirements in the approved federal waiver plans. Case management services must not  
21.2 be provided to a recipient by a private agency that has a financial interest in the provision  
21.3 of any other services included in the recipient's support plan. For purposes of this section,  
21.4 "private agency" means any agency that is not identified as a lead agency under section  
21.5 256B.0911, subdivision 10.

21.6 ~~(d)~~ (e) Case managers are responsible for service provisions listed in paragraphs (a) and  
21.7 (b). Case managers shall collaborate with consumers, families, legal representatives, and  
21.8 relevant medical experts and service providers in the development and annual review of the  
21.9 person-centered support plan and habilitation plan.

21.10 ~~(e)~~ (f) For persons who need a positive support transition plan as required in chapter  
21.11 245D, the case manager shall participate in the development and ongoing evaluation of the  
21.12 plan with the expanded support team. At least quarterly, the case manager, in consultation  
21.13 with the expanded support team, shall evaluate the effectiveness of the plan based on progress  
21.14 evaluation data submitted by the licensed provider to the case manager. The evaluation must  
21.15 identify whether the plan has been developed and implemented in a manner to achieve the  
21.16 following within the required timelines:

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

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

21.20 (3) accomplishment of identified outcomes.

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

21.24 ~~(f)~~ (g) The Department of Human Services shall offer ongoing education in case  
21.25 management to case managers. Case managers shall receive no less than 20 hours of case  
21.26 management education and disability-related training each year. The education and training  
21.27 must include person-centered planning, informed choice, cultural competency, employment  
21.28 planning, community living planning, self-direction options, and use of technology supports.  
21.29 By August 1, 2024, all case managers must complete an employment support training course  
21.30 identified by the commissioner of human services. For case managers hired after August  
21.31 1, 2024, this training must be completed within the first six months of providing case  
21.32 management services. For the purposes of this section, "person-centered planning" or  
21.33 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case  
21.34 managers must document completion of training in a system identified by the commissioner.

22.1 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to  
 22.2 procurement processes that commence on or after that date.

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

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

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

22.7 (1) be age 18 or older;

22.8 (2) be receiving medical assistance;

22.9 (3) have significant functional limitations; and

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

22.12 (b) The person must be a vulnerable adult in need of adult protection as defined in section  
 22.13 626.5572, or is an adult with a developmental disability as defined in section 252A.02,  
 22.14 subdivision 2, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02,  
 22.15 subdivision 11, and is not receiving home and community-based waiver services, or is an  
 22.16 adult who lacks a permanent residence and who has been without a permanent residence  
 22.17 for at least one year or on at least four occasions in the last three years.

22.18 Sec. 19. Minnesota Statutes 2023 Supplement, section 256B.0949, subdivision 15, is  
 22.19 amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24.6 (2) a person who has:

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

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

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

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

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

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

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

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

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

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

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



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

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

25.5 Sec. 20. Minnesota Statutes 2023 Supplement, section 256B.49, subdivision 13, is amended  
25.6 to read:

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

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

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

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

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

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

25.18 (iii) employment service providers;

25.19 (iv) providers of services provided in settings that are not community residential settings;

25.20 and

25.21 (v) providers of financial management services;

25.22 (4) assisting the recipient to access services and assisting with appeals under section  
25.23 256.045; and

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

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

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

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

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

26.4 (c) Case management services must be provided by a public or private agency that is  
26.5 enrolled as a medical assistance provider determined by the commissioner to meet all of  
26.6 the requirements in the approved federal waiver plans. If a county agency provides case  
26.7 management under contracts with other individuals or agencies and the county agency  
26.8 utilizes a competitive proposal process for the procurement of contracted case management  
26.9 services, the competitive proposal process must include evaluation criteria to ensure that  
26.10 the county maintains a culturally responsive program for case management services adequate  
26.11 to meet the needs of the population of the county. For the purposes of this section, "culturally  
26.12 responsive program" means a case management services program that: (1) ensures effective,  
26.13 equitable, comprehensive, and respectful quality care services that are responsive to  
26.14 individuals within a specific population's values, beliefs, practices, health literacy, preferred  
26.15 language, and other communication needs; and (2) is designed to address the unique needs  
26.16 of individuals who share a common language or racial, ethnic, or social background.

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

26.21 ~~(d)~~ (e) For persons who need a positive support transition plan as required in chapter  
26.22 245D, the case manager shall participate in the development and ongoing evaluation of the  
26.23 plan with the expanded support team. At least quarterly, the case manager, in consultation  
26.24 with the expanded support team, shall evaluate the effectiveness of the plan based on progress  
26.25 evaluation data submitted by the licensed provider to the case manager. The evaluation must  
26.26 identify whether the plan has been developed and implemented in a manner to achieve the  
26.27 following within the required timelines:

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

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

26.31 (3) accomplishment of identified outcomes.

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

27.4 ~~(e)~~ (f) The Department of Human Services shall offer ongoing education in case  
 27.5 management to case managers. Case managers shall receive no less than 20 hours of case  
 27.6 management education and disability-related training each year. The education and training  
 27.7 must include person-centered planning, informed choice, cultural competency, employment  
 27.8 planning, community living planning, self-direction options, and use of technology supports.  
 27.9 By August 1, 2024, all case managers must complete an employment support training course  
 27.10 identified by the commissioner of human services. For case managers hired after August  
 27.11 1, 2024, this training must be completed within the first six months of providing case  
 27.12 management services. For the purposes of this section, "person-centered planning" or  
 27.13 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case  
 27.14 managers shall document completion of training in a system identified by the commissioner.

27.15 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to  
 27.16 procurement processes that commence on or after that date.

27.17 Sec. 21. Minnesota Statutes 2022, section 256B.49, subdivision 16, is amended to read:

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

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

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

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

27.31 ~~(e) A transitional supports allowance must be available to all persons under a home and~~  
 27.32 ~~community-based waiver who are moving from a licensed setting to a community setting.~~  
 27.33 ~~"Transitional supports allowance" means a onetime payment of up to \$3,000, to cover the~~

28.1 ~~costs, not covered by other sources, associated with moving from a licensed setting to a~~  
 28.2 ~~community setting. Covered costs include:~~

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

28.4 ~~(2) security deposits;~~

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

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

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

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

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

28.16 Sec. 22. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision  
 28.17 to read:

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

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

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

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

29.1 Sec. 23. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision  
29.2 to read:

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

29.10 Sec. 24. Minnesota Statutes 2022, section 256B.4912, subdivision 1, is amended to read:

29.11 Subdivision 1. **Provider qualifications.** (a) For the home and community-based waivers  
29.12 providing services to seniors and individuals with disabilities under chapter 256S and  
29.13 sections 256B.0913, 256B.092, and 256B.49, the commissioner shall establish:

29.14 (1) agreements with enrolled waiver service providers to ensure providers meet Minnesota  
29.15 health care program requirements;

29.16 (2) regular reviews of provider qualifications, and including requests of proof of  
29.17 documentation; and

29.18 (3) processes to gather the necessary information to determine provider qualifications.

29.19 (b) A provider shall not require or coerce any service recipient to change waiver programs  
29.20 or move to a different location, consistent with the informed choice and independent living  
29.21 policies under section 256B.4905, subdivisions 1a, 2a, 3a, 7, and 8.

29.22 ~~(b)~~ (c) Beginning July 1, 2012, staff that provide direct contact, as defined in section  
29.23 245C.02, subdivision 11, for services specified in the federally approved waiver plans must  
29.24 meet the requirements of chapter 245C prior to providing waiver services and as part of  
29.25 ongoing enrollment. Upon federal approval, this requirement must also apply to  
29.26 consumer-directed community supports.

29.27 ~~(c)~~ (d) Beginning January 1, 2014, service owners and managerial officials overseeing  
29.28 the management or policies of services that provide direct contact as specified in the federally  
29.29 approved waiver plans must meet the requirements of chapter 245C prior to reenrollment  
29.30 or revalidation or, for new providers, prior to initial enrollment if they have not already  
29.31 done so as a part of service licensure requirements.

30.1 Sec. 25. Minnesota Statutes 2023 Supplement, section 256B.766, is amended to read:

30.2 **256B.766 REIMBURSEMENT FOR BASIC CARE SERVICES.**

30.3 (a) Effective for services provided on or after July 1, 2009, total payments for basic care  
30.4 services, shall be reduced by three percent, except that for the period July 1, 2009, through  
30.5 June 30, 2011, total payments shall be reduced by 4.5 percent for the medical assistance  
30.6 and general assistance medical care programs, prior to third-party liability and spenddown  
30.7 calculation. Effective July 1, 2010, the commissioner shall classify physical therapy services,  
30.8 occupational therapy services, and speech-language pathology and related services as basic  
30.9 care services. The reduction in this paragraph shall apply to physical therapy services,  
30.10 occupational therapy services, and speech-language pathology and related services provided  
30.11 on or after July 1, 2010.

30.12 (b) Payments made to managed care plans and county-based purchasing plans shall be  
30.13 reduced for services provided on or after October 1, 2009, to reflect the reduction effective  
30.14 July 1, 2009, and payments made to the plans shall be reduced effective October 1, 2010,  
30.15 to reflect the reduction effective July 1, 2010.

30.16 (c) Effective for services provided on or after September 1, 2011, through June 30, 2013,  
30.17 total payments for outpatient hospital facility fees shall be reduced by five percent from the  
30.18 rates in effect on August 31, 2011.

30.19 (d) Effective for services provided on or after September 1, 2011, through June 30, 2013,  
30.20 total payments for ambulatory surgery centers facility fees, medical supplies and durable  
30.21 medical equipment not subject to a volume purchase contract, prosthetics and orthotics,  
30.22 renal dialysis services, laboratory services, public health nursing services, physical therapy  
30.23 services, occupational therapy services, speech therapy services, eyeglasses not subject to  
30.24 a volume purchase contract, hearing aids not subject to a volume purchase contract, and  
30.25 anesthesia services shall be reduced by three percent from the rates in effect on August 31,  
30.26 2011.

30.27 (e) Effective for services provided on or after September 1, 2014, payments for  
30.28 ambulatory surgery centers facility fees, hospice services, renal dialysis services, laboratory  
30.29 services, public health nursing services, eyeglasses not subject to a volume purchase contract,  
30.30 and hearing aids not subject to a volume purchase contract shall be increased by three percent  
30.31 and payments for outpatient hospital facility fees shall be increased by three percent.  
30.32 Payments made to managed care plans and county-based purchasing plans shall not be  
30.33 adjusted to reflect payments under this paragraph.

31.1 (f) Payments for medical supplies and durable medical equipment not subject to a volume  
31.2 purchase contract, and prosthetics and orthotics, provided on or after July 1, 2014, through  
31.3 June 30, 2015, shall be decreased by .33 percent. Payments for medical supplies and durable  
31.4 medical equipment not subject to a volume purchase contract, and prosthetics and orthotics,  
31.5 provided on or after July 1, 2015, shall be increased by three percent from the rates as  
31.6 determined under paragraphs (i) and (j).

31.7 (g) Effective for services provided on or after July 1, 2015, payments for outpatient  
31.8 hospital facility fees, medical supplies and durable medical equipment not subject to a  
31.9 volume purchase contract, prosthetics, and orthotics to a hospital meeting the criteria specified  
31.10 in section 62Q.19, subdivision 1, paragraph (a), clause (4), shall be increased by 90 percent  
31.11 from the rates in effect on June 30, 2015. Payments made to managed care plans and  
31.12 county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

31.13 (h) This section does not apply to physician and professional services, inpatient hospital  
31.14 services, family planning services, mental health services, dental services, prescription  
31.15 drugs, medical transportation, federally qualified health centers, rural health centers, Indian  
31.16 health services, and Medicare cost-sharing.

31.17 (i) Effective for services provided on or after July 1, 2015, the following categories of  
31.18 medical supplies and durable medical equipment shall be individually priced items:  
31.19 customized and other specialized tracheostomy tubes and supplies, electric patient lifts, and  
31.20 durable medical equipment repair and service. This paragraph does not apply to medical  
31.21 supplies and durable medical equipment subject to a volume purchase contract, products  
31.22 subject to the preferred diabetic testing supply program, and items provided to dually eligible  
31.23 recipients when Medicare is the primary payer for the item. The commissioner shall not  
31.24 apply any medical assistance rate reductions to durable medical equipment as a result of  
31.25 Medicare competitive bidding.

31.26 (j) Effective for services provided on or after July 1, 2015, medical assistance payment  
31.27 rates for durable medical equipment, prosthetics, orthotics, or supplies shall be increased  
31.28 as follows:

31.29 (1) payment rates for durable medical equipment, prosthetics, orthotics, or supplies that  
31.30 were subject to the Medicare competitive bid that took effect in January of 2009 shall be  
31.31 increased by 9.5 percent; and

31.32 (2) payment rates for durable medical equipment, prosthetics, orthotics, or supplies on  
31.33 the medical assistance fee schedule, whether or not subject to the Medicare competitive bid

32.1 that took effect in January of 2009, shall be increased by 2.94 percent, with this increase  
32.2 being applied after calculation of any increased payment rate under clause (1).

32.3 This paragraph does not apply to medical supplies and durable medical equipment subject  
32.4 to a volume purchase contract, products subject to the preferred diabetic testing supply  
32.5 program, items provided to dually eligible recipients when Medicare is the primary payer  
32.6 for the item, and individually priced items identified in paragraph (i). Payments made to  
32.7 managed care plans and county-based purchasing plans shall not be adjusted to reflect the  
32.8 rate increases in this paragraph.

32.9 (k) Effective for nonpressure support ventilators provided on or after January 1, 2016,  
32.10 the rate shall be the lower of the submitted charge or the Medicare fee schedule rate. Effective  
32.11 for pressure support ventilators provided on or after January 1, 2016, the rate shall be the  
32.12 lower of the submitted charge or 47 percent above the Medicare fee schedule rate. For  
32.13 payments made in accordance with this paragraph, if, and to the extent that, the commissioner  
32.14 identifies that the state has received federal financial participation for ventilators in excess  
32.15 of the amount allowed effective January 1, 2018, under United States Code, title 42, section  
32.16 1396b(i)(27), the state shall repay the excess amount to the Centers for Medicare and  
32.17 Medicaid Services with state funds and maintain the full payment rate under this paragraph.

32.18 (l) Payment rates for durable medical equipment, prosthetics, orthotics or supplies, that  
32.19 are subject to the upper payment limit in accordance with section 1903(i)(27) of the Social  
32.20 Security Act, shall be paid the Medicare rate. Rate increases provided in this chapter shall  
32.21 not be applied to the items listed in this paragraph.

32.22 (m) For dates of service on or after July 1, 2023, through June 30, ~~2024~~ 2025, enteral  
32.23 nutrition and supplies must be paid according to this paragraph. If sufficient data exists for  
32.24 a product or supply, payment must be based upon the 50th percentile of the usual and  
32.25 customary charges per product code submitted to the commissioner, using only charges  
32.26 submitted per unit. Increases in rates resulting from the 50th percentile payment method  
32.27 must not exceed 150 percent of the previous fiscal year's rate per code and product  
32.28 combination. Data are sufficient if: (1) the commissioner has at least 100 paid claim lines  
32.29 by at least ten different providers for a given product or supply; or (2) in the absence of the  
32.30 data in clause (1), the commissioner has at least 20 claim lines by at least five different  
32.31 providers for a product or supply that does not meet the requirements of clause (1). If  
32.32 sufficient data are not available to calculate the 50th percentile for enteral products or  
32.33 supplies, the payment rate must be the payment rate in effect on June 30, 2023.



33.1 (n) For dates of service on or after July 1, ~~2024~~ 2025, enteral nutrition and supplies must  
33.2 be paid according to this paragraph and updated annually each January 1. If sufficient data  
33.3 exists for a product or supply, payment must be based upon the 50th percentile of the usual  
33.4 and customary charges per product code submitted to the commissioner for the previous  
33.5 calendar year, using only charges submitted per unit. Increases in rates resulting from the  
33.6 50th percentile payment method must not exceed 150 percent of the previous year's rate per  
33.7 code and product combination. Data are sufficient if: (1) the commissioner has at least 100  
33.8 paid claim lines by at least ten different providers for a given product or supply; or (2) in  
33.9 the absence of the data in clause (1), the commissioner has at least 20 claim lines by at least  
33.10 five different providers for a product or supply that does not meet the requirements of clause  
33.11 (1). If sufficient data are not available to calculate the 50th percentile for enteral products  
33.12 or supplies, the payment must be the manufacturer's suggested retail price of that product  
33.13 or supply minus 20 percent. If the manufacturer's suggested retail price is not available,  
33.14 payment must be the actual acquisition cost of that product or supply plus 20 percent.

33.15 Sec. 26. Minnesota Statutes 2022, section 256B.77, subdivision 7a, is amended to read:

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

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

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

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

33.24 (3) developmental disability, or being a person with a developmental disability as defined  
33.25 in section 252A.02, or a related condition as defined in section ~~252.27, subdivision 1a~~  
33.26 256B.02, subdivision 11.

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

33.29 (c) Eligible individuals include individuals in excluded time status, as defined in chapter  
33.30 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time  
33.31 status as long as they live in the demonstration site and shall be eligible for 90 days after  
33.32 placement outside the demonstration site if they move to excluded time status in a county  
33.33 within Minnesota other than their county of financial responsibility.

34.1 (d) A person who is a sexual psychopathic personality as defined in section 253D.02,  
 34.2 subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision  
 34.3 16, is excluded from enrollment in the demonstration project.

34.4 Sec. 27. Minnesota Statutes 2022, section 256S.07, subdivision 1, is amended to read:

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

34.9 (b) If a county agency provides case management under contracts with other individuals  
 34.10 or agencies and the county agency utilizes a competitive proposal process for the procurement  
 34.11 of contracted case management services, the competitive proposal process must include  
 34.12 evaluation criteria to ensure that the county maintains a culturally responsive program for  
 34.13 case management services adequate to meet the needs of the population of the county. For  
 34.14 the purposes of this section, "culturally responsive program" means a case management  
 34.15 services program that:

34.16 (1) ensures effective, equitable, comprehensive, and respectful quality care services that  
 34.17 are responsive to individuals within a specific population's values, beliefs, practices, health  
 34.18 literacy, preferred language, and other communication needs; and

34.19 (2) is designed to address the unique needs of individuals who share a common language  
 34.20 or racial, ethnic, or social background.

34.21 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to  
 34.22 procurement processes that commence on or after that date.

34.23 Sec. 28. Minnesota Statutes 2023 Supplement, section 270B.14, subdivision 1, is amended  
 34.24 to read:

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

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

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

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

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

35.13 (f) The commissioner may provide records and information collected under sections  
35.14 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid  
35.15 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law  
35.16 102-234. Upon the written agreement by the United States Department of Health and Human  
35.17 Services to maintain the confidentiality of the data, the commissioner may provide records  
35.18 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and  
35.19 Medicaid Services section of the United States Department of Health and Human Services  
35.20 for purposes of meeting federal reporting requirements.

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

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

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

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

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

36.15 Sec. 29. Minnesota Statutes 2022, section 447.42, subdivision 1, is amended to read:

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

36.21 Sec. 30. Laws 2021, First Special Session chapter 7, article 13, section 68, is amended to  
 36.22 read:

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

36.25 The commissioner of human services, in consultation with stakeholders, shall develop  
 36.26 a new covered state plan service under Minnesota Statutes, chapter 256B, or develop  
 36.27 modifications to existing covered state plan services, ~~that permits receipt of direct care~~  
 36.28 ~~services in an acute care hospital in a manner consistent with the requirements of~~ for people  
 36.29 eligible for home care services as identified in Minnesota Statutes, section 256B.0651, and  
 36.30 community first services and supports as identified in Minnesota Statutes, section 256B.85,  
 36.31 for the purposes of support during acute care hospital stays, as authorized under United  
 36.32 States Code, title 42, section 1396a(h). By ~~August 31, 2022~~ January 1, 2025, the  
 36.33 commissioner must provide to the chairs and ranking minority members of the house of

37.1 representatives and senate committees ~~and divisions~~ with jurisdiction over direct care services  
 37.2 any draft legislation as may be necessary to implement the new or modified covered state  
 37.3 plan service.

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

37.5 Sec. 31. Laws 2023, chapter 61, article 1, section 60, subdivision 1, is amended to read:

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

37.8 Sec. 32. Laws 2023, chapter 61, article 1, section 60, subdivision 2, is amended to read:

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

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

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

37.17 Sec. 33. **ASSISTIVE TECHNOLOGY LEAD AGENCY PARTNERSHIPS.**

37.18 (a) Lead agencies may establish partnerships with enrolled medical assistance providers  
 37.19 of home and community-based services under Minnesota Statutes, section 256B.0913,  
 37.20 256B.092, 256B.093, or 256B.49, or Minnesota Statutes, chapter 256S, to evaluate the  
 37.21 benefits of informed choice in accessing the following existing assistive technology home  
 37.22 and community-based waiver services:

37.23 (1) assistive technology;

37.24 (2) specialized equipment and supplies;

37.25 (3) environmental accessibility adaptations; and

37.26 (4) 24-hour emergency assistance.

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

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

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

38.8 Sec. 34. **DIRECTION TO COMMISSIONER; CONSUMER-DIRECTED**  
38.9 **COMMUNITY SUPPORTS.**

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

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

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

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

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

39.1 **Sec. 35. REIMBURSEMENT FOR COMMUNITY-FIRST SERVICES AND**  
 39.2 **SUPPORTS WORKERS REPORT.**

39.3 (a) The commissioner of human services must explore options to permit reimbursement  
 39.4 of community-first services and supports workers under Minnesota Statutes, sections 256B.85  
 39.5 and 256B.851, to provide:

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

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

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

39.13 (b) The commissioner must report recommendations to the chairs and ranking minority  
 39.14 members of the legislative committees with jurisdiction over human services policy and  
 39.15 finance by February 1, 2025.

39.16 **Sec. 36. DISABILITY HOME AND COMMUNITY-BASED SERVICES**  
 39.17 **REIMBURSEMENT IN ACUTE CARE HOSPITAL STAYS.**

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

39.23 (b) Reimbursed services must:

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

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

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

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

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

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

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

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

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

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

40.11 (3) have an average daily census of medical assistance and MinnesotaCare enrollees of  
40.12 20 percent or higher in the 12 months prior to application.

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

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

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

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

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

40.23 (5) other activities approved by the commissioner.

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

42.4 (1) one member of the house of representatives, appointed by the speaker of the house  
42.5 of representatives;

42.6 (2) one member of the house of representatives, appointed by the minority leader of the  
42.7 house of representatives;

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

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

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

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

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

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

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

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

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

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

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

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

- 43.1 (15) one employee acting as the Disability Systems Planner in the Center for Health  
 43.2 Equity at the Minnesota Department of Health, appointed by the commissioner of health;
- 43.3 (16) one member appointed by the Minnesota Indian Affairs Council;
- 43.4 (17) one member from the Commission of the Deaf, Deafblind, and Hard-of-Hearing,  
 43.5 appointed by the executive director of the commission;
- 43.6 (18) one member of the Council on Developmental Disabilities, appointed by the  
 43.7 executive director of the council;
- 43.8 (19) one employee from the Office of Ombudsman for Mental Health and Developmental  
 43.9 Disabilities, appointed by the ombudsman;
- 43.10 (20) one employee from the Office of Ombudsman for Long Term Care, appointed by  
 43.11 the ombudsman;
- 43.12 (21) one member appointed by the Minnesota Association of County Social Services  
 43.13 Administrators (MACSSA);
- 43.14 (22) one employee from the Olmstead Implementation Office, appointed by the director  
 43.15 of the office; and
- 43.16 (23) one member representing an organization dedicated to supported decision-making  
 43.17 alternatives to guardianship, appointed by the Minnesota Council on Disability.
- 43.18 (b) Appointees to the task force must be named by each appointing authority by June  
 43.19 30, 2025. Appointments made by an agency or commissioner may also be made by a  
 43.20 designee.
- 43.21 (c) The member from the Minnesota Council on Disability serves as chair of the task  
 43.22 force. The chair must designate a member to serve as secretary.
- 43.23 Subd. 2. **Meetings; administrative support.** The first meeting of the task force must  
 43.24 be convened by the chair no later than September 1, 2025, if an appropriation is made by  
 43.25 that date for the task force. The task force must meet at least quarterly. Meetings are subject  
 43.26 to Minnesota Statutes, chapter 13D. The task force may meet by telephone or interactive  
 43.27 technology consistent with Minnesota Statutes, section 13D.015. The Minnesota Council  
 43.28 on Disability shall provide meeting space and administrative and research support to the  
 43.29 task force.
- 43.30 Subd. 3. **Duties.** (a) The task force must make recommendations to address concerns  
 43.31 and gaps related to guardianships and less restrictive alternatives to guardianships in  
 43.32 Minnesota, including but not limited to:

- 44.1 (1) developing efforts to sustain and increase the number of qualified guardians;
- 44.2 (2) increasing compensation for in forma pauperis (IFP) guardians by studying current
- 44.3 funding streams to develop approaches to ensure that the funding streams are consistent
- 44.4 across the state and sufficient to serve the needs of persons subject to guardianship;
- 44.5 (3) securing ongoing funding for guardianships and less restrictive alternatives;
- 44.6 (4) establishing guardian certification or licensure;
- 44.7 (5) identifying standards of practice for guardians and options for providing education
- 44.8 to guardians on standards and less restrictive alternatives;
- 44.9 (6) securing ongoing funding for the guardian and conservator administrative complaint
- 44.10 process;
- 44.11 (7) identifying and understanding alternatives to guardianship whenever possible to meet
- 44.12 the needs of patients and the challenges of providers in the delivery of health care, behavioral
- 44.13 health care, and residential and home-based care services;
- 44.14 (8) expanding supported decision-making alternatives to guardianships and
- 44.15 conservatorships;
- 44.16 (9) reducing the removal of civil rights when appointing a guardian, including by ensuring
- 44.17 guardianship is only used as a last resort; and
- 44.18 (10) identifying ways to preserve and to maximize the civil rights of the person, including
- 44.19 due process considerations.
- 44.20 (b) The task force must seek input from the public, the judiciary, people subject to
- 44.21 guardianship, guardians, advocacy groups, and attorneys. The task force must hold hearings
- 44.22 to gather information to fulfill the purpose of the task force.
- 44.23 Subd. 4. **Compensation; expenses.** Members of the task force may receive compensation
- 44.24 and expense reimbursement as provided in Minnesota Statutes, section 15.059, subdivision
- 44.25 3.
- 44.26 Subd. 5. **Report; expiration.** The task force shall submit a report to the chairs and
- 44.27 ranking minority members of the legislative committees with jurisdiction over guardianship
- 44.28 issues no later than January 15, 2027. The report must describe any concerns about the
- 44.29 current guardianship system identified by the task force and recommend policy options to
- 44.30 address those concerns and to promote less restrictive alternatives to guardianship. The
- 44.31 report must include draft legislation to implement recommended policy.

45.1 Subd. 6. **Expiration.** The task force expires upon submission of its report, or January  
45.2 16, 2027, whichever is earlier.

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

45.4 Sec. 40. **TRANSITIONAL SUPPORTS ALLOWANCE INCREASE.**

45.5 Upon federal approval, the commissioner of human services must increase to \$5,000  
45.6 the transitional supports allowance under Minnesota's federally approved home and  
45.7 community-based service waiver plans authorized under Minnesota Statutes, sections  
45.8 256B.092 and 256B.49.

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

45.12 Sec. 41. **TRIBAL VULNERABLE ADULT AND DEVELOPMENTAL DISABILITY**  
45.13 **TARGETED CASE MANAGEMENT MEDICAL ASSISTANCE BENEFIT.**

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

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

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

45.27 Sec. 42. **ELECTRONIC VISIT VERIFICATION SIMPLIFICATION FOR LIVE-IN**  
45.28 **CAREGIVERS.**

45.29 The commissioner must explore options to simplify documentation requirements for  
45.30 direct support professionals who live in the same house as the person they support and are  
45.31 reimbursed for services subject to electronic visit verification requirements under Minnesota

46.1 Statutes, section 256B.073. The commissioner may evaluate information technology barriers  
 46.2 and opportunities, attestation options, worker identification options, and program integrity  
 46.3 considerations. The commissioner must report recommendations to the chairs and ranking  
 46.4 minority members of the legislative committees with jurisdiction over health and human  
 46.5 services policy and finance by February 1, 2025, with short- and long-term policy changes  
 46.6 that will simplify documentation requirements and minimize burdens on providers and  
 46.7 recipients.

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

46.9 Sec. 43. **LICENSE TRANSITION SUPPORT FOR SMALL DISABILITY WAIVER**  
 46.10 **PROVIDERS.**

46.11 Subdivision 1. **Onetime transition support.** The commissioner of human services must  
 46.12 distribute onetime payments to medical assistance disability waiver customized living and  
 46.13 community residential providers to assist with the transition from small, customized living  
 46.14 settings to licensed community residential services under Minnesota Statutes, chapter 245D  
 46.15 and section 256B.49.

46.16 Subd. 2. **Definitions.** For purposes of this section, "eligible provider" means an enrolled  
 46.17 provider that received approval from the commissioner of human services for a corporate  
 46.18 foster care moratorium exception under Minnesota Statutes, section 245A.03, subdivision  
 46.19 7, related to transitioning between customized living services and community residential  
 46.20 services. This approval must have been received between July 1, 2022, and December 31,  
 46.21 2023.

46.22 Subd. 3. **Allowable uses of payments.** Allowable uses of payments include costs incurred  
 46.23 by a community residential service provider or customized living provider directly related to  
 46.24 the provider's transition from providing medical assistance customized living or 24-hour  
 46.25 customized living and technical assistance to adapt business models and meet policy and  
 46.26 regulatory guidance.

46.27 Subd. 4. **Payment request and requirements.** License holders of eligible settings must  
 46.28 apply for payments using an application process determined by the commissioner of human  
 46.29 services. Payments are onetime amounts of \$15,000 per eligible setting. To be considered  
 46.30 for a payment, eligible settings must submit a payment application no later than March 1,  
 46.31 2025. The commissioner may approve payment applications on a rolling basis. Payments  
 46.32 must be distributed without compliance to time-consuming procedures and formalities  
 46.33 prescribed in law, including the following statutes and related policies: Minnesota Statutes,  
 46.34 sections 16A.15, subdivision 3; 16B.97; and 16B.98, subdivisions 5, 7, and 8, the express

47.1 audit clause requirement. The commissioner's determination of the payment amount  
 47.2 determined under this section is final and is not subject to appeal. This subdivision does not  
 47.3 apply to recoupment by the commissioner under subdivision 7.

47.4 Subd. 5. **Attestation.** As a condition of obtaining payments under this section, an eligible  
 47.5 provider must attest, on the payment application form, to the following:

47.6 (1) the provider's intent to provide services through December 31, 2027; and

47.7 (2) the provider's intent to use the payment for allowable uses under subdivision 3.

47.8 Subd. 6. **Agreement.** As a condition of obtaining a payment under this section, an eligible  
 47.9 provider must agree to the following on the payment application form:

47.10 (1) to cooperate with the commissioner of human services to deliver services according  
 47.11 to the requirements in this section;

47.12 (2) to maintain documentation sufficient to demonstrate the costs required to transition  
 47.13 to a new setting as described under subdivision 3; and

47.14 (3) to acknowledge that payments may be subject to a recoupment under this section if  
 47.15 a state audit performed under this section determines that the provider used payments for  
 47.16 purposes not authorized under this section.

47.17 Subd. 7. **Recoupment.** (a) The commissioner of human services may perform an audit  
 47.18 under this section up to six years after the payments are distributed to ensure the funds are  
 47.19 utilized solely for the purposes stated in subdivision 3.

47.20 (b) If the commissioner determines that a provider used the allocated payment for  
 47.21 purposes not authorized under this section, the commissioner must treat any amount used  
 47.22 for a purpose not authorized under this section as an overpayment. The commissioner must  
 47.23 recover any overpayment.

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

47.25 Sec. 44. **DISABILITY SERVICES PERSON-CENTERED ENGAGEMENT AND**  
 47.26 **NAVIGATION STUDY.**

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

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

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

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

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

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

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

48.20 **Sec. 45. PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES**  
48.21 **PROVIDED BY A PARENT OR SPOUSE.**

48.22 (a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivision 3, paragraph  
48.23 (a), clause (1); subdivision 11, paragraph (c); and subdivision 19, paragraph (b), clause (3),  
48.24 beginning October 1, 2024, a parent, stepparent, or legal guardian of a minor who is a  
48.25 personal care assistance recipient or the spouse of a personal care assistance recipient may  
48.26 provide and be paid for providing personal care assistance services under medical assistance.

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

48.30 **EFFECTIVE DATE.** This section is effective for services rendered on or after October  
48.31 1, 2024.



49.1 **Sec. 46. OWN HOME SERVICES PROVIDER CAPACITY-BUILDING GRANTS.**

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

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

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

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

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

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

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

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

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

49.22 (6) other activities approved by the commissioner.

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

49.24 **Sec. 47. DIRECTION TO COMMISSIONER; PEDIATRIC HOSPITAL-TO-HOME**  
 49.25 **TRANSITION PILOT PROGRAM.**

49.26 **(a)** The commissioner of human services must award a single competitive grant to a  
 49.27 home care nursing provider to develop and implement, in coordination with the commissioner  
 49.28 of health, Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare,  
 49.29 and Children's Minnesota of St. Paul and Minneapolis, a pilot program to expedite and  
 49.30 facilitate pediatric hospital-to-home discharges for patients receiving services in this state

50.1 under medical assistance, including under the community alternative care waiver, community  
50.2 access for disability inclusion waiver, and developmental disabilities waiver.

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

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

50.7 (2) avoidable rehospitalization days for pediatric patients;

50.8 (3) unnecessary emergency department utilization by pediatric patients following  
50.9 discharge;

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

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

50.12 (c) Grant money must not be used to supplant payment rates for services covered under  
50.13 Minnesota Statutes, chapter 256B.

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

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

50.23 Sec. 48. **REPEALER.**

50.24 (a) Minnesota Statutes 2022, section 252.27, subdivisions 1a, 2, 3, 4a, 5, and 6, are  
50.25 repealed.

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

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

50.28 (d) Laws 2024, chapter 79, article 4, section 1, subdivision 3, is repealed.

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

51.1

**ARTICLE 2**

51.2

**AGING SERVICES**

51.3

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

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

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(b) A licensee is not required to apply for a new license solely because the licensee receives approval to relocate a facility. The licensee's license for the relocated facility remains valid until the expiration date specified on the existing license. The commissioner of health must apply the licensing and survey cycle previously established for the facility's prior location to the facility's new location.

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(c) A licensee must notify the commissioner of health, on a form developed by the commissioner, of the licensee's intent to relocate the licensee's facility and submit a nonrefundable relocation fee of \$3,905. The commissioner must deposit all relocation fees in the state treasury to be credited to the state government special revenue fund.

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(d) The licensee must obtain plan review approval for the building to which the licensee intends to relocate the facility and a certificate of occupancy from the commissioner of labor and industry or the commissioner of labor and industry's delegated authority for the building. Upon issuance of a certificate of occupancy, the commissioner of health must review and inspect the building to which the licensee intends to relocate the facility and approve or deny the license relocation within 30 calendar days.

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(e) A licensee may only relocate a facility within the geographic boundaries of the municipality in which the facility is currently located or within the geographic boundaries of a contiguous municipality.

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(f) A licensee may only relocate one time in any three-year period, except that the commissioner may approve an additional relocation within a three-year period upon a licensee's demonstration of an extenuating circumstance, including but not limited to the criteria outlined in section 256B.49, subdivision 28a, paragraph (c).

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

52.1 (h) A licensee denied approval by the commissioner of health to relocate a facility may  
 52.2 continue to operate the facility in its current location, follow the requirements in section  
 52.3 144G.57 and close the facility, or notify the commissioner of health of the licensee's intent  
 52.4 to relocate the facility to an alternative new location. If the licensee notifies the commissioner  
 52.5 of the licensee's intent to relocate the facility to an alternative new location, paragraph (c)  
 52.6 applies, including the timelines for approving or denying the license relocation for the  
 52.7 alternative new location.

52.8 Subd. 2. **Limited exemption from the customized living setting moratorium and**  
 52.9 **age limitations.** (a) A licensee that receives approval from the commissioner of health under  
 52.10 subdivision 1 to relocate a facility that is also enrolled with the Department of Human  
 52.11 Services as a customized living setting to deliver 24-hour customized living services or  
 52.12 customized living services to participants through the brain injury and community access  
 52.13 for disability inclusion home and community-based services waiver plans and under section  
 52.14 256B.49 must inform the commissioner of human services of the licensee's intent to relocate.

52.15 (b) If the licensee at the time of the intended relocation is providing customized living  
 52.16 or 24-hour customized living services under the brain injury and community access for  
 52.17 disability inclusion home and community-based services waiver plans and section 256B.49  
 52.18 to at least one individual, and the licensee intends to continue serving that individual in the  
 52.19 new location, the licensee must inform the commissioner of human services of the licensee's  
 52.20 intention to do so and meet the requirements specified under section 256B.49, subdivision  
 52.21 28a.

52.22 **EFFECTIVE DATE.** This section is effective January 1, 2025, except subdivision 2  
 52.23 is effective January 1, 2025, or 90 days after federal approval, whichever is later. The  
 52.24 commissioner of human services shall notify the revisor of statutes when federal approval  
 52.25 is obtained.

52.26 Sec. 2. Minnesota Statutes 2022, section 144G.41, subdivision 1, is amended to read:

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

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

52.29 (2) provide services in a manner that complies with the Nurse Practice Act in sections  
 52.30 148.171 to 148.285;

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

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

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

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

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

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

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

53.11 (10) notify the resident of the resident's right to have and use a lockable door to the  
53.12 resident's unit. The licensee shall provide the locks on the unit. Only a staff member with  
53.13 a specific need to enter the unit shall have keys, and advance notice must be given to the  
53.14 resident before entrance, when possible. An assisted living facility must not lock a resident  
53.15 in the resident's unit;

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

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

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

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

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

53.28 (i) awake;

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

53.31 (iii) capable of communicating with residents;

- 54.1 (iv) capable of providing or summoning the appropriate assistance; and
- 54.2 (v) capable of following directions; and
- 54.3 ~~(13) offer to provide or make available at least the following services to residents:~~
- 54.4 ~~(i) at least three nutritious meals daily with snacks available seven days per week,~~
- 54.5 ~~according to the recommended dietary allowances in the United States Department of~~
- 54.6 ~~Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The~~
- 54.7 ~~following apply:~~
- 54.8 ~~(A) menus must be prepared at least one week in advance, and made available to all~~
- 54.9 ~~residents. The facility must encourage residents' involvement in menu planning. Meal~~
- 54.10 ~~substitutions must be of similar nutritional value if a resident refuses a food that is served.~~
- 54.11 ~~Residents must be informed in advance of menu changes;~~
- 54.12 ~~(B) food must be prepared and served according to the Minnesota Food Code, Minnesota~~
- 54.13 ~~Rules, chapter 4626; and~~
- 54.14 ~~(C) the facility cannot require a resident to include and pay for meals in their contract;~~
- 54.15 ~~(ii) weekly housekeeping;~~
- 54.16 ~~(iii) weekly laundry service;~~
- 54.17 ~~(iv) upon the request of the resident, provide direct or reasonable assistance with arranging~~
- 54.18 ~~for transportation to medical and social services appointments, shopping, and other recreation,~~
- 54.19 ~~and provide the name of or other identifying information about the persons responsible for~~
- 54.20 ~~providing this assistance;~~
- 54.21 ~~(v) upon the request of the resident, provide reasonable assistance with accessing~~
- 54.22 ~~community resources and social services available in the community, and provide the name~~
- 54.23 ~~of or other identifying information about persons responsible for providing this assistance;~~
- 54.24 ~~(vi) provide culturally sensitive programs; and~~
- 54.25 ~~(vii) have a daily program of social and recreational activities that are based upon~~
- 54.26 ~~individual and group interests, physical, mental, and psychosocial needs, and that creates~~
- 54.27 ~~opportunities for active participation in the community at large; and~~
- 54.28 ~~(14)~~ (13) provide staff access to an on-call registered nurse 24 hours per day, seven days
- 54.29 per week.

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

55.3 Subd. 1a. **Minimum requirements; required food services.** (a) All assisted living  
55.4 facilities must offer to provide or make available at least three nutritious meals daily with  
55.5 snacks available seven days per week, according to the recommended dietary allowances  
55.6 in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh  
55.7 fruit and fresh vegetables. The menus must be prepared at least one week in advance, and  
55.8 made available to all residents. The facility must encourage residents' involvement in menu  
55.9 planning. Meal substitutions must be of similar nutritional value if a resident refuses a food  
55.10 that is served. Residents must be informed in advance of menu changes. The facility must  
55.11 not require a resident to include and pay for meals in the resident's contract. Except as  
55.12 provided in paragraph (b), food must be prepared and served according to the Minnesota  
55.13 Food Code, Minnesota Rules, chapter 4626.

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

55.15 (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a  
55.16 certified food protection manager (CFPM) with one other facility located within a 60-mile  
55.17 radius and under common management provided the CFPM is present at each facility  
55.18 frequently enough to effectively administer, manage, and supervise each facility's food  
55.19 service operation;

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

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

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

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

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

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

56.6 Sec. 4. Minnesota Statutes 2022, section 144G.41, is amended by adding a subdivision to  
 56.7 read:

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

56.10 (1) weekly housekeeping;

56.11 (2) weekly laundry service;

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

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

56.19 (5) provide culturally sensitive programs; and

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

56.23 Sec. 5. Minnesota Statutes 2022, section 144G.63, subdivision 1, is amended to read:

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

56.30 (b) A staff person is not required to repeat the orientation required under subdivision 2  
 56.31 if the staff person transfers from one licensed assisted living facility to another facility



57.1 operated by the same licensee or by a licensee affiliated with the same corporate organization  
 57.2 as the licensee of the first facility, or to another facility managed by the same entity managing  
 57.3 the first facility. The facility to which the staff person transfers must document that the staff  
 57.4 person completed the orientation at the prior facility. The facility to which the staff person  
 57.5 transfers must nonetheless provide the transferred staff person with supplemental orientation  
 57.6 specific to the facility and document that the supplemental orientation was provided. The  
 57.7 supplemental orientation must include the types of assisted living services the staff person  
 57.8 will be providing, the facility's category of licensure, and the facility's emergency procedures.  
 57.9 A staff person cannot transfer to an assisted living facility with dementia care without  
 57.10 satisfying the additional training requirements under section 144G.83.

57.11 Sec. 6. Minnesota Statutes 2022, section 144G.63, subdivision 4, is amended to read:

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

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

57.16 Sec. 7. Minnesota Statutes 2022, section 144G.64, is amended to read:

57.17 **144G.64 TRAINING IN DEMENTIA CARE, MENTAL ILLNESS, AND**  
 57.18 **DE-ESCALATION REQUIRED.**

57.19 (a) All assisted living facilities must meet the following dementia care, mental illness,  
 57.20 and de-escalation training requirements:

57.21 (1) supervisors of direct-care staff must have at least eight hours of initial training on  
 57.22 dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial  
 57.23 training on mental illness and de-escalation topics specified under paragraph (b), clauses  
 57.24 (6) to (8), within 120 working hours of the employment start date, and. Supervisors must  
 57.25 have at least two hours of training on topics related to dementia care and one hour of training  
 57.26 on topics related to mental illness and de-escalation for each 12 months of employment  
 57.27 thereafter;

57.28 (2) direct-care employees must have completed at least eight hours of initial training on  
 57.29 dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial  
 57.30 training on mental illness and de-escalation topics specified under paragraph (b), clauses  
 57.31 (6) to (8), within 160 working hours of the employment start date. Until this initial training  
 57.32 is complete, an employee must not provide direct care unless there is another employee on

58.1 site who has completed the initial eight hours of training on topics related to dementia ~~care~~  
 58.2 and the initial two hours of training on topics related to mental illness and de-escalation and  
 58.3 who can act as a resource and assist if issues arise. A trainer of the requirements under  
 58.4 paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for  
 58.5 consultation with the new employee until the training requirement is complete. Direct-care  
 58.6 employees must have at least two hours of training on topics related to dementia and one  
 58.7 hour of training on topics related to mental illness and de-escalation for each 12 months of  
 58.8 employment thereafter;

58.9 (3) for assisted living facilities with dementia care, direct-care employees must have  
 58.10 completed at least eight hours of initial training on topics specified under paragraph (b)  
 58.11 within 80 working hours of the employment start date. Until this initial training is complete,  
 58.12 an employee must not provide direct care unless there is another employee on site who has  
 58.13 completed the initial eight hours of training on topics related to dementia ~~care~~ and two hours  
 58.14 of training on topics related to mental illness and de-escalation and who can act as a resource  
 58.15 and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor  
 58.16 meeting the requirements in clause (1) must be available for consultation with the new  
 58.17 employee until the training requirement is complete. Direct-care employees must have at  
 58.18 least two hours of training on topics related to dementia and one hour of training on topics  
 58.19 related to mental illness and de-escalation for each 12 months of employment thereafter;

58.20 (4) staff who do not provide direct care, including maintenance, housekeeping, and food  
 58.21 service staff, must have at least four hours of initial training on topics specified under  
 58.22 paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and  
 58.23 de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working  
 58.24 hours of the employment start date, and must have at least two hours of training on topics  
 58.25 related to dementia ~~care~~ and one hour of training on topics related to mental illness and  
 58.26 de-escalation for each 12 months of employment thereafter; and

58.27 (5) new employees may satisfy the initial training requirements by producing written  
 58.28 proof of previously completed required training within the past 18 months.

58.29 (b) Areas of required dementia, mental illness, and de-escalation training include:

58.30 (1) an explanation of Alzheimer's disease and other dementias;

58.31 (2) assistance with activities of daily living;

58.32 (3) problem solving with challenging behaviors;

58.33 (4) communication skills; ~~and~~

59.1 (5) person-centered planning and service delivery;

59.2 (6) recognizing symptoms of common mental illness diagnoses, including but not limited  
 59.3 to mood disorders, anxiety disorders, trauma- and stressor-related disorders, personality  
 59.4 and psychotic disorders, substance use disorder, and substance misuse;

59.5 (7) de-escalation techniques and communication; and

59.6 (8) crisis resolution and suicide prevention, including procedures for contacting county  
 59.7 crisis response teams and 988 suicide and crisis lifelines.

59.8 (c) The facility shall provide to consumers in written or electronic form a description of  
 59.9 the training program, the categories of employees trained, the frequency of training, and  
 59.10 the basic topics covered.

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

59.12 Sec. 8. Minnesota Statutes 2022, section 256.9755, subdivision 2, is amended to read:

59.13 Subd. 2. **Authority.** The Minnesota Board on Aging shall allocate ~~to area agencies on~~  
 59.14 ~~aging~~ the state funds ~~which that~~ are received under this section for the caregiver support  
 59.15 program ~~in a manner consistent with federal requirements~~. The board shall give priority to  
 59.16 those areas where there is a high need of respite services as evidenced by the data provided  
 59.17 by the board.

59.18 Sec. 9. Minnesota Statutes 2022, section 256.9755, subdivision 3, is amended to read:

59.19 Subd. 3. **Caregiver support services.** Funds allocated under this section ~~to an area~~  
 59.20 ~~agency on aging~~ for caregiver support services must be used ~~in a manner consistent with~~  
 59.21 ~~the National Family Caregiver Support Program~~ to reach family caregivers of persons with  
 59.22 ALS, ~~except that~~ and such funds may be used to provide services benefiting people under  
 59.23 the age of 60 and their caregivers. The funds must be used to provide social,  
 59.24 community-based services and activities that provide social interaction for participants. The  
 59.25 funds may also be used to provide respite care.

59.26 Sec. 10. Minnesota Statutes 2023 Supplement, section 256.9756, subdivision 1, is amended  
 59.27 to read:

59.28 Subdivision 1. **Caregiver respite services grant program established.** The Minnesota  
 59.29 Board on Aging must establish a caregiver respite services grant program to increase the  
 59.30 availability of respite services for family caregivers of people with dementia ~~and older adults~~  
 59.31 and to provide information, education, and training to respite caregivers and volunteers

60.1 regarding caring for people with dementia. From the money made available for this purpose,  
60.2 the board must award grants on a competitive basis to respite service providers, giving  
60.3 priority to areas of the state where there is a high need of respite services.

60.4 Sec. 11. Minnesota Statutes 2023 Supplement, section 256.9756, subdivision 2, is amended  
60.5 to read:

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

60.9 Sec. 12. Minnesota Statutes 2023 Supplement, section 256B.0913, subdivision 5, as  
60.10 amended by Laws 2024, chapter 85, section 68, is amended to read:

60.11 Subd. 5. **Services covered under alternative care.** (a) Alternative care funding may  
60.12 be used for payment of costs of:

60.13 (1) adult day services and adult day services bath;

60.14 (2) home care;

60.15 (3) homemaker services;

60.16 (4) personal care;

60.17 (5) case management and conversion case management;

60.18 (6) respite care;

60.19 (7) specialized supplies and equipment;

60.20 (8) home-delivered meals;

60.21 (9) nonmedical transportation;

60.22 (10) nursing services;

60.23 (11) chore services;

60.24 (12) companion services;

60.25 (13) nutrition services;

60.26 (14) family caregiver training and education;

60.27 (15) coaching and counseling;

61.1 (16) telehome care to provide services in their own homes in conjunction with in-home  
61.2 visits;

61.3 (17) consumer-directed community supports;

61.4 (18) environmental accessibility and adaptations; ~~and~~

61.5 (19) transitional services; and

61.6 ~~(19)~~ (20) discretionary services, for which lead agencies may make payment from their  
61.7 alternative care program allocation for services not otherwise defined in this section or  
61.8 section 256B.0625, following approval by the commissioner.

61.9 (b) Total annual payments for discretionary services for all clients served by a lead  
61.10 agency must not exceed 25 percent of that lead agency's annual alternative care program  
61.11 base allocation, except that when alternative care services receive federal financial  
61.12 participation under the 1115 waiver demonstration, funding shall be allocated in accordance  
61.13 with subdivision 17.

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

61.17 Sec. 13. Minnesota Statutes 2022, section 256B.0913, subdivision 5a, is amended to read:

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

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

62.1 (c) Personal care services must meet the service standards defined in the federally  
62.2 approved elderly waiver plan, except that a lead agency may authorize services to be provided  
62.3 by a client's relative who meets the relative hardship waiver requirements or a relative who  
62.4 meets the criteria and is also the responsible party under an individual service plan that  
62.5 ensures the client's health and safety and supervision of the personal care services by a  
62.6 qualified professional as defined in section 256B.0625, subdivision 19c. Relative hardship  
62.7 is established by the lead agency when the client's care causes a relative caregiver to do any  
62.8 of the following: resign from a paying job, reduce work hours resulting in lost wages, obtain  
62.9 a leave of absence resulting in lost wages, incur substantial client-related expenses, provide  
62.10 services to address authorized, unstaffed direct care time, or meet special needs of the client  
62.11 unmet in the formal service plan.

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

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

62.21 Sec. 14. Minnesota Statutes 2022, section 256B.434, is amended by adding a subdivision  
62.22 to read:

62.23 **Subd. 4k. Property rate increase for certain nursing facilities.** (a) A rate increase  
62.24 under this subdivision ends upon the effective date of the transition of the facility's property  
62.25 rate to a property payment rate under section 256R.26, subdivision 8, or May 31, 2026,  
62.26 whichever is earlier.

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

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

62.31 (d) The commissioner shall increase the property rate of a nursing facility located in the  
62.32 city of Chatfield at 1102 Liberty Street SE in Fillmore County by \$21.35 on January 1,  
62.33 2025.

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

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

63.5 Sec. 15. Minnesota Statutes 2022, section 256B.49, is amended by adding a subdivision  
 63.6 to read:

63.7 Subd. 28a. **Transfer of customized living enrollment dates.** (a) For the purposes of  
 63.8 this subdivision, "operational" has the meaning given in subdivision 28.

63.9 (b) This paragraph applies only to customized living settings enrolled and operational  
 63.10 on or before June 30, 2021, and customized living settings that have previously transferred  
 63.11 their customized living enrollment date under this paragraph. A provider that receives  
 63.12 approval from the commissioner of health under section 144G.195, subdivision 1, to relocate  
 63.13 a licensed assisted living facility that was enrolled prior to January 11, 2021, to deliver  
 63.14 medical assistance 24-hour customized living services, or customized living services as  
 63.15 defined by the brain injury and community access for disability inclusion federally approved  
 63.16 home and community-based services waiver plans, may continue to operate the customized  
 63.17 living setting under the original setting's customized living enrollment date if all of the  
 63.18 requirements under this subdivision are met.

63.19 (c) A transfer of enrollment date is allowed under this subdivision only if the facility  
 63.20 relocation is due to:

63.21 (1) a provider that rents the original setting being unable to continue to rent the original  
 63.22 setting because of eviction, nonrenewal of its lease by the property owner, or sale of the  
 63.23 property by the owner;

63.24 (2) a provider that rents the original setting being unable to make the necessary updates  
 63.25 or improvements to the original setting to comply with the physical plant and other  
 63.26 requirements under state or federal law, including but not limited to chapter 144G;

63.27 (3) a provider's monthly rent increasing more than three percent in a 12-month period;

63.28 (4) the original setting being destroyed or damaged by fire, lightning, flood, wind, ground  
 63.29 shifts, or other such hazards, including environmental hazards, to such an extent that the  
 63.30 original setting cannot be repaired and the safety of residents would be jeopardized by  
 63.31 continuing to reside in the original setting; or

64.1 (5) a provider or an entity that directly or indirectly through one or more intermediaries  
64.2 is controlled by, is under common control with, or controls the entity enrolled to provide  
64.3 customized living services at the current setting purchases a new setting and the commissioner  
64.4 of health approves the relocation of the provider's assisted living facility license to the newly  
64.5 purchased setting.

64.6 (d) When a relocation is necessitated by a qualifying situation under paragraph (c),  
64.7 clauses (1) to (5), the provider must submit a notification to the commissioner of human  
64.8 services, the ombudsman of long-term care, the ombudsperson of mental health and  
64.9 developmental disabilities, relevant lead agencies, each resident's case manager, and either  
64.10 each person receiving services at the setting or the person's legal representative. The  
64.11 notification must be made at least 30 days prior to the relocation date and on forms and in  
64.12 the manner prescribed by the commissioner of human services.

64.13 (e) A provider proposing to transfer a customized living setting enrollment date to a new  
64.14 setting must submit, with the provider's notification to the commissioner of human services  
64.15 under paragraph (d), the following information:

64.16 (1) the addresses of the vacating location and of the proposed new location;

64.17 (2) the anticipated date of the move to the new location;

64.18 (3) contacts for the lead agency and each resident's waiver case manager;

64.19 (4) documentation that the Department of Health has received an application to relocate  
64.20 pursuant to section 144G.195, subdivision 1, for the new location; and

64.21 (5) documentation that the customized living provider's assisted living facility license  
64.22 is not conditional.

64.23 (f) The commissioner of human services has 30 days to approve or deny requests to  
64.24 transfer the original setting's customized living enrollment date to the new setting.

64.25 (g) The commissioner of human services must deny requests to transfer a customized  
64.26 living enrollment date to a new setting if:

64.27 (1) the new setting approved by the commissioner of health under section 144G.195,  
64.28 subdivision 1, is adjoined to or on the same property as an institution as defined in Code of  
64.29 Federal Regulations, title 42, section 441.301(c), or one or more licensed assisted living  
64.30 facilities;

64.31 (2) the requesting provider fails to notify the commissioner of human services of the  
64.32 proposed relocation within the time frames required under this subdivision;



65.1 (3) the requesting provider's assisted living facility license is conditional; or

65.2 (4) the requesting provider is changing ownership at the same time as the proposed  
65.3 relocation.

65.4 (h) The setting to which the original customized living enrollment date is transferred  
65.5 must:

65.6 (1) comply with setting requirements in the brain injury and community access for  
65.7 disability inclusion federally approved home and community-based services waiver plans  
65.8 and under this section as the requirements existed on the customized living enrollment date  
65.9 of the original setting;

65.10 (2) have a resident capacity less than or equal to the resident capacity of the original  
65.11 setting;

65.12 (3) not require or coerce any resident of the original setting to move to the new setting,  
65.13 consistent with informed choice and independent living policies under section 256B.4905,  
65.14 subdivisions 1a, 2a, 3a, and 8; and

65.15 (4) provide each resident with a new assisted living contract and comply with the  
65.16 coordinated move requirements under section 144G.55.

65.17 **EFFECTIVE DATE.** This section is effective January 1, 2025, or 90 days after federal  
65.18 approval, whichever is later. The commissioner of human services shall notify the revisor  
65.19 of statutes when federal approval is obtained.

65.20 Sec. 16. Minnesota Statutes 2023 Supplement, section 256R.55, is amended to read:

65.21 **256R.55 FINANCIALLY DISTRESSED NURSING FACILITY LONG-TERM**  
65.22 **SERVICES AND SUPPORTS LOAN PROGRAM.**

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

65.30 Subd. 2. **Eligibility.** To be an eligible applicant for a loan under this section, a ~~nursing~~  
65.31 ~~facility provider~~ must submit to the commissioner of human services a loan application in

66.1 the form and according to the timelines established by the commissioner. In its loan  
 66.2 application, a loan applicant must demonstrate ~~that~~ the following:

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

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

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

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

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

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

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

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

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

66.17 (D) early intensive developmental and behavioral intervention services under section  
 66.18 256B.0949;

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

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

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

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

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

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

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

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

67.11 Subd. 6. **Loan payments.** The commissioner shall negotiate the terms of the loan  
67.12 repayment, including the start of the repayment plan, the due date of the repayment, and  
67.13 the frequency of the repayment installments. Repayment installments must not begin until  
67.14 at least 18 months after the first disbursement date. The memoranda of understanding must  
67.15 specify the amount and schedule of loan payments. The repayment term must not exceed  
67.16 72 months. If any loan payment to the commissioner is not paid within the time specified  
67.17 by the memoranda of understanding, the late payment must be assessed a penalty rate of  
67.18 0.01 percent of the original loan amount each month the payment is past due. For nursing  
67.19 facilities, this late fee is not an allowable cost on the department's cost report. The  
67.20 commissioner shall have the power to abate penalties when discrepancies occur resulting  
67.21 from but not limited to circumstances of error and mail delivery.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

69.1 Sec. 17. **[256S.191] ELDERLY WAIVER BUDGET AND RATE EXCEPTIONS;**  
69.2 **HIGH-NEED PARTICIPANTS.**

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

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

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

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

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

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

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

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

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

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

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

70.1 Sec. 18. Minnesota Statutes 2022, section 256S.205, subdivision 2, is amended to read:

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

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

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

70.11 (b) Effective October 1, 2023, the commissioner must not process any new applications  
 70.12 for disproportionate share facilities after the September 1 through September 30, 2023,  
 70.13 application period.

70.14 (c) A facility that receives rate floor payments in rate year 2024 may submit an application  
 70.15 under this subdivision to maintain its designation as a disproportionate share facility for  
 70.16 rate year 2025.

70.17 Sec. 19. Minnesota Statutes 2022, section 256S.205, subdivision 3, is amended to read:

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

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

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

70.24 (b) A facility determined eligible for the disproportionate share rate adjustment in  
 70.25 application year 2023 and receiving payments in rate year 2024 is eligible to receive payments  
 70.26 in rate year 2025 only if the commissioner determines that the facility continues to meet  
 70.27 the eligibility requirements under this subdivision as determined by the application process  
 70.28 under subdivision 2, paragraph (c).

70.29 Sec. 20. Minnesota Statutes 2022, section 256S.205, subdivision 5, is amended to read:

70.30 Subd. 5. **Rate adjustment; rate floor.** (a) Effective through December 31, 2025,  
 70.31 notwithstanding the 24-hour customized living monthly service rate limits under section

71.1 256S.202, subdivision 2, and the component service rates established under section 256S.201,  
 71.2 subdivision 4, the commissioner must establish a rate floor equal to ~~\$119~~ \$141 per resident  
 71.3 per day for 24-hour customized living services provided to an elderly waiver participant in  
 71.4 a designated disproportionate share facility.

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

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

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

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

71.14 Sec. 21. Minnesota Statutes 2022, section 256S.205, is amended by adding a subdivision  
 71.15 to read:

71.16 **Subd. 7. Expiration.** This section expires January 1, 2026.

71.17 Sec. 22. **DIRECTION TO COMMISSIONER; HOME AND COMMUNITY-BASED**  
 71.18 **SERVICES SYSTEM REFORM ANALYSIS.**

71.19 (a) The commissioner of human services must study Minnesota's existing home and  
 71.20 community-based services system for older adults and evaluate options to meet the needs  
 71.21 of older adults with high support needs that cannot be addressed by services or individual  
 71.22 participant budgets available under the elderly waiver. The commissioner must propose  
 71.23 reforms to the home and community-based services system to meet the following goals:

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

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

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

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

72.4 Sec. 23. REVISOR INSTRUCTION.

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

### 72.7 ARTICLE 3

### 72.8 SUBSTANCE USE DISORDER SERVICES

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

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

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

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

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

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



73.1 Sec. 3. Minnesota Statutes 2023 Supplement, section 245G.07, subdivision 2, is amended  
73.2 to read:

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

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

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

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

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

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

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

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

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

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

74.1 Sec. 4. Minnesota Statutes 2023 Supplement, section 245I.04, subdivision 19, is amended  
74.2 to read:

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

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

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

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

74.10 (b) A licensed alcohol and drug counselor or mental health professional providing  
74.11 supervision to a recovery peer must meet with the recovery peer face-to-face, either remotely  
74.12 or in person, at least once per month in order to provide adequate supervision to the recovery  
74.13 peer. Supervision must include reviewing individual recovery plans, as defined in section  
74.14 254B.01, subdivision 4e, and reviewing documentation of peer recovery support services  
74.15 provided for clients and may include client updates, discussion of ethical considerations,  
74.16 and any other questions or issues relevant to peer recovery support services.

74.17 Sec. 5. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision to  
74.18 read:

74.19 Subd. 4e. **Individual recovery plan.** "Individual recovery plan" means a person-centered  
74.20 outline of supports that an eligible vendor of peer recovery support services under section  
74.21 254B.05, subdivision 1, must develop to respond to an individual's peer recovery support  
74.22 services needs and goals.

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

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

74.28 Sec. 7. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended  
74.29 to read:

74.30 Subdivision 1. **Licensure or certification required.** (a) Programs licensed by the  
74.31 commissioner are eligible vendors. Hospitals may apply for and receive licenses to be

75.1 eligible vendors, notwithstanding the provisions of section 245A.03. American Indian  
 75.2 programs that provide substance use disorder treatment, extended care, transitional residence,  
 75.3 or outpatient treatment services, and are licensed by tribal government are eligible vendors.

75.4 (b) A licensed professional in private practice as defined in section 245G.01, subdivision  
 75.5 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible  
 75.6 vendor of a comprehensive assessment and assessment summary provided according to  
 75.7 section 245G.05, and treatment services provided according to sections 245G.06 and  
 75.8 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses  
 75.9 (1) to (6).

75.10 (c) A county is an eligible vendor for a comprehensive assessment and assessment  
 75.11 summary when provided by an individual who meets the staffing credentials of section  
 75.12 245G.11, subdivisions 1 and 5, and completed according to the requirements of section  
 75.13 245G.05. A county is an eligible vendor of care coordination services when provided by an  
 75.14 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and  
 75.15 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),  
 75.16 clause (5). A county is an eligible vendor of peer recovery services when the services are  
 75.17 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

75.18 (d) A recovery community organization that meets the requirements of clauses (1) to  
 75.19 ~~(10)~~ (12) and meets ~~membership~~ certification or accreditation requirements of ~~the Association~~  
 75.20 ~~of Recovery Community Organizations~~ the Alliance for Recovery Centered Organizations,  
 75.21 the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide  
 75.22 ~~recovery community~~ organization identified by the commissioner is an eligible vendor of  
 75.23 peer recovery support services. A Minnesota statewide recovery organization identified by  
 75.24 the commissioner must update recovery community organization applicants for certification  
 75.25 or accreditation on the status of the application within 45 days of receipt. If the approved  
 75.26 statewide recovery organization denies an application, it must provide a written explanation  
 75.27 for the denial to the recovery community organization. Eligible vendors under this paragraph  
 75.28 must:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

77.17 (e) A recovery community organization approved by the commissioner  
 77.18 before June 30, 2023, shall retain their designation as recovery community organizations  
 77.19 must have begun the application process as required by an approved certifying or accrediting  
 77.20 entity and have begun the process to meet the requirements under paragraph (d) by September  
 77.21 1, 2024, in order to be considered as an eligible vendor of peer recovery support services.

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

77.28 (g) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to  
 77.29 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or  
 77.30 nonresidential substance use disorder treatment or withdrawal management program by the  
 77.31 commissioner or by tribal government or do not meet the requirements of subdivisions 1a  
 77.32 and 1b are not eligible vendors.

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

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

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

78.13 Sec. 8. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, as amended  
78.14 by Laws 2024, chapter 85, section 59, is amended to read:

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

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

78.18 (1) those licensed, as applicable, according to chapter 245G or applicable Tribal license  
78.19 and provided according to the following ASAM levels of care:

78.20 (i) ASAM level 0.5 early intervention services provided according to section 254B.19,  
78.21 subdivision 1, clause (1);

78.22 (ii) ASAM level 1.0 outpatient services provided according to section 254B.19,  
78.23 subdivision 1, clause (2);

78.24 (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,  
78.25 subdivision 1, clause (3);

78.26 (iv) ASAM level 2.5 partial hospitalization services provided according to section  
78.27 254B.19, subdivision 1, clause (4);

78.28 (v) ASAM level 3.1 clinically managed low-intensity residential services provided  
78.29 according to section 254B.19, subdivision 1, clause (5);

78.30 (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential  
78.31 services provided according to section 254B.19, subdivision 1, clause (6); and

79.1 (vii) ASAM level 3.5 clinically managed high-intensity residential services provided  
79.2 according to section 254B.19, subdivision 1, clause (7);

79.3 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),  
79.4 and 245G.05;

79.5 (3) treatment coordination services provided according to section 245G.07, subdivision  
79.6 1, paragraph (a), clause (5);

79.7 (4) peer recovery support services provided according to section 245G.07, subdivision  
79.8 2, clause (8);

79.9 (5) withdrawal management services provided according to chapter 245F;

79.10 (6) hospital-based treatment services that are licensed according to sections 245G.01 to  
79.11 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to  
79.12 144.56;

79.13 (7) adolescent treatment programs that are licensed as outpatient treatment programs  
79.14 according to sections 245G.01 to 245G.18 or as residential treatment programs according  
79.15 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or  
79.16 applicable tribal license;

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

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

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

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

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

79.28 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter  
79.29 9503; or

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

- 80.1 (ii) arranges for off-site child care during hours of treatment activity at a facility that is  
80.2 licensed under chapter 245A as:
- 80.3 (A) a child care center under Minnesota Rules, chapter 9503; or  
80.4 (B) a family child care home under Minnesota Rules, chapter 9502;
- 80.5 (2) culturally specific or culturally responsive programs as defined in section 254B.01,  
80.6 subdivision 4a;
- 80.7 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
- 80.8 (4) programs that offer medical services delivered by appropriately credentialed health  
80.9 care staff in an amount equal to two hours per client per week if the medical needs of the  
80.10 client and the nature and provision of any medical services provided are documented in the  
80.11 client file; or
- 80.12 (5) programs that offer services to individuals with co-occurring mental health and  
80.13 substance use disorder problems if:
- 80.14 (i) the program meets the co-occurring requirements in section 245G.20;
- 80.15 (ii) 25 percent of the counseling staff are licensed mental health professionals under  
80.16 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision  
80.17 of a licensed alcohol and drug counselor supervisor and mental health professional under  
80.18 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health  
80.19 staff may be students or licensing candidates with time documented to be directly related  
80.20 to provisions of co-occurring services;
- 80.21 (iii) clients scoring positive on a standardized mental health screen receive a mental  
80.22 health diagnostic assessment within ten days of admission;
- 80.23 (iv) the program has standards for multidisciplinary case review that include a monthly  
80.24 review for each client that, at a minimum, includes a licensed mental health professional  
80.25 and licensed alcohol and drug counselor, and their involvement in the review is documented;
- 80.26 (v) family education is offered that addresses mental health and substance use disorder  
80.27 and the interaction between the two; and
- 80.28 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder  
80.29 training annually.
- 80.30 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program  
80.31 that provides arrangements for off-site child care must maintain current documentation at



81.1 the substance use disorder facility of the child care provider's current licensure to provide  
81.2 child care services.

81.3 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,  
81.4 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements  
81.5 in paragraph (c), clause (5), items (i) to (iv).

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

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

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

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

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

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

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

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

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

82.1 **Sec. 9. [254B.052] PEER RECOVERY SUPPORT SERVICES REQUIREMENTS.**

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

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

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

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

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

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

82.22 (1) the client's name;

82.23 (2) the recovery peer's name;

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

82.25 (4) the client's recovery goals;

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

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

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

82.30 **Subd. 3. Eligible vendor documentation requirements.** An eligible vendor of peer  
 82.31 recovery support services under section 254B.05, subdivision 1, must keep a secure file for

83.1 each individual receiving medical assistance peer recovery support services. The file must  
83.2 include, at a minimum:

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

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

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

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

83.11 Sec. 10. Minnesota Statutes 2023 Supplement, section 254B.19, subdivision 1, is amended  
83.12 to read:

83.13 Subdivision 1. **Level of care requirements.** (a) For each client assigned an ASAM level  
83.14 of care, eligible vendors must implement the standards set by the ASAM for the respective  
83.15 level of care. Additionally, vendors must meet the following requirements:

83.16 (1) For ASAM level 0.5 early intervention targeting individuals who are at risk of  
83.17 developing a substance-related problem but may not have a diagnosed substance use disorder,  
83.18 early intervention services may include individual or group counseling, treatment  
83.19 coordination, peer recovery support, screening brief intervention, and referral to treatment  
83.20 provided according to section 254A.03, subdivision 3, paragraph (c).

83.21 (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per  
83.22 week of skilled treatment services and adolescents must receive up to five hours per week.  
83.23 Services must be licensed according to section 245G.20 and meet requirements under section  
83.24 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly  
83.25 skilled treatment service hours allowable per week.

83.26 (3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours  
83.27 per week of skilled treatment services and adolescents must receive six or more hours per  
83.28 week. Vendors must be licensed according to section 245G.20 and must meet requirements  
83.29 under section 256B.0759. Peer recovery services and treatment coordination may be provided  
83.30 beyond the hourly skilled treatment service hours allowable per week. If clinically indicated  
83.31 on the client's treatment plan, this service may be provided in conjunction with room and  
83.32 board according to section 254B.05, subdivision 1a.

84.1 (4) For ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or  
84.2 more of skilled treatment services. Services must be licensed according to section 245G.20  
84.3 and must meet requirements under section 256B.0759. Level 2.5 is for clients who need  
84.4 daily monitoring in a structured setting, as directed by the individual treatment plan and in  
84.5 accordance with the limitations in section 254B.05, subdivision 5, paragraph (h). If clinically  
84.6 indicated on the client's treatment plan, this service may be provided in conjunction with  
84.7 room and board according to section 254B.05, subdivision 1a.

84.8 (5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs  
84.9 must provide at least 5 hours of skilled treatment services per week according to each client's  
84.10 specific treatment schedule, as directed by the individual treatment plan. Programs must be  
84.11 licensed according to section 245G.20 and must meet requirements under section 256B.0759.

84.12 (6) For ASAM level 3.3 clinically managed population-specific high-intensity residential  
84.13 clients, programs must be licensed according to section 245G.20 and must meet requirements  
84.14 under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must  
84.15 be enrolled as a disability responsive program as described in section 254B.01, subdivision  
84.16 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive  
84.17 impairment so significant, and the resulting level of impairment so great, that outpatient or  
84.18 other levels of residential care would not be feasible or effective. Programs must provide,  
84.19 at a minimum, daily skilled treatment services seven days a week according to each client's  
84.20 specific treatment schedule, as directed by the individual treatment plan.

84.21 (7) For ASAM level 3.5 clinically managed high-intensity residential clients, services  
84.22 must be licensed according to section 245G.20 and must meet requirements under section  
84.23 256B.0759. Programs must have 24-hour staffing coverage and provide, at a minimum,  
84.24 daily skilled treatment services seven days a week according to each client's specific treatment  
84.25 schedule, as directed by the individual treatment plan.

84.26 (8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal  
84.27 management must be provided according to chapter 245F.

84.28 (9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal  
84.29 management must be provided according to chapter 245F.

84.30 (b) Notwithstanding the minimum daily skilled treatment service requirements under  
84.31 paragraph (a), clauses (6) and (7), ASAM level 3.3 and 3.5 vendors must provide each client  
84.32 at least 30 hours of treatment services per week for the period between January 1, 2024,  
84.33 through June 30, 2024.

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

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

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

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

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

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

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

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

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

85.24 (h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to  
85.25 the commissioner of human services for the opioid overdose surge alert system under section  
85.26 245.891.

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

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

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

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

86.6 (m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining  
86.7 amount is appropriated to the commissioner of human services for distribution to county  
86.8 social service agencies and Tribal social service agency initiative projects authorized under  
86.9 section 256.01, subdivision 14b, to provide prevention and child protection services to  
86.10 children and families who are affected by addiction. The commissioner shall distribute this  
86.11 money proportionally to county social service agencies and Tribal social service agency  
86.12 initiative projects through a formula based on intake data from the previous three calendar  
86.13 years related to substance use and out-of-home placement episodes where parental drug  
86.14 abuse is the primary a reason for the out-of-home placement using data from the previous  
86.15 calendar year. County social service agencies and Tribal social service agency initiative  
86.16 projects receiving funds from the opiate epidemic response fund must annually report to  
86.17 the commissioner on how the funds were used to provide prevention and child protection  
86.18 services, including measurable outcomes, as determined by the commissioner. County social  
86.19 service agencies and Tribal social service agency initiative projects must not use funds  
86.20 received under this paragraph to supplant current state or local funding received for child  
86.21 protection services for children and families who are affected by addiction.

86.22 (n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in  
86.23 the account is appropriated to the commissioner of human services to award grants as  
86.24 specified by the Opiate Epidemic Response Advisory Council in accordance with section  
86.25 256.042, unless otherwise appropriated by the legislature.

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

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

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

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

87.9 (1) increase continuity of coverage;

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

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

87.14 (4) reduce overdoses and deaths following release;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

88.22 (5) peer recovery support services according to sections 245I.04, subdivisions 18 and  
88.23 19, and 254B.05, subdivision 5, paragraph (b), clause (4);

88.24 (6) substance use disorder individual and group counseling provided according to sections  
88.25 245G.07, subdivision 1, paragraph (a), clause (1), and 254B.05;

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

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

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

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

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



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

89.4 Subd. 5. **Provider requirements and standards.** (a) Service providers must adhere to  
89.5 applicable licensing and provider standards as required by federal guidance.

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

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

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

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

89.15 (2) the provision or facilitation of all required prerelease services for a period of up to  
89.16 90 days prior to release;

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

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

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

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

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

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

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

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

90.6 (c) Claims for covered drugs purchased through discount purchasing programs, such as  
90.7 the Federal Supply Schedule of the United States General Services Administration or the  
90.8 MMCAP Infuse program, must be no more than the actual acquisition cost plus the  
90.9 professional dispensing fee in section 256B.0625, subdivision 13e. Drugs administered to  
90.10 members must be billed on a professional claim in accordance with section 256B.0625,  
90.11 subdivision 13e, paragraph (e), and submitted with the actual acquisition cost for the drug  
90.12 on the claim line. Pharmacy claims must be submitted with the actual acquisition cost as  
90.13 the ingredient cost field and the dispensing fee in section 256B.0625, subdivision 13e, as  
90.14 the dispensing fee field on the claim with the basis of cost indicator of 08. Providers may  
90.15 establish written protocols for establishing or calculating the facility's actual acquisition  
90.16 drug cost based on a monthly, quarterly, or other average of the facility's actual acquisition  
90.17 drug cost through the discount purchasing program. A written protocol must not include an  
90.18 inflation, markup, spread, or margin to be added to the provider's actual purchase price after  
90.19 subtracting all discounts.

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

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

90.25 (1) people with lived experience; and

90.26 (2) representatives from:

90.27 (i) community health care providers;

90.28 (ii) the Minnesota Sheriffs' Association;

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

90.30 (iv) the Association of Minnesota Counties;

90.31 (v) the Minnesota Juvenile Detention Association;

90.32 (vi) the Office of Addiction and Recovery;

- 91.1 (vii) NAMI Minnesota;
- 91.2 (viii) the Minnesota Association of Resources for Recovery and Chemical Health;
- 91.3 (ix) Tribal Nations; and
- 91.4 (x) the Minnesota Alliance of Recovery Community Organizations.
- 91.5 (c) The working group must:
- 91.6 (1) advise on the waiver application, implementation, monitoring, evaluation, and
- 91.7 reinvestment plans;
- 91.8 (2) recommend strategies to improve processes that ensure notifications of the individual's
- 91.9 release date, current location, postrelease location, and other relevant information are
- 91.10 provided to state, county, and Tribal eligibility systems and managed care organizations;
- 91.11 (3) consider the value of expanding, replicating, or adapting the components of the
- 91.12 demonstration authorized under this section to additional populations;
- 91.13 (4) consider information technology and other implementation needs for participating
- 91.14 correctional facilities; and
- 91.15 (5) recommend ideas to fund expanded reentry services.
- 91.16 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
- 91.17 whichever is later, except subdivision 7 is effective July 1, 2024. The commissioner of
- 91.18 human services must notify the revisor of statutes when federal approval is obtained.

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

91.20 Subd. 4. **Limitation of choice.** (a) The commissioner shall develop criteria to determine

91.21 when limitation of choice may be implemented in the experimental counties. The criteria

91.22 shall ensure that all eligible individuals in the county have continuing access to the full

91.23 range of medical assistance services as specified in subdivision 6.

91.24 (b) The commissioner shall exempt the following persons from participation in the

91.25 project, in addition to those who do not meet the criteria for limitation of choice:

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

91.27 1;

91.28 (2) persons eligible for medical assistance due to blindness or disability as determined

91.29 by the Social Security Administration or the state medical review team, unless:

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

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

92.4 (3) recipients who currently have private coverage through a health maintenance  
 92.5 organization;

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

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

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

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

92.16 (8) persons eligible for medical assistance according to section 256B.057, subdivision  
 92.17 10;

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

92.21 (10) persons who are absent from the state for more than 30 consecutive days but still  
 92.22 deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision  
 92.23 1, paragraph (b); and

92.24 (11) persons who are enrolled in the reentry demonstration waiver under section  
 92.25 256B.0761.

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

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

93.4 (d) The commissioner may require those individuals to enroll in the prepaid medical  
 93.5 assistance program who otherwise would have been excluded under paragraph (b), clauses  
 93.6 (1), (3), and (8), and under Minnesota Rules, part 9500.1452, subpart 2, items H, K, and L.

93.7 (e) Before limitation of choice is implemented, eligible individuals shall be notified and  
 93.8 after notification, shall be allowed to choose only among demonstration providers. The  
 93.9 commissioner may assign an individual with private coverage through a health maintenance  
 93.10 organization, to the same health maintenance organization for medical assistance coverage,  
 93.11 if the health maintenance organization is under contract for medical assistance in the  
 93.12 individual's county of residence. After initially choosing a provider, the recipient is allowed  
 93.13 to change that choice only at specified times as allowed by the commissioner. If a  
 93.14 demonstration provider ends participation in the project for any reason, a recipient enrolled  
 93.15 with that provider must select a new provider but may change providers without cause once  
 93.16 more within the first 60 days after enrollment with the second provider.

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

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

93.25 Sec. 14. Minnesota Statutes 2022, section 604A.04, subdivision 3, is amended to read:

93.26 Subd. 3. **Health care professionals; release from liability.** (a) A licensed health care  
 93.27 professional who is permitted by law to prescribe an opiate antagonist, if acting in good  
 93.28 faith, may directly or by standing order prescribe, dispense, distribute, or administer an  
 93.29 opiate antagonist to a person without being subject to civil liability or criminal prosecution  
 93.30 for the act. This immunity applies even when the opiate antagonist is eventually administered  
 93.31 in either or both of the following instances: (1) by someone other than the person to whom  
 93.32 it is prescribed; or (2) to someone other than the person to whom it is prescribed.

94.1 (b) A local unit of government, if acting in good faith, may distribute and administer an  
 94.2 opiate antagonist that is obtained pursuant to paragraph (a) without being subject to civil  
 94.3 liability or criminal prosecution for the act.

94.4 **Sec. 15. DIRECTION TO OMBUDSMAN FOR MENTAL HEALTH AND**  
 94.5 **DEVELOPMENTAL DISABILITIES.**

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

94.14 **Sec. 16. PEER RECOVERY SUPPORT SERVICES AND RECOVERY**  
 94.15 **COMMUNITY ORGANIZATION WORKING GROUP.**

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

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

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

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

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

94.27 (5) certification or other regulation of recovery community organizations and recovery  
 94.28 peers; and

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

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

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

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

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

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

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

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

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

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

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

95.19 (c) The commissioner of human services must make appointments to the working group  
95.20 by October 1, 2024, and convene the first meeting of the working group by December 1,  
95.21 2024.

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

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

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

96.1 **Sec. 17. CAPACITY BUILDING AND IMPLEMENTATION GRANTS FOR THE**  
96.2 **MEDICAL ASSISTANCE REENTRY DEMONSTRATION.**

96.3 The commissioner of human services must establish capacity-building grants for eligible  
96.4 local correctional facilities as they prepare to implement reentry demonstration services  
96.5 under Minnesota Statutes, section 256B.0761. Allowable expenditures under this grant  
96.6 include:

96.7 (1) developing, in coordination with incarcerated individuals and community members  
96.8 with lived experience, processes and protocols listed under Minnesota Statutes, section  
96.9 256B.0761, subdivision 5, paragraph (d);

96.10 (2) establishing or modifying information technology systems to support implementation  
96.11 of the reentry demonstration waiver;

96.12 (3) personnel costs; and

96.13 (4) other expenses as determined by the commissioner.

96.14 **Sec. 18. 1115 WAIVER FOR MEDICAL ASSISTANCE REENTRY**  
96.15 **DEMONSTRATION.**

96.16 The commissioner of human services must submit an application to the United States  
96.17 Secretary of Health and Human Services to implement a medical assistance reentry  
96.18 demonstration that covers services for incarcerated individuals as described under Minnesota  
96.19 Statutes, section 256B.0761. Coverage of prerelease services is contingent on federal approval  
96.20 of the demonstration and the required implementation and reinvestment plans.

96.21 **Sec. 19. RESIDENTIAL SUBSTANCE USE DISORDER RATE INCREASE.**

96.22 The commissioner of human services must increase rates for residential substance use  
96.23 disorder services as authorized under Minnesota Statutes, section 254B.05, subdivision 5,  
96.24 paragraph (a), by three percent for the 1115 demonstration base rates in effect as of January  
96.25 1, 2024.

96.26 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,  
96.27 whichever is later. The commissioner of human services must notify the revisor of statutes  
96.28 when federal approval is obtained.

96.29 **Sec. 20. REPEALER.**

96.30 Minnesota Statutes 2022, section 256.043, subdivision 4, is repealed.



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

97.2 **ARTICLE 4**

97.3 **PRIORITY ADMISSIONS AND CIVIL COMMITMENT**

97.4 Section 1. Minnesota Statutes 2022, section 245I.23, subdivision 19a, is amended to read:

97.5 Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder  
97.6 that prohibits clients from leaving the facility by locking exit doors or other permissible  
97.7 methods must meet the additional requirements of this subdivision.

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

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

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

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

97.19 (1) that the client has the right to leave the facility according to the client's rights under  
97.20 section 144.651, subdivision 21, ~~if the client is not subject to a court order authorizing the~~  
97.21 ~~license holder to prohibit the client from leaving the facility; or~~ and that leaving the facility  
97.22 against medical advice may result in legal consequences; and

97.23 (2) that the client ~~cannot~~ may not be able to leave the facility due to a court order  
97.24 ~~authorizing the license holder to prohibit the client from leaving the facility as required~~  
97.25 under chapter 253B.

97.26 ~~(f)~~ (e) If ~~the license holder prohibits a client from leaving the facility~~ is prohibited from  
97.27 leaving the facility under chapter 253B, the client's treatment plan must reflect this restriction.

98.1 Sec. 2. Minnesota Statutes 2022, section 246.129, as amended by Laws 2024, chapter 79,  
98.2 article 1, section 9, is amended to read:

98.3 **246.129 LEGISLATIVE APPROVAL REQUIRED.**

98.4 If the closure of a state-operated facility is proposed, and the executive board and  
98.5 respective bargaining units fail to arrive at a mutually agreed upon solution to transfer  
98.6 affected state employees to other state jobs, the closure of the facility requires legislative  
98.7 approval. ~~This does not apply to state-operated enterprise services.~~

98.8 Sec. 3. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1a, is amended  
98.9 to read:

98.10 Subd. 1a. **Anoka-Metro Regional Treatment Center.** (a) A county's payment of the  
98.11 cost of care provided at Anoka-Metro Regional Treatment Center shall be according to the  
98.12 following schedule:

98.13 (1) zero percent for the first 30 days;

98.14 (2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate  
98.15 for the client; and

98.16 (3) 100 percent for each day during the stay, including the day of admission, when the  
98.17 facility determines that it is clinically appropriate for the client to be discharged.

98.18 (b) If payments received by the state under sections 246.50 to 246.53 exceed 80 percent  
98.19 of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause  
98.20 (2), the county shall be responsible for paying the state only the remaining amount. The  
98.21 county shall not be entitled to reimbursement from the client, the client's estate, or from the  
98.22 client's relatives, except as provided in section 246.53.

98.23 (c) ~~Between July 1, 2023, and June 30~~ March 31, 2025, the county is not responsible  
98.24 for the cost of care under paragraph (a), clause (3), for a person who is committed as a  
98.25 person who has a mental illness and is dangerous to the public under section 253B.18 and  
98.26 who is awaiting transfer to another state-operated facility or program. This paragraph expires  
98.27 ~~June 30~~ March 31, 2025.

98.28 (d) Between April 1, 2025, and June 30, 2025, the county is not responsible for the cost  
98.29 of care under paragraph (a), clause (3), for a person who is civilly committed, if the client  
98.30 is awaiting transfer:

98.31 (1) to a facility operated by the Department of Corrections; or

99.1 (2) to another state-operated facility or program, and the Direct Care and Treatment  
 99.2 executive medical director's office or a designee has determined that:

99.3 (i) the client meets criteria for admission to that state-operated facility or program; and

99.4 (ii) the state-operated facility or program is the only facility or program that can  
 99.5 reasonably serve the client. This paragraph expires June 30, 2025.

99.6 ~~(d)~~ (e) Notwithstanding any law to the contrary, the client is not responsible for payment  
 99.7 of the cost of care under this subdivision.

99.8 Sec. 4. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1b, is amended  
 99.9 to read:

99.10 Subd. 1b. **Community behavioral health hospitals.** (a) A county's payment of the cost  
 99.11 of care provided at state-operated community-based behavioral health hospitals for adults  
 99.12 and children shall be according to the following schedule:

99.13 (1) 100 percent for each day during the stay, including the day of admission, when the  
 99.14 facility determines that it is clinically appropriate for the client to be discharged; and

99.15 (2) the county shall not be entitled to reimbursement from the client, the client's estate,  
 99.16 or from the client's relatives, except as provided in section 246.53.

99.17 (b) Between July 1, 2023, and ~~June 30~~ March 31, 2025, the county is not responsible  
 99.18 for the cost of care under paragraph (a), clause (1), for a person committed as a person who  
 99.19 has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting  
 99.20 transfer to another state-operated facility or program. This paragraph expires ~~June 30~~ March  
 99.21 31, 2025.

99.22 (c) Between April 1, 2025, and June 30, 2025, the county is not responsible for the cost  
 99.23 of care under paragraph (a), clause (1), for a person who is civilly committed, if the client  
 99.24 is awaiting transfer:

99.25 (1) to a facility operated by the Department of Corrections; or

99.26 (2) to another state-operated facility or program, and the Direct Care and Treatment  
 99.27 executive medical director's office or a designee has determined that:

99.28 (i) the client meets criteria for admission to that state-operated facility or program; and

99.29 (ii) the state-operated facility or program is the only facility or program that can  
 99.30 reasonably serve the client. This paragraph expires June 30, 2025.

100.1 ~~(e)~~ (d) Notwithstanding any law to the contrary, the client is not responsible for payment  
 100.2 of the cost of care under this subdivision.

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

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

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

100.17 (1) ~~ordered confined in a state-operated treatment program for an examination under~~  
 100.18 ~~Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and~~  
 100.19 ~~20.02, subdivision 2~~ the length of time the person has been on a waiting list for admission  
 100.20 to a state-operated direct care and treatment program since the date of the order under  
 100.21 paragraph (a), or the date of an order issued under sections 611.40 to 611.59;

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

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

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

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

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

101.1 (7) any relevant federal prioritization requirements.

101.2 Patients described in this paragraph must be admitted to a state-operated treatment program  
101.3 within 48 hours. The commitment must be ordered by the court as provided in section  
101.4 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or  
101.5 less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2,  
101.6 must be prioritized for admission to a state-operated treatment program using the priority  
101.7 admissions framework in this paragraph.

101.8 (c) Upon the arrival of a patient at the designated treatment facility, state-operated  
101.9 treatment program, or community-based treatment program, the head of the facility or  
101.10 program shall retain the duplicate of the warrant and endorse receipt upon the original  
101.11 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must  
101.12 be filed in the court of commitment. After arrival, the patient shall be under the control and  
101.13 custody of the head of the facility or program.

101.14 (d) Copies of the petition for commitment, the court's findings of fact and conclusions  
101.15 of law, the court order committing the patient, the report of the court examiners, and the  
101.16 prepetition report, and any medical and behavioral information available shall be provided  
101.17 at the time of admission of a patient to the designated treatment facility or program to which  
101.18 the patient is committed. Upon a patient's referral to the executive board for admission  
101.19 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or  
101.20 correctional facility that has provided care or supervision to the patient in the previous two  
101.21 years shall, when requested by the treatment facility or commissioner, provide copies of  
101.22 the patient's medical and behavioral records to the executive board for purposes of  
101.23 preadmission planning. This information shall be provided by the head of the treatment  
101.24 facility to treatment facility staff in a consistent and timely manner and pursuant to all  
101.25 applicable laws.

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

101.30 (f) Within four business days of determining which state-operated direct care and  
101.31 treatment program or programs are appropriate for an individual, the executive medical  
101.32 director's office or a designee must notify the source of the referral and the responsible  
101.33 county human services agency, the individual being ordered to direct care and treatment,  
101.34 and the district court that issued the order of the determination. The notice shall include

102.1 which program or programs are appropriate for the person's priority status. Any interested  
 102.2 person may provide additional information or request updated priority status about the  
 102.3 individual to the executive medical director's office or a designee while the individual is  
 102.4 awaiting admission. Updated priority status of an individual will only be disclosed to  
 102.5 interested persons who are legally authorized to receive private information about the  
 102.6 individual. When an available bed has been identified, the executive medical director's  
 102.7 office or a designee must notify the designated agency and the facility where the individual  
 102.8 is awaiting admission that the individual has been accepted for admission to a particular  
 102.9 state-operated direct care and treatment program and the earliest possible date the admission  
 102.10 can occur. The designated agency or facility where the individual is awaiting admission  
 102.11 must transport the individual to the admitting state-operated direct care and treatment  
 102.12 program no more than 48 hours after the offered admission date.

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

102.14 Sec. 6. Minnesota Statutes 2023 Supplement, section 256B.0622, subdivision 8, is amended  
 102.15 to read:

102.16 Subd. 8. **Medical assistance payment for assertive community treatment and**  
 102.17 **intensive residential treatment services.** (a) Payment for intensive residential treatment  
 102.18 services and assertive community treatment in this section shall be based on one daily rate  
 102.19 per provider inclusive of the following services received by an eligible client in a given  
 102.20 calendar day: all rehabilitative services under this section, staff travel time to provide  
 102.21 rehabilitative services under this section, and nonresidential crisis stabilization services  
 102.22 under section 256B.0624.

102.23 (b) Except as indicated in paragraph ~~(e)~~ (d), payment will not be made to more than one  
 102.24 entity for each client for services provided under this section on a given day. If services  
 102.25 under this section are provided by a team that includes staff from more than one entity, the  
 102.26 team must determine how to distribute the payment among the members.

102.27 (c) Payment must not be made based solely on a court order to participate in intensive  
 102.28 residential treatment services. If a client has a court order to participate in the program or  
 102.29 to obtain assessment for treatment and follow treatment recommendations, payment under  
 102.30 this section must only be provided if the client is eligible for the service and the service is  
 102.31 determined to be medically necessary.

102.32 ~~(e)~~ (d) The commissioner shall determine one rate for each provider that will bill medical  
 102.33 assistance for residential services under this section and one rate for each assertive community  
 102.34 treatment provider. If a single entity provides both services, one rate is established for the

103.1 entity's residential services and another rate for the entity's nonresidential services under  
103.2 this section. A provider is not eligible for payment under this section without authorization  
103.3 from the commissioner. The commissioner shall develop rates using the following criteria:

103.4 (1) the provider's cost for services shall include direct services costs, other program  
103.5 costs, and other costs determined as follows:

103.6 (i) the direct services costs must be determined using actual costs of salaries, benefits,  
103.7 payroll taxes, and training of direct service staff and service-related transportation;

103.8 (ii) other program costs not included in item (i) must be determined as a specified  
103.9 percentage of the direct services costs as determined by item (i). The percentage used shall  
103.10 be determined by the commissioner based upon the average of percentages that represent  
103.11 the relationship of other program costs to direct services costs among the entities that provide  
103.12 similar services;

103.13 (iii) physical plant costs calculated based on the percentage of space within the program  
103.14 that is entirely devoted to treatment and programming. This does not include administrative  
103.15 or residential space;

103.16 (iv) assertive community treatment physical plant costs must be reimbursed as part of  
103.17 the costs described in item (ii); and

103.18 (v) subject to federal approval, up to an additional five percent of the total rate may be  
103.19 added to the program rate as a quality incentive based upon the entity meeting performance  
103.20 criteria specified by the commissioner;

103.21 (2) actual cost is defined as costs which are allowable, allocable, and reasonable, and  
103.22 consistent with federal reimbursement requirements under Code of Federal Regulations,  
103.23 title 48, chapter 1, part 31, relating to for-profit entities, and Office of Management and  
103.24 Budget Circular Number A-122, relating to nonprofit entities;

103.25 (3) the number of service units;

103.26 (4) the degree to which clients will receive services other than services under this section;  
103.27 and

103.28 (5) the costs of other services that will be separately reimbursed.

103.29 ~~(d)~~ (e) The rate for intensive residential treatment services and assertive community  
103.30 treatment must exclude the medical assistance room and board rate, as defined in section  
103.31 256B.056, subdivision 5d, and services not covered under this section, such as partial  
103.32 hospitalization, home care, and inpatient services.

104.1 ~~(e)~~ (f) Physician services that are not separately billed may be included in the rate to the  
104.2 extent that a psychiatrist, or other health care professional providing physician services  
104.3 within their scope of practice, is a member of the intensive residential treatment services  
104.4 treatment team. Physician services, whether billed separately or included in the rate, may  
104.5 be delivered by telehealth. For purposes of this paragraph, "telehealth" has the meaning  
104.6 given to "mental health telehealth" in section 256B.0625, subdivision 46, when telehealth  
104.7 is used to provide intensive residential treatment services.

104.8 ~~(f)~~ (g) When services under this section are provided by an assertive community treatment  
104.9 provider, case management functions must be an integral part of the team.

104.10 ~~(g)~~ (h) The rate for a provider must not exceed the rate charged by that provider for the  
104.11 same service to other payors.

104.12 ~~(h)~~ (i) The rates for existing programs must be established prospectively based upon the  
104.13 expenditures and utilization over a prior 12-month period using the criteria established in  
104.14 paragraph ~~(e)~~ (d). The rates for new programs must be established based upon estimated  
104.15 expenditures and estimated utilization using the criteria established in paragraph ~~(e)~~ (d).

104.16 ~~(i)~~ (j) Effective for the rate years beginning on and after January 1, 2024, rates for  
104.17 assertive community treatment, adult residential crisis stabilization services, and intensive  
104.18 residential treatment services must be annually adjusted for inflation using the Centers for  
104.19 Medicare and Medicaid Services Medicare Economic Index, as forecasted in the fourth  
104.20 quarter of the calendar year before the rate year. The inflation adjustment must be based on  
104.21 the 12-month period from the midpoint of the previous rate year to the midpoint of the rate  
104.22 year for which the rate is being determined.

104.23 ~~(j)~~ (k) Entities who discontinue providing services must be subject to a settle-up process  
104.24 whereby actual costs and reimbursement for the previous 12 months are compared. In the  
104.25 event that the entity was paid more than the entity's actual costs plus any applicable  
104.26 performance-related funding due the provider, the excess payment must be reimbursed to  
104.27 the department. If a provider's revenue is less than actual allowed costs due to lower  
104.28 utilization than projected, the commissioner may reimburse the provider to recover its actual  
104.29 allowable costs. The resulting adjustments by the commissioner must be proportional to the  
104.30 percent of total units of service reimbursed by the commissioner and must reflect a difference  
104.31 of greater than five percent.

104.32 ~~(k)~~ (l) A provider may request of the commissioner a review of any rate-setting decision  
104.33 made under this subdivision.



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

105.2 (a) A panel appointed by the commissioner of human services, consisting of all members  
105.3 who served on the Task Force on Priority Admissions to State-Operated Treatment Programs  
105.4 under Laws 2023, chapter 61, article 8, section 13, subdivision 2, and one member who has  
105.5 an active role as a union representative representing staff at Direct Care and Treatment  
105.6 appointed by joint representatives of the American Federation of State, County and Municipal  
105.7 Employees (AFSCME); Minnesota Association of Professional Employees (MAPE);  
105.8 Minnesota Nurses Association (MNA); Middle Management Association (MMA); and State  
105.9 Residential Schools Education Association (SRSEA) must:

105.10 (1) evaluate the 48-hour timeline for priority admissions required under Minnesota  
105.11 Statutes, section 253B.10, subdivision 1, paragraph (b), and develop policy and legislative  
105.12 proposals related to the priority admissions timeline in order to minimize litigation costs,  
105.13 maximize capacity in and access to state-operated treatment programs, and address issues  
105.14 related to individuals awaiting admission to state-operated treatment programs in jails and  
105.15 correctional institutions; and

105.16 (2) by February 1, 2025, submit a written report to the chairs and ranking minority  
105.17 members of the legislative committees with jurisdiction over public safety and human  
105.18 services that includes legislative proposals to amend Minnesota Statutes, section 253B.10,  
105.19 subdivision 1, paragraph (b), to modify the 48-hour priority admissions timeline.

105.20 (b) The panel appointed under paragraph (a) must also advise the commissioner on the  
105.21 effectiveness of the framework and priority admissions generally and review de-identified  
105.22 data quarterly for one year following the implementation of the priority admissions  
105.23 framework to ensure that the framework is implemented and applied equitably. If the panel  
105.24 requests to review data that are classified as private or confidential and the commissioner  
105.25 determines that the data requested are necessary for the scope of the panel's review, the  
105.26 commissioner is authorized to disclose private or confidential data to the panel under this  
105.27 paragraph and pursuant to Minnesota Statutes, section 13.05, subdivision 4, paragraph (b),  
105.28 for private or confidential data collected prior to the effective date of this section.

105.29 (c) After the panel completes one year of review, a quality committee established by the  
105.30 Direct Care and Treatment executive board must continue to review data; seek input from  
105.31 counties, hospitals, community providers, and advocates; and provide a routine report to  
105.32 the executive board on the effectiveness of the framework and priority admissions.

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

106.1 **Sec. 8. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**  
106.2 **REIMBURSEMENT TO BELTRAMI COUNTY AND TODD COUNTY FOR**  
106.3 **CERTAIN COST OF CARE PAYMENTS.**

106.4 (a) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivisions  
106.5 1a and 1b; Minnesota Statutes 2022, section 246.54, subdivisions 1a and 1b; or any other  
106.6 law to the contrary, the commissioner of human services must not sanction or otherwise  
106.7 seek payment from Beltrami County for outstanding debts for the cost of care provided  
106.8 between July 1, 2022, and June 30, 2023, under:

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

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

106.17 (b) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivision  
106.18 1a; Minnesota Statutes 2022, section 246.54, subdivision 1a; or any other law to the contrary,  
106.19 the commissioner of human services must not sanction or otherwise seek payment from  
106.20 Todd County for outstanding debts for the cost of care provided in Anoka-Metro Regional  
106.21 Treatment Center from August 22, 2023, to February 3, 2024, not to exceed \$387,000.

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

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

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

107.1 (f) Notwithstanding any law to the contrary, the client is not responsible for payment of  
 107.2 the cost of care under this section.

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

107.4 Sec. 9. **MENTALLY ILL AND DANGEROUS CIVIL COMMITMENT REFORM**  
 107.5 **TASK FORCE.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

108.6 (15) a family member of an individual with lived experience under civil commitment  
108.7 as mentally ill and dangerous and who is on a provisional discharge or has been discharged  
108.8 from commitment;

108.9 (16) at least one Tribal government representative; and

108.10 (17) a member appointed by the Minnesota Disability Law Center.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

109.29 Sec. 10. **ENGAGEMENT SERVICES PILOT GRANTS.**

109.30 Subdivision 1. **Creation.** The engagement services pilot grant program is established  
109.31 in the Department of Human Services to provide grants to counties or certified community

110.1 behavioral health clinics under section 245.735 that have a letter of support from a county  
 110.2 to provide engagement services under section 253B.041. The commissioner of human  
 110.3 services must award one grant under this section to Otter Tail County. Engagement services  
 110.4 must provide culturally responsive early interventions to prevent an individual from meeting  
 110.5 the criteria for civil commitment and promote positive outcomes.

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

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

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

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

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

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

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

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

110.22 (b) Grantees must seek reimbursement for all activities and provided services eligible  
 110.23 for medical assistance.

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

110.28 Sec. 11. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; LIMITED**  
 110.29 **EXCEPTION FOR ADMISSION FROM HOSPITAL SETTINGS.**

110.30 The commissioner of human services must immediately approve an exception to add  
 110.31 up to ten patients who have been civilly committed and are in hospital settings to the waiting  
 110.32 list for admission to medically appropriate direct care and treatment beds under Minnesota

111.1 Statutes, section 253B.10, subdivision 1, paragraph (b). This section expires upon the  
 111.2 commissioner's approval of the exception for ten patients who have been civilly committed  
 111.3 and are awaiting admission.

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

111.5 Sec. 12. **COUNTY CORRECTIONAL FACILITY LONG-ACTING INJECTABLE**  
 111.6 **ANTIPSYCHOTIC MEDICATION PILOT PROGRAM.**

111.7 Subdivision 1. **Authorization.** The commissioner of human services must establish a  
 111.8 pilot program that provides payments to counties to support county correctional facilities  
 111.9 in administering long-acting injectable antipsychotic medications to prisoners for mental  
 111.10 health treatment.

111.11 Subd. 2. **Application.** Counties may submit requests for reimbursement for costs incurred  
 111.12 pursuant to subdivision 3 on an application form specified by the commissioner. Requests  
 111.13 for reimbursement for the cost of a long-acting injectable antipsychotic medication must  
 111.14 be accompanied by the correctional facility's invoice for the long-acting injectable  
 111.15 antipsychotic medication. The commissioner must issue an application to each county board  
 111.16 at least once per calendar quarter until money for the pilot program is expended.

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

111.20 (1) long-acting injectable antipsychotic medications for prisoners in county correctional  
 111.21 facilities; and

111.22 (2) health care costs related to the administration of long-acting injectable antipsychotic  
 111.23 medications for prisoners in correctional facilities.

111.24 Subd. 4. **Pilot program payment allocation.** (a) The commissioner may allocate up to  
 111.25 one quarter of the total appropriation for the pilot program each quarter. If the amount of  
 111.26 money for eligible requests received exceeds the amount of money available in the quarter,  
 111.27 the commissioner shall determine an equitable allocation of payments among the applicants.

111.28 (b) The commissioner may review costs and set a reasonable cap on the reimbursement  
 111.29 amount for medications and treatment.

111.30 (c) The commissioner's determination of payment amounts and allocation methods is  
 111.31 final and not subject to appeal.

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

112.4 Sec. 13. REPORT ON INPATIENT SUBSTANCE USE DISORDER BEDS.

112.5 By January 15, 2025, the Direct Care and Treatment executive board must submit a  
 112.6 report to the chairs and ranking minority members of the legislative committees with  
 112.7 jurisdiction over human services finance and policy with options for increasing inpatient  
 112.8 substance use disorder beds operated by the executive board. One option must include the  
 112.9 development of an inpatient substance use disorder program operated by the executive board  
 112.10 within 35 miles of the existing CARE-St. Peter facility.

## 112.11 ARTICLE 5

### 112.12 DIRECT CARE AND TREATMENT

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

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

112.17 (1) "agency" means the Department of Administration; Department of Agriculture;  
 112.18 Department of Children, Youth, and Families; Department of Commerce; Department of  
 112.19 Corrections; Department of Education; Department of Employment and Economic  
 112.20 Development; Department of Health; Office of Higher Education; Housing Finance Agency;  
 112.21 Department of Human Rights; Department of Human Services; Department of Information  
 112.22 Technology Services; Department of Iron Range Resources and Rehabilitation; Department  
 112.23 of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services;  
 112.24 Department of Military Affairs; Metropolitan Council; Department of Natural Resources;  
 112.25 Pollution Control Agency; Department of Public Safety; Department of Revenue; Department  
 112.26 of Transportation; Department of Veterans Affairs; Direct Care and Treatment; Gambling  
 112.27 Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; and  
 112.28 the Board of Water and Soil Resources;

112.29 (2) "consultation" means the direct and interactive involvement of the Minnesota Tribal  
 112.30 governments in the development of policy on matters that have Tribal implications.  
 112.31 Consultation is the proactive, affirmative process of identifying and seeking input from  
 112.32 appropriate Tribal governments and considering their interest as a necessary and integral  
 112.33 part of the decision-making process. This definition adds to statutorily mandated notification



113.1 procedures. During a consultation, the burden is on the agency to show that it has made a  
 113.2 good faith effort to elicit feedback. Consultation is a formal engagement between agency  
 113.3 officials and the governing body or bodies of an individual Minnesota Tribal government  
 113.4 that the agency or an individual Tribal government may initiate. Formal meetings or  
 113.5 communication between top agency officials and the governing body of a Minnesota Tribal  
 113.6 government is a necessary element of consultation;

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

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

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

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

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

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

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

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

113.32 (c) "Welfare system" includes the Department of Human Services; ~~the Department of~~  
 113.33 Direct Care and Treatment; the Department of Children, Youth, and Families; local social

114.1 services agencies; county welfare agencies; county public health agencies; county veteran  
114.2 services agencies; county housing agencies; private licensing agencies; the public authority  
114.3 responsible for child support enforcement; human services boards; community mental health  
114.4 center boards, state hospitals, state nursing homes, the ombudsman for mental health and  
114.5 developmental disabilities; Native American Tribes to the extent a Tribe provides a service  
114.6 component of the welfare system; and persons, agencies, institutions, organizations, and  
114.7 other entities under contract to any of the above agencies to the extent specified in the  
114.8 contract.

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

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

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

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

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

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

114.23 (1) according to section 13.05;

114.24 (2) according to court order;

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

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

114.30 (5) to personnel of the welfare system who require the data to verify an individual's  
114.31 identity; determine eligibility, amount of assistance, and the need to provide services to an  
114.32 individual or family across programs; coordinate services for an individual or family;

115.1 evaluate the effectiveness of programs; assess parental contribution amounts; and investigate  
115.2 suspected fraud;

115.3 (6) to administer federal funds or programs;

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

115.5 (8) to the Department of Revenue to assess parental contribution amounts for purposes  
115.6 of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit programs  
115.7 and to identify individuals who may benefit from these programs, and prepare the databases  
115.8 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section  
115.9 6. The following information may be disclosed under this paragraph: an individual's and  
115.10 their dependent's names, dates of birth, Social Security or individual taxpayer identification  
115.11 numbers, income, addresses, and other data as required, upon request by the Department  
115.12 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human  
115.13 services for the purposes described in this clause are governed by section 270B.14,  
115.14 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent  
115.15 care credit under section 290.067, the Minnesota working family credit under section  
115.16 290.0671, the property tax refund under section 290A.04, and the Minnesota education  
115.17 credit under section 290.0674;

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

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

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

115.25 (iii) to monitor and evaluate the Minnesota family investment program or the child care  
115.26 assistance program by exchanging data on recipients and former recipients of Supplemental  
115.27 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,  
115.28 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter  
115.29 256B or 256L; and

115.30 (iv) to analyze public assistance employment services and program utilization, cost,  
115.31 effectiveness, and outcomes as implemented under the authority established in Title II,  
115.32 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.  
115.33 Health records governed by sections 144.291 to 144.298 and "protected health information"

116.1 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code  
116.2 of Federal Regulations, title 45, parts 160-164, including health care claims utilization  
116.3 information, must not be exchanged under this clause;

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

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

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

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

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

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

116.26 (i) the participant:

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

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

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

- 117.1 (iii) the request is made in writing and in the proper exercise of those duties;
- 117.2 (16) the current address of a recipient of general assistance may be disclosed to probation  
117.3 officers and corrections agents who are supervising the recipient and to law enforcement  
117.4 officers who are investigating the recipient in connection with a felony level offense;
- 117.5 (17) information obtained from a SNAP applicant or recipient households may be  
117.6 disclosed to local, state, or federal law enforcement officials, upon their written request, for  
117.7 the purpose of investigating an alleged violation of the Food and Nutrition Act, according  
117.8 to Code of Federal Regulations, title 7, section 272.1(c);
- 117.9 (18) the address, Social Security or individual taxpayer identification number, and, if  
117.10 available, photograph of any member of a household receiving SNAP benefits shall be made  
117.11 available, on request, to a local, state, or federal law enforcement officer if the officer  
117.12 furnishes the agency with the name of the member and notifies the agency that:
- 117.13 (i) the member:
- 117.14 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a  
117.15 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;
- 117.16 (B) is violating a condition of probation or parole imposed under state or federal law;  
117.17 or
- 117.18 (C) has information that is necessary for the officer to conduct an official duty related  
117.19 to conduct described in subitem (A) or (B);
- 117.20 (ii) locating or apprehending the member is within the officer's official duties; and
- 117.21 (iii) the request is made in writing and in the proper exercise of the officer's official duty;
- 117.22 (19) the current address of a recipient of Minnesota family investment program, general  
117.23 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,  
117.24 provide the name of the recipient and notify the agency that the recipient is a person required  
117.25 to register under section 243.166, but is not residing at the address at which the recipient is  
117.26 registered under section 243.166;
- 117.27 (20) certain information regarding child support obligors who are in arrears may be  
117.28 made public according to section 518A.74;
- 117.29 (21) data on child support payments made by a child support obligor and data on the  
117.30 distribution of those payments excluding identifying information on obligees may be  
117.31 disclosed to all obligees to whom the obligor owes support, and data on the enforcement

118.1 actions undertaken by the public authority, the status of those actions, and data on the income  
118.2 of the obligor or obligee may be disclosed to the other party;

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

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

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

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

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

118.23 (27) to monitor and evaluate the Minnesota family investment program by exchanging  
118.24 data between the Departments of Human Services; Children, Youth, and Families; and  
118.25 Education, on recipients and former recipients of SNAP benefits, cash assistance under  
118.26 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical  
118.27 programs under chapter 256B or 256L, or a medical program formerly codified under chapter  
118.28 256D;

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

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

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

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

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

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

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

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

119.20 (ii) to provide for reimbursement of special transportation service provided under section  
119.21 473.386.

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

119.25 (b) Information on persons who have been treated for substance use disorder may only  
119.26 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections  
119.27 2.1 to 2.67.

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

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

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

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

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

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

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

120.13 (2) the responsible authority of a county welfare agency is the director of the county  
 120.14 welfare agency;

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

120.17 (4) the responsible authority of any person, agency, institution, organization, or other  
 120.18 entity under contract to any of the components of the welfare system listed in subdivision  
 120.19 1, clause (c), is the person specified in the contract;

120.20 (5) the responsible authority of the public authority for child support enforcement is the  
 120.21 head of the public authority for child support enforcement;

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

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

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

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



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

121.2 **15.01 DEPARTMENTS OF THE STATE.**

121.3 The following agencies are designated as the departments of the state government: the  
 121.4 Department of Administration; the Department of Agriculture; the Department of Children,  
 121.5 Youth, and Families; the Department of Commerce; the Department of Corrections; ~~the~~  
 121.6 ~~Department of Direct Care and Treatment~~; the Department of Education; the Department  
 121.7 of Employment and Economic Development; the Department of Health; the Department of  
 121.8 Human Rights; the Department of Human Services; the Department of Information  
 121.9 Technology Services; the Department of Iron Range Resources and Rehabilitation; the  
 121.10 Department of Labor and Industry; the Department of Management and Budget; the  
 121.11 Department of Military Affairs; the Department of Natural Resources; the Department of  
 121.12 Public Safety; the Department of Revenue; the Department of Transportation; the Department  
 121.13 of Veterans Affairs; and their successor departments.

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

121.15 Sec. 6. Minnesota Statutes 2023 Supplement, section 15.06, subdivision 1, as amended  
 121.16 by Laws 2024, chapter 85, section 6, is amended to read:

121.17 Subdivision 1. **Applicability.** This section applies to the following departments or  
 121.18 agencies: the Departments of Administration; Agriculture; Children, Youth, and Families;  
 121.19 Commerce; Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic  
 121.20 Development; Health; Human Rights; Human Services; Iron Range Resources and  
 121.21 Rehabilitation; Labor and Industry; Management and Budget; Natural Resources; Public  
 121.22 Safety; Revenue; Transportation; and Veterans Affairs; the Housing Finance and Pollution  
 121.23 Control Agencies; the Department of Information Technology Services; the Bureau of  
 121.24 Mediation Services; and their successor departments and agencies. The heads of the foregoing  
 121.25 departments or agencies are "commissioners."

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

121.27 Sec. 7. Minnesota Statutes 2023 Supplement, section 15A.0815, subdivision 2, is amended  
 121.28 to read:

121.29 Subd. 2. **Agency head salaries.** The salary for a position listed in this subdivision shall  
 121.30 be determined by the Compensation Council under section 15A.082. The commissioner of  
 121.31 management and budget must publish the salaries on the department's website. This  
 121.32 subdivision applies to the following positions:

- 122.1 Commissioner of administration;
- 122.2 Commissioner of agriculture;
- 122.3 Commissioner of education;
- 122.4 Commissioner of children, youth, and families;
- 122.5 Commissioner of commerce;
- 122.6 Commissioner of corrections;
- 122.7 Commissioner of health;
- 122.8 Commissioner, Minnesota Office of Higher Education;
- 122.9 Commissioner, Minnesota IT Services;
- 122.10 Commissioner, Housing Finance Agency;
- 122.11 Commissioner of human rights;
- 122.12 Commissioner of human services;
- 122.13 Commissioner of labor and industry;
- 122.14 Commissioner of management and budget;
- 122.15 Commissioner of natural resources;
- 122.16 Commissioner, Pollution Control Agency;
- 122.17 Commissioner of public safety;
- 122.18 Commissioner of revenue;
- 122.19 Commissioner of employment and economic development;
- 122.20 Commissioner of transportation;
- 122.21 Commissioner of veterans affairs;
- 122.22 Executive director of the Gambling Control Board;
- 122.23 Executive director of the Minnesota State Lottery;
- 122.24 Commissioner of Iron Range resources and rehabilitation;
- 122.25 Commissioner, Bureau of Mediation Services;
- 122.26 Ombudsman for mental health and developmental disabilities;
- 122.27 Ombudsperson for corrections;

- 123.1 Chair, Metropolitan Council;
- 123.2 Chair, Metropolitan Airports Commission;
- 123.3 School trust lands director;
- 123.4 Executive director of pari-mutuel racing; ~~and~~
- 123.5 Commissioner, Public Utilities Commission; and
- 123.6 Chief Executive Officer, Direct Care and Treatment.

123.7 Sec. 8. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 1, is amended  
123.8 to read:

123.9 Subdivision 1. **Creation.** A Compensation Council is created each odd-numbered year  
123.10 to establish the compensation of constitutional officers and the heads of state and metropolitan  
123.11 agencies identified in section 15A.0815, ~~and~~ to assist the legislature in establishing the  
123.12 compensation of justices of the supreme court and judges of the court of appeals and district  
123.13 court, and to determine the daily compensation for voting members of the Direct Care and  
123.14 Treatment executive board.

123.15 Sec. 9. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 3, is amended  
123.16 to read:

123.17 Subd. 3. **Submission of recommendations and determination.** (a) By April 1 in each  
123.18 odd-numbered year, the Compensation Council shall submit to the speaker of the house and  
123.19 the president of the senate salary recommendations for justices of the supreme court, and  
123.20 judges of the court of appeals and district court. The recommended salaries take effect on  
123.21 July 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval  
123.22 the council recommends thereafter, unless the legislature by law provides otherwise. The  
123.23 salary recommendations take effect if an appropriation of money to pay the recommended  
123.24 salaries is enacted after the recommendations are submitted and before their effective date.  
123.25 Recommendations may be expressly modified or rejected.

123.26 (b) By April 1 in each odd-numbered year, the Compensation Council must prescribe  
123.27 salaries for constitutional officers, and for the agency and metropolitan agency heads  
123.28 identified in section 15A.0815. The prescribed salary for each office must take effect July  
123.29 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval  
123.30 the council determines thereafter, unless the legislature by law provides otherwise. An  
123.31 appropriation by the legislature to fund the relevant office, branch, or agency of an amount

124.1 sufficient to pay the salaries prescribed by the council constitutes a prescription by law as  
124.2 provided in the Minnesota Constitution, article V, sections 4 and 5.

124.3 (c) By April 1 in each odd-numbered year, the Compensation Council must prescribe  
124.4 daily compensation for voting members of the Direct Care and Treatment executive board.  
124.5 The recommended daily compensation takes effect on July 1 of that year and July 1 of the  
124.6 subsequent even-numbered year and at whatever interval the council recommends thereafter,  
124.7 unless the legislature by law provides otherwise.

124.8 Sec. 10. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 7, is amended  
124.9 to read:

124.10 Subd. 7. **No ex parte communications.** Members may not have any communication  
124.11 with a constitutional officer, a head of a state agency, ~~or~~ a member of the judiciary, or a  
124.12 member of the Direct Care and Treatment executive board during the period after the first  
124.13 meeting is convened under this section and the date the prescribed and recommended salaries  
124.14 and daily compensation are submitted under subdivision 3.

124.15 Sec. 11. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1, is amended  
124.16 to read:

124.17 Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees  
124.18 who are:

124.19 (1) chosen by election or appointed to fill an elective office;

124.20 (2) heads of agencies required by law to be appointed by the governor or other elective  
124.21 officers, and the executive or administrative heads of departments, bureaus, divisions, and  
124.22 institutions specifically established by law in the unclassified service;

124.23 (3) deputy and assistant agency heads and one confidential secretary in the agencies  
124.24 listed in subdivision 1a;

124.25 (4) the confidential secretary to each of the elective officers of this state and, for the  
124.26 secretary of state and state auditor, an additional deputy, clerk, or employee;

124.27 (5) intermittent help employed by the commissioner of public safety to assist in the  
124.28 issuance of vehicle licenses;

124.29 (6) employees in the offices of the governor and of the lieutenant governor and one  
124.30 confidential employee for the governor in the Office of the Adjutant General;

124.31 (7) employees of the Washington, D.C., office of the state of Minnesota;

125.1 (8) employees of the legislature and of legislative committees or commissions; provided  
125.2 that employees of the Legislative Audit Commission, except for the legislative auditor, the  
125.3 deputy legislative auditors, and their confidential secretaries, shall be employees in the  
125.4 classified service;

125.5 (9) presidents, vice-presidents, deans, other managers and professionals in academic  
125.6 and academic support programs, administrative or service faculty, teachers, research  
125.7 assistants, and student employees eligible under terms of the federal Economic Opportunity  
125.8 Act work study program in the Perpich Center for Arts Education and the Minnesota State  
125.9 Colleges and Universities, but not the custodial, clerical, or maintenance employees, or any  
125.10 professional or managerial employee performing duties in connection with the business  
125.11 administration of these institutions;

125.12 (10) officers and enlisted persons in the National Guard;

125.13 (11) attorneys, legal assistants, and three confidential employees appointed by the attorney  
125.14 general or employed with the attorney general's authorization;

125.15 (12) judges and all employees of the judicial branch, referees, receivers, jurors, and  
125.16 notaries public, except referees and adjusters employed by the Department of Labor and  
125.17 Industry;

125.18 (13) members of the State Patrol; provided that selection and appointment of State Patrol  
125.19 troopers must be made in accordance with applicable laws governing the classified service;

125.20 (14) examination monitors and intermittent training instructors employed by the  
125.21 Departments of Management and Budget and Commerce and by professional examining  
125.22 boards and intermittent staff employed by the technical colleges for the administration of  
125.23 practical skills tests and for the staging of instructional demonstrations;

125.24 (15) student workers;

125.25 (16) executive directors or executive secretaries appointed by and reporting to any  
125.26 policy-making board or commission established by statute;

125.27 (17) employees unclassified pursuant to other statutory authority;

125.28 (18) intermittent help employed by the commissioner of agriculture to perform duties  
125.29 relating to pesticides, fertilizer, and seed regulation;

125.30 (19) the administrators and the deputy administrators at the State Academies for the  
125.31 Deaf and the Blind; and

126.1 (20) ~~the chief executive officers in the Department of Human Services~~ officer of Direct  
 126.2 Care and Treatment.

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

126.4 Sec. 12. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended  
 126.5 to read:

126.6 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following  
 126.7 agencies may designate additional unclassified positions according to this subdivision: the  
 126.8 Departments of Administration; Agriculture; Children, Youth, and Families; Commerce;  
 126.9 Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic  
 126.10 Development; Explore Minnesota Tourism; Management and Budget; Health; Human  
 126.11 Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue;  
 126.12 Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies;  
 126.13 the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the  
 126.14 Department of Information Technology Services; the Offices of the Attorney General,  
 126.15 Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the  
 126.16 Minnesota Office of Higher Education; the Perpich Center for Arts Education; Direct Care  
 126.17 and Treatment; and the Minnesota Zoological Board.

126.18 A position designated by an appointing authority according to this subdivision must  
 126.19 meet the following standards and criteria:

126.20 (1) the designation of the position would not be contrary to other law relating specifically  
 126.21 to that agency;

126.22 (2) the person occupying the position would report directly to the agency head or deputy  
 126.23 agency head and would be designated as part of the agency head's management team;

126.24 (3) the duties of the position would involve significant discretion and substantial  
 126.25 involvement in the development, interpretation, and implementation of agency policy;

126.26 (4) the duties of the position would not require primarily personnel, accounting, or other  
 126.27 technical expertise where continuity in the position would be important;

126.28 (5) there would be a need for the person occupying the position to be accountable to,  
 126.29 loyal to, and compatible with, the governor and the agency head, the employing statutory  
 126.30 board or commission, or the employing constitutional officer;

126.31 (6) the position would be at the level of division or bureau director or assistant to the  
 126.32 agency head; and

127.1 (7) the commissioner has approved the designation as being consistent with the standards  
127.2 and criteria in this subdivision.

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

127.4 Sec. 13. Minnesota Statutes 2022, section 145.61, subdivision 5, is amended to read:

127.5 Subd. 5. **Review organization.** "Review organization" means a nonprofit organization  
127.6 acting according to clause (1), a committee as defined under section 144E.32, subdivision  
127.7 2, or a committee whose membership is limited to professionals, administrative staff, and  
127.8 consumer directors, except where otherwise provided for by state or federal law, and which  
127.9 is established by one or more of the following: a hospital, a clinic, a nursing home, an  
127.10 ambulance service or first responder service regulated under chapter 144E, one or more  
127.11 state or local associations of professionals, an organization of professionals from a particular  
127.12 area or medical institution, a health maintenance organization as defined in chapter 62D, a  
127.13 community integrated service network as defined in chapter 62N, a nonprofit health service  
127.14 plan corporation as defined in chapter 62C, a preferred provider organization, a professional  
127.15 standards review organization established pursuant to United States Code, title 42, section  
127.16 1320c-1 et seq., a medical review agent established to meet the requirements of section  
127.17 256B.04, subdivision 15, the Department of Human Services, Direct Care and Treatment,  
127.18 or a nonprofit corporation that owns, operates, or is established by one or more of the above  
127.19 referenced entities, to gather and review information relating to the care and treatment of  
127.20 patients for the purposes of:

127.21 (a) evaluating and improving the quality of health care;

127.22 (b) reducing morbidity or mortality;

127.23 (c) obtaining and disseminating statistics and information relative to the treatment and  
127.24 prevention of diseases, illness and injuries;

127.25 (d) developing and publishing guidelines showing the norms of health care in the area  
127.26 or medical institution or in the entity or organization that established the review organization;

127.27 (e) developing and publishing guidelines designed to keep within reasonable bounds the  
127.28 cost of health care;

127.29 (f) developing and publishing guidelines designed to improve the safety of care provided  
127.30 to individuals;

128.1 (g) reviewing the safety, quality, or cost of health care services provided to enrollees of  
128.2 health maintenance organizations, community integrated service networks, health service  
128.3 plans, preferred provider organizations, and insurance companies;

128.4 (h) acting as a professional standards review organization pursuant to United States  
128.5 Code, title 42, section 1320c-1 et seq.;

128.6 (i) determining whether a professional shall be granted staff privileges in a medical  
128.7 institution, membership in a state or local association of professionals, or participating status  
128.8 in a nonprofit health service plan corporation, health maintenance organization, community  
128.9 integrated service network, preferred provider organization, or insurance company, or  
128.10 whether a professional's staff privileges, membership, or participation status should be  
128.11 limited, suspended or revoked;

128.12 (j) reviewing, ruling on, or advising on controversies, disputes or questions between:

128.13 (1) health insurance carriers, nonprofit health service plan corporations, health  
128.14 maintenance organizations, community integrated service networks, self-insurers and their  
128.15 insureds, subscribers, enrollees, or other covered persons;

128.16 (2) professional licensing boards and health providers licensed by them;

128.17 (3) professionals and their patients concerning diagnosis, treatment or care, or the charges  
128.18 or fees therefor;

128.19 (4) professionals and health insurance carriers, nonprofit health service plan corporations,  
128.20 health maintenance organizations, community integrated service networks, or self-insurers  
128.21 concerning a charge or fee for health care services provided to an insured, subscriber,  
128.22 enrollee, or other covered person;

128.23 (5) professionals or their patients and the federal, state, or local government, or agencies  
128.24 thereof;

128.25 (k) providing underwriting assistance in connection with professional liability insurance  
128.26 coverage applied for or obtained by dentists, or providing assistance to underwriters in  
128.27 evaluating claims against dentists;

128.28 (l) acting as a medical review agent under section 256B.04, subdivision 15;

128.29 (m) providing recommendations on the medical necessity of a health service, or the  
128.30 relevant prevailing community standard for a health service;

128.31 (n) providing quality assurance as required by United States Code, title 42, sections  
128.32 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;



129.1 (o) providing information to group purchasers of health care services when that  
129.2 information was originally generated within the review organization for a purpose specified  
129.3 by this subdivision;

129.4 (p) providing information to other, affiliated or nonaffiliated review organizations, when  
129.5 that information was originally generated within the review organization for a purpose  
129.6 specified by this subdivision, and as long as that information will further the purposes of a  
129.7 review organization as specified by this subdivision; or

129.8 (q) participating in a standardized incident reporting system, including Internet-based  
129.9 applications, to share information for the purpose of identifying and analyzing trends in  
129.10 medical error and iatrogenic injury.

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

129.12 Sec. 14. Minnesota Statutes 2022, section 246.018, subdivision 3, as amended by Laws  
129.13 2024, chapter 79, article 1, section 6, is amended to read:

129.14 Subd. 3. **Duties.** The executive medical director shall:

129.15 (1) oversee the clinical provision of inpatient mental health services provided in the  
129.16 state's regional treatment centers;

129.17 (2) recruit and retain psychiatrists to serve on the direct care and treatment medical staff  
129.18 established in subdivision 4;

129.19 (3) consult with the executive board, the chief executive officer, and community mental  
129.20 health center directors, ~~and the state-operated services governing body~~ to develop standards  
129.21 for treatment and care of patients in state-operated service programs;

129.22 (4) develop and oversee a continuing education program for members of the medical  
129.23 staff; and

129.24 (5) participate and cooperate in the development and maintenance of a quality assurance  
129.25 program for state-operated services that assures that residents receive continuous quality  
129.26 inpatient, outpatient, and postdischarge care.

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

129.28 Sec. 15. Minnesota Statutes 2022, section 246.13, subdivision 2, as amended by Laws  
129.29 2024, chapter 79, article 2, section 4, is amended to read:

129.30 Subd. 2. **Definitions; risk assessment and management.** (a) As used in this section:

130.1 (1) "appropriate and necessary medical and other records" includes patient medical  
130.2 records and other protected health information as defined by Code of Federal Regulations,  
130.3 title 45, section 164.501, relating to a patient in a state-operated services facility including  
130.4 but not limited to the patient's treatment plan and abuse prevention plan pertinent to the  
130.5 patient's ongoing care, treatment, or placement in a community-based treatment facility or  
130.6 a health care facility that is not operated by state-operated services, including information  
130.7 describing the level of risk posed by a patient when the patient enters the facility;

130.8 (2) "community-based treatment" means the community support services listed in section  
130.9 253B.02, subdivision 4b;

130.10 (3) "criminal history data" means data maintained or used by the Departments of  
130.11 Corrections and Public Safety and by the supervisory authorities listed in section 13.84,  
130.12 subdivision 1, that relate to an individual's criminal history or propensity for violence,  
130.13 including data in the:

130.14 (i) Corrections Offender Management System (COMS);

130.15 (ii) Statewide Supervision System (S3);

130.16 (iii) Bureau of Criminal Apprehension criminal history data as defined in section 13.87;

130.17 (iv) Integrated Search Service as defined in section 13.873; and

130.18 (v) Predatory Offender Registration (POR) system;

130.19 (4) "designated agency" means the agency defined in section 253B.02, subdivision 5;

130.20 (5) "law enforcement agency" means the law enforcement agency having primary  
130.21 jurisdiction over the location where the offender expects to reside upon release;

130.22 (6) "predatory offender" and "offender" mean a person who is required to register as a  
130.23 predatory offender under section 243.166; and

130.24 (7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.

130.25 (b) To promote public safety and for the purposes and subject to the requirements of  
130.26 this paragraph, the executive board or the executive board's designee shall have access to,  
130.27 and may review and disclose, medical and criminal history data as provided by this section,  
130.28 as necessary to comply with Minnesota Rules, part 1205.0400, to:

130.29 (1) determine whether a patient is required under state law to register as a predatory  
130.30 offender according to section 243.166;

131.1 (2) facilitate and expedite the responsibilities of the special review board and  
 131.2 end-of-confinement review committees by corrections institutions and state treatment  
 131.3 facilities;

131.4 (3) prepare, amend, or revise the abuse prevention plans required under section 626.557,  
 131.5 subdivision 14, and individual patient treatment plans required under section 253B.03,  
 131.6 subdivision 7;

131.7 (4) facilitate the custody, supervision, and transport of individuals transferred between  
 131.8 the Department of Corrections and ~~the Department of Direct Care and Treatment~~; and

131.9 (5) effectively monitor and supervise individuals who are under the authority of the  
 131.10 Department of Corrections, ~~the Department of Direct Care and Treatment~~, and the supervisory  
 131.11 authorities listed in section 13.84, subdivision 1.

131.12 (c) The state-operated services treatment facility or a designee must make a good faith  
 131.13 effort to obtain written authorization from the patient before releasing information from the  
 131.14 patient's medical record.

131.15 (d) If the patient refuses or is unable to give informed consent to authorize the release  
 131.16 of information required under this subdivision, the chief executive officer ~~for state-operated~~  
 131.17 ~~services~~ or a designee shall provide the appropriate and necessary medical and other records.  
 131.18 The chief executive officer or a designee shall comply with the minimum necessary privacy  
 131.19 requirements.

131.20 (e) The executive board may have access to the National Crime Information Center  
 131.21 (NCIC) database through the Department of Public Safety in support of the public safety  
 131.22 functions described in paragraph (b).

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

131.24 Sec. 16. Minnesota Statutes 2022, section 246.234, as amended by Laws 2024, chapter  
 131.25 79, article 1, section 11, is amended to read:

131.26 **246.234 RECIPROCAL EXCHANGE OF CERTAIN PERSONS.**

131.27 The executive board is ~~hereby~~ authorized with the approval of the governor to enter into  
 131.28 reciprocal agreements with duly authorized authorities of ~~any other~~ another state or states  
 131.29 regarding the mutual exchange, return, and transportation of persons with a mental illness  
 131.30 or developmental disability who are within the confines of one state but have legal residence  
 131.31 or legal settlement for the purposes of relief in another state. ~~Such agreements~~ Any agreement

132.1 entered into under this subdivision must not contain provisions conflicting any provision  
 132.2 that conflicts with any law of this state law.

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

132.4 Sec. 17. Minnesota Statutes 2022, section 246.36, as amended by Laws 2024, chapter 79,  
 132.5 article 1, section 14, is amended to read:

132.6 **246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.**

132.7 For the purpose of carrying out a duty, the executive board ~~shall have authority to~~ may  
 132.8 accept uncompensated and voluntary services and ~~to~~ may enter into contracts or agreements  
 132.9 with private or public agencies, organizations, or persons for uncompensated and voluntary  
 132.10 services as the executive board deems practicable. Uncompensated and voluntary services  
 132.11 do not include services mandated by licensure and certification requirements for health care  
 132.12 facilities. The volunteer agencies, organizations, or persons who provide services to residents  
 132.13 of state facilities operated under the authority of the executive board are not subject to the  
 132.14 procurement requirements of chapters 16A and 16C. ~~The agencies, organizations, or persons~~  
 132.15 ~~may purchase supplies, services, and equipment to be used in providing services to residents~~  
 132.16 ~~of state facilities through the Department of Administration.~~

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

132.18 Sec. 18. Minnesota Statutes 2023 Supplement, section 246C.01, is amended to read:

132.19 **246C.01 TITLE.**

132.20 This chapter may be cited as the "~~Department of~~ Direct Care and Treatment Act."

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

132.22 Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.02, as amended by Laws  
 132.23 2024, chapter 79, article 1, section 19, is amended to read:

132.24 **246C.02 ~~DEPARTMENT OF DIRECT CARE AND TREATMENT;~~**  
 132.25 **ESTABLISHMENT.**

132.26 Subdivision 1. **Establishment.** ~~The Department of Direct Care and Treatment is created~~  
 132.27 as an agency headed by an executive board. ~~An executive board shall head the Department~~  
 132.28 ~~of Direct Care and Treatment.~~

133.1 ~~Subd. 2. **Mission.** (a) The executive board shall develop and maintain direct care and~~  
 133.2 ~~treatment in a manner consistent with applicable law, including chapters 13, 245, 246, 246B,~~  
 133.3 ~~252, 253, 253B, 253C, 253D, 254A, 254B, and 256.~~

133.4 ~~(b) The executive board shall provide direct care and treatment services in coordination~~  
 133.5 ~~with the commissioner of human services, counties, and other vendors.~~

133.6 **Subd. 3. Direct care and treatment services.** Direct Care and Treatment services shall  
 133.7 provide direct care and treatment services that include specialized inpatient programs at  
 133.8 secure treatment facilities, community preparation services, regional treatment centers,  
 133.9 enterprise services, consultative services, aftercare services, community-based services and  
 133.10 programs, transition services, nursing home services, and other services consistent with the  
 133.11 mission of the Department of Direct Care and Treatment state law, including this chapter  
 133.12 and chapters 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256. Direct  
 133.13 Care and Treatment shall provide direct care and treatment services in coordination with  
 133.14 the commissioner of human services, counties, and other vendors.

133.15 **Subd. 4. Statewide services.** (a) The administrative structure of state-operated services  
 133.16 must be statewide in character.

133.17 (b) The state-operated services staff may deliver services at any location throughout the  
 133.18 state.

133.19 **Subd. 5. Department of Human Services as state agency.** The commissioner of human  
 133.20 services continues to constitute the "state agency" as defined by the Social Security Act of  
 133.21 the United States and the laws of this state for all purposes relating to mental health and  
 133.22 mental hygiene.

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

133.24 **Sec. 20.** Minnesota Statutes 2023 Supplement, section 246C.04, as amended by Laws  
 133.25 2024, chapter 79, article 1, section 21, is amended to read:

133.26 **246C.04 TRANSFER OF DUTIES.**

133.27 **Subdivision 1. Transfer of duties.** (a) Section 15.039 applies to the transfer of ~~duties~~  
 133.28 responsibilities from the Department of Human Services to Direct Care and Treatment  
 133.29 required by this chapter.

133.30 (b) The commissioner of administration, with the governor's approval, shall issue  
 133.31 reorganization orders under section 16B.37 as necessary to carry out the transfer of duties  
 133.32 required by ~~section 246C.03~~ this chapter. The provision of section 16B.37, subdivision 1,

134.1 stating that transfers under section 16B.37 may only be to an agency that has existed for at  
134.2 least one year does not apply to transfers to an agency created by this chapter.

134.3 ~~(c) The initial salary for the health systems chief executive officer of the Department of~~  
134.4 ~~Direct Care and Treatment is the same as the salary for the health systems chief executive~~  
134.5 ~~officer of direct care and treatment at the Department of Human Services immediately before~~  
134.6 ~~July 1, 2024.~~

134.7 Subd. 2. **Transfer of custody of civilly committed persons.** The commissioner of  
134.8 human services shall continue to exercise all authority and responsibility for and retain  
134.9 custody of persons subject to civil commitment under chapter 253B or 253D until July 1,  
134.10 2025. Effective July 1, 2025, custody of persons subject to civil commitment under chapter  
134.11 253B or 253D and in the custody of the commissioner of human services as of that date is  
134.12 hereby transferred to the executive board without any further act or proceeding. Authority  
134.13 and responsibility for the commitment of such persons is transferred to the executive board  
134.14 July 1, 2025.

134.15 Subd. 3. **Control of direct care and treatment.** The commissioner of human services  
134.16 shall continue to exercise all authorities and responsibilities under this chapter and chapters  
134.17 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, with reference to  
134.18 any state-operated service, program, or facility subject to transfer under this act until July  
134.19 1, 2025. Effective July 1, 2025, the powers and duties vested in or imposed upon the  
134.20 commissioner of human services with reference to any state-operated service, program, or  
134.21 facility are hereby transferred to, vested in, and imposed upon the executive board according  
134.22 to this chapter and applicable state law. Effective July 1, 2025, the executive board ~~is hereby~~  
134.23 ~~charged with and~~ has the exclusive power of administration and management of all state  
134.24 hospitals for persons with a developmental disability, mental illness, or substance use  
134.25 disorder. Effective July 1, 2025, the executive board has the power and authority to determine  
134.26 all matters relating to the development of all of the foregoing institutions and of such other  
134.27 institutions vested in the executive board. Effective July 1, 2025, the powers, functions, and  
134.28 authority vested in the commissioner of human services relative to such state institutions  
134.29 are ~~hereby~~ transferred to the executive board according to this chapter and applicable state  
134.30 law.

134.31 Subd. 4. **Appropriations.** There is hereby appropriated to such persons or institutions  
134.32 as are entitled to such sums as are provided for in this section, from the fund or account in  
134.33 the state treasury to which the money was credited, an amount sufficient to make such  
134.34 payment.

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

135.2 Sec. 21. Minnesota Statutes 2023 Supplement, section 246C.05, as amended by Laws  
135.3 2024, chapter 79, article 1, section 22, is amended to read:

135.4 **246C.05 EMPLOYEE PROTECTIONS FOR ESTABLISHING THE NEW**  
135.5 **~~DEPARTMENT OF DIRECT CARE AND TREATMENT.~~**

135.6 (a) Personnel whose duties relate to the functions assigned to the executive board in  
135.7 ~~section 246C.03~~ this chapter are transferred to the Department of Direct Care and Treatment  
135.8 effective 30 days after approval by the commissioner of management and budget.

135.9 (b) Before the executive board is appointed, personnel whose duties relate to the functions  
135.10 in this ~~section~~ chapter may be transferred beginning July 1, 2024, with 30 days' notice from  
135.11 the commissioner of management and budget.

135.12 (c) The following protections shall apply to employees who are transferred from the  
135.13 Department of Human Services to ~~the Department of~~ Direct Care and Treatment:

135.14 (1) No transferred employee shall have their employment status and job classification  
135.15 altered as a result of the transfer.

135.16 (2) Transferred employees who were represented by an exclusive representative prior  
135.17 to the transfer shall continue to be represented by the same exclusive representative after  
135.18 the transfer.

135.19 (3) The applicable collective bargaining agreements with exclusive representatives shall  
135.20 continue in full force and effect for such transferred employees after the transfer.

135.21 (4) The state shall have the obligation to meet and negotiate with the exclusive  
135.22 representatives of the transferred employees about any proposed changes affecting or relating  
135.23 to the transferred employees' terms and conditions of employment to the extent such changes  
135.24 are not addressed in the applicable collective bargaining agreement.

135.25 (5) When an employee in a temporary unclassified position is transferred to ~~the~~  
135.26 ~~Department of~~ Direct Care and Treatment, the total length of time that the employee has  
135.27 served in the appointment shall include all time served in the appointment at the transferring  
135.28 agency and the time served in the appointment at ~~the Department of~~ Direct Care and  
135.29 Treatment. An employee in a temporary unclassified position who was hired by a transferring  
135.30 agency through an open competitive selection process in accordance with a policy enacted  
135.31 by Minnesota Management and Budget shall be considered to have been hired through such  
135.32 process after the transfer.

136.1 (6) In the event that the state transfers ownership or control of any of the facilities,  
 136.2 services, or operations of ~~the Department of~~ Direct Care and Treatment to another entity,  
 136.3 whether private or public, by subcontracting, sale, assignment, lease, or other transfer, the  
 136.4 state shall require as a written condition of such transfer of ownership or control the following  
 136.5 provisions:

136.6 (i) Employees who perform work in transferred facilities, services, or operations must  
 136.7 be offered employment with the entity acquiring ownership or control before the entity  
 136.8 offers employment to any individual who was not employed by the transferring agency at  
 136.9 the time of the transfer.

136.10 (ii) The wage and benefit standards of such transferred employees must not be reduced  
 136.11 by the entity acquiring ownership or control through the expiration of the collective  
 136.12 bargaining agreement in effect at the time of the transfer or for a period of two years after  
 136.13 the transfer, whichever is longer.

136.14 (d) There is no liability on the part of, and no cause of action arises against, the state of  
 136.15 Minnesota or its officers or agents for any action or inaction of any entity acquiring ownership  
 136.16 or control of any facilities, services, or operations of ~~the Department of~~ Direct Care and  
 136.17 Treatment.

136.18 (e) This section expires upon the completion of the transfer of duties to the executive  
 136.19 board under ~~section 246C.03~~ this chapter. The commissioner of human services shall notify  
 136.20 the revisor of statutes when the transfer of duties is complete.

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

136.22 **Sec. 22. [246C.07] POWERS AND DUTIES OF EXECUTIVE BOARD.**

136.23 Subdivision 1. Generally. (a) The executive board must operate the agency according  
 136.24 to this chapter and applicable state and federal law. The overall management and control  
 136.25 of the agency is vested in the executive board in accordance with this chapter.

136.26 (b) The executive board must appoint a chief executive officer according to section  
 136.27 246C.08. The chief executive officer is responsible for the administrative and operational  
 136.28 duties of Direct Care and Treatment in accordance with this chapter.

136.29 (c) The executive board may delegate duties imposed by this chapter and under applicable  
 136.30 state and federal law as deemed appropriate by the board and in accordance with this chapter.  
 136.31 Any delegation of a specified statutory duty or power to an employee of Direct Care and  
 136.32 Treatment other than the chief executive officer must be made by written order and filed



137.1 with the secretary of state. Only the chief executive officer shall have the powers and duties  
137.2 of the executive board as specified in section 246C.08.

137.3 Subd. 2. **Principles.** The executive board, in undertaking its duties and responsibilities  
137.4 and within Direct Care and Treatment resources, shall act according to the following  
137.5 principles:

137.6 (1) prevent the waste or unnecessary spending of public money;

137.7 (2) use innovative fiscal and human resource practices to manage the state's resources  
137.8 and operate the agency as efficiently as possible;

137.9 (3) coordinate Direct Care and Treatment activities wherever appropriate with the  
137.10 activities of other governmental agencies;

137.11 (4) use technology where appropriate to increase agency productivity, improve customer  
137.12 service, increase public access to information about government, and increase public  
137.13 participation in the business of government; and

137.14 (5) utilize constructive and cooperative labor management practices to the extent  
137.15 otherwise required by chapter 43A or 179A.

137.16 Subd. 3. **Powers and duties.** (a) The executive board has the power and duty to:

137.17 (1) set the overall strategic direction for Direct Care and Treatment, ensuring that Direct  
137.18 Care and Treatment delivers exceptional care and supports the well-being of all individuals  
137.19 served by Direct Care and Treatment;

137.20 (2) establish policies and procedures to govern the operation of the facilities, programs,  
137.21 and services under the direct authority of Direct Care and Treatment;

137.22 (3) employ personnel and delegate duties and responsibilities to personnel as deemed  
137.23 appropriate by the executive board, subject to chapters 43A and 179A and in accordance  
137.24 with this chapter;

137.25 (4) review and approve the operating budget proposal for Direct Care and Treatment;

137.26 (5) accept and use gifts, grants, or contributions from any nonstate source or refuse to  
137.27 accept any gift, grant, or contribution if acceptance would not be in the best interest of the  
137.28 state;

137.29 (6) deposit all money received as gifts, grants, or contributions pursuant to section  
137.30 246C.091, subdivision 1;

138.1 (7) expend or use any gift, grant, or contribution as nearly in accordance with the  
138.2 conditions of the gift, grant, or contribution identified by the donor for a certain institution  
138.3 or purpose, compatible with the best interests of the individuals under the jurisdiction of  
138.4 the executive board and of the state;

138.5 (8) comply with all conditions and requirements necessary to receive federal aid or block  
138.6 grants with respect to the establishment, construction, maintenance, equipment, or operation  
138.7 of adequate facilities and services consistent with the mission of Direct Care and Treatment;

138.8 (9) enter into information-sharing agreements with federal and state agencies and other  
138.9 entities, provided the agreements include adequate protections with respect to the  
138.10 confidentiality and integrity of the information to be shared and comply with all applicable  
138.11 state and federal laws, regulations, and rules;

138.12 (10) enter into interagency or service level agreements with a state department listed in  
138.13 section 15.01; a multimember state agency described in section 15.012, paragraph (a); or  
138.14 the Department of Information Technology Services;

138.15 (11) enter into contractual agreements with federally recognized Indian Tribes with a  
138.16 reservation in Minnesota;

138.17 (12) enter into contracts with public and private agencies, private and nonprofit  
138.18 organizations, and individuals using appropriated money;

138.19 (13) establish and maintain any administrative units reasonably necessary for the  
138.20 performance of administrative functions common to all programs or divisions of Direct  
138.21 Care and Treatment;

138.22 (14) authorize the method of payment to or from Direct Care and Treatment as part of  
138.23 programs administered by Direct Care and Treatment, including authorization of the receipt  
138.24 or disbursement of money held by Direct Care and Treatment in a fiduciary capacity as part  
138.25 of the programs administered by Direct Care and Treatment;

138.26 (15) inform Tribal Nations and county agencies, on a timely basis, of changes in statute,  
138.27 rule, federal law, regulation, and policy necessary to Tribal or county agency administration  
138.28 of Direct Care and Treatment programs and services;

138.29 (16) report to the legislature on the performance of Direct Care and Treatment operations  
138.30 and the accomplishment of Direct Care and Treatment goals in its biennial budget in  
138.31 accordance with section 16A.10, subdivision 1;

138.32 (17) recommend to the legislature appropriate changes in law necessary to carry out the  
138.33 principles and improve the performance of Direct Care and Treatment; and

139.1 (18) exercise all powers reasonably necessary to implement and administer the  
139.2 requirements of this chapter and applicable state and federal law.

139.3 (b) The specific enumeration of powers and duties as set forth in this section shall not  
139.4 be construed as a limitation upon the general transfer of Direct Care and Treatment facilities,  
139.5 programs, and services from the Department of Human Services to Direct Care and Treatment  
139.6 under this chapter.

139.7 Subd. 4. **Creation of bylaws.** The board may establish bylaws governing its operations  
139.8 and the operations of Direct Care and Treatment in accordance with this chapter.

139.9 Subd. 5. **Performance of chief executive officer.** The governor may request that the  
139.10 executive board review the performance of the chief executive officer at any time. Within  
139.11 14 days of receipt of the request, the board must meet and conduct a performance review  
139.12 as specifically requested by the governor. During the performance review, a representative  
139.13 of the governor must be included as a voting member of the board for the purpose of the  
139.14 board's discussions and decisions regarding the governor's request. The board must establish  
139.15 a performance improvement plan as necessary or take disciplinary or other corrective action,  
139.16 including dismissal. The executive board must report to the governor on action taken by  
139.17 the board, including an explanation if no action is deemed necessary.

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

139.19 Sec. 23. **[246C.08] CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES.**

139.20 Subdivision 1. **Service.** (a) The Direct Care and Treatment chief executive officer is  
139.21 appointed by the executive board, in consultation with the governor, and serves at the  
139.22 pleasure of the executive board, with the advice and consent of the senate.

139.23 (b) The chief executive officer shall serve in the unclassified service in accordance with  
139.24 section 43A.08. The Compensation Council under section 15A.082 shall establish the salary  
139.25 of the chief executive officer.

139.26 Subd. 2. **Powers and duties.** (a) The chief executive officer's primary duty is to assist  
139.27 the executive board. The chief executive officer is responsible for the administrative and  
139.28 operational management of the agency.

139.29 (b) The chief executive officer shall have all the powers of the executive board unless  
139.30 the executive board directs otherwise. The chief executive officer shall have the authority  
139.31 to speak for the executive board and Direct Care and Treatment within and outside the  
139.32 agency.

140.1 (c) In the event that a vacancy occurs for any reason within the chief executive officer  
140.2 position, the executive medical director appointed under section 246.018 shall immediately  
140.3 become the temporary chief executive officer until the executive board appoints a new chief  
140.4 executive officer. During this period, the executive medical director shall have all the powers  
140.5 and authority delegated to the chief executive officer by the board and specified in this  
140.6 chapter.

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

140.8 Sec. 24. **[246C.091] DIRECT CARE AND TREATMENT ACCOUNTS.**

140.9 Subdivision 1. **Gifts, grants, and contributions account.** (a) A gifts, grants, and  
140.10 contributions account is created in the special revenue fund in the state treasury. All money  
140.11 received by the executive board as a gift, grant, or contribution must be deposited in the  
140.12 gifts, grants, and contributions account. Beginning July 1, 2025, except as provided in  
140.13 paragraph (b), money in the account is annually appropriated to the Direct Care and  
140.14 Treatment executive board to accomplish the purposes of this chapter. Gifts, grants, or  
140.15 contributions received by the executive board exceeding current agency needs must be  
140.16 invested by the State Board of Investment in accordance with section 11A.24. Disbursements  
140.17 from the gifts, grants, and contributions account must be made in the manner provided for  
140.18 the issuance of other state payments.

140.19 (b) If the gift or contribution is designated for a certain person, institution, or purpose,  
140.20 the Direct Care and Treatment executive board must use the gift or contribution as specified  
140.21 in accordance with the conditions of the gift or contribution if compatible with the best  
140.22 interests of the person and the state. If a gift or contribution is accepted for the use and  
140.23 benefit of a person with a developmental disability, including those within a state hospital,  
140.24 research relating to persons with a developmental disability must be considered an appropriate  
140.25 use of the gift or contribution. Such money must not be used for any structures or installations  
140.26 which by their nature would require state expenditures for their operation or maintenance  
140.27 without specific legislative enactment.

140.28 Subd. 2. **Facilities management account.** A facilities management account is created  
140.29 in the special revenue fund of the state treasury. Beginning July 1, 2025, money in the  
140.30 account is appropriated to the Direct Care and Treatment executive board and may be used  
140.31 to maintain buildings, acquire facilities, renovate existing buildings, or acquire land for the  
140.32 design and construction of buildings for Direct Care and Treatment use. Money received  
140.33 for maintaining state property under control of the executive board may be deposited into  
140.34 this account.

141.1 Subd. 3. Direct Care and Treatment systems account. (a) The Direct Care and  
 141.2 Treatment systems account is created in the special revenue fund of the state treasury.  
 141.3 Beginning July 1, 2025, money in the account is appropriated to the Direct Care and  
 141.4 Treatment executive board and may be used for security systems and information technology  
 141.5 projects, services, and support under the control of the executive board.

141.6 (b) The commissioner of human services shall transfer all money allocated to the Direct  
 141.7 Care and Treatment systems projects under section 256.014 to the Direct Care and Treatment  
 141.8 systems account by June 30, 2026.

141.9 Subd. 4. Cemetery maintenance account. The cemetery maintenance account is created  
 141.10 in the special revenue fund of the state treasury. Money in the account is appropriated to  
 141.11 the executive board for the maintenance of cemeteries under control of the executive board.  
 141.12 Money allocated to Direct Care and Treatment cemeteries may be transferred to this account.

141.13 EFFECTIVE DATE. This section is effective July 1, 2024.

141.14 Sec. 25. Minnesota Statutes 2022, section 256.88, is amended to read:

141.15 **256.88 SOCIAL WELFARE FUND ESTABLISHED.**

141.16 Except as otherwise expressly provided, all moneys and funds held by the commissioner  
 141.17 of human services, the Direct Care and Treatment executive board, and the local social  
 141.18 services agencies of the several counties in trust or for the benefit of children with a disability  
 141.19 and children who are dependent, neglected, or delinquent, children born to mothers who  
 141.20 were not married to the children's fathers at the times of the conception nor at the births of  
 141.21 the children, persons determined to have developmental disability, mental illness, or substance  
 141.22 use disorder, or other wards or beneficiaries, under any law, shall be kept in a single fund  
 141.23 to be known as the "social welfare fund" which shall be deposited at interest, held, or  
 141.24 disbursed as provided in sections 256.89 to 256.92.

141.25 EFFECTIVE DATE. This section is effective July 1, 2024.

141.26 Sec. 26. Minnesota Statutes 2022, section 256.89, is amended to read:

141.27 **256.89 FUND DEPOSITED IN STATE TREASURY.**

141.28 The social welfare fund and all accretions thereto shall be deposited in the state treasury,  
 141.29 as a separate and distinct fund, to the credit of the commissioner of human services and the  
 141.30 Direct Care and Treatment executive board as ~~trustee~~ trustees for ~~the~~ their respective  
 141.31 beneficiaries thereof in proportion to ~~their~~ the beneficiaries' several interests. The  
 141.32 commissioner of management and budget shall be responsible only to the commissioner of

142.1 human services and the Direct Care and Treatment executive board for the sum total of the  
142.2 fund, and shall have no duties nor direct obligations toward the beneficiaries thereof  
142.3 individually. Subject to the applicable rules of the commissioner of human services or the  
142.4 Direct Care and Treatment executive board, money so received by a local social services  
142.5 agency may be deposited by the executive secretary of the local social services agency in  
142.6 a local bank carrying federal deposit insurance, designated by the local social services  
142.7 agency for this purpose. The amount of such deposit in each such bank at any one time shall  
142.8 not exceed the amount protected by federal deposit insurance.

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

142.10 Sec. 27. Minnesota Statutes 2022, section 256.90, is amended to read:

142.11 **256.90 SOCIAL WELFARE FUND; USE; DISPOSITION; DEPOSITORIES.**

142.12 The commissioner of human services, in consultation with the Direct Care and Treatment  
142.13 executive board, at least 30 days before the first day of January and the first day of July in  
142.14 each year shall file with the commissioner of management and budget an estimate of the  
142.15 amount of the social welfare fund to be held in the treasury during the succeeding six-month  
142.16 period, subject to current disbursement. Such portion of the remainder thereof as may be at  
142.17 any time designated by the request of the commissioner of human services may be invested  
142.18 by the commissioner of management and budget in bonds in which the permanent trust  
142.19 funds of the state of Minnesota may be invested, upon approval by the State Board of  
142.20 Investment. The portion of such remainder not so invested shall be placed by the  
142.21 commissioner of management and budget at interest for the period of six months, or when  
142.22 directed by the commissioner of human services, for the period of 12 months thereafter at  
142.23 the highest rate of interest obtainable in a bank, or banks, designated by the board of deposit  
142.24 as a suitable depository therefor. All the provisions of law relative to the designation and  
142.25 qualification of depositories of other state funds shall be applicable to sections 256.88 to  
142.26 256.92, except as herein otherwise provided. Any bond given, or collateral assigned or both,  
142.27 to secure a deposit hereunder may be continuous in character to provide for the repayment  
142.28 of any moneys belonging to the fund theretofore or thereafter at any time deposited in such  
142.29 bank until its designation as such depository is revoked and the security thereof shall be not  
142.30 impaired by any subsequent agreement or understanding as to the rate of interest to be paid  
142.31 upon such deposit, or as to time for its repayment. The amount of money belonging to the  
142.32 fund deposited in any bank, including other state deposits, shall not at any time exceed the  
142.33 amount of the capital stock thereof. In the event of the closing of the bank any sum deposited  
142.34 therein shall immediately become due and payable.

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

143.2 Sec. 28. Minnesota Statutes 2022, section 256.91, is amended to read:

143.3 **256.91 PURPOSES.**

143.4 From that part of the social welfare fund held in the state treasury subject to disbursement  
 143.5 as provided in section 256.90 the commissioner of human services or the Direct Care and  
 143.6 Treatment executive board at any time may pay out such amounts as the commissioner or  
 143.7 executive board deems proper for the support, maintenance, or other legal benefit of any of  
 143.8 the children with a disability and children who are dependent, neglected, or delinquent,  
 143.9 children born to mothers who were not married to the children's fathers at the times of the  
 143.10 conception nor at the births of the children, persons with developmental disability, substance  
 143.11 use disorder, or mental illness, or other wards or persons entitled thereto, not exceeding in  
 143.12 the aggregate to or for any person the principal amount previously received for the benefit  
 143.13 of the person, together with the increase in it from an equitable apportionment of interest  
 143.14 realized from the social welfare fund.

143.15 When any such person dies or is finally discharged from the guardianship, care, custody,  
 143.16 and control of the commissioner of human services or the Direct Care and Treatment  
 143.17 executive board, the amount then remaining subject to use for the benefit of the person shall  
 143.18 be paid as soon as may be from the social welfare fund to the persons thereto entitled by  
 143.19 law.

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

143.21 Sec. 29. Minnesota Statutes 2022, section 256.92, is amended to read:

143.22 **256.92 COMMISSIONER OF HUMAN SERVICES AND DIRECT CARE AND**  
 143.23 **TREATMENT, ACCOUNTS.**

143.24 It shall be the duty of the commissioner of human services, the Direct Care and Treatment  
 143.25 executive board, and of the local social services agencies of the several counties of this state  
 143.26 to cause to be deposited with the commissioner of management and budget all moneys and  
 143.27 funds in their possession or under their control and designated by section 256.91 as and for  
 143.28 the social welfare fund; and all such moneys and funds shall be so deposited in the state  
 143.29 treasury as soon as received. The commissioner of human services, in consultation with the  
 143.30 Direct Care and Treatment executive board, shall keep books of account or other records  
 143.31 showing separately the principal amount received and deposited in the social welfare fund  
 143.32 for the benefit of any person, together with the name of such person, and the name and  
 143.33 address, if known to the commissioner of human services or the Direct Care and Treatment

144.1 executive board, of the person from whom such money was received; and, at least once  
144.2 every two years, the amount of interest, if any, which the money has earned in the social  
144.3 welfare fund shall be apportioned thereto and posted in the books of account or records to  
144.4 the credit of such beneficiary.

144.5 The provisions of sections 256.88 to 256.92 shall not apply to any fund or money now  
144.6 or hereafter deposited or otherwise disposed of pursuant to the lawful orders, decrees,  
144.7 judgments, or other directions of any district court having jurisdiction thereof.

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

144.9 Sec. 30. Laws 2023, chapter 61, article 8, section 1, the effective date, is amended to read:

144.10 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

144.11 Sec. 31. Laws 2023, chapter 61, article 8, section 2, the effective date, is amended to read:

144.12 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

144.13 Sec. 32. Laws 2023, chapter 61, article 8, section 3, the effective date, is amended to read:

144.14 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

144.15 Sec. 33. Laws 2023, chapter 61, article 8, section 8, the effective date, is amended to read:

144.16 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

144.17 Sec. 34. Laws 2024, chapter 79, article 1, section 18, is amended to read:

144.18 Sec. 18. **246C.015 DEFINITIONS.**

144.19 Subdivision 1. **Scope.** For purposes of this chapter, the following terms have the meanings  
144.20 given.

144.21 Subd. 2. **Chief executive officer.** "Chief executive officer" means the ~~Department of~~  
144.22 Direct Care and Treatment chief executive officer appointed according to section 246C.08.

144.23 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of human services.

144.24 Subd. 4. **Community preparation services.** "Community preparation services" means  
144.25 specialized inpatient or outpatient services operated outside of a secure environment but  
144.26 administered by a secure treatment facility.



145.1 Subd. 5. **County of financial responsibility.** "County of financial responsibility" has  
145.2 the meaning given in section 256G.02, subdivision 4.

145.3 Subd. 5a. **Direct Care and Treatment.** "Direct Care and Treatment" means the agency  
145.4 of Direct Care and Treatment established under this chapter.

145.5 Subd. 6. **Executive board.** "Executive board" means the ~~Department of~~ Direct Care and  
145.6 Treatment executive board established under section 246C.06.

145.7 Subd. 7. **Executive medical director.** "Executive medical director" means the licensed  
145.8 physician serving as executive medical director in the ~~Department of~~ Direct Care and  
145.9 Treatment under section 246C.09.

145.10 Subd. 8. **Head of the facility or head of the program.** "Head of the facility" or "head  
145.11 of the program" means the person who is charged with overall responsibility for the  
145.12 professional program of care and treatment of the facility or program.

145.13 Subd. 9. **Indian.** "Indian" has the meaning given in section 260.755, subdivision 7.

145.14 Subd. 10. **Secure treatment facility.** "Secure treatment facility" means a facility as  
145.15 defined in section 253B.02, subdivision 18a, or 253D.02, subdivision 13.

145.16 Subd. 11. **Tobacco; tobacco-related device.** "Tobacco" and "tobacco-related device"  
145.17 have the meanings given in section 609.685, subdivision 1.

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

145.19 Sec. 35. Laws 2024, chapter 79, article 1, section 23, is amended to read:

145.20 Sec. 23. **246C.06 EXECUTIVE BOARD; POWERS AND DUTIES MEMBERSHIP;**  
145.21 **GOVERNANCE.**

145.22 Subdivision 1. **Establishment.** The Direct Care and Treatment executive board ~~of the~~  
145.23 ~~Department of Direct Care and Treatment~~ is established.

145.24 Subd. 2. **Membership of the executive board.** ~~The executive board shall consist of no~~  
145.25 ~~more than five members, all appointed by the governor.~~ (a) The Direct Care and Treatment  
145.26 executive board consists of nine members with seven voting members and two nonvoting  
145.27 members. The seven voting members must include six members appointed by the governor  
145.28 with the advice and consent of the senate in accordance with paragraph (b) and the  
145.29 commissioner of human services or a designee. The two nonvoting members must be  
145.30 appointed in accordance with paragraph (c). Section 15.0597 applies to all executive board  
145.31 appointments except for the commissioner of human services.

146.1 (b) The executive board voting members appointed by the governor must meet the  
146.2 following qualifications:

146.3 (1) one member must be a licensed physician who is a psychiatrist or has experience in  
146.4 servicing behavioral health patients;

146.5 (2) two members must have experience serving on a hospital or nonprofit board; and

146.6 (3) three members must have experience working: (i) in the delivery of behavioral health  
146.7 services or care coordination or in traditional healing practices; (ii) as a licensed health care  
146.8 professional; (iii) within health care administration; or (iv) with residential services.

146.9 (c) The executive board nonvoting members must be appointed as follows:

146.10 (1) one member appointed by the Association of Counties; and

146.11 (2) one member who has an active role as a union representative representing staff at  
146.12 Direct Care and Treatment appointed by joint representatives of the following unions:

146.13 American Federation of State, County and Municipal Employees (AFSCME); Minnesota

146.14 Association of Professional Employees (MAPE); Minnesota Nurses Association (MNA);

146.15 Middle Management Association (MMA); and State Residential Schools Education

146.16 Association (SRSEA).

146.17 (d) Membership on the board must include representation from outside the seven-county  
146.18 metropolitan area, as defined in section 473.121, subdivision 2.

146.19 (e) A voting member of the executive board must not be or must not have been within  
146.20 one year prior to appointment: (1) an employee of Direct Care and Treatment; (2) an  
146.21 employee of a county, including a county commissioner; (3) an active employee or  
146.22 representative of a labor union that represents employees of Direct Care and Treatment; or  
146.23 (4) a member of the state legislature. This paragraph does not apply to the nonvoting members  
146.24 or the commissioner of human services or designee.

146.25 ~~Subd. 3. **Qualifications of members Procedures.** An executive board member's~~  
146.26 ~~qualifications must be appropriate for overseeing a complex behavioral health system, such~~  
146.27 ~~as experience serving on a hospital or nonprofit board, serving as a public sector labor union~~  
146.28 ~~representative, delivering behavioral health services or care coordination, or working as a~~  
146.29 ~~licensed health care provider in an allied health profession or in health care administration.~~  
146.30 Except as otherwise provided in this section, the membership terms and removal and filling  
146.31 of vacancies for the executive board are governed by section 15.0575.

146.32 ~~Subd. 4. **Accepting contributions or gifts Compensation.** (a) The executive board has~~  
146.33 ~~the power and authority to accept, on behalf of the state, contributions and gifts of money~~

147.1 ~~and personal property for the use and benefit of the residents of the public institutions under~~  
147.2 ~~the executive board's control. All money and securities received must be deposited in the~~  
147.3 ~~state treasury subject to the order of the executive board. Notwithstanding section 15.0575,~~  
147.4 ~~subdivision 3, paragraph (a), the nonvoting members of the executive board must not receive~~  
147.5 ~~daily compensation for executive board activities. Nonvoting members of the executive~~  
147.6 ~~board may receive expenses in the same manner and amount as authorized by the~~  
147.7 ~~commissioner's plan adopted under section 43A.18, subdivision 2. Nonvoting members~~  
147.8 ~~who, as a result of time spent attending board meetings, incur child care expenses that would~~  
147.9 ~~not otherwise have been incurred may be reimbursed for those expenses upon board~~  
147.10 ~~authorization.~~

147.11 ~~(b) If the gift or contribution is designated by the donor for a certain institution or purpose,~~  
147.12 ~~the executive board shall expend or use the money as nearly in accordance with the conditions~~  
147.13 ~~of the gift or contribution, compatible with the best interests of the individuals under the~~  
147.14 ~~jurisdiction of the executive board and the state. Notwithstanding section 15.0575, subdivision~~  
147.15 ~~3, paragraph (a), the Compensation Council under section 15A.082 must determine the~~  
147.16 ~~compensation for voting members of the executive board per day spent on executive board~~  
147.17 ~~activities authorized by the executive board. Voting members of the executive board may~~  
147.18 ~~also receive the expenses in the same manner and amount as authorized by the commissioner's~~  
147.19 ~~plan adopted under section 43A.18, subdivision 2. Voting members who, as a result of time~~  
147.20 ~~spent attending board meetings, incur child care expenses that would not otherwise have~~  
147.21 ~~been incurred may be reimbursed for those expenses upon board authorization.~~

147.22 ~~(c) The commissioner of management and budget must publish the daily compensation~~  
147.23 ~~rate for voting members of the executive board determined under paragraph (b) on the~~  
147.24 ~~Department of Management and Budget's website.~~

147.25 ~~(d) Voting members of the executive board must adopt internal standards prescribing~~  
147.26 ~~what constitutes a day spent on board activities for the purposes of making payments~~  
147.27 ~~authorized under paragraph (b).~~

147.28 ~~(e) All other requirements under section 15.0575, subdivision 3, apply to the~~  
147.29 ~~compensation of executive board members.~~

147.30 ~~Subd. 5. **Federal aid or block grants Acting chair; officers.** The executive board may~~  
147.31 ~~comply with all conditions and requirements necessary to receive federal aid or block grants~~  
147.32 ~~with respect to the establishment, constructions, maintenance, equipment, or operation of~~  
147.33 ~~adequate facilities and services consistent with the mission of the Department of Direct~~

148.1 ~~Care and Treatment.~~ (a) The governor shall designate one member from the voting  
 148.2 membership appointed by the governor as acting chair of the executive board.

148.3 (b) At the first meeting of the executive board, the executive board must elect a chair  
 148.4 from among the voting membership appointed by the governor.

148.5 (c) The executive board must annually elect a chair from among the voting membership  
 148.6 appointed by the governor.

148.7 (d) The executive board must elect officers from among the voting membership appointed  
 148.8 by the governor. The elected officers shall serve for one year.

148.9 Subd. 6. ~~Operation of a communication systems account~~ Terms. (a) ~~The executive~~  
 148.10 ~~board may operate a communications systems account established in Laws 1993, First~~  
 148.11 ~~Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared~~  
 148.12 ~~communication costs necessary for the operation of the regional treatment centers the~~  
 148.13 ~~executive board supervises.~~ Except for the commissioner of human services, executive  
 148.14 board members must not serve more than two consecutive terms unless service beyond two  
 148.15 consecutive terms is approved by the majority of voting members. The commissioner of  
 148.16 human services or a designee shall serve until replaced by the governor.

148.17 ~~(b) Each account must be used to manage shared communication costs necessary for the~~  
 148.18 ~~operations of the regional treatment centers the executive board supervises. The executive~~  
 148.19 ~~board may distribute the costs of operating and maintaining communication systems to~~  
 148.20 ~~participants in a manner that reflects actual usage. Costs may include acquisition, licensing,~~  
 148.21 ~~insurance, maintenance, repair, staff time, and other costs as determined by the executive~~  
 148.22 ~~board.~~ An executive board member may resign at any time by giving written notice to the  
 148.23 executive board.

148.24 ~~(c) Nonprofit organizations and state, county, and local government agencies involved~~  
 148.25 ~~in the operation of regional treatment centers the executive board supervises may participate~~  
 148.26 ~~in the use of the executive board's communication technology and share in the cost of~~  
 148.27 ~~operation.~~ The initial term of the member appointed under subdivision 2, paragraph (b),  
 148.28 clause (1), is two years. The initial term of the members appointed under subdivision 2,  
 148.29 paragraph (b), clause (2), is three years. The initial term of the members appointed under  
 148.30 subdivision 2, paragraph (b), clause (3), and the members appointed under subdivision 2,  
 148.31 paragraph (c), is four years.

148.32 ~~(d) The executive board may accept on behalf of the state any gift, bequest, devise,~~  
 148.33 ~~personal property of any kind, or money tendered to the state for any lawful purpose~~  
 148.34 ~~pertaining to the communication activities under this section. Any money received for this~~

149.1 ~~purpose must be deposited into the executive board's communication systems account.~~  
149.2 ~~Money collected by the executive board for the use of communication systems must be~~  
149.3 ~~deposited into the state communication systems account and is appropriated to the executive~~  
149.4 ~~board for purposes of this section.~~ After the initial term, the term length of all appointed  
149.5 executive board members is four years.

149.6 Subd. 7. **Conflicts of interest.** Executive board members must recuse themselves from  
149.7 discussion of and voting on an official matter if the executive board member has a conflict  
149.8 of interest. A conflict of interest means an association, including a financial or personal  
149.9 association, that has the potential to bias or have the appearance of biasing an executive  
149.10 board member's decision in matters related to Direct Care and Treatment or the conduct of  
149.11 activities under this chapter.

149.12 Subd. 8. **Meetings.** The executive board must meet at least four times per fiscal year at  
149.13 a place and time determined by the executive board.

149.14 Subd. 9. **Quorum.** A majority of the voting members of the executive board constitutes  
149.15 a quorum. The affirmative vote of a majority of the voting members of the executive board  
149.16 is necessary and sufficient for action taken by the executive board.

149.17 Subd. 10. **Immunity; indemnification.** (a) Members of the executive board are immune  
149.18 from civil liability for any act or omission occurring within the scope of the performance  
149.19 of their duties under this chapter.

149.20 (b) When performing executive board duties or actions, members of the executive board  
149.21 are employees of the state for purposes of indemnification under section 3.736, subdivision  
149.22 9.

149.23 Subd. 11. **Rulemaking.** (a) The executive board is authorized to adopt, amend, and  
149.24 repeal rules in accordance with chapter 14 to the extent necessary to implement this chapter  
149.25 or any responsibilities of Direct Care and Treatment specified in state law.

149.26 (b) Until July 1, 2027, the executive board may adopt rules using the expedited  
149.27 rulemaking process in section 14.389.

149.28 (c) In accordance with section 15.039, all orders, rules, delegations, permits, and other  
149.29 privileges issued or granted by the Department of Human Services with respect to any  
149.30 function of Direct Care and Treatment and in effect at the time of the establishment of Direct  
149.31 Care and Treatment shall continue in effect as if such establishment had not occurred. The  
149.32 executive board may amend or repeal rules applicable to Direct Care and Treatment that  
149.33 were established by the Department of Human Services in accordance with chapter 14.

150.1 (d) The executive board must not adopt rules that go into effect or enforce rules prior  
150.2 to July 1, 2025.

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

150.4 Sec. 36. Laws 2024, chapter 79, article 1, section 24, is amended to read:

150.5 Sec. 24. **246C.10 FORENSIC SERVICES.**

150.6 Subdivision 1. **Maintenance of forensic services.** (a) The executive board shall create  
150.7 and maintain forensic services programs.

150.8 (b) The executive board must provide forensic services in coordination with counties  
150.9 and other vendors.

150.10 (c) Forensic services must include specialized inpatient programs at secure treatment  
150.11 facilities, consultive services, aftercare services, community-based services and programs,  
150.12 transition services, nursing home services, or other services consistent with the mission of  
150.13 ~~the Department of~~ Direct Care and Treatment.

150.14 (d) The executive board ~~shall~~ may adopt rules to carry out the provision of this section  
150.15 and to govern the operation of the services and programs under the direct administrative  
150.16 authority of the executive board.

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

150.18 Sec. 37. Laws 2024, chapter 79, article 1, section 25, subdivision 3, is amended to read:

150.19 Subd. 3. **Comprehensive system of services.** The establishment of state-operated,  
150.20 community-based programs must be within the context of a comprehensive definition of  
150.21 the role of state-operated services in the state. The role of state-operated services must be  
150.22 defined within the context of a comprehensive system of services for persons with  
150.23 developmental disability.

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

150.25 Sec. 38. Laws 2024, chapter 79, article 10, section 1, is amended to read:

150.26 Section 1. **REVISOR INSTRUCTION.**

150.27 The revisor of statutes shall renumber each provision of Minnesota Statutes listed in  
150.28 column A as amended in this act to the number listed in column B.

151.1	Column A	Column B
151.2	245.036	246C.16, subdivision 1
151.3	245.037	246C.16, subdivision 2
151.4	245.041	246C.15
151.5	245.474, subdivision 1	246C.12, subdivision 1
151.6	245.474, subdivision 2	246C.12, subdivision 2
151.7	245.474, subdivision 3	246C.12, subdivision 3
151.8	245.474, subdivision 4	246C.12, subdivision 4
151.9	246.0135, paragraph (a)	246C.18, subdivision 2, paragraph (a)
151.10	246.0135, paragraph (b)	246C.18, subdivision 2, paragraph (b)
151.11	246.0135, paragraph (c)	246C.18, subdivision 2, paragraph (c)
151.12	246.0135, paragraph (d)	246C.18, subdivision 3
151.13	246.018, subdivision 1	246C.09, subdivision 1
151.14	246.018, subdivision 2	246C.09, subdivision 2
151.15	246.018, subdivision 3	246C.09, subdivision 3
151.16	246.018, subdivision 4	246C.09, subdivision 4
151.17		<del>246C.06, subdivision 7</del>
151.18	246.12	<u>246C.07, subdivision 7</u>
151.19	246.128	246C.18, subdivision 1
151.20	246.129	246C.18, subdivision 4
151.21	246.14	246C.16, subdivision 3
151.22	246.23, subdivision 2	246.555, subdivision 1
151.23	246.23, subdivision 3	246.555, subdivision 2
151.24	246.23, subdivision 4	246.555, subdivision 3
151.25	246.23, subdivision 5	246.555, subdivision 4
151.26	246.23, subdivision 6	246.555, subdivision 5
151.27		<del>246C.06, subdivision 8</del>
151.28	246.234	<u>246C.07, subdivision 5</u>
151.29	246.24	246C.16, subdivision 4
151.30	246.27	246C.19
151.31		<del>246C.06, subdivision 9</del>
151.32	246.36	<u>246C.07, subdivision 6</u>
151.33	<del>246.41, subdivision 1</del>	<del>246C.06, subdivision 10, paragraph</del>
151.34		(a)
151.35	<del>246.41, subdivision 2</del>	<del>246C.06, subdivision 10, paragraph</del>
151.36		(b)
151.37	<del>246.41, subdivision 3</del>	<del>246C.06, subdivision 10, paragraph</del>
151.38		(c)
151.39	246.70	246C.18, subdivision 5
151.40	246B.02	246C.13

152.1	251.012, subdivision 1	246.575, subdivision 1
152.2	251.012, subdivision 2	246.575, subdivision 2
152.3	251.012, subdivision 3	246.575, subdivision 3
152.4	251.012, subdivision 4	246.575, subdivision 4
152.5	251.041	176.87
152.6	251.042	176.871
152.7	251.043, subdivision 1	176.872, subdivision 1
152.8	251.043, subdivision 1a	176.872, subdivision 2
152.9	251.043, subdivision 1b	176.872, subdivision 3
152.10	251.043, subdivision 2	176.872, subdivision 4
152.11	251.043, subdivision 3	176.872, subdivision 5
152.12	251.044	176.873
152.13	251.051	176.874
152.14	251.052	176.875
152.15	251.053	176.876
152.16	251.15, subdivision 1	176.872, subdivision 6, paragraph (a)
152.17	251.15, subdivision 2	176.872, subdivision 6, paragraph (b)
152.18	251.17	246C.14
152.19	252.50, subdivision 2	246C.16, subdivision 5
152.20	252.50, subdivision 4	246C.10, subdivision 2
152.21	252.50, subdivision 6	246.65
152.22	252.50, subdivision 7	246.585
152.23	252.50, subdivision 8	246.588
152.24	252.50, subdivision 10	246.611
152.25	253.015, subdivision 1	253B.10, subdivision 6
152.26	253.016	246.554
152.27	253.017, subdivision 1	246.591
152.28	253.017, subdivision 2	246C.10, subdivision 3
152.29	253.017, subdivision 3	246C.10, subdivision 4
152.30	253.13	253.245
152.31	<del>253C.01, subdivision 1</del>	<del>245A.27, subdivision 1</del>
152.32	253C.01, subdivision 2	<del>245A.27, subdivision 2</del>
152.33	<del>253C.01, subdivision 3</del>	<del>245A.27, subdivision 3</del>
152.34	256.0121, subdivision 1	246.595, subdivision 1
152.35	256.0121, subdivision 2	246.595, subdivision 2
152.36	256.0121, subdivision 3	246.595, subdivision 3



153.1 Sec. 39. Laws 2024, chapter 79, article 10, section 6, is amended to read:

153.2 Sec. 6. **EFFECTIVE DATE.**

153.3 ~~(a) Article 1, section 23, is effective July 1, 2024.~~ This act is effective July 1, 2024.

153.4 ~~(b) Article 1, sections 1 to 22 and 24 to 31, and articles 2 to 10 are effective January 1,~~  
153.5 ~~2025.~~

153.6 Sec. 40. **DIRECT CARE AND TREATMENT ADVISORY COMMITTEE.**

153.7 (a) The Direct Care and Treatment executive board under Minnesota Statutes, section  
153.8 246C.07, shall establish an advisory committee to provide state legislators, counties, union  
153.9 representatives, the National Alliance on Mental Illness Minnesota, people being served by  
153.10 direct care and treatment programs, and other stakeholders the opportunity to advise the  
153.11 executive board regarding the operation of Direct Care and Treatment.

153.12 (b) The members of the advisory committee must be appointed as follows:

153.13 (1) one member appointed by the speaker of the house;

153.14 (2) one member appointed by the minority leader of the house of representatives;

153.15 (3) two members appointed by the senate Committee on Committees, one member  
153.16 representing the majority caucus and one member representing the minority caucus;

153.17 (4) one member appointed by the Association of Minnesota Counties;

153.18 (5) one member appointed by joint representatives of the American Federation of State  
153.19 and Municipal Employees, the Minnesota Association of Professional Employees, the  
153.20 Minnesota Nurses Association, the Middle Management Association, and the State  
153.21 Residential Schools Education Association;

153.22 (6) one member appointed by the National Alliance on Mental Illness Minnesota; and

153.23 (7) two members representing people with lived experience being served by state-operated  
153.24 treatment programs or their families, appointed by the governor.

153.25 (c) Appointing authorities under paragraph (b) shall make appointments by January 1,  
153.26 2026.

153.27 (d) The first meeting of the advisory committee must be held no later than January 15,  
153.28 2026. The members of the advisory committee shall elect a chair from among their  
153.29 membership at the first meeting. The advisory committee shall meet as frequently as it  
153.30 determines necessary.

154.1 (e) The executive board shall regularly consult with the advisory committee.

154.2 (f) The advisory committee under this section expires December 31, 2027.

154.3 **Sec. 41. INITIAL APPOINTMENTS AND COMPENSATION OF THE DIRECT**  
154.4 **CARE AND TREATMENT EXECUTIVE BOARD AND CHIEF EXECUTIVE**  
154.5 **OFFICER.**

154.6 Subdivision 1. **Executive board.** (a) The initial appointments of the members of the  
154.7 Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06,  
154.8 must be made by January 1, 2025.

154.9 (b) Prior to the first Compensation Council determination of the daily compensation rate  
154.10 for voting members of the executive board under Minnesota Statutes, section 246C.06,  
154.11 subdivision 4, paragraph (b), voting members of the executive board must be paid the per  
154.12 diem rate provided for in Minnesota Statutes, section 15.0575, subdivision 3, paragraph (a).

154.13 (c) The executive board is exempt from Minnesota Statutes, section 13D.01, until the  
154.14 authority and responsibilities for Direct Care and Treatment are transferred to the executive  
154.15 board in accordance with Minnesota Statutes, section 246C.04.

154.16 Subd. 2. **Chief executive officer.** (a) The Direct Care and Treatment executive board  
154.17 must appoint as the initial chief executive officer for Direct Care and Treatment under  
154.18 Minnesota Statutes, section 246C.07, the chief executive officer of the direct care and  
154.19 treatment division of the Department of Human Services holding that position at the time  
154.20 the initial appointment is made by the board. The initial appointment of the chief executive  
154.21 officer must be made by the executive board by July 1, 2025. The initial appointment of  
154.22 the chief executive officer is subject to confirmation by the senate.

154.23 (b) In its report issued April 1, 2025, the Compensation Council under Minnesota Statutes,  
154.24 section 15A.082, must establish the salary of the chief executive officer at an amount equal  
154.25 to or greater than the amount paid to the chief executive officer of the direct care and  
154.26 treatment division of the Department of Human Services as of the date of initial appointment.  
154.27 The salary of the chief executive officer shall become effective July 1, 2025, pursuant to  
154.28 Minnesota Statutes, section 15A.082, subdivision 3. Notwithstanding Minnesota Statutes,  
154.29 sections 15A.082 and 246C.08, subdivision 1, if the initial appointment of the chief executive  
154.30 officer occurs prior to the effective date of the salary specified by the Compensation Council  
154.31 in its April 1, 2025, report, the salary of the chief executive officer must equal the amount  
154.32 paid to the chief executive officer of the direct care and treatment division of the Department  
154.33 of Human Services as of the date of initial appointment.

155.1 Subd. 3. **Commissioner of human services to consult.** In preparing the budget estimates  
155.2 required under Minnesota Statutes, section 16A.10, for the direct care and treatment division  
155.3 for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative  
155.4 session that involve direct care and treatment operations, the commissioner of human services  
155.5 must consult with the Direct Care and Treatment executive board before submitting the  
155.6 budget estimates or legislative proposals. If the executive board is not appointed by the date  
155.7 the budget estimates must be submitted to the commissioner of management and budget,  
155.8 the commissioner of human services must provide the executive board with a summary of  
155.9 the budget estimates that were submitted.

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

155.11 Sec. 42. **REVISOR INSTRUCTION.**

155.12 The revisor of statutes shall change the term "Department of Human Services" to "Direct  
155.13 Care and Treatment" wherever the term appears in respect to the governmental entity with  
155.14 programmatic direction and fiscal control over state-operated services, programs, or facilities  
155.15 under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary  
155.16 changes to sentence structure to preserve the meaning of the text.

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

155.18 Sec. 43. **REVISOR INSTRUCTION.**

155.19 The revisor of statutes shall change the term "Department of Direct Care and Treatment"  
155.20 to "Direct Care and Treatment" wherever the term appears in respect to the governmental  
155.21 entity with programmatic direction and fiscal control over state-operated services, programs,  
155.22 or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and  
155.23 other necessary changes to sentence structure to preserve the meaning of the text.

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

155.25 Sec. 44. **REVISOR INSTRUCTION.**

155.26 The revisor of statutes, in consultation with the House Research Department; the Office  
155.27 of Senate Counsel, Research, and Fiscal Analysis; the Department of Human Services; and  
155.28 Direct Care and Treatment, shall make necessary cross-reference changes to conform with  
155.29 this act. The revisor may make technical and other necessary changes to sentence structure  
155.30 to preserve the meaning of the text. The revisor may alter the coding in this act to incorporate  
155.31 statutory changes made by other law in the 2024 regular legislative session.

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

156.2 Sec. 45. **REPEALER.**

156.3 (a) Minnesota Statutes 2022, sections 246.41; and 253C.01, are repealed.

156.4 (b) Minnesota Statutes 2023 Supplement, section 246C.03, is repealed.

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

156.6 **ARTICLE 6**

156.7 **MISCELLANEOUS**

156.8 Section 1. **FREE COMMUNICATION SERVICES.**

156.9 Subdivision 1. **Free communication services.** (a) A facility must provide patients and  
156.10 clients with voice communication services. A facility may supplement voice communication  
156.11 services with other communication services, including but not limited to video  
156.12 communication and email or electronic messaging services. A facility must continue to  
156.13 offer the services the facility offered as of January 1, 2024.

156.14 (b) To the extent that voice or other communication services are provided, which must  
156.15 not be limited beyond program participation and routine facility policies and procedures,  
156.16 neither the individual initiating the communication nor the individual receiving the  
156.17 communication must be charged for the service.

156.18 Subd. 2. **Communication services restrictions.** Nothing in this section allows a patient  
156.19 or client to violate an active protection order, harassment restraining order, or other no-contact  
156.20 order or directive. Nothing in this section entitles a civilly committed person to  
156.21 communication services restricted or limited under Minnesota Statutes, section 253B.03,  
156.22 subdivision 3, or 253D.19.

156.23 Subd. 3. **Revenue prohibited.** Direct Care and Treatment must not receive revenue  
156.24 from the provision of voice communication services or any other communication services  
156.25 under this section.

156.26 Subd. 4. **Visitation programs.** (a) Facilities shall maintain in-person visits for patients  
156.27 or clients. Communication services, including video calls, must not be used to replace a  
156.28 facility's in-person visitation program or be counted toward a patient's or client's in-person  
156.29 visitation limit.

156.30 (b) Notwithstanding paragraph (a), the Direct Care and Treatment executive board may  
156.31 waive the in-person visitation program requirement under this subdivision if there is:

157.1 (1) a declared emergency under Minnesota Statutes, section 12.31; or

157.2 (2) a local-, state-, or federal-declared natural disaster.

157.3 Subd. 5. **Reporting.** (a) By January 15, 2026, the Direct Care and Treatment executive  
157.4 board must report the information described in paragraph (b) to the chairs and ranking  
157.5 minority members of the legislative committees having jurisdiction over human services  
157.6 policy and finance.

157.7 (b) The Direct Care and Treatment executive board must include the following  
157.8 information covering fiscal year 2024:

157.9 (1) the status of all the agency's communication contracts; efforts to renegotiate the  
157.10 agency's communication contracts, including the rates the agency is paying or charging  
157.11 confined people or community members for any and all services in the contracts; and plans  
157.12 to consolidate the agency's communication contracts to maximize purchasing power;

157.13 (2) a complete and detailed accounting of how appropriated funds for communication  
157.14 services are spent, including spending on expenses previously covered by commissions;  
157.15 and

157.16 (3) summary data on usage of all communication services, including monthly call and  
157.17 message volume.

157.18 Subd. 6. **Definitions.** For the purposes of this section, the following terms have the  
157.19 meanings given:

157.20 (1) "voice communications" means real-time, audio-only communication services,  
157.21 namely phone calls made over wireline telephony, voice over Internet protocol, or any other  
157.22 technology infrastructure;

157.23 (2) "other communication services" means communication services other than voice  
157.24 communications, including but not limited to video calls and electronic messages; and

157.25 (3) "facility" means any facility, setting, or program owned, operated, or under the  
157.26 programmatic or fiscal control of Direct Care and Treatment.

157.27 Subd. 7. **Expiration.** Subdivisions 1 to 4 expire June 30, 2026. Subdivisions 5 and 6  
157.28 expire upon submission by the Direct Care and Treatment executive board of the report to  
157.29 the legislature required under subdivision 5.

158.1 **Sec. 2. COMMUNITY CARE HUB PLANNING GRANT.**

158.2 **Subdivision 1. Establishment.** The commissioner of health shall establish a single grant  
158.3 to develop and design programs to expand and strengthen the community care hub model,  
158.4 which organizes and supports a network of health and social care service providers to address  
158.5 health-related social needs.

158.6 **Subd. 2. Definitions.** (a) For purposes of this section, the following terms have the  
158.7 meanings given.

158.8 (b) "Community-based organization" means a public or private nonprofit organization  
158.9 of demonstrated effectiveness that is representative of a community or significant segments  
158.10 of a community and provides educational or related services to individuals in the community.

158.11 (c) "Community care hub" means a nonprofit organization that provides a centralized  
158.12 administrative and operational interface between health care institutions and a network of  
158.13 community-based organizations that provide health promotion and social care services.

158.14 (d) "Health-related social needs" means the individual-level, adverse social conditions  
158.15 that can negatively impact a person's health or health care, such as poor health literacy, food  
158.16 insecurity, housing instability, and lack of access to transportation.

158.17 (e) "Social care services" means culturally informed services to address health-related  
158.18 social needs and community-informed health promotion programs.

158.19 **Subd. 3. Eligible applicants.** To be eligible for the single grant available under this  
158.20 section, a grant applicant must:

158.21 (1) be recognized as a selected community care hub by the federal Administration for  
158.22 Community Living and the Centers for Disease Control and Prevention;

158.23 (2) hold contracts with health plans within Minnesota that allow the applicant to provide  
158.24 social care services to a plan's covered member population; and

158.25 (3) demonstrate active engagement in providing, coordinating, and aiding health care  
158.26 and social care services at the community level.

158.27 **Subd. 4. Eligible uses.** The grantee must use awarded funding to develop and design  
158.28 programs that support the development of a social care network that provides services to  
158.29 address health-related social needs. Activities eligible for funding under this section include  
158.30 but are not limited to education activities, feasibility studies, program design, and pilots.

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

159.1 **Sec. 3. DIRECTION TO COMMISSIONER; FEDERAL WAIVERS FOR**  
159.2 **HEALTH-RELATED SOCIAL NEEDS.**

159.3 (a) The commissioner of human services shall develop a strategy to implement  
159.4 interventions to address unmet health-related social needs, including but not limited to  
159.5 nutrition support, housing support, case management, and violence prevention. In developing  
159.6 such a strategy, the commissioner shall consider whether services could be reimbursed  
159.7 under section 1115 of the Social Security Act, other federal waivers, or existing state  
159.8 authority.

159.9 (b) The commissioner shall collaborate with the commissioner of health, communities  
159.10 most impacted by health disparities, and other external partners providing services in  
159.11 nutrition, housing, case management, and violence prevention to medical assistance recipients  
159.12 on specific interventions to include in the proposed strategy.

159.13 (c) By March 1, 2025, the commissioner shall provide the strategy developed under this  
159.14 section to the chairs and ranking minority members of the legislative committees with  
159.15 jurisdiction over health care finance and must include:

159.16 (1) a proposed timeline for implementation;

159.17 (2) an estimate of the administrative and programmatic costs associated with  
159.18 implementing and evaluating any proposed federal waivers; and

159.19 (3) any statutory changes necessary to seek ongoing state funding and federal authority  
159.20 for the proposed strategies.

159.21 (d) The commissioner may perform the steps necessary to develop a federal waiver or  
159.22 other strategies identified in paragraph (c) in preparation for enactment of the strategies.

159.23 (e) The commissioner is exempt from the requirements of Minnesota Statutes, chapter  
159.24 16C, when entering into a new contract or amending an existing contract to complete the  
159.25 work under this section.

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

159.27 **Sec. 4. WORKING GROUP ON SIMPLIFYING SUPPORTIVE HOUSING**  
159.28 **RESOURCES.**

159.29 Subdivision 1. **Establishment.** A working group on simplifying supportive housing  
159.30 resources is established to streamline access, eligibility, and administration of state-funded  
159.31 supportive housing resources for people experiencing homelessness.

160.1 Subd. 2. **Membership.** (a) The working group must prioritize membership from  
160.2 individuals and organizations that use or administer state-funded supportive housing resources  
160.3 and must include the following:

160.4 (1) the commissioner of the Minnesota Housing Finance Agency or designee;

160.5 (2) the commissioner of human services or designee;

160.6 (3) two representatives with lived experience from the Minnesota Coalition for the  
160.7 Homeless;

160.8 (4) one representative from Hearth Connection;

160.9 (5) one representative from the Metropolitan Urban Indian Directors network;

160.10 (6) one representative from the Minnesota Housing Stability Coalition;

160.11 (7) five representatives from organizations providing or administering state-funded  
160.12 supportive housing resources to people experiencing homelessness, including organizations  
160.13 that provide services to youth experiencing homelessness, veterans experiencing  
160.14 homelessness, populations that disproportionately experience homelessness, and a provider  
160.15 that participates in a coordinated entry system and demonstrates statewide geographic  
160.16 representation;

160.17 (8) one representative from the Minnesota Tribal Collaborative;

160.18 (9) one representative from Hennepin County;

160.19 (10) one representative from St. Louis County;

160.20 (11) two members from the house of representatives, one appointed by the speaker of  
160.21 the house and one appointed by the minority leader; and

160.22 (12) two members from the senate appointed by the senate committee on committees,  
160.23 one representing the majority caucus and one representing the minority caucus.

160.24 (b) The members listed in paragraph (a), clauses (3) to (10), must be appointed by the  
160.25 commissioner of human services in collaboration with the commissioner of the Minnesota  
160.26 Housing Finance Agency.

160.27 (c) All appointing authorities must make their appointments to the working group by  
160.28 August 1, 2024.

160.29 Subd. 3. **Duties.** (a) The working group must study supportive housing resources to  
160.30 streamline access, eligibility, and administration of state-funded supportive housing resources  
160.31 for people experiencing homelessness, including the following programs:



- 161.1 (1) the housing support program;
- 161.2 (2) long-term homeless supportive services;
- 161.3 (3) housing with supports for adults with serious mental illness;
- 161.4 (4) the housing trust fund; and
- 161.5 (5) other capital and operating funds administered by the Minnesota Housing Finance
- 161.6 Agency.
- 161.7 (b) In studying supportive housing resources, the working group must identify the
- 161.8 processes, procedures, and technological or personnel resources that would be necessary to
- 161.9 enable the state, county or Tribal agencies, and providers responsible for administering
- 161.10 public supportive housing funds to meet the following goals:
- 161.11 (1) reduce administrative complexities;
- 161.12 (2) enhance equity and accessibility, including coordinated entry;
- 161.13 (3) streamline and simplify eligibility criteria, paperwork, and funding distribution; and
- 161.14 (4) accelerate the transition of individuals from homelessness to sustainable long-term
- 161.15 solutions.
- 161.16 Subd. 4. **Compensation.** Notwithstanding Minnesota Statutes, section 15.059, subdivision
- 161.17 3, members of the working group shall not be compensated, except for the members with
- 161.18 lived experience of homelessness.
- 161.19 Subd. 5. **Meetings; facilitation.** (a) The commissioner of human services may contract
- 161.20 with a third-party vendor to facilitate the working group and convene the first meeting by
- 161.21 January 15, 2025.
- 161.22 (b) The working group must meet at regular intervals as often as necessary to fulfill the
- 161.23 duties under subdivision 3.
- 161.24 (c) Meetings of the working group are subject to the Minnesota Open Meeting Law
- 161.25 under Minnesota Statutes, chapter 13D.
- 161.26 Subd. 6. **Consultation.** The working group must consult with other individuals and
- 161.27 organizations that have expertise and experience in providing supportive services that may
- 161.28 assist the working group in fulfilling its responsibilities, including entities engaging in
- 161.29 additional input from those with lived experience of homelessness and administrators of
- 161.30 state-funded supportive housing not included on the working group.

162.1 Subd. 7. **Report required.** The working group shall submit a final report by January  
 162.2 15, 2026, to the chairs and ranking minority members of the legislative committees with  
 162.3 jurisdiction over housing and homelessness finance and policy detailing the recommendations  
 162.4 to streamline access, eligibility, and administration of state-funded supportive housing  
 162.5 resources for people experiencing homelessness. The report shall include draft legislation  
 162.6 required to implement the proposed legislation.

162.7 Subd. 8. **Expiration.** The working group expires January 15, 2026.

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

162.9 **Sec. 5. HOMELESSNESS PRIORITY; HOMELESSNESS REPORT.**

162.10 The governor and lieutenant governor and the legislature find that addressing  
 162.11 homelessness is a pressing public need. The Department of Human Services administers  
 162.12 programs to provide shelter, support services, and housing stability to low-income  
 162.13 Minnesotans and people experiencing homelessness. No later than January 15, 2025, the  
 162.14 commissioner, in cooperation with the commissioner of the Minnesota Housing Finance  
 162.15 Agency and other relevant departments, must report to the chairs and ranking minority  
 162.16 members of the legislative committees with jurisdiction over human services policy and  
 162.17 finance on the departments' activities to reduce homelessness.

162.18 **Sec. 6. DIRECTION TO COMMISSIONER; TARGETED CASE MANAGEMENT**  
 162.19 **REDESIGN.**

162.20 The commissioner of human services must consult with members of the Minnesota  
 162.21 Association of County Social Service Administrators to improve case management  
 162.22 information systems and identify the necessary changes needed to comply with regulations  
 162.23 related to federal certified public expenditures. The changes must facilitate transition to use  
 162.24 of a 15-minute unit rate or improved financial reporting for fee-for-service targeted case  
 162.25 management services provided by counties. The Social Service Information System and  
 162.26 adjacent systems must be modified to support any increase in the intensity of time reporting  
 162.27 requirements prior to any implementation of proposed changes to targeted case management  
 162.28 rate setting, reimbursement, and reconciliation processes.

162.29 **Sec. 7. REVISOR INSTRUCTION.**

162.30 The revisor of statutes shall renumber each section of Minnesota Statutes listed in column  
 162.31 A with the number listed in column B. The revisor shall also make necessary cross-reference  
 162.32 changes consistent with the renumbering:

163.1	<u>Column A</u>	<u>Column B</u>
163.2	<u>256E.33</u>	<u>256K.48</u>
163.3	<u>256E.36</u>	<u>256K.49</u>

## ARTICLE 7

### HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT

163.6 Section 1. [256.044] HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT.

163.7 Subdivision 1. **Human services response contingency account.** A human services  
 163.8 response contingency account is created in the special revenue fund in the state treasury.  
 163.9 Money in the human services response contingency account does not cancel and is  
 163.10 appropriated to the commissioner of human services for the purposes specified in this section.

163.11 Subd. 2. **Definition.** For purposes of this section, "human services response" means  
 163.12 activities deemed necessary by the commissioner of human services to respond to emerging  
 163.13 or immediate needs related to supporting the health, welfare, or safety of people.

163.14 Subd. 3. **Use of money.** (a) The commissioner may make expenditures from the human  
 163.15 services response contingency account to respond to needs as defined in subdivision 2 and  
 163.16 for which no other funding or insufficient funding is available.

163.17 (b) When the commissioner determines that a human services response is needed, the  
 163.18 commissioner may make expenditures from the human services response contingency  
 163.19 account for the following uses to implement the human services response:

163.20 (1) services, supplies, and equipment to support the health, welfare, or safety of people;

163.21 (2) training and coordination with service providers, Tribal Nations, and local government  
 163.22 entities;

163.23 (3) communication with and outreach to impacted people;

163.24 (4) informational technology; and

163.25 (5) staffing.

163.26 (c) The commissioner may transfer money within the Department of Human Services  
 163.27 and to the Department of Children, Youth, and Families for eligible uses under paragraph  
 163.28 (b) as necessary to implement a human services response.

163.29 (d) Notwithstanding any other law or rule to the contrary, when implementing a human  
 163.30 services response, the commissioner may allocate funds from the human services response  
 163.31 contingency account to programs, providers, and organizations for eligible uses under

164.1 paragraph (b) through one or more fiscal agents chosen by the commissioner. In contracting  
164.2 with a fiscal agent, the commissioner may use a sole-source contract and is not subject to  
164.3 the solicitation requirements of chapter 16B or 16C.

164.4 (e) Programs, providers, and organizations receiving funds from the human services  
164.5 response contingency account under paragraph (d) must describe how the money will be  
164.6 used. If a program, provider, or organization receiving money from the human services  
164.7 response contingency account receives money from a nonstate source other than a local unit  
164.8 of government or Tribe for the same human services response, the entity must notify the  
164.9 commissioner of the amount received from the nonstate source. If the commissioner  
164.10 determines that the total amount received under this section and from the nonstate source  
164.11 exceeds the entity's total costs for the human services response, the entity must pay the  
164.12 commissioner the amount that exceeds the costs up to the amount of funding provided to  
164.13 the entity under this section. All money paid to the commissioner under this paragraph must  
164.14 be deposited in the human services response contingency account.

164.15 Subd. 4. **Assistance from other sources.** (a) As a condition of making expenditures  
164.16 from the human services response contingency account, the commissioner must seek any  
164.17 appropriate assistance from other available sources, including the federal government, to  
164.18 assist with costs attributable to the human services response.

164.19 (b) If the commissioner recovers eligible costs for the human services response from a  
164.20 nonstate source after making expenditures from the human services response contingency  
164.21 account, the commissioner shall reimburse the human services response contingency account  
164.22 for those costs up to the amount recovered for eligible costs from the nonstate source.

164.23 Subd. 5. **Reporting.** The commissioner must develop required reporting for entities  
164.24 receiving human services response contingency account money. Entities receiving money  
164.25 from the commissioner of human services from the human services response contingency  
164.26 account must submit reports to the commissioner of human services with detailed information  
164.27 in a manner determined by the commissioner, including but not limited to:

164.28 (1) amounts expended by category of expenditure;

164.29 (2) outcomes achieved, including estimated individuals served;

164.30 (3) documentation necessary to verify that funds were spent in compliance with this  
164.31 section;

164.32 (4) expenditure reports for the purpose of requesting reimbursement from other available  
164.33 sources; and



- 166.1 **(a) Carryforward Authority.**
- 166.2 Notwithstanding Minnesota Statutes, section
- 166.3 16A.28, subdivision 3, \$912,000 in fiscal year
- 166.4 2025 is available until June 30, 2027.
- 166.5 **(b) Base Level Adjustment.** The general fund
- 166.6 base is increased by \$327,000 in fiscal year
- 166.7 2026 and \$327,000 in fiscal year 2027.
- 166.8 **Subd. 3. Central Office; Health Care** -0- 2,035,000
- 166.9 **(a) Health-Related Social Needs 1115**
- 166.10 **Waiver.** \$500,000 is for a contract to develop
- 166.11 a 1115 waiver related to nutrition supports as
- 166.12 a covered service under medical assistance.
- 166.13 This is a onetime appropriation.
- 166.14 Notwithstanding Minnesota Statutes, section
- 166.15 16A.28, subdivision 3, this appropriation is
- 166.16 available until June 30, 2027.
- 166.17 **(b) Carryforward Authority.**
- 166.18 Notwithstanding Minnesota Statutes, section
- 166.19 16A.28, subdivision 3, \$327,000 in fiscal year
- 166.20 2025 is available until June 30, 2026, and
- 166.21 \$543,000 in fiscal year 2025 is available until
- 166.22 June 30, 2027.
- 166.23 **(c) Base Level Adjustment.** The general fund
- 166.24 base is increased by \$786,000 in fiscal year
- 166.25 2026 and increased by \$790,000 in fiscal year
- 166.26 2027.
- 166.27 **Subd. 4. Central Office; Aging and Disability**
- 166.28 **Services** (2,664,000) 4,164,000
- 166.29 **(a) Tribal Vulnerable Adult and**
- 166.30 **Developmental Disabilities Targeted Case**
- 166.31 **Management Medical Assistance Benefit.**
- 166.32 \$200,000 in fiscal year 2025 is for a contract
- 166.33 to develop a Tribal vulnerable adult and
- 166.34 developmental disabilities targeted case

167.1 management medical assistance benefit under  
167.2 Minnesota Statutes, section 256B.0924. This  
167.3 is a onetime appropriation. Notwithstanding  
167.4 Minnesota Statutes, section 16A.28,  
167.5 subdivision 3, this appropriation is available  
167.6 until June 30, 2027.

167.7 **(b) Disability Services Person-Centered**  
167.8 **Engagement and Navigation Study.**  
167.9 \$600,000 in fiscal year 2025 is for the  
167.10 disability services person-centered engagement  
167.11 and navigation study. This is a onetime  
167.12 appropriation. Notwithstanding Minnesota  
167.13 Statutes, section 16A.28, subdivision 3, this  
167.14 appropriation is available until June 30, 2026.

167.15 **(c) Pediatric Hospital-to-Home Transition**  
167.16 **Pilot Program Administration.** \$300,000 in  
167.17 fiscal year 2025 is for a contract related to the  
167.18 pediatric hospital-to-home transition pilot  
167.19 program. This is a onetime appropriation.  
167.20 Notwithstanding Minnesota Statutes, section  
167.21 16A.28, subdivision 3, this appropriation is  
167.22 available until June 30, 2027.

167.23 **(d) Reimbursement for Community-First**  
167.24 **Services and Supports Workers Report.**  
167.25 \$250,000 in fiscal year 2025 is for a contract  
167.26 related to the reimbursement for  
167.27 community-first services and supports workers  
167.28 report. This is a onetime appropriation.  
167.29 Notwithstanding Minnesota Statutes, section  
167.30 16A.28, subdivision 3, this appropriation is  
167.31 available until June 30, 2026.

167.32 **(e) Carryforward Authority.**  
167.33 Notwithstanding Minnesota Statutes, section  
167.34 16A.28, subdivision 3, \$758,000 in fiscal year  
167.35 2025 is available until June 30, 2026, and

168.1 \$2,687,000 in fiscal year 2025 is available  
 168.2 until June 30, 2027.

168.3 (f) **Base Level Adjustment.** The general fund  
 168.4 base is increased by \$340,000 in fiscal year  
 168.5 2026 and increased by \$340,000 in fiscal year  
 168.6 2027.

168.7 Subd. 5. **Central Office; Behavioral Health,**  
 168.8 **Housing, and Deaf and Hard-of-Hearing**  
 168.9 **Services**

-0-

3,304,000

168.10 (a) **Medical Assistance Reentry**  
 168.11 **Demonstration.** \$600,000 in fiscal year 2025  
 168.12 is for engagement with people with lived  
 168.13 experience, families, and community partners  
 168.14 on the development and implementation of  
 168.15 the medical assistance reentry demonstration  
 168.16 benefit under Minnesota Statutes, section  
 168.17 256B.0761. This is a onetime appropriation.  
 168.18 Notwithstanding Minnesota Statutes, section  
 168.19 16A.28, subdivision 3, this appropriation is  
 168.20 available until June 30, 2027.

168.21 (b) **Working Group on Simplifying Housing**  
 168.22 **Support Resources.** \$400,000 in fiscal year  
 168.23 2025 is for administration of a working group  
 168.24 to streamline access, eligibility, and  
 168.25 administration of state-funded supportive  
 168.26 housing resources for people experiencing  
 168.27 homelessness. This is a onetime appropriation.  
 168.28 Notwithstanding Minnesota Statutes, section  
 168.29 16A.28, subdivision 3, this appropriation is  
 168.30 available until June 30, 2026.

168.31 (c) **Carryforward Authority.**  
 168.32 Notwithstanding Minnesota Statutes, section  
 168.33 16A.28, subdivision 3, \$34,000 in fiscal year  
 168.34 2025 is available until June 30, 2026.



169.1 (d) Base Level Adjustment. The general fund  
 169.2 base is increased by \$2,271,000 in fiscal year  
 169.3 2026 and increased by \$2,271,000 in fiscal  
 169.4 year 2027.

169.5	<u>Subd. 6. Forecasted Programs; Medical</u>		
169.6	<u>Assistance</u>	<u>-0-</u>	<u>5,533,000</u>

169.7	<u>Subd. 7. Forecasted Programs; Alternative Care</u>	<u>-0-</u>	<u>49,000</u>
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169.8	<u>Subd. 8. Forecasted Programs; Behavioral</u>		
169.9	<u>Health Fund</u>	<u>-0-</u>	<u>274,000</u>

169.10	<u>Subd. 9. Grant Programs; Child and Economic</u>		
169.11	<u>Support Grants</u>	<u>-0-</u>	<u>5,050,000</u>

169.12 (a) Homeless Shelter Services. \$50,000 in  
 169.13 fiscal year 2025 is for a payment to Churches  
 169.14 United for the Homeless in Moorhead to hire  
 169.15 staff or contract for assistance to secure public  
 169.16 funding for Churches United's existing  
 169.17 services, including the provision of safe shelter  
 169.18 for individuals experiencing homelessness,  
 169.19 supportive housing, nutrition support, nursing  
 169.20 services, family services, and case  
 169.21 management. This is a onetime appropriation.

169.22 (b) American Indian Food Sovereignty.  
 169.23 \$1,000,000 in fiscal year 2025 is for the  
 169.24 American Indian food sovereignty funding  
 169.25 program under Minnesota Statutes, section  
 169.26 256E.342. This is a onetime appropriation.  
 169.27 Notwithstanding Minnesota Statutes, section  
 169.28 16A.28, subdivision 3, this appropriation is  
 169.29 available until June 30, 2026.

169.30 (c) Minnesota Food Shelf. \$1,390,000 in  
 169.31 fiscal year 2025 is for the Minnesota food  
 169.32 shelf program under Minnesota Statutes,  
 169.33 section 256E.34. This is a onetime  
 169.34 appropriation.

170.1 **(d) Emergency Food Assistance Program.**  
 170.2 \$2,610,000 in fiscal year 2025 is for contracts  
 170.3 with Minnesota's regional food banks that the  
 170.4 commissioner contracts with for the purposes  
 170.5 of the Emergency Food Assistance Program  
 170.6 (TEFAP). The commissioner shall distribute  
 170.7 the food bank funding under this paragraph in  
 170.8 accordance with the federal TEFAP formula  
 170.9 and guidelines of the United States  
 170.10 Department of Agriculture. Funding must be  
 170.11 used by all regional food banks to purchase  
 170.12 food that will be distributed free of charge to  
 170.13 TEFAP partner agencies. Funding must also  
 170.14 cover the handling and delivery fees typically  
 170.15 paid by food shelves to food banks to ensure  
 170.16 that costs associated with funding under this  
 170.17 paragraph are not incurred at the local level.  
 170.18 This is a onetime appropriation.

170.19 **Subd. 10. Grant Programs; Refugee Services** -0- 4,000,000

170.20 **Human Services Response Contingency**  
 170.21 **Account.** (a) \$4,000,000 in fiscal year 2025  
 170.22 is for the human services response contingency  
 170.23 account under Minnesota Statutes, section  
 170.24 256.044. This is a onetime appropriation.

170.25 (b) The commissioner of management and  
 170.26 budget shall transfer \$4,000,000 in fiscal year  
 170.27 2025 from the general fund to the human  
 170.28 services response contingency account  
 170.29 established under Minnesota Statutes, section  
 170.30 256.044. This is a onetime transfer.

170.31 **Subd. 11. Grant Programs; Health Care Grants** -0- 1,000,000

170.32 **County Correctional Facility Mental Health**  
 170.33 **Medication Pilot Program.** \$1,000,000 in  
 170.34 fiscal year 2025 is for the county correctional

171.1 facility mental health medication pilot

171.2 program. This is a onetime appropriation.

171.3 Notwithstanding Minnesota Statutes, section

171.4 16A.28, subdivision 3, this appropriation is

171.5 available until June 30, 2026.

171.6 **Subd. 12. Grant Programs; Other Long Term**

171.7 **Care Grants**

(2,500,000)

1,962,000

171.8 **(a) Health Awareness Hub Pilot Project.**

171.9 \$281,000 in fiscal year 2025 is for a payment

171.10 to the Organization for Liberians in Minnesota

171.11 for a health awareness hub pilot project. The

171.12 pilot project must seek to address health care

171.13 education and the physical and mental

171.14 wellness needs of elderly individuals within

171.15 the African immigrant community by offering

171.16 culturally relevant support, resources, and

171.17 preventive care education from medical

171.18 practitioners who have a similar background,

171.19 and by making appropriate referrals to

171.20 culturally competent programs, supports, and

171.21 medical care. Within six months of the

171.22 conclusion of the pilot project, the

171.23 Organization for Liberians in Minnesota must

171.24 provide the commissioner with an evaluation

171.25 of the project as determined by the

171.26 commissioner. This is a onetime appropriation.

171.27 **(b) Chapter 245D Compliance Support.**

171.28 \$219,000 in fiscal year 2025 is for a payment

171.29 to Black Business Enterprises Fund to support

171.30 minority providers licensed under Minnesota

171.31 Statutes, chapter 245D, as intensive support

171.32 services providers to build skills and the

171.33 infrastructure needed to increase the quality

171.34 of services provided to the people the

171.35 providers serve while complying with the

172.1 requirements of Minnesota Statutes, chapter  
172.2 245D, and to enable the providers to accept  
172.3 clients with high behavioral needs. This is a  
172.4 onetime appropriation.

172.5 **(c) Customized Living Technical Assistance.**

172.6 \$350,000 is for a payment to Propel  
172.7 Nonprofits for a culturally specific outreach  
172.8 and education campaign toward existing  
172.9 customized living providers that might more  
172.10 appropriately serve their clients under a  
172.11 different home and community-based services  
172.12 program or license. This is a onetime  
172.13 appropriation.

172.14 **(d) Linguistically and Culturally Specific**

172.15 **Training Pilot Project. \$650,000 in fiscal**  
172.16 year 2025 is for a payment to Isuroon to  
172.17 collaborate with the commissioner of human  
172.18 services to develop and implement a pilot  
172.19 program to provide: (1) linguistically and  
172.20 culturally specific in-person training to  
172.21 bilingual individuals, particularly bilingual  
172.22 women, from diverse ethnic backgrounds; and  
172.23 (2) technical assistance to providers to ensure  
172.24 successful implementation of the pilot  
172.25 program, including training, resources, and  
172.26 ongoing support. Within six months of the  
172.27 conclusion of the pilot project, Isuroon must  
172.28 provide the commissioner with an evaluation  
172.29 of the project as determined by the  
172.30 commissioner. This is a onetime appropriation.

172.31 **(e) Long-Term Services and Supports Loan**

172.32 **Program. (1) \$462,000 in fiscal year 2025 is**  
172.33 from the general fund for the long-term  
172.34 services and supports loan program established  
172.35 under Minnesota Statutes, section 256R.55.

173.1 The base for this appropriation is \$822,000 in  
 173.2 fiscal year 2026 and \$0 in fiscal year 2027.

173.3 (2) The commissioner of management and  
 173.4 budget shall transfer \$462,000 in fiscal year  
 173.5 2025 from the general fund to the long-term  
 173.6 services and supports loan account established  
 173.7 under Minnesota Statutes, section 256R.55.

173.8 The base for this transfer is \$822,000 in fiscal  
 173.9 year 2026 and \$0 in fiscal year 2027.

173.10 (f) **Base Level Adjustment.** The general fund  
 173.11 base is decreased by \$1,202,000 in fiscal year  
 173.12 2026 and decreased by \$2,024,000 in fiscal  
 173.13 year 2027.

173.14 Subd. 13. **Grant Programs; Aging and Adult**  
 173.15 **Services Grants**

-0-

4,500,000

173.16 (a) **Caregiver Respite Services Grants.**  
 173.17 \$2,000,000 in fiscal year 2025 is for caregiver  
 173.18 respite services grants under Minnesota  
 173.19 Statutes, section 256.9756. This is a onetime  
 173.20 appropriation. Notwithstanding Minnesota  
 173.21 Statutes, section 16A.28, subdivision 3, this  
 173.22 appropriation is available until June 30, 2027.

173.23 (b) **Caregiver Support Programs.**  
 173.24 \$2,500,000 in fiscal year 2025 is for the  
 173.25 Minnesota Board on Aging for the purposes  
 173.26 of the caregiver support programs under  
 173.27 Minnesota Statutes, section 256.9755.  
 173.28 Programs receiving funding under this  
 173.29 paragraph must include an ALS-specific  
 173.30 respite service in their caregiver support  
 173.31 program. This is a onetime appropriation.  
 173.32 Notwithstanding Minnesota Statutes, section  
 173.33 16A.28, subdivision 3, this appropriation is  
 173.34 available until June 30, 2027.

174.1	<b><u>Subd. 14. Grant Programs; Disabilities Grants</u></b>	<b><u>1,650,000</u></b>	<b><u>9,574,000</u></b>
174.2	<b><u>(a) Capital Improvement for Accessibility.</u></b>		
174.3	<u>\$400,000 in fiscal year 2025 is for a payment</u>		
174.4	<u>to Anoka County to make capital</u>		
174.5	<u>improvements to existing space in the Anoka</u>		
174.6	<u>County Human Services building in the city</u>		
174.7	<u>of Blaine, including making bathrooms fully</u>		
174.8	<u>compliant with the Americans with Disabilities</u>		
174.9	<u>Act with adult changing tables and ensuring</u>		
174.10	<u>barrier-free access for the purposes of</u>		
174.11	<u>improving and expanding the services an</u>		
174.12	<u>existing building tenant can provide to adults</u>		
174.13	<u>with developmental disabilities. This is a</u>		
174.14	<u>onetime appropriation.</u>		
174.15	<b><u>(b) Dakota County Disability Services</u></b>		
174.16	<b><u>Workforce Shortage Pilot Project. \$500,000</u></b>		
174.17	<u>in fiscal year 2025 is for a grant to Dakota</u>		
174.18	<u>County for innovative solutions to the</u>		
174.19	<u>disability services workforce shortage. Up to</u>		
174.20	<u>\$250,000 of this amount must be used to</u>		
174.21	<u>develop and test an online application for</u>		
174.22	<u>matching requests for services from people</u>		
174.23	<u>with disabilities to available staff, and up to</u>		
174.24	<u>\$250,000 of this amount must be used to</u>		
174.25	<u>develop a communities-for-all program that</u>		
174.26	<u>engages businesses, community organizations,</u>		
174.27	<u>neighbors, and informal support systems to</u>		
174.28	<u>promote community inclusion of people with</u>		
174.29	<u>disabilities. By October 1, 2026, the</u>		
174.30	<u>commissioner shall report the outcomes and</u>		
174.31	<u>recommendations of these pilot projects to the</u>		
174.32	<u>chairs and ranking minority members of the</u>		
174.33	<u>legislative committees with jurisdiction over</u>		
174.34	<u>human services finance and policy. This is a</u>		
174.35	<u>onetime appropriation. Notwithstanding</u>		

- 175.1 Minnesota Statutes, section 16A.28,  
175.2 subdivision 3, this appropriation is available  
175.3 until June 30, 2027.
- 175.4 **(c) Pediatric Hospital-to-Home Transition**  
175.5 **Pilot Program. \$1,040,000 in fiscal year 2025**  
175.6 **is for the pediatric hospital-to-home pilot**  
175.7 **program. This is a onetime appropriation.**
- 175.8 Notwithstanding Minnesota Statutes, section  
175.9 16A.28, subdivision 3, this appropriation is  
175.10 available until June 30, 2027.
- 175.11 **(d) Artists With Disabilities Support.**  
175.12 **\$690,000 in fiscal year 2025 is for a payment**  
175.13 **to a nonprofit organization licensed under**  
175.14 **Minnesota Statutes, chapter 245D, located on**  
175.15 **Minnehaha Avenue West in Saint Paul, and**  
175.16 **that supports artists with disabilities in creating**  
175.17 **visual and performing art that challenges**  
175.18 **society's views of persons with disabilities.**
- 175.19 **This is a onetime appropriation.**
- 175.20 Notwithstanding Minnesota Statutes, section  
175.21 16A.28, subdivision 3, this appropriation is  
175.22 available until June 30, 2027.
- 175.23 **(e) Emergency Relief Grants for Rural**  
175.24 **EIDBI Providers. \$600,000 in fiscal year**  
175.25 **2025 is for emergency relief grants for EIDBI**  
175.26 **providers. This is a onetime appropriation.**
- 175.27 Notwithstanding Minnesota Statutes, section  
175.28 16A.28, subdivision 3, this appropriation is  
175.29 available until June 30, 2027.
- 175.30 **(f) Self-Advocacy Grants for Persons with**  
175.31 **Intellectual and Developmental Disabilities.**  
175.32 **\$250,000 in fiscal year 2025 is for**  
175.33 **self-advocacy grants under Minnesota Statutes,**  
175.34 **section 256.477, subdivision 1, paragraph (a),**

176.1 clauses (5) to (7), and for administrative costs.

176.2 This is onetime appropriation.

176.3 **(g) Electronic Visit Verification**

176.4 **Implementation Grants. \$864,000 in fiscal**

176.5 year 2025 is for electronic visit verification

176.6 implementation grants. This is a onetime

176.7 appropriation. Notwithstanding Minnesota

176.8 Statutes, section 16A.28, subdivision 3, this

176.9 appropriation is available until June 30, 2027.

176.10 **(h) Aging and Disability Services for**

176.11 **Immigrant and Refugee Communities.**

176.12 \$250,000 in fiscal year 2025 is for a payment

176.13 to SEWA-AIFW to address aging, disability,

176.14 and mental health needs for immigrant and

176.15 refugee communities. This is a onetime

176.16 appropriation.

176.17 **(i) License Transition Support for Small**

176.18 **Disability Waiver Providers. \$3,150,000 in**

176.19 fiscal year 2025 is for license transition

176.20 payments to small disability waiver providers.

176.21 This is a onetime appropriation.

176.22 Notwithstanding Minnesota Statutes, section

176.23 16A.28, subdivision 3, this appropriation is

176.24 available until June 30, 2027.

176.25 **(j) Own home services provider**

176.26 **capacity-building grants. \$1,519,000 in fiscal**

176.27 year 2025 is for the own home services

176.28 provider capacity-building grant program.

176.29 Notwithstanding Minnesota Statutes, section

176.30 16A.28, subdivision 3, this appropriation is

176.31 available until June 30, 2027. This is a onetime

176.32 appropriation.

176.33 **(k) Continuation of Centers for**

176.34 **Independent Living HCBS Access Grants.**



177.1 \$311,000 in fiscal year 2024 is for continued  
 177.2 funding of grants awarded under Laws 2021,  
 177.3 First Special Session chapter 7, article 17,  
 177.4 section 19, as amended by Laws 2022, chapter  
 177.5 98, article 15, section 15. This is a onetime  
 177.6 appropriation and is available until June 30,  
 177.7 2025.

177.8 (l) **Base Level Adjustment.** The general fund  
 177.9 base is increased by \$811,000 in fiscal year  
 177.10 2026 and increased by \$811,000 in fiscal year  
 177.11 2027.

177.12 Subd. 15. **Grant Programs; Adult Mental Health**  
 177.13 **Grants**

(8,900,000)

2,364,000

177.14 (a) **Locked Intensive Residential Treatment**  
 177.15 **Services.** \$1,000,000 in fiscal year 2025 is for  
 177.16 start-up funds to intensive residential treatment  
 177.17 services providers to provide treatment in  
 177.18 locked facilities for patients meeting medical  
 177.19 necessity criteria and who may also be referred  
 177.20 for competency attainment or a competency  
 177.21 examination under Minnesota Statutes,  
 177.22 sections 611.40 to 611.59. This is a onetime  
 177.23 appropriation. Notwithstanding Minnesota  
 177.24 Statutes, section 16A.28, subdivision 3, this  
 177.25 appropriation is available until June 30, 2027.

177.26 (b) **Engagement Services Pilot Grants.**  
 177.27 \$1,500,000 in fiscal year 2025 is for  
 177.28 engagement services pilot grants. Of this  
 177.29 amount, \$250,000 in fiscal year 2025 is for an  
 177.30 engagement services pilot grant to Otter Tail  
 177.31 County. This is a onetime appropriation.  
 177.32 Notwithstanding Minnesota Statutes, section  
 177.33 16A.28, subdivision 3, this appropriation is  
 177.34 available until June 30, 2026.

178.1 **(c) Mental Health Innovation Grant**  
 178.2 **Program.** \$1,321,000 in fiscal year 2025 is  
 178.3 for the mental health innovation grant program  
 178.4 under Minnesota Statutes, section 245.4662.  
 178.5 This is a onetime appropriation.  
 178.6 Notwithstanding Minnesota Statutes, section  
 178.7 16A.28, subdivision 3, this appropriation is  
 178.8 available until June 30, 2026.

178.9 **(d) Behavioral Health Services For**  
 178.10 **Immigrant And Refugee Communities.**  
 178.11 \$354,000 in fiscal year 2025 is for a payment  
 178.12 to African Immigrant Community Services to  
 178.13 provide culturally and linguistically  
 178.14 appropriate services to new Americans with  
 178.15 disabilities, mental health needs, and substance  
 178.16 use disorders and to connect such individuals  
 178.17 with appropriate alternative service providers  
 178.18 to ensure continuity of care. This is a onetime  
 178.19 appropriation. Notwithstanding Minnesota  
 178.20 Statutes, section 16A.28, subdivision 3, this  
 178.21 appropriation is available until June 30, 2027.

178.22 **(e) Base Level Adjustment.** The general fund  
 178.23 base is decreased by \$1,811,000 in fiscal year  
 178.24 2026 and decreased by \$1,811,000 in fiscal  
 178.25 year 2027.

178.26 **Subd. 16. Grant Programs; Child Mental Health**  
 178.27 **Grants**

-0-

500,000

178.28 **Youth Peer Recovery Support Services Pilot**  
 178.29 **Project.** \$500,000 in fiscal year 2025 is for a  
 178.30 grant to Hennepin County to conduct a  
 178.31 two-year pilot project to provide peer recovery  
 178.32 support services under Minnesota Statutes,  
 178.33 section 245G.07, subdivision 2, clause (8), to  
 178.34 youth between 13 and 18 years of age. The  
 178.35 pilot project must be conducted in partnership

179.1 with a community organization that provides  
 179.2 culturally specific peer recovery support  
 179.3 services to East African individuals and that  
 179.4 is working to expand peer recovery support  
 179.5 services for youth in Hennepin County. At the  
 179.6 conclusion of the pilot project, Hennepin  
 179.7 County must submit a report to the chairs and  
 179.8 ranking minority members of the legislative  
 179.9 committees with jurisdiction over health and  
 179.10 human services detailing the implementation,  
 179.11 operation, and outcomes of the pilot project  
 179.12 and providing recommendations on expanding  
 179.13 youth peer recovery support services  
 179.14 statewide. This is a onetime appropriation.  
 179.15 Notwithstanding Minnesota Statutes, section  
 179.16 16A.28, subdivision 3, this appropriation is  
 179.17 available until June 30, 2026.

179.18	<b><u>Subd. 17. Grant Programs; Chemical</u></b>		
179.19	<b><u>Dependency Treatment Support Grants</u></b>	<u>(500,000)</u>	<u>2,500,000</u>

179.20 **Medical Assistance Reentry Demonstration**  
 179.21 **Grants.** \$2,500,000 in fiscal year 2025 is for  
 179.22 capacity building and implementation grants  
 179.23 for the medical assistance reentry  
 179.24 demonstration under Minnesota Statutes,  
 179.25 section 256B.0761. This is a onetime  
 179.26 appropriation. Notwithstanding Minnesota  
 179.27 Statutes, section 16A.28, subdivision 3, this  
 179.28 appropriation is available until June 30, 2027.

179.29	<b><u>Subd. 18. Direct Care and Treatment - Mental</u></b>		
179.30	<b><u>Health and Substance Abuse</u></b>	<u>-0-</u>	<u>977,000</u>

179.31	<b><u>Subd. 19. Direct Care and Treatment - Forensic</u></b>		
179.32	<b><u>Services</u></b>	<u>-0-</u>	<u>7,752,000</u>

179.33 **(a) Employee incentives.** \$1,000,000 in fiscal  
 179.34 year 2025 is for incentives related to the  
 179.35 transition of CARE St. Peter to the forensic

180.1 mental health program. This is a onetime  
 180.2 appropriation.

180.3 (b) Base Level Adjustment. The general fund  
 180.4 base is increased by \$6,612,000 in fiscal year  
 180.5 2026 and increased by \$6,612,000 in fiscal  
 180.6 year 2027.

180.7 Subd. 20. Direct Care and Treatment -  
 180.8 Operations

-0-

6,094,000

180.9 (a) Free Communication Services for  
 180.10 Patients and Clients. \$1,368,000 in fiscal  
 180.11 year 2025 is for free communication services  
 180.12 under article 6, section 1. This is a onetime  
 180.13 appropriation. Notwithstanding Minnesota  
 180.14 Statutes, section 16A.28, subdivision 3, this  
 180.15 appropriation is available until June 30, 2026.

180.16 (b) Direct Care and Treatment Capacity;  
 180.17 Miller Building. \$1,796,000 in fiscal year  
 180.18 2025 is to design a replacement facility for the  
 180.19 Miller Building on the Anoka Metro Regional  
 180.20 Treatment Center campus. This is a onetime  
 180.21 appropriation. Notwithstanding Minnesota  
 180.22 Statutes, section 16A.28, subdivision 3, this  
 180.23 appropriation is available until June 30, 2027.

180.24 (c) Direct Care and Treatment County  
 180.25 Correctional Facility Support Pilot  
 180.26 Program. \$2,387,000 in fiscal year 2025 is  
 180.27 to establish a two-year county correctional  
 180.28 facility support pilot program. The pilot  
 180.29 program must: (1) provide education and  
 180.30 support to counties and county correctional  
 180.31 facilities on protocols and best practices for  
 180.32 the provision of involuntary medications for  
 180.33 mental health treatment; (2) provide technical  
 180.34 assistance to expand access to injectable  
 180.35 psychotropic medications in county



182.1	<u>General</u>	<u>-0-</u>	<u>554,000</u>
182.2	<u>State Government</u>		
182.3	<u>Special Revenue</u>	<u>-0-</u>	<u>533,000</u>

182.4 The amounts that may be spent for each  
 182.5 purpose are specified in the following  
 182.6 subdivisions.

182.7	<b><u>Subd. 2. Health Improvement</u></b>	<u>-0-</u>	<u>554,000</u>
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182.8 **(a) Community Care Hub Grant. \$500,000**  
 182.9 in fiscal year 2025 is from the general fund  
 182.10 for the community care hub planning grant.  
 182.11 This is a onetime appropriation.  
 182.12 Notwithstanding Minnesota Statutes, section  
 182.13 16A.28, subdivision 3, this appropriation is  
 182.14 available until June 30, 2026.

182.15 **(b) Cannabis education program grants. To**  
 182.16 achieve the net reduction in the general fund  
 182.17 base of \$3,650,000 in fiscal year 2026 and  
 182.18 \$3,650,000 in fiscal year 2027 for cannabis  
 182.19 education grants under Minnesota Statutes,  
 182.20 section 144.197, subdivision 4, the  
 182.21 commissioner must not reduce the grant  
 182.22 amounts distributed to Tribal health  
 182.23 departments.

182.24 **(c) Carryforward Authority.**  
 182.25 Notwithstanding Minnesota Statutes, section  
 182.26 16A.28, subdivision 3, \$54,000 in fiscal year  
 182.27 2025 is available until June 30, 2026, for  
 182.28 administration expenses related to the  
 182.29 community care hub grant.

182.30 **(d) Base Level Adjustment.** The general fund  
 182.31 base is decreased by \$3,650,000 in fiscal year  
 182.32 2026 and decreased by \$3,650,000 in fiscal  
 182.33 year 2027.

183.1	<b><u>Subd. 3. Health Protection</u></b>		<u>-0-</u>	<u>533,000</u>
183.2	<u>This appropriation is from the state</u>			
183.3	<u>government special revenue fund.</u>			
183.4	<b><u>Base Level Adjustments.</u></b> The state			
183.5	<u>government special revenue base is increased</u>			
183.6	<u>by \$525,000 in fiscal year 2026 and increased</u>			
183.7	<u>by \$525,000 in fiscal year 2027.</u>			
183.8	<b><u>Subd. 4. Grantee Evaluation Requirement</u></b>			
183.9	<u>For all new grants for which money is</u>			
183.10	<u>appropriated in this act, the commissioner of</u>			
183.11	<u>health must comply with the grantee</u>			
183.12	<u>evaluation requirements under Minnesota</u>			
183.13	<u>Statutes, section 16B.98, subdivision 12.</u>			
183.14	<b><u>Sec. 4. COUNCIL ON DISABILITY</u></b>	<b><u>\$</u></b>	<b><u>-0-</u></b>	<b><u>\$ 400,000</u></b>
183.15	<u>\$400,000 in fiscal year 2025 is for the</u>			
183.16	<u>Legislative Task Force on Guardianship.</u>			
183.17	<u>Notwithstanding Minnesota Statutes, section</u>			
183.18	<u>16A.28, subdivision 3, this appropriation is</u>			
183.19	<u>available until June 30, 2027. This is a onetime</u>			
183.20	<u>appropriation.</u>			
183.21	<b><u>Sec. 5. DEPARTMENT OF CORRECTIONS</u></b>	<b><u>\$</u></b>	<b><u>-0-</u></b>	<b><u>\$ 1,649,000</u></b>
183.22	<b><u>Medical Assistance Reentry Demonstration.</u></b>			
183.23	<u>\$1,649,000 in fiscal year 2025 is from the</u>			
183.24	<u>general fund for planning and implementation</u>			
183.25	<u>of the medical assistance reentry</u>			
183.26	<u>demonstration. The base for this appropriation</u>			
183.27	<u>is \$1,924,000 in fiscal year 2026 and</u>			
183.28	<u>\$2,364,000 in fiscal year 2027.</u>			
183.29	<b><u>Sec. 6. DEPARTMENT OF EMPLOYMENT</u></b>			
183.30	<b><u>AND ECONOMIC DEVELOPMENT</u></b>	<b><u>\$</u></b>	<b><u>-0-</u></b>	<b><u>\$ 5,000,000</u></b>
183.31	<b><u>Cedar Riverside Recreation Center.</u></b>			
183.32	<u>\$5,000,000 in fiscal year 2025 is for a payment</u>			
183.33	<u>to the Minneapolis Park and Recreation Board</u>			

184.1 for the design, development, and construction  
 184.2 of the new Cedar Riverside Recreation Center  
 184.3 to serve the largest immigrant population  
 184.4 center in the state. This is a onetime  
 184.5 appropriation available until June 30, 2028.

184.6 Sec. 7. Laws 2021, First Special Session chapter 7, article 17, section 19, as amended by  
 184.7 Laws 2022, chapter 98, article 15, section 15, is amended to read:

184.8 **Sec. 19. CENTERS FOR INDEPENDENT LIVING HCBS ACCESS GRANT.**

184.9 (a) This act includes \$1,200,000 in fiscal year 2022 and \$1,200,000 in fiscal year 2023  
 184.10 for grants to expand services to support people with disabilities from underserved  
 184.11 communities who are ineligible for medical assistance to live in their own homes and  
 184.12 communities by providing accessibility modifications, independent living services, and  
 184.13 public health program facilitation. The commissioner of human services must award the  
 184.14 grants in equal amounts to grantees. To be eligible, a grantee must be an organization defined  
 184.15 in Minnesota Statutes, section 268A.01, subdivision 8. Any unexpended amount in fiscal  
 184.16 year 2022 is available through June 30, 2023. The general fund base included in this act for  
 184.17 this purpose is \$0 in fiscal year 2024 and \$0 in fiscal year 2025.

184.18 (b) All grant activities must be completed by ~~March 31, 2024~~ June 30, 2025.

184.19 (c) This section expires June 30, ~~2024~~ 2025.

184.20 **EFFECTIVE DATE.** This section is effective retroactively from March 31, 2024.

184.21 Sec. 8. Laws 2023, chapter 53, article 21, section 6, is amended to read:

184.22 **Sec. 6. TRANSFERS.**

184.23 (a) In the biennium ending on June 30, 2025, the commissioner of management and  
 184.24 budget must transfer ~~\$400,000,000~~ \$390,000,000 from the general fund to the Minnesota  
 184.25 forward fund account established in Minnesota Statutes, section 116J.8752, subdivision 2.  
 184.26 The base for this transfer is \$0.

184.27 (b) In the biennium ending on June 30, 2025, the commissioner of management and  
 184.28 budget shall transfer \$25,000,000 from the general fund to the Minnesota climate innovation  
 184.29 authority account established in Minnesota Statutes, section 216C.441, subdivision 11. The  
 184.30 base for this transfer is \$0.



185.1 (c) In the biennium ending on June 30, 2025, the commissioner of management and  
185.2 budget must transfer \$75,000,000 from the general fund to the state competitiveness fund  
185.3 account established in Minnesota Statutes, section 216C.391, subdivision 2. Notwithstanding  
185.4 Minnesota Statutes, section 216C.391, subdivision 2, the commissioner of commerce must  
185.5 use this transfer for grants to eligible entities for projects receiving federal loans or tax  
185.6 credits where the benefits are in disadvantaged communities. The base for this transfer is  
185.7 \$0. Up to three percent of money transferred under this paragraph is for administrative costs.

185.8 (d) ~~In the biennium ending on June 30, 2027,~~ The commissioners of management and  
185.9 budget, in consultation with the commissioners of employment and economic development  
185.10 and commerce, may transfer money between the Minnesota forward fund account, the  
185.11 Minnesota climate innovation authority account, and the state competitiveness fund account.  
185.12 The commissioner of management and budget must notify the Legislative Advisory  
185.13 Commission within 15 days of making transfers under this paragraph.

185.14 (e) The commissioner of management and budget may transfer money from the Minnesota  
185.15 forward fund account, the Minnesota climate innovation authority account, and the state  
185.16 competitiveness fund account to the human services response contingency account established  
185.17 under Minnesota Statutes, section 256.044, as necessary to respond to emergent state needs.  
185.18 The commissioner of management and budget must notify the Legislative Advisory  
185.19 Commission within 15 days of making transfers under this paragraph.

185.20 (f) The commissioner of management and budget may transfer money from the Minnesota  
185.21 forward fund account, the Minnesota climate innovation authority account, and the state  
185.22 competitiveness fund account to other state agencies to maximize federal funding  
185.23 opportunities. Money transferred under this paragraph is appropriated to the agency that  
185.24 receives the money and is available until June 30, 2027. Any money that remains unspent  
185.25 is canceled to the general fund. The commissioner of management and budget must notify  
185.26 the Legislative Advisory Commission 15 days prior to making transfers under this paragraph.

185.27 (g) The total amount transferred under paragraphs (e) and (f) shall not exceed  
185.28 \$100,000,000.

185.29 Sec. 9. Laws 2023, chapter 53, article 21, section 7, is amended to read:

185.30 Sec. 7. **APPROPRIATIONS.**

185.31 (a) \$50,000,000 in fiscal year 2024 is appropriated from the Minnesota forward fund  
185.32 account to the commissioner of employment and economic development for providing  
185.33 businesses with matching funds required by federal programs. Money awarded under this

186.1 program is made retroactive to February 1, 2023, for applications and projects. The  
186.2 commissioner may use up to two percent of this appropriation for administration. This is a  
186.3 onetime appropriation and is available until June 30, 2027. Any funds that remain unspent  
186.4 are canceled to the general fund.

186.5 (b) \$100,000,000 in fiscal year 2024 is appropriated from the Minnesota forward fund  
186.6 account to the commissioner of employment and economic development to match existing  
186.7 federal funds made available in the Consolidated Appropriations Act, Public Law 117-328.  
186.8 This appropriation must be used to (1) construct and operate a bioindustrial manufacturing  
186.9 pilot innovation facility, biorefinery, or commercial campus utilizing agricultural feedstocks  
186.10 or (2) for a Minnesota aerospace center for research, development, and testing, or both (1)  
186.11 and (2). This appropriation is not subject to the requirements of Minnesota Statutes,  
186.12 116J.8752, subdivision 5. The commissioner may use up to two percent of this appropriation  
186.13 for administration. This is a onetime appropriation and is available until June 30, 2027. Any  
186.14 funds that remain unspent are canceled to the general fund.

186.15 (c) ~~\$250,000,000~~ \$240,000,000 in fiscal year 2024 is appropriated from the Minnesota  
186.16 forward fund account to the commissioner of employment and economic development to  
186.17 match federal funds made available in the Chips and Science Act, Public Law 117-167.  
186.18 Money awarded under this program is made retroactive to February 1, 2023, for applications  
186.19 and projects. This appropriation is not subject to Minnesota Statutes, section 116J.8752,  
186.20 subdivision 5. The commissioner may use up two percent for administration. This is a  
186.21 onetime appropriation and is available until June 30, 2027. Any funds that remain unspent  
186.22 are canceled to the general fund.

186.23 (d) The commissioner may use the appropriation under paragraph (c) to allocate up to  
186.24 15 percent of the total project cost with a maximum of \$75,000,000 per project for the  
186.25 purpose of constructing, modernizing, or expanding commercial facilities on the front- and  
186.26 back-end fabrication of leading-edge, current-generation, and mature-node semiconductors;  
186.27 funding semiconductor materials and manufacturing equipment facilities; and for research  
186.28 and development facilities.

186.29 (e) The commissioner may use the appropriation under paragraph (c) to award:

186.30 (1) grants to institutions of higher education for developing and deploying training  
186.31 programs and to build pipelines to serve the needs of industry; and

186.32 (2) grants to increase the capacity of institutions of higher education to serve industrial  
186.33 requirements for research and development that coincide with current and future requirements  
186.34 of projects eligible under this section. Grant money may be used to construct and equip

187.1 facilities that serve the purpose of the industry. The maximum grant award per institution  
 187.2 of higher education under this section is \$5,000,000 and may not represent more than 50  
 187.3 percent of the total project funding from other sources. Use of this funding must be supported  
 187.4 by businesses receiving funds under clause (1).

187.5 (f) Money appropriated in paragraphs (a), (b), and (c) may be transferred between  
 187.6 appropriations within the Minnesota forward fund account by the commissioner of  
 187.7 employment and economic development with approval of the commissioner of management  
 187.8 and budget. The commissioner must notify the Legislative Advisory Commission at least  
 187.9 15 days prior to changing appropriations under this paragraph.

187.10 Sec. 10. Laws 2023, chapter 61, article 1, section 67, subdivision 3, is amended to read:

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

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

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

187.20 Sec. 11. Laws 2023, chapter 61, article 4, section 11, the effective date, is amended to  
 187.21 read:

187.22 **EFFECTIVE DATE.** This section is effective January 1, ~~2024~~ 2026, or upon federal  
 187.23 approval, whichever is later. The commissioner shall notify the revisor of statutes when  
 187.24 federal approval is obtained.

187.25 Sec. 12. Laws 2023, chapter 61, article 9, section 2, subdivision 5, is amended to read:

187.26	Subd. 5. <b>Central Office; Aging and Disability</b>		
187.27	<b>Services</b>	40,115,000	11,995,000

187.28 (a) **Employment Supports Alignment Study.**  
 187.29 \$50,000 in fiscal year 2024 and \$200,000 in  
 187.30 fiscal year 2025 are to conduct an interagency  
 187.31 employment supports alignment study. The

188.1 base for this appropriation is \$150,000 in fiscal  
188.2 year 2026 and \$100,000 in fiscal year 2027.

188.3 **(b) Case Management Training**

188.4 **Curriculum.** \$377,000 in fiscal year 2024 and  
188.5 \$377,000 in fiscal year 2025 are to develop  
188.6 and implement a curriculum and training plan  
188.7 to ensure all lead agency assessors and case  
188.8 managers have the knowledge and skills  
188.9 necessary to fulfill support planning and  
188.10 coordination responsibilities for individuals  
188.11 who use home and community-based disability  
188.12 services and live in own-home settings. This  
188.13 is a onetime appropriation.

188.14 **(c) Office of Ombudsperson for Long-Term**

188.15 **Care.** \$875,000 in fiscal year 2024 and  
188.16 \$875,000 in fiscal year 2025 are for additional  
188.17 staff and associated direct costs in the Office  
188.18 of Ombudsperson for Long-Term Care.

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

188.20 \$500,000 in fiscal year 2024 is from the  
188.21 general fund for a grant to the Metropolitan  
188.22 Center for Independent Living for the direct  
188.23 care services corps pilot project. Up to \$25,000  
188.24 may be used by the Metropolitan Center for  
188.25 Independent Living for administrative costs.  
188.26 This is a onetime appropriation and is  
188.27 available until June 30, 2026.

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

188.29 **Services and Financing.** Any unexpended  
188.30 amount of the fiscal year 2023 appropriation  
188.31 referenced in Laws 2021, First Special Session  
188.32 chapter 7, article 17, section 16, estimated to  
188.33 be \$300,000, is canceled. The amount canceled  
188.34 is appropriated in fiscal year 2024 for the same  
188.35 purpose.

189.1 **(f) Native American Elder Coordinator.**  
 189.2 \$441,000 in fiscal year 2024 and \$441,000 in  
 189.3 fiscal year 2025 are for the Native American  
 189.4 elder coordinator position under Minnesota  
 189.5 Statutes, section 256.975, subdivision 6.

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

189.7 (1) Of this amount, \$8,154,000 in fiscal year  
 189.8 2024 is available until June 30, 2027.

189.9 (2) Of this amount, \$1,071,000 in fiscal year  
 189.10 2025 is available until June 30, 2027.

189.11 (3) Of this amount, \$19,000,000 in fiscal year  
 189.12 2024 is available until June 30, 2029.

189.13 **(h) Base Level Adjustment.** The general fund  
 189.14 base is increased by \$8,189,000 in fiscal year  
 189.15 2026 and increased by \$8,093,000 in fiscal  
 189.16 year 2027.

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

189.18 Sec. 13. Laws 2023, chapter 61, article 9, section 2, subdivision 14, is amended to read:

189.19 Subd. 14. **Grant Programs; Aging and Adult**  
 189.20 **Services Grants**

164,626,000

34,795,000

189.21 **(a) Vulnerable Adult Act Redesign Phase**

189.22 **Two.** \$17,129,000 in fiscal year 2024 is for  
 189.23 adult protection grants to counties and Tribes  
 189.24 under Minnesota Statutes, section 256M.42.  
 189.25 Notwithstanding Minnesota Statutes, section  
 189.26 16A.28, this appropriation is available until  
 189.27 June 30, 2027. The base for this appropriation  
 189.28 is \$866,000 in fiscal year 2026 and \$867,000  
 189.29 in fiscal year 2027.

189.30 **(b) Caregiver Respite Services Grants.**

189.31 \$1,800,000 in fiscal year 2025 is for caregiver  
 189.32 respite services grants under Minnesota

190.1 Statutes, section 256.9756. This is a onetime  
190.2 appropriation.

190.3 **(c) Live Well at Home Grants.** \$4,575,000  
190.4 in fiscal year 2024 is for live well at home  
190.5 grants under Minnesota Statutes, section  
190.6 256.9754, subdivision 3f. This is a onetime  
190.7 appropriation and is available until June 30,  
190.8 2025.

190.9 **(d) Senior Nutrition Program.** \$10,552,000  
190.10 in fiscal year 2024 is for the senior nutrition  
190.11 program. Notwithstanding Minnesota Statutes,  
190.12 section 16A.28, this appropriation is available  
190.13 until June 30, 2027. This is a onetime  
190.14 appropriation.

190.15 **(e) Age-Friendly Community Grants.**  
190.16 \$3,000,000 in fiscal year 2024 is for the  
190.17 continuation of age-friendly community grants  
190.18 under Laws 2021, First Special Session  
190.19 chapter 7, article 17, section 8, subdivision 1.  
190.20 Notwithstanding Minnesota Statutes, section  
190.21 16A.28, this is a onetime appropriation and is  
190.22 available until June 30, 2027.

190.23 **(f) Age-Friendly Technical Assistance**  
190.24 **Grants.** \$1,725,000 in fiscal year 2024 is for  
190.25 the continuation of age-friendly technical  
190.26 assistance grants under Laws 2021, First  
190.27 Special Session chapter 7, article 17, section  
190.28 8, subdivision 2. Notwithstanding Minnesota  
190.29 Statutes, section 16A.28, this is a onetime  
190.30 appropriation and is available until June 30,  
190.31 2027.

190.32 **(g) ~~Financially Distressed Nursing Facility~~**  
190.33 **Long-Term Services and Supports Loan**  
190.34 **Program.** \$93,200,000 in fiscal year 2024 is

191.1 for the ~~financially distressed nursing facility~~  
 191.2 long-term services and supports loan program  
 191.3 under Minnesota Statutes, section 256R.55,  
 191.4 and is available as provided therein.

191.5 **(h) Base Level Adjustment.** The general fund  
 191.6 base is \$33,861,000 in fiscal year 2026 and  
 191.7 \$33,862,000 in fiscal year 2027.

191.8 Sec. 14. Laws 2023, chapter 61, article 9, section 2, subdivision 16, as amended by Laws  
 191.9 2023, chapter 70, article 15, section 8, is amended to read:

191.10 Subd. 16. <b>Grant Programs; Disabilities Grants</b>	113,684,000	30,377,000
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191.11 **(a) Temporary Grants for Small**  
 191.12 **Customized Living Providers.** \$5,450,000  
 191.13 in fiscal year 2024 is for grants to assist small  
 191.14 customized living providers to transition to  
 191.15 community residential services licensure or  
 191.16 integrated community supports licensure.  
 191.17 Notwithstanding Minnesota Statutes, section  
 191.18 16A.28, this appropriation is available until  
 191.19 June 30, 2027. This is a onetime appropriation.

191.20 **(b) Lead Agency Capacity Building Grants.**  
 191.21 \$444,000 in fiscal year 2024 and \$2,396,000  
 191.22 in fiscal year 2025 are for grants to assist  
 191.23 organizations, counties, and Tribes to build  
 191.24 capacity for employment opportunities for  
 191.25 people with disabilities. The base for this  
 191.26 appropriation is \$2,413,000 in fiscal year 2026  
 191.27 and \$2,411,000 in fiscal year 2027.

191.28 **(c) Employment and Technical Assistance**  
 191.29 **Center Grants.** \$450,000 in fiscal year 2024  
 191.30 and \$1,800,000 in fiscal year 2025 are for  
 191.31 employment and technical assistance grants  
 191.32 to assist organizations and employers in  
 191.33 promoting a more inclusive workplace for  
 191.34 people with disabilities.

192.1 **(d) Case Management Training Grants.**  
192.2 \$37,000 in fiscal year 2024 and \$123,000 in  
192.3 fiscal year 2025 are for grants to provide case  
192.4 management training to organizations and  
192.5 employers to support the state's disability  
192.6 employment supports system. The base for  
192.7 this appropriation is \$45,000 in fiscal year  
192.8 2026 and \$45,000 in fiscal year 2027.

192.9 **(e) Self-Directed Bargaining Agreement;**  
192.10 **Electronic Visit Verification Stipends.**  
192.11 \$6,095,000 in fiscal year 2024 is for onetime  
192.12 stipends of \$200 to bargaining members to  
192.13 offset the potential costs related to people  
192.14 using individual devices to access the  
192.15 electronic visit verification system. Of this  
192.16 amount, \$5,600,000 is for stipends and  
192.17 \$495,000 is for administration. This is a  
192.18 onetime appropriation and is available until  
192.19 June 30, 2025.

192.20 **(f) Self-Directed Collective Bargaining**  
192.21 **Agreement; Temporary Rate Increase**  
192.22 **Memorandum of Understanding.** \$1,600,000  
192.23 in fiscal year 2024 is for onetime stipends for  
192.24 individual providers covered by the SEIU  
192.25 collective bargaining agreement based on the  
192.26 memorandum of understanding related to the  
192.27 temporary rate increase in effect between  
192.28 December 1, 2020, and February 7, 2021. Of  
192.29 this amount, \$1,400,000 of the appropriation  
192.30 is for stipends and \$200,000 is for  
192.31 administration. This is a onetime  
192.32 appropriation.

192.33 **(g) Self-Directed Collective Bargaining**  
192.34 **Agreement; Retention Bonuses.** \$50,750,000  
192.35 in fiscal year 2024 is for onetime retention



193.1 bonuses covered by the SEIU collective  
193.2 bargaining agreement. Of this amount,  
193.3 \$50,000,000 is for retention bonuses and  
193.4 \$750,000 is for administration of the bonuses.  
193.5 This is a onetime appropriation and is  
193.6 available until June 30, 2025.

193.7 **(h) Self-Directed Bargaining Agreement;**  
193.8 **Training Stipends.** \$2,100,000 in fiscal year  
193.9 2024 and \$100,000 in fiscal year 2025 are for  
193.10 onetime stipends of \$500 for collective  
193.11 bargaining unit members who complete  
193.12 designated, voluntary trainings made available  
193.13 through or recommended by the State Provider  
193.14 Cooperation Committee. Of this amount,  
193.15 \$2,000,000 in fiscal year 2024 is for stipends,  
193.16 and \$100,000 in fiscal year 2024 and \$100,000  
193.17 in fiscal year 2025 are for administration. This  
193.18 is a onetime appropriation.

193.19 **(i) Self-Directed Bargaining Agreement;**  
193.20 **Orientation Program.** \$2,000,000 in fiscal  
193.21 year 2024 and \$2,000,000 in fiscal year 2025  
193.22 are for onetime \$100 payments to collective  
193.23 bargaining unit members who complete  
193.24 voluntary orientation requirements. Of this  
193.25 amount, \$1,500,000 in fiscal year 2024 and  
193.26 \$1,500,000 in fiscal year 2025 are for the  
193.27 onetime \$100 payments, and \$500,000 in  
193.28 fiscal year 2024 and \$500,000 in fiscal year  
193.29 2025 are for orientation-related costs. This is  
193.30 a onetime appropriation.

193.31 **(j) Self-Directed Bargaining Agreement;**  
193.32 **Home Care Orientation Trust.** \$1,000,000  
193.33 in fiscal year 2024 is for the Home Care  
193.34 Orientation Trust under Minnesota Statutes,  
193.35 section 179A.54, subdivision 11. The

194.1 commissioner shall disburse the appropriation  
194.2 to the board of trustees of the Home Care  
194.3 Orientation Trust for deposit into an account  
194.4 designated by the board of trustees outside the  
194.5 state treasury and state's accounting system.

194.6 This is a onetime appropriation and is  
194.7 available until June 30, 2025.

194.8 **(k) HIV/AIDS Supportive Services.**

194.9 \$12,100,000 in fiscal year 2024 is for grants  
194.10 to community-based HIV/AIDS supportive  
194.11 services providers as defined in Minnesota  
194.12 Statutes, section 256.01, subdivision 19, and  
194.13 for payment of allowed health care costs as  
194.14 defined in Minnesota Statutes, section  
194.15 256.9365. This is a onetime appropriation and  
194.16 is available until June 30, 2025.

194.17 **(l) Motion Analysis Advancements Clinical**

194.18 **Study and Patient Care.** \$400,000 is fiscal  
194.19 year 2024 is for a grant to the Mayo Clinic  
194.20 Motion Analysis Laboratory and Limb Lab  
194.21 for continued research in motion analysis  
194.22 advancements and patient care. This is a  
194.23 onetime appropriation and is available through  
194.24 June 30, 2025.

194.25 **(m) Grant to Family Voices in Minnesota.**

194.26 \$75,000 in fiscal year 2024 and \$75,000 in  
194.27 fiscal year 2025 are for a grant to Family  
194.28 Voices in Minnesota under Minnesota  
194.29 Statutes, section 256.4776.

194.30 **(n) Parent-to-Parent Programs.**

194.31 (1) \$550,000 in fiscal year 2024 and \$550,000  
194.32 in fiscal year 2025 are for grants to  
194.33 organizations that provide services to  
194.34 underserved communities with a high

195.1 prevalence of autism spectrum disorder. This  
195.2 is a onetime appropriation and is available  
195.3 until June 30, 2025.

195.4 (2) The commissioner shall give priority to  
195.5 organizations that provide culturally specific  
195.6 and culturally responsive services.

195.7 (3) Eligible organizations must:

195.8 (i) conduct outreach and provide support to  
195.9 newly identified parents or guardians of a child  
195.10 with special health care needs;

195.11 (ii) provide training to educate parents and  
195.12 guardians in ways to support their child and  
195.13 navigate the health, education, and human  
195.14 services systems;

195.15 (iii) facilitate ongoing peer support for parents  
195.16 and guardians from trained volunteer support  
195.17 parents; and

195.18 (iv) communicate regularly with other  
195.19 parent-to-parent programs and national  
195.20 organizations to ensure that best practices are  
195.21 implemented.

195.22 (4) Grant recipients must use grant money for  
195.23 the activities identified in clause (3).

195.24 (5) For purposes of this paragraph, "special  
195.25 health care needs" means disabilities, chronic  
195.26 illnesses or conditions, health-related  
195.27 educational or behavioral problems, or the risk  
195.28 of developing disabilities, illnesses, conditions,  
195.29 or problems.

195.30 (6) Each grant recipient must report to the  
195.31 commissioner of human services annually by  
195.32 January 15 with measurable outcomes from  
195.33 programs and services funded by this

196.1 appropriation the previous year including the  
196.2 number of families served and the number of  
196.3 volunteer support parents trained by the  
196.4 organization's parent-to-parent program.

196.5 **(o) Self-Advocacy Grants for Persons with**  
196.6 **Intellectual and Developmental Disabilities.**

196.7 \$323,000 in fiscal year 2024 and \$323,000 in  
196.8 fiscal year 2025 are for self-advocacy grants  
196.9 under Minnesota Statutes, section 256.477.

196.10 This is a onetime appropriation. Of these  
196.11 amounts, \$218,000 in fiscal year 2024 and  
196.12 \$218,000 in fiscal year 2025 are for the  
196.13 activities under Minnesota Statutes, section  
196.14 256.477, subdivision 1, paragraph (a), clauses  
196.15 (5) to (7), and for administrative costs, and  
196.16 \$105,000 in fiscal year 2024 and \$105,000 in  
196.17 fiscal year 2025 are for the activities under  
196.18 Minnesota Statutes, section 256.477,  
196.19 subdivision 2.

196.20 **(p) Technology for Home Grants.** \$300,000  
196.21 in fiscal year 2024 and \$300,000 in fiscal year  
196.22 2025 are for technology for home grants under  
196.23 Minnesota Statutes, section 256.4773.

196.24 **(q) Community Residential Setting**  
196.25 **Transition.** \$500,000 in fiscal year 2024 is  
196.26 for a grant to Hennepin County to expedite  
196.27 approval of community residential setting  
196.28 licenses subject to the corporate foster care  
196.29 moratorium exception under Minnesota  
196.30 Statutes, section 245A.03, subdivision 7,  
196.31 paragraph (a), clause (5).

196.32 **(r) Base Level Adjustment.** The general fund  
196.33 base is \$27,343,000 in fiscal year 2026 and  
196.34 \$27,016,000 in fiscal year 2027.

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

197.2 Sec. 15. Laws 2023, chapter 61, article 9, section 2, subdivision 18, is amended to read:

197.3 Subd. 18. **Grant Programs; Chemical**  
197.4 **Dependency Treatment Support Grants**

197.5 Appropriations by Fund

197.6	General	54,691,000	5,342,000
197.7	Lottery Prize	1,733,000	1,733,000

197.8 (a) **Culturally Specific Recovery**

197.9 **Community Organization Start-Up Grants.**

197.10 \$4,000,000 in fiscal year 2024 is for culturally

197.11 specific recovery community organization

197.12 start-up grants. Notwithstanding Minnesota

197.13 Statutes, section 16A.28, this appropriation is

197.14 available until June 30, 2027. This is a onetime

197.15 appropriation.

197.16 (b) **Safe Recovery Sites.** \$14,537,000 in fiscal

197.17 year 2024 is from the general fund for start-up

197.18 and capacity-building grants for organizations

197.19 to establish safe recovery sites.

197.20 Notwithstanding Minnesota Statutes, section

197.21 16A.28, this appropriation is onetime and is

197.22 available until June 30, 2029.

197.23 (c) **Technical Assistance for Culturally**

197.24 **Specific Organizations; Culturally Specific**

197.25 **Services Grants.** \$4,000,000 in fiscal year

197.26 2024 is for grants to culturally specific

197.27 providers for technical assistance navigating

197.28 culturally specific and responsive substance

197.29 use and recovery programs. Notwithstanding

197.30 Minnesota Statutes, section 16A.28, this

197.31 appropriation is available until June 30, 2027.

197.32 (d) **Technical Assistance for Culturally**

197.33 **Specific Organizations; Culturally Specific**

197.34 **Grant Development Training.** \$400,000 in

198.1 fiscal year 2024 is for grants for up to four  
198.2 trainings for community members and  
198.3 culturally specific providers for grant writing  
198.4 training for substance use and recovery-related  
198.5 grants. Notwithstanding Minnesota Statutes,  
198.6 section 16A.28, this is a onetime appropriation  
198.7 and is available until June 30, 2027.

198.8 **(e) Harm Reduction Supplies for Tribal and**  
198.9 **Culturally Specific Programs.** \$7,597,000  
198.10 in fiscal year 2024 is from the general fund to  
198.11 provide sole source grants to culturally  
198.12 specific communities to purchase syringes,  
198.13 testing supplies, and opiate antagonists.  
198.14 Notwithstanding Minnesota Statutes, section  
198.15 16A.28, this appropriation is available until  
198.16 June 30, 2027. This is a onetime appropriation.

198.17 **(f) Families and Family Treatment**  
198.18 **Capacity-Building and Start-Up Grants.**  
198.19 \$10,000,000 in fiscal year 2024 is from the  
198.20 general fund for start-up and capacity-building  
198.21 grants for family substance use disorder  
198.22 treatment programs. Notwithstanding  
198.23 Minnesota Statutes, section 16A.28, this  
198.24 appropriation is available until June 30, 2029.  
198.25 This is a onetime appropriation.

198.26 **(g) Start-Up and Capacity Building Grants**  
198.27 **for Withdrawal Management.** ~~\$500,000~~ \$0  
198.28 in fiscal year 2024 and \$1,000,000 in fiscal  
198.29 year 2025 are for start-up and capacity  
198.30 building grants for withdrawal management.

198.31 **(h) Recovery Community Organization**  
198.32 **Grants.** \$4,300,000 in fiscal year 2024 is from  
198.33 the general fund for grants to recovery  
198.34 community organizations, as defined in  
198.35 Minnesota Statutes, section 254B.01,

199.1 subdivision 8, that are current grantees as of  
199.2 June 30, 2023. This is a onetime appropriation  
199.3 and is available until June 30, 2025.

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

199.5 (1) \$125,000 in fiscal year 2024 and \$125,000  
199.6 in fiscal year 2025 are from the general fund  
199.7 for a grant to Ka Joog, a nonprofit organization  
199.8 in Minneapolis, Minnesota, to be used for  
199.9 collaborative outreach, education, and training  
199.10 on opioid use and overdose, and distribution  
199.11 of opiate antagonist kits in East African and  
199.12 Somali communities in Minnesota. This is a  
199.13 onetime appropriation.

199.14 (2) \$125,000 in fiscal year 2024 and \$125,000  
199.15 in fiscal year 2025 are from the general fund  
199.16 for a grant to the Steve Rummeler Hope  
199.17 Network to be used for statewide outreach,  
199.18 education, and training on opioid use and  
199.19 overdose, and distribution of opiate antagonist  
199.20 kits. This is a onetime appropriation.

199.21 (3) \$250,000 in fiscal year 2024 and \$250,000  
199.22 in fiscal year 2025 are from the general fund  
199.23 for a grant to African Career Education and  
199.24 Resource, Inc. to be used for collaborative  
199.25 outreach, education, and training on opioid  
199.26 use and overdose, and distribution of opiate  
199.27 antagonist kits. This is a onetime  
199.28 appropriation.

199.29 **(j) Problem Gambling.** \$225,000 in fiscal  
199.30 year 2024 and \$225,000 in fiscal year 2025  
199.31 are from the lottery prize fund for a grant to a  
199.32 state affiliate recognized by the National  
199.33 Council on Problem Gambling. The affiliate  
199.34 must provide services to increase public

200.1 awareness of problem gambling, education,  
200.2 training for individuals and organizations that  
200.3 provide effective treatment services to problem  
200.4 gamblers and their families, and research  
200.5 related to problem gambling.

200.6 **(k) Project ECHO.** \$1,310,000 in fiscal year  
200.7 2024 and \$1,295,000 in fiscal year 2025 are  
200.8 from the general fund for a grant to Hennepin  
200.9 Healthcare to expand the Project ECHO  
200.10 program. The grant must be used to establish  
200.11 at least four substance use disorder-focused  
200.12 Project ECHO programs at Hennepin  
200.13 Healthcare, expanding the grantee's capacity  
200.14 to improve health and substance use disorder  
200.15 outcomes for diverse populations of  
200.16 individuals enrolled in medical assistance,  
200.17 including but not limited to immigrants,  
200.18 individuals who are homeless, individuals  
200.19 seeking maternal and perinatal care, and other  
200.20 underserved populations. The Project ECHO  
200.21 programs funded under this section must be  
200.22 culturally responsive, and the grantee must  
200.23 contract with culturally and linguistically  
200.24 appropriate substance use disorder service  
200.25 providers who have expertise in focus areas,  
200.26 based on the populations served. Grant funds  
200.27 may be used for program administration,  
200.28 equipment, provider reimbursement, and  
200.29 staffing hours. This is a onetime appropriation  
200.30 and is available until June 30, 2027.

200.31 **(l) White Earth Nation Substance Use**  
200.32 **Disorder Digital Therapy Tool.** \$3,000,000  
200.33 in fiscal year 2024 is from the general fund  
200.34 for a grant to the White Earth Nation to  
200.35 develop an individualized Native American



201.1 centric digital therapy tool with Pathfinder

201.2 Solutions. This is a onetime appropriation.

201.3 The grant must be used to:

201.4 (1) develop a mobile application that is

201.5 culturally tailored to connecting substance use

201.6 disorder resources with White Earth Nation

201.7 members;

201.8 (2) convene a planning circle with White Earth

201.9 Nation members to design the tool;

201.10 (3) provide and expand White Earth

201.11 Nation-specific substance use disorder

201.12 services; and

201.13 (4) partner with an academic research

201.14 institution to evaluate the efficacy of the

201.15 program.

201.16 **(m) Wellness in the Woods.** \$300,000 in

201.17 fiscal year 2024 and \$300,000 in fiscal year

201.18 2025 are from the general fund for a grant to

201.19 Wellness in the Woods for daily peer support

201.20 and special sessions for individuals who are

201.21 in substance use disorder recovery, are

201.22 transitioning out of incarceration, or who have

201.23 experienced trauma. These are onetime

201.24 appropriations.

201.25 **(n) Base Level Adjustment.** The general fund

201.26 base is \$3,247,000 in fiscal year 2026 and

201.27 \$3,247,000 in fiscal year 2027.

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

201.29 Sec. 16. Laws 2023, chapter 70, article 20, section 2, subdivision 29, is amended to read:

201.30 Subd. 29. **Grant Programs; Adult Mental Health**

201.31 **Grants**

132,327,000

121,270,000

201.32 **(a) Mobile crisis grants to Tribal Nations.**

201.33 \$1,000,000 in fiscal year 2024 and \$1,000,000

202.1 in fiscal year 2025 are for mobile crisis grants  
202.2 under Minnesota Statutes ~~section~~ sections  
202.3 245.4661, subdivision 9, paragraph (b), clause  
202.4 (15), and 245.4889, subdivision 1, paragraph  
202.5 (b), clause (4), to Tribal Nations.

202.6 **(b) Mental health provider supervision**  
202.7 **grant program.** \$1,500,000 in fiscal year  
202.8 2024 and \$1,500,000 in fiscal year 2025 are  
202.9 for the mental health provider supervision  
202.10 grant program under Minnesota Statutes,  
202.11 section 245.4663.

202.12 **(c) Minnesota State University, Mankato**  
202.13 **community behavioral health center.**  
202.14 \$750,000 in fiscal year 2024 and \$750,000 in  
202.15 fiscal year 2025 are for a grant to the Center  
202.16 for Rural Behavioral Health at Minnesota State  
202.17 University, Mankato to establish a community  
202.18 behavioral health center and training clinic.  
202.19 The community behavioral health center must  
202.20 provide comprehensive, culturally specific,  
202.21 trauma-informed, practice- and  
202.22 evidence-based, person- and family-centered  
202.23 mental health and substance use disorder  
202.24 treatment services in Blue Earth County and  
202.25 the surrounding region to individuals of all  
202.26 ages, regardless of an individual's ability to  
202.27 pay or place of residence. The community  
202.28 behavioral health center and training clinic  
202.29 must also provide training and workforce  
202.30 development opportunities to students enrolled  
202.31 in the university's training programs in the  
202.32 fields of social work, counseling and student  
202.33 personnel, alcohol and drug studies,  
202.34 psychology, and nursing. Upon request, the  
202.35 commissioner must make information

203.1 regarding the use of this grant funding  
 203.2 available to the chairs and ranking minority  
 203.3 members of the legislative committees with  
 203.4 jurisdiction over behavioral health. This is a  
 203.5 onetime appropriation and is available until  
 203.6 June 30, 2027.

203.7 **(d) White Earth Nation; adult mental health**  
 203.8 **initiative.** \$300,000 in fiscal year 2024 and  
 203.9 \$300,000 in fiscal year 2025 are for adult  
 203.10 mental health initiative grants to the White  
 203.11 Earth Nation. This is a onetime appropriation.

203.12 **(e) Mobile crisis grants.** \$8,472,000 in fiscal  
 203.13 year 2024 and \$8,380,000 in fiscal year 2025  
 203.14 are for the mobile crisis grants under  
 203.15 Minnesota Statutes, ~~section~~ sections 245.4661,  
 203.16 subdivision 9, paragraph (b), clause (15), and  
 203.17 245.4889, subdivision 1, paragraph (b), clause  
 203.18 (4). This is a onetime appropriation and is  
 203.19 available until June 30, 2027.

203.20 **(f) Base level adjustment.** The general fund  
 203.21 base is \$121,980,000 in fiscal year 2026 and  
 203.22 \$121,980,000 in fiscal year 2027.

203.23 **Sec. 17. REIMBURSEMENT TO BELTRAMI COUNTY AND TODD COUNTY**  
 203.24 **FOR CERTAIN COST OF CARE PAYMENTS.**

203.25 This act includes \$336,680 in fiscal year 2025 for reimbursement of prior payments by  
 203.26 Beltrami County and the forgiveness of existing Beltrami County debt under article 4,  
 203.27 section 8, paragraph (a), and \$387,000 in fiscal year 2025 for reimbursement of prior  
 203.28 payments by Todd County and the forgiveness of existing Todd County debt under article  
 203.29 4, section 8, paragraph (b).

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

204.1 Sec. 18. **REVIVAL AND REENACTMENT.**

204.2 Minnesota Statutes 2022, section 256B.051, subdivision 7, is revived and reenacted  
204.3 effective retroactively from August 1, 2023. Any time frames within or dependent on the  
204.4 subdivision are based on the original effective date in Laws 2017, First Special Session  
204.5 chapter 6, article 2, section 10.

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

204.7 Sec. 19. **APPROPRIATIONS GIVEN EFFECT ONCE.**

204.8 If an appropriation or transfer in this article is enacted more than once during the 2024  
204.9 legislative session, the appropriation or transfer must be given effect once.

204.10 Sec. 20. **DIRECTION TO COMMISSIONER OF MANAGEMENT AND BUDGET;**  
204.11 **DIRECT CARE AND TREATMENT BUDGET.**

204.12 The commissioner of management and budget must identify any unexpended  
204.13 appropriations and all base funding for the Direct Care and Treatment Division of the  
204.14 Department of Human Services and allocate the identified unexpended appropriations and  
204.15 base funding to Direct Care and Treatment when establishing the 2026-2027 biennial budget.

204.16 Sec. 21. **REPEALER.**

204.17 Laws 2023, chapter 25, section 190, subdivision 10, is repealed.

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

204.19 Sec. 22. **EXPIRATION OF UNCODIFIED LANGUAGE.**

204.20 All uncodified language contained in this article expires on June 30, 2025, unless a  
204.21 different expiration date is explicit.

204.22 Sec. 23. **EFFECTIVE DATE.**

204.23 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.

**252.27 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

(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.

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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 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

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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:

- (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.

#### **253C.01 REPORTING BY RESIDENTIAL TREATMENT PROGRAMS REQUIRED.**

Subdivision 1. **Definition.** As used in this section, "residential program" means (1) a hospital-based primary treatment program that provides residential treatment to minors with emotional disturbance as defined by the Comprehensive Children's Mental Health Act in sections 245.487 to 245.4889, or (2) a facility licensed by the state under Minnesota Rules, parts 2960.0580 to 2960.0700, to provide services to minors on a 24-hour basis.

Subd. 2. **Information required.** Beginning June 1, 1986, each residential program shall collect the information listed in this subdivision. Each residential program shall provide the required information annually on a date to be determined by the commissioner of human services. All residential programs shall report to the commissioner of human services. The summary reports on each program are public data and must contain at least the following information for the period covered by the report:

- (1) number of minors admitted to the program;
- (2) number of minors discharged from the program;
- (3) number of minors served during the reporting period;
- (4) number of minors who remained in residence for less than 30 days;
- (5) number of minors who remained in residence for between 30 and 60 days;
- (6) number of minors who remained in residence for more than 60 days;
- (7) average length of stay of minors in the program;
- (8) number of minors who have received psychotropic medications as part of treatment in the program;
- (9) age, race, and sex of each minor admitted to the program;
- (10) number of minors admitted who have previously had residential treatment;
- (11) number of minors discharged who are on private pay or third-party reimbursement payment and number who are receiving government funds for treatment;
- (12) the county of residence of discharged minors;
- (13) number of admitted minors whose admission is court-ordered; and
- (14) number of beds on a locked unit and number of beds on an unlocked unit.

Subd. 3. **Release and summary of data.** The reporting requirement of this section must not release individual names of minors or other identifying information. The commissioner of health and the commissioner of human services shall make the reports available to interested persons upon request.

#### **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



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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.

**256B.0916 EXPANSION OF HOME AND COMMUNITY-BASED SERVICES.**

Subd. 10. **Transitional supports allowance.** A transitional supports allowance shall be available to all persons under a home and community-based waiver who are moving from a licensed setting to a community setting. "Transitional supports allowance" means a onetime payment of up to \$3,000, to cover the costs, not covered by other sources, associated with moving from a licensed setting to a community setting. Covered costs include:

- (1) lease or rent deposits;
- (2) security deposits;
- (3) utilities setup costs, including telephone;
- (4) essential furnishings and supplies; and
- (5) personal supports and transports needed to locate and transition to community settings.