

**Subject** Human Services Policy Bill

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## Overview

This bill contains human services policy provisions, including provisions related to direct care and treatment, Department of Health policy, health care policy, medical assistance provider enrollment, aging and disability services, behavioral health, maltreatment of vulnerable adults, housing and homelessness, and other miscellaneous policy provisions.

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## Article 1: Direct Care and Treatment Policy

This article modifies Direct Care and Treatment data privacy requirements, makes clarifying and technical changes, allows Direct Care and Treatment to modify employee classifications with permission from Minnesota Management and Budget, changes the procedures for medical decision-making for patients who are not competent to consent to treatment, and modifies the timeframe for committed persons to voluntarily return to a secure treatment facility.

### Section Description - Article 1: Direct Care and Treatment Policy

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- 1 Loss, damage, or destruction of property; state institutions; correctional facilities.**  
Amends § 3.7381. Adds the Direct Care and Treatment executive board and makes conforming change.
- 2 Sex offender program data; challenges.**  
Amends § 13.04, subd. 4a. Adds a “delegee” of the Direct Care and Treatment data compliance official to the section governing challenges to the accuracy or completeness of data maintained by the sex offender program.
- 3 Definitions.**  
Amends § 13.384, subd. 1. Modifies definition of “medical data” to specify that medical data does not include data collected, maintained, used, or disseminated by Direct Care and Treatment.
- 4 Limitation on disclosure of certain personnel data.**  
Amends § 13.43, subd. 5a. Prohibits the disclosure of specified personnel data of Direct Care and Treatment employees, to facility patients or clients, or other individuals that may use personnel information to harass, intimidate, or assault Direct Care and Treatment employees.
- 5 Definitions.**  
Amends § 13.46, subd. 1. Removes Direct Care and Treatment mental health services from the definition of “mental health data.”
- 6 General.**  
Amends § 13.46, subd. 2. Adds paragraphs (e) to (i), specifying allowances and prohibitions on disclosure of welfare system data by Direct Care and Treatment.

Paragraph (h) specifies that Direct Care and Treatment is not required to share with federal law enforcement certain data on individuals related to the reporting of suspected crime, unless required to do so by a Minnesota or federal law.

Paragraph (i) allows Direct Care and Treatment to disclose welfare system data to facilitate coordination of guardianship services for Direct Care and Treatment clients.

**Section Description - Article 1: Direct Care and Treatment Policy**

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- Requires Direct Care and Treatment to obtain a client’s consent for disclosure and provides exceptions to the consent requirement.
- 7     **Rights of next of kin upon death.**  
Amends § 182.6545. Updates cross-reference.
- 8     **Classification alignment for Direct Care and Treatment employees.**  
Proposes coding for § 246C.051. Allows Direct Care and Treatment, with the approval of Minnesota Management and Budget, to convert employees deemed unclassified at the Department of Human Services into the classified service. This would maintain the employees’ terms and conditions of employment after their transfer from the Department of Human Services to Direct Care and Treatment.
- 9     **Consent for medical procedure.**  
Amends § 253B.03, subd. 6. Makes clarifying changes; removes list of “proper relatives;” and gives the executive medical director decision-making authority for the health care decision for a patient the executive medical director determines is not competent to consent to medical treatment, if the state-operated treatment program is unable to reasonably locate a proper relative.  
  
Requires the executive medical director to inform the patient and allow for a review of the treatment decision, provides for procedures in the committing court when there is disagreement about a patient’s medical treatment, outlines documentation requirements, and requires a periodic review of a determination that a patient lacks capacity periodically, as medically appropriate.
- 10    **Transfer.**  
Amends § 253B.18, subd. 6. For a committed person who has transferred out of a secure treatment facility, modifies the timeframe for the committed person to voluntarily return to a secure treatment facility by specifying that the person may return for 90 days if due to a psychiatric medical condition, and six months for a nonpsychiatric medical condition.  
  
Makes this section effective July 1, 2026.
- 11    **Voluntary readmission.**  
Amends § 253B.18, subd. 14. Makes conforming changes to a subdivision governing voluntary readmission, based on changes to timeframes under section 10.  
  
Makes this section effective July 1, 2026.

## Article 2: Department of Health Policy

This article deletes obsolete references to housing with services establishment, limits the use of restraints in assisted living facilities, modifies change of ownership provisions for home care providers and assisted living facilities, authorizes the commissioner of health to access certain records for enforcement regarding supplemental nursing services agencies, establishes a special projects grant program to improve quality of care and outcomes for home care clients, and establishes requirements for appointments to the home care and assisted living advisory council.

### Section Description - Article 2: Department of Health Policy

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**1 Boarding care homes.**

Amends § 144.56, subd. 2b. In a subdivision prohibiting the commissioner of health from adopting rules that limit care provided by certain boarding care homes, deletes an obsolete reference to registration as a housing with services establishment.

**2 Postacute care discharge planning.**

Amends § 144.486, subd. 2. Requires a hospital to document in a patient's discharge plan, instances when a restraint was used to manage the patient's behavior and requires the hospital to notify a provider to which a patient is transferred of the hospital's use of a restraint. Defines restraint for this section by reference to the definition being added in chapter 144G.

Effective date: January 1, 2027.

**3 Definitions.**

Amends § 144.6502, subd. 1. In a section governing electronic monitoring in certain facilities, deletes from the definition of facility, obsolete language that included certain housing with services establishments in the definition; and makes technical changes to the definition.

**4 Scope.**

Amends § 144A.161, subd. 1a. In a section governing relocation of nursing home and boarding care home residents, removes an obsolete reference to housing with services establishments registered under chapter 144D.

**5 Changes in ownership.**

Amends § 144A.472, subd. 5. Modifies change of ownership requirements for home care providers to specify that after a change of ownership the new licensee is responsible for:

- outstanding fines and fines assessed after the change of ownership; and

**Section Description - Article 2: Department of Health Policy**

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- bringing the provider into compliance with all existing corrections and conditions.

**6 Fines.**

Amends § 144A.474, subd. 11. In para. (h), specifies a home care provider cannot avoid payment of an assessed fine by closing the license and in the event of a change of ownership, the new licensee is responsible for outstanding fines and fines assessed after the change of ownership.

In para. (j), modifies the process for allocating fine revenue collected from home care providers and the uses of this revenue, to require the commissioner of health to annually distribute this money via competitive grants for special projects to improve home care client quality of care and outcomes. Specifies entities eligible and not eligible for grants, requires each grant to be at least \$1,000, and allows the commissioner to retain up to ten percent of the amount available for administration.

**7 Membership.**

Amends § 144A.4799, subd. 1. If there is a vacancy on the home care and assisted living advisory council, requires the commissioner of health to choose an applicant for that vacancy within 81 days after the position is posted by the secretary of state, if an application from a qualified applicant is received within 21 days of posting. If no applications from qualified applicants are received within 21 days of posting, the commissioner must select an applicant for appointment within 60 days after receiving an application from a qualified applicant.

**8 Penalties.**

Amends § 144A.72, subd. 2. Provides the commissioner may request and must be given access to relevant information and documents needed by the commissioner to verify a supplemental nursing services agency's compliance with the registration requirements in this section. Allows the commissioner to bring an enforcement action against a supplemental nursing services agency or facility that fails to provide the commissioner with requested information or documents.

**9 Imminent risk.**

Adds subd. 26a to § 144G.08. Adds a definition of imminent risk to the chapter governing assisted living facility licensure.

Effective date: January 1, 2027.

**10 Prone restraint.**

Adds subd. 54a to § 144G.08. Adds a definition of prone restraint to the chapter governing assisted living facility licensure.

**Section Description - Article 2: Department of Health Policy**

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Effective date: January 1, 2027.

**11 Restraint.**

Adds subd. 61a to § 144G.08. Adds a definition of restraint to the chapter governing assisted living facility licensure.

Effective date: January 1, 2027.

**12 Correction orders and fines.**

Adds subd. 6 to § 144G.19. Provides that after a change of ownership of an assisted living facility, the new licensee is responsible for:

- outstanding fines and fines assessed after the change of ownership; and
- bringing the facility into compliance with all existing corrections and conditions.

**13 Payment of fines required.**

Amends § 144G.31, subd. 6. Specifies an assisted living facility cannot avoid payment of an assessed fine by closing the license and that in the event of a change of ownership, the new licensee is responsible for any outstanding fines and fines assessed after the change of ownership.

**14 Training in emergency manual restraints.**

Adds § 144G.65. Requires assisted living facilities to ensure staff authorized to apply manual restraints in emergency situations complete at least four hours of training before assuming the responsibility of applying manual restraints, and a two-hour refresher course annually thereafter. Lists what the training must address. Requires the assisted living facility to implement the orientation and training topics, and requires the facility to record evidence of completing the orientation and training in the employee record of each staff person who completes the orientation and training. Specifies this section does not apply to an assisted living facility that has a policy prohibiting the use of restraints.

Effective date: January 1, 2027.

**15 Use of restraints.**

Adds § 144G.85. Prohibits the use of restraints in assisted living facilities, except for emergency uses of manual restraints and restraints that comply with requirements for ordered treatment. Specifies residents and others may choose to use a device that constitutes a restraint in certain circumstances. Establishes documentation and notification requirements regarding uses of restraints.

**Section Description - Article 2: Department of Health Policy**

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**Subd. 1. Use of restraints prohibited.** Prohibits the use of restraints, except as provided in subdivisions 2 and 4.

**Subd. 2. Exception.** Allows emergency use of a manual restraint when immediate intervention is needed to protect a resident or others from imminent risk of physical harm and when the restraint is the least restrictive intervention to address the risk. Requires the restraint to be imposed for the least time needed, and specifies other requirements for the use of restraints in emergencies. Specifies the prohibition on restraints does not apply if a resident, resident's legal representative, or family member chooses to use a device that may constitute a restraint, after being informed of the facility's policy on restraints and of the risks of using the device.

**Subd. 3. Documentation and notification.** Requires a resident's legal representative and the health care provider, if known, to be notified within 24 hours of an emergency use of a manual restraint, and requires the notice to the legal representative to include the circumstances that prompted its use. Requires the assisted living facility to notify the commissioner and the ombudsman for long-term care within seven calendar days of an emergency use of a manual restraint and lists information that must be included in the form used for this notice. Requires the commissioner to monitor reported uses. Requires a copy of the form to be maintained in the resident's record and, if applicable, sent to the resident's waiver case manager and documented in the resident's support plan. Specifies a restraint used by law enforcement or emergency personnel does not require the facility to comply with this subdivision.

**Subd. 4. Ordered treatment.** Requires any use of a restraint, other than an emergency use of a manual restraint, that is part of an ordered treatment to comply with the requirements in statute for ordered treatment and to be the least restrictive option.

Effective date: January 1, 2027.

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**Registration.**

Amends § 157.17, subd. 2. In a subdivision requiring registration of boarding and lodging establishments or lodging establishments that provide supportive services or health supervision services, removes an obsolete paragraph governing housing with services establishments registered under chapter 144D.

**Section Description - Article 2: Department of Health Policy**

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- 17      **Services that may not be provided in a boarding and lodging establishment or lodging establishment.**  
Amends § 157.17, subd. 5. In a subdivision prohibiting boarding and lodging establishments and lodging establishments from admitting individuals with certain needs, removes an obsolete reference to housing with services establishments registered under chapter 144D.
- 18      **Health care provider.**  
Amends § 295.50, subd. 4. In a paragraph listing facilities and providers not included in the definition of health care provider for purposes of the provider tax, removes an obsolete reference to housing with services establishments and updates a cross-reference and terminology regarding personal care assistance services.
- 19      **Patient services.**  
Amends § 295.50, subd. 9b. In a paragraph listing services not included in the definition of patient services for purposes of the provider tax, removes an obsolete reference to housing with services establishments.
- 20      **Special projects grant program for home care providers.**  
By December 31, 2028, requires the commissioner of health to distribute the balance in the account holding revenue from fines paid by home care providers, through a competitive grant program for special projects to improve quality of care and outcomes for home care clients in Minnesota, with a focus on workforce and clinical outcomes. Specifies entities eligible and not eligible for grants, requires each grant to be at least \$1,000, and specifies the amount not awarded as grants by December 31, 2028, must be awarded through annual distributions beginning January 1, 2029.

### **Article 3: Health Care Policy**

This article reorganizes and updates section 256B.064 and adds language to other sections of statute to clarify how those statutes apply to the medical assistance program. Section 3 directs the commissioner of human services to establish prepayment review of medical assistance (MA) fee-for-service claims when the commissioner or the Centers for Medicare and Medicaid Services (CMS) designate a provider type or a covered service as “high-risk.” Section 3 also specifies requirements for prepayment review.

**Section Description - Article 3: Health Care Policy**

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**1 Exemption.**

Amends § 15.013 by adding subd. 7. Clarifies that nothing in the section governing payment withholds modifies, supersedes, limits, or expands the authority of the commissioner of human services to impose sanctions under section 256B.064.

**2 Exemption.**

Amends § 245.095 by adding subd. 7. Clarifies that nothing in section 245.095 modifies, supersedes, limits, or expands the commissioner's authority to impose medical assistance sanctions under section 256B.064.

**3 Prepayment review.**

Creates § 256B.044.

**Subd. 1. Providers subject to prepayment review.** Directs the commissioner of human services to establish prepayment review of MA claims in specified circumstances, and allows the commissioner to establish review in additional circumstances if required by CMS.

**Subd. 2. Review requirements.** Provides requirements for prepayment review, including when the review must be implemented and its maximum duration (24 months). Requires that the review comply with federal regulations with respect to timely processing of MA claims. Directs the commissioner to review 24 months of historical claims submitted by providers subject to the review prior to ending the review.

**Subd. 3. Continued enrollment of new clients.** Provides that nothing in this section prohibits enrolled providers subject to prepayment review from enrolling new clients or beneficiaries during the period of review.

**Subd. 4. Notice.** Directs the commissioner to notify enrolled providers and the legislature at least ten days prior to implementing a prepayment review and specifies what must be included in the notice.

**Subd. 5. Report to the legislature.** Directs the commissioner to submit a report to the legislature within 60 days of ending a prepayment review. Requires that the report include: (1) a summary of sanctions imposed on any providers subject to the review; and (2) recommendations for modifying or terminating the provision of covered services deemed high-risk or delivered by provider types subject to the review. Provides that the reporting requirement does not expire.

**Section Description - Article 3: Health Care Policy**

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- 4        **Sanctions available.**  
Amends § 256B.064, subd. 1b. Adds paragraph lettering; numbers lists; updates terminology.
- 5        **Grounds for and methods of monetary recovery.**  
Amends § 256B.064, subd. 1c. Updates terminology.
- 6        **Investigative costs.**  
Amends § 256B.064, subd. 1d. Adds paragraph lettering; updates terminology.
- 7        **Imposition of monetary recovery and sanctions; generally.**  
Amends § 256B.064, subd. 2. Updates terminology and cross-references; removes language that is being moved to new subdivisions.
- 8        **Imposition of fines.**  
Amends § 256B.064 by adding subd. 2a. Adds new subdivision with language formerly in subdivision 2, paragraphs (g) and (h).
- 9        **Mandatory suspension or termination after exclusion from participation in Medicare.**  
Amends § 256B.064 by adding subd. 2b. Adds new subdivision with language formerly in subdivision 2, paragraph (e).
- 10       **Imposition of withholding or reduction of payments prior to a hearing.**  
Amends § 256B.064 by adding subd. 2c. Adds new subdivision with language formerly in subdivision 2, paragraph (a).
- 11       **Imposition of withholding or reduction of payments without prior notice.**  
Amends § 256B.064 by adding subd. 2d. Adds new subdivision with language formerly in subdivision 2, paragraphs (b) and (c).
- 12       **Forfeiture of withheld payments upon criminal conviction.**  
Amends § 256B.064 by adding subd. 2e. Adds new subdivision with language formerly in subdivision 2, paragraph (d).
- 13       **Mandates on prohibited payments.**  
Amends § 256B.064, subd. 3. Updates terminology and cross-references.
- 14       **Notice.**  
Amends § 256B.064, subd. 4. Updates terminology and cross-references.

**Section Description - Article 3: Health Care Policy**

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- 15     **Immunity; good faith reporters.**  
Amends § 256B.064, subd. 5. Updates terminology.
- 16     **Application.**  
Amends § 256B.064 by adding subd. 6. Specifies that section 256B.064 supersedes any inconsistent or contrary provision of law.

**Article 4: Medical Assistance Provider Enrollment**

This article makes changes to the medical assistance (MA) provider enrollment processes and requirements and incorporates parts of federal regulations into state statutes. This article also recodifies section 256B.04, subdivision 21 – the subdivision of state statutes that currently governs MA provider enrollment – into several new sections of statute.

**Section Description - Article 4: Medical Assistance Provider Enrollment**

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- 1     **Controlling individual.**  
Amends § 142B.01, subd. 8. Updates a cross-reference related to the recodification of section 256B.04, subdivision 21.
- 2     **Controlling individual.**  
Amends § 245A.02, subd. 5a. Updates a cross-reference related to the recodification of section 256B.04, subdivision 21.
- 3     **Program management and oversight.**  
Amends § 245D.081, subd. 3. Updates a cross-reference related to the recodification of section 256B.04, subdivision 21.
- 4     **Annual report required.**  
Amends § 256B.04, subd. 5. Provides that DHS must include, in its annual report on the MA program, a full account of all pre-enrollment, postenrollment, and unannounced site visits to MA providers in the previous fiscal year.
- 5     **Provider enrollment.**  
Amends § 256B.04, subd. 21. Strikes the requirements related to MA provider enrollment. Under this bill, the requirements are recodified in new sections of state statutes, as follows:
- Paragraph (a): Recodified in § 256B.044, subds. 3, 4, and 9
  - Paragraph (b): Recodified in § 256B.0441, subd. 2

**Section Description - Article 4: Medical Assistance Provider Enrollment**

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- Paragraph (c): Recodified in § 256B.0441, subd. 3
- Paragraph (d): Recodified in § 256B.0442, subd. 1
- Paragraph (e): Recodified in § 256B.044, subd. 10
- Paragraph (f): Recodified in § 256B.0433
- Paragraph (g): Recodified in §§ 256B.044, subd. 8; and 256B.0444, subds. 2 and 3
- Paragraph (h): Recodified in § 256B.0442, subd. 2
- Paragraph (i): Recodified in § 256B.0442, subd. 3
- Paragraph (j): Recodified in § 256B.044, subds. 1 and 5
- Paragraph (k): Recodified in § 256B.044, subd. 3
- Paragraph (l): Recodified in § 256B.0444, subd. 1
- Paragraph (m): Recodified in § 256B.044, subd. 6

**6 Provider enrollment.**

Creates § 256B.044.

**Subd. 1. Designating categorical risk levels.** Directs the commissioner to assign a categorical risk level to provider types based on the criteria and standards used under Medicare. This is a recodification of part of section 256B.04, subdivision 21, paragraph (j), with technical modifications.

**Subd. 2. Required verifications and checks.** Directs the commissioner to conduct specified verifications and checks as part of enrolling providers in MA.

**Subd. 3. Required background studies.** Requires the commissioner to conduct background studies for all providers applying to enroll in MA and requires background studies for an individual with an ownership or control interest in, or who is an officer, director, agent or managing employee, or other person with operational or managerial control of, the provider. Provides that fingerprint-based background studies are required when mandated by federal law or when a provider is designated as moderate-risk or high-risk. Allows the commissioner to conduct postenrollment background studies as necessary. This is a recodification of parts of section 256B.04, subdivision 21, paragraphs (a) and (k), with substantive modifications.

**Subd. 4. Service location enrollment.** Requires that a provider enrolls each provider-controlled location where direct services are provided as a condition of enrolling in MA, with some exceptions. This is a recodification of part of section 256B.04, subdivision 21, paragraph (a), with substantive modifications.

**Subd. 5. Site visits.** Requires that providers allow CMS and DHS to conduct unannounced site visits at any of the provider's MA-enrolled locations. Provides

**Section Description - Article 4: Medical Assistance Provider Enrollment**

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that the commissioner must conduct, for each MA provider that is designated moderate- or high-risk, pre-enrollment and postenrollment site visits, and directs the commissioner to conduct unannounced site visits for all providers within specified time frames. Allows the commissioner to conduct additional announced or unannounced site visits as necessary to verify compliance with enrollment requirements or protect program integrity. This is a recodification of part of section 256B.04, subdivision 21, paragraph (j), with substantive modifications.

**Subd. 6. Surety bonds.** Requires that a provider purchases a surety bond as a condition of enrollment in MA if the provider meets one or more specified criteria. Provides that the surety bond must be \$100,000 or ten percent of the provider's payments from Medicaid during the immediately preceding 12 months, whichever is greater. This is a recodification of section 256B.04, subdivision 21, paragraph (m), with a substantive modification making the bond purchase required.

**Subd. 7. Financial capacity.** Requires a provider to demonstrate sufficient financial capacity, as specified, in order to enroll as an MA provider. This is new language.

**Subd. 8. Compliance programs.** Allows the commissioner to require, as a condition of enrollment in MA, that an MA provider establish a compliance program that contains elements established by specified federal agencies. Directs an MA provider with a compliance program to designate an individual as a compliance officer and specifies duties for the officer. This is a recodification of section 256B.04, subdivision 21, paragraph (g), with substantive and technical modifications.

**Subd. 9. Incomplete provider enrollment applications.** Directs the commissioner to deny a provider's incomplete application for enrollment in MA if the provider does not respond to the commissioner's request for additional information within 60 days of the request. This is a recodification of part of section 256B.04, subdivision 21, paragraph (a), with a modification to make the denial a requirement.

**Subd. 10. Correspondence and notification.** Requires that the commissioner deliver correspondence and notifications, except those related to background studies, electronically to a provider's MN-ITS mailbox. This is a recodification of section 256B.04, subdivision 21, paragraph (e), with a modification to make the electronic notification a requirement.

7 **Provider revalidation.**  
Creates § 256B.0441.

**Section Description - Article 4: Medical Assistance Provider Enrollment**

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**Subd. 1. Requirement.** Provides that the commissioner must revalidate each MA provider according to this section. This is new technical language.

**Subd. 2. Schedule.** Specifies how often the commissioner must revalidate MA providers. Directs the commissioner to conduct revalidation more frequently when required under federal law or when necessary to protect program integrity. This is a recodification of section 256B.04, subdivision 21, paragraph (b), with substantive modifications.

**Subd. 3. Procedures.** Outlines the procedures the commissioner must follow when revalidating MA providers, which must include unannounced site visits at each of a provider's enrolled locations no more than 30 days prior to the provider's revalidation due date and demonstration of financial capacity. This is a recodification of section 256B.04, subdivision 21, paragraph (c), with substantive modifications.

**8 Provider enrollment suspensions and terminations.**

Creates § 256B.0442.

**Subd. 1. Suspension of billing privileges.** Requires that the commissioner suspend a provider's ability to bill if the provider is not in compliance with program requirements. Provides that the suspension must be in place until the provider comes into compliance. This is a recodification of section 256B.04, subdivision 21, paragraph (d), with substantive modifications.

**Subd. 2. Revocation for lack of documentation.** Allows the commissioner to revoke a provider's enrollment if the provider fails to maintain and provide the commissioner access to documentation related to written orders or requests for payment for durable medical equipment, certifications for home health services, or referrals for other items or services for which the commissioner identifies a pattern of a lack of documentation. This is a recodification of section 256B.04, subdivision 21, paragraph (h), with technical modifications.

**Subd. 3. Mandatory denial or termination of enrollment.** Paragraph (a) adds to state statute, federal requirements governing when the commissioner must terminate or deny a provider's enrollment in MA.

Paragraph (b) allows the commissioner to exempt a rehabilitation agency from termination or denial under certain circumstances. This is a recodification of section 256B.04, subdivision 21, paragraph (i).

**9 Provider payment withholds.**

Creates § 256B.0443. Upon a provider's initial enrollment in MA, allows the commissioner to withhold payments for a 90-day period if a provider is within a

**Section Description - Article 4: Medical Assistance Provider Enrollment**

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provider type that is designated high-risk by CMS or the commissioner. This is a recodification of section 256B.04, subdivision 21, paragraph (f).

**10 Enrollment moratorium for high-risk providers.**

Creates § 256B.0444.

**Subd. 1. Provider enrollment moratorium.** Allows the commissioner to issue a statewide or regional provider enrollment moratorium, for up to 24 months, for a provider type that is designated high-risk. Directs the commissioner to revalidate the enrollment of each provider within a provider type subject to the moratorium before ending the moratorium.

**Subd. 2. Continued enrollment of new clients.** Provides that a provider within a provider type subject to an enrollment moratorium may continue to enroll new clients or beneficiaries during the period of the enrollment moratorium.

**Subd. 3. Notice.** Directs the commissioner to issue notices to enrolled providers and the legislature at least ten days prior to implementing an enrollment moratorium.

**Subd. 4. Report to legislature.** Directs the commissioner to submit a report to the legislature about the enrollment moratorium within 60 days of ending the moratorium.

**11 Additional provider enrollment requirements for specific provider types.**

Creates § 256B.0445.

**Subd. 1. Durable medical equipment provider or supplier.** Provides specific MA enrollment requirements for providers or suppliers of durable medical equipment. This is a recodification of section 256B.04, subdivision 21, paragraph (l).

**Subd. 2. Providers licensed by the commissioner of human services.** Requires that an MA-enrolled provider that is licensed by the commissioner under chapter 245A must designate an individual as the licensee's compliance offer. This is a recodification of section 256B.04, subdivision 21, paragraph (g).

**Subd. 3. Providers licensed by the commissioner of health.** Requires that an MA-enrolled provider that is licensed by the commissioner of health as a home care provider under chapter 144A with a home and community-based services designation under section 144A.484 on the home care license, or as an assisted living facility under chapter 144G, must designate an individual as the licensee's

**Section Description - Article 4: Medical Assistance Provider Enrollment**

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compliance offer. This is a recodification of section 256B.04, subdivision 21, paragraph (g).

**12 Provider payment rates.**

Amends § 256B.0759, subd. 4. Updates a cross-reference related to the recodification of section 256B.04, subdivision 21.

**13 Agency duties.**

Amends § 256B.0949, subd. 16. Updates a cross-reference related to the recodification of section 256B.04, subdivision 21.

**14 Provider shortage; authority for exceptions.**

Amends § 256B.0949, subd. 17. Updates a cross-reference related to the recodification of section 256B.04, subdivision 21.

## **Article 5: Aging and Disability Services**

This article contains aging and disability services policy provisions related to senior nutrition programs, the foster care licensing moratorium, positive support analyst and professional qualifications, early intensive developmental and behavioral intervention (EIDBI), MnCHOICES assessments, targeted case management, the disability waiver rate system, community first services and supports (CFSS) and elderly waiver cost reporting, the pediatric hospital-to-home transition pilot program, and repeal of intermediate care facility for persons with developmental disabilities (ICF/DD) historical rates.

**Section Description - Article 5: Aging and Disability Services**

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**1 Licensing moratorium.**

Amends § 245A.03, subd. 7. Removes obsolete exceptions to the adult foster care licensing moratorium.

Provides an immediate effective date.

**2 Positive support professional qualifications.**

Amends § 245D.091, subd. 2. Corrects a cross-reference.

Provides an immediate effective date.

**3 Positive support analyst qualifications.**

Amends § 245D.091, subd. 3. Updates terminology.

**Section Description - Article 5: Aging and Disability Services**

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- Provides an immediate effective date.
- 4     **Senior nutrition programs.**  
Amends § 256.9752. Updates terminology, expands program goals, and expands allowable uses of funding for senior nutrition programs.
- 5     **Early intensive developmental and behavioral intervention benefit.**  
Amends § 256B.0625, by adding subd. 77. Clarifies the early intensive developmental and behavioral intervention benefit is a covered service under MA.  
  
Provides an immediate effective date.
- 6     **MnCHOICES assessor qualifications, training, and certification.**  
Amends § 256B.0911, subd. 13. Allows a Tribal Nation to establish its own education and experience qualifications for certified MnCHOICES assessors.  
  
Makes this section effective January 1, 2027, or upon federal approval, whichever is later.
- 7     **Administrative activity.**  
Amends § 256B.0911, subd. 32. Removes obsolete language.  
  
Provides an immediate effective date.
- 8     **Eligibility.**  
Amends § 256B.0924, subd. 3. Clarifies eligibility for targeted case management and allows Tribal agencies to assess a person’s eligibility for targeted case management and to make eligibility determinations under Tribal governance codes.  
  
Makes this section effective January 1, 2027, or upon federal approval, whichever is later.
- 9     **Provider standards.**  
Amends § 256B.0924, subd. 5. Makes conforming changes related to allowing Tribal governments to provide targeted case management.  
  
Makes this section effective January 1, 2027, or upon federal approval, whichever is later.

**Section Description - Article 5: Aging and Disability Services**

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- 10     **Tribal case manager qualifications.**  
Amends § 256B.0924, by adding subd. 5a. Allows an individual to serve as a vulnerable adult and developmental disability targeted case manager if the individual is certified by a federally recognized Tribal government in Minnesota.
- 11     **Payment for targeted case management.**  
Amends § 256B.0924, subd. 6. Removes obsolete language. Specifies payment requirements for case management services provided by vendors who contract with a Tribe and for services provided by a team that includes any combination of contracted vendors, county staff, and Tribal staff. Requires the recipient’s Tribe to provide the nonfederal share of costs, if any, if the service is provided by a Tribal agency.  
  
Makes this section effective January 1, 2027, or upon federal approval, whichever is later.
- 12     **Implementation and evaluation.**  
Amends § 256B.0924, subd. 7. Makes conforming changes related to allowing Tribes to provide targeted case management services.  
  
Provides an immediate effective date.
- 13     **Definitions.**  
Amends § 256B.0949, subd. 2. Updates the definition of “clinical supervision” in the section of statutes governing EIDBI to include observation and direction, and family training and counseling. This update aligns the statutory definition with Minnesota’s federally approved state plan amendment.
- 14     **Agency duties.**  
Amends § 256B.0949, subd. 16. Limits the provision of EIDBI observation and direction services to a qualified supervising professional.
- 15     **Site visits and sanctions.**  
Amends § 256B.0949, subd. 18. Allows the commissioner to sanction an EIDBI agency if the agency fails to comply with documentation requirements.
- 16     **Documentation requirements.**  
Amends § 256B.0949, by adding subd. 19. Establishes documentation requirements for EIDBI providers including requirements related to health records, personnel files, staff qualifications, training, supervision, and service provision.

**Section Description - Article 5: Aging and Disability Services**

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**17 Informed choice policy.**

Amends § 256B.4905, subd. 2a. Lists lead agency duties in supporting individuals in making informed choices. Specifies informed choice includes the right to receive services administered or provided by an individual's Tribal Nation for individuals who are members or affiliated with a federally recognized Tribal Nation located within Minnesota. Specifies nothing in this section limits the sovereignty of Tribal Nations or the authority of Tribal governments to administer home and community-based services to their members.

Provides an immediate effective date.

**18 Unit-based services with programming; component values and calculation of payment rates.**

Amends § 256B.4914, subd. 8. Effective January 1, 2027, or upon federal approval, whichever is later, modifies the billing limits on individualized home supports with training and individualized home supports with family training and specifies these limits do not apply to individuals who meet the residential support services criteria.

**19 Reporting and analysis of cost data.**

Amends § 256B.4914, subd. 10a. Allows the commissioner to review disability waiver rate system provider cost report data submissions for inaccurate, inconclusive, incomplete, or otherwise deficient data and to remove a report from submitted status. Specifies timelines for providers to validate cost reports and requires the commissioner to suspend payments if a provider does not respond to the commissioner with all the requested financial documentation.

Provides a January 1, 2027, effective date.

**20 Personal care provider agency; required reporting of cost data; training.**

Amends § 256B.851, subd. 8. Allows the commissioner to review CFSS provider cost report data submissions for inaccurate, inconclusive, incomplete, or otherwise deficient data and to remove a report from submitted status. Specifies timelines for providers to validate cost reports and requires the commissioner to suspend payments if a provider does not respond to the commissioner with all the requested financial documentation.

Provides a January 1, 2027, effective date.

**21 Cost reporting.**

Amends § 256S.21, subd. 3. Allows the commissioner to review elderly waiver services provider cost report data submissions for inaccurate, inconclusive,

**Section Description - Article 5: Aging and Disability Services**

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incomplete, or otherwise deficient data and to remove a report from submitted status. Makes technical and clarifying changes.

Provides a January 1, 2027, effective date.

**22 Direction to commissioner; pediatric hospital-to-home transition pilot program.**

Amends Laws 2024, ch. 125, art. 1, § 47. Extends the due date of the pediatric hospital-to-home transition pilot project report from December 15, 2026, to December 15, 2027.

**23 Repealer.**

Repeals Minn. Stat. § 256B.5012, subs. 4 (ICF/DD rate increases beginning July 1, 2001, and July 1, 2002), 5 (rate increases effective June 1, 2003), 6 (ICF/DD rate increases October 1, 2005, and October 1, 2006), 7 (ICF/DD rate increases effective October 1, 2007, and October 1, 2008), 8 (ICF/DD rate decreases effective July 1, 2009), 9 (ICF/DD rate increase effective July 1, 2011; Clearwater County), 10 (ICF/DD rate decrease effective July 1, 2011; exception for Clearwater County), 11 (ICF/DD rate decrease effective July 1, 2011), 12 (ICF/DD rate increase effective July 1, 2013), 14 (rate increase effective June 1, 2013), 15 (ICF/DD rate increases effective April 1, 2014), and 16 (ICF/DD rate increases effective July 1, 2014).

Provides an immediate effective date.

## **Article 6: Behavioral Health Policy**

This article includes changes to mental health emergency and crisis services, peer recovery support services, and substance use disorder treatment and mental health treatment services administrative and staffing requirements. The article also places limitations on mental health professionals' affiliations with organizations or service lines receiving Medicaid reimbursement, expands utilization review to apply to all vendors of substance use disorder treatment services, and clarifies that reimbursement for improperly provided substance use disorder treatment services may be recovered under existing sanctions powers. It also makes technical changes, aligns statutes, and adds requirements for substance use disorder treatment programs to assess for and provide information on tobacco and nicotine use disorder.

**Section Description - Article 6: Behavioral Health Policy**

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- 1 Availability of emergency services.**  
Amends § 245.469, subd. 1. Prohibits emergency service providers from delaying or denying the timely provision of emergency mental health services due to a client's payor source.
- 2 Peer recovery support services.**  
Amends § 245F.02, subd. 17. Modifies cross-reference.
- 3 Peer recovery support services.**  
Amends § 245F.08, subd. 3. Modifies cross-references.
- 4 Recovery peer qualifications.**  
Amends § 245F.15, subd. 7. Makes conforming change, removing language requiring supervision by an alcohol and drug counselor.
- 5 Tobacco education material.**  
Amends § 245G.04 by adding subd. 4. Requires substance use disorder treatment licensees to provide tobacco and nicotine educational materials to a client on the day of service initiation; specifies what the materials must include.  
  
Makes section effective January 1, 2027.
- 6 Service discharge summary.**  
Amends § 245G.06, subd. 4. Excludes weekends and holidays from the five days within which a service discharge summary must be completed.
- 7 Contents.**  
Amends § 245G.09, subd. 3. Makes conforming change to require client records to document that a client was given tobacco education material.  
  
Makes section effective January 1, 2027.
- 8 Treatment coordination provider qualifications.**  
Amends § 245G.11, subd. 7. Makes conforming change to treatment coordination provider qualifications, to align with the behavioral health practitioner requirement changes from 2025.  
  
Provides an immediate effective date.

**Section Description - Article 6: Behavioral Health Policy**

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- 9        **Recovery peer qualifications.**  
Amends § 245G.11, subd. 8. Makes conforming change, removing language requiring supervision by an alcohol and drug counselor.
- 10       **Mental health behavioral aide scope of practice.**  
Amends § 245I.04, subd. 17. Removes individual behavior plan terminology.
- 11       **Limitation on affiliation across service lines.**  
Amends § 245I.04 by adding subd. 20. Prohibits mental health professionals from simultaneously serving in a clinical, supervisory, or designated role for more than ten distinct licensed provider organizations or service lines delivering Medicaid-funded services. Limits mental health professionals to providing clinical or administrative supervision to 20 or fewer direct care or clinical staff across all affiliated provider organizations and service lines unless an exception is granted by the commissioner. Provides an exception process and criteria. Specifies that a mental health professional violating the subdivision may be subject to corrective action, licensing sanctions, or administrative penalties.
- 12       **Progress notes.**  
Amends § 245I.08, subd. 4. Adds the treatment supervisor's dated signature and credentials to the required contents of progress notes.
- 13       **Standard diagnostic assessment; required elements.**  
Amends § 245I.10, subd. 6. Adds tobacco and nicotine use and tobacco use disorder to standard diagnostic assessment.  
  
Makes this section effective January 1, 2027.
- 14       **Intensive residential treatment services assessment and treatment planning.**  
Amends § 245I.23, subd. 7. Excludes weekends and holidays from the requirement to complete, or review and update an IRTS client's standard diagnostic assessment within ten days of admission.
- 15       **Rules for substance use disorder care.**  
Amends § 254A.03, subd. 3. Removes utilization review development requirement that is obsolete.
- 16       **Client eligibility.**  
Amends § 254B.04, subd. 1a. Specifies that individuals enrolled in medical assistance are eligible for room and board services from the behavioral health fund, when room and board is provided through IRTS and residential crisis services.

**Section Description - Article 6: Behavioral Health Policy**

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- 17      **Recovery community organizations.**  
Amends § 254B.0501, subd. 6. Moves up date by which recovery community organizations must be certified, from June 30, 2027, to June 30, 2026.  
  
Provides an immediate effective date.
- 18      **Utilization review requirements.**  
Amends § 254B.0505, subd. 8. Expands peer recovery support services utilization review requirements to all eligible vendors except those providing only room and board.
- 19      **Withdrawal management services.**  
Amends § 254B.0505 by adding subd. 9. Prohibits utilization review of withdrawal management services until five calendar days after the date of service initiation.  
  
Makes this section effective January 1, 2027, or upon federal approval.
- 20      **Monetary recovery.**  
Amends § 254B.0505 by adding subd. 10. Specifies that reimbursement for services authorized under chapter 254B that are provided in violation of the chapter may be recovered as money improperly paid, under section 256B.064, which governs medical assistance sanctions.
- 21      **Peer recovery support services; service requirements.**  
Amends § 254B.052, subd. 1. Adds Tribally licensed substance use disorder treatment programs to peer recovery support services requirements; makes technical changes.  
  
Provides an immediate effective date.
- 22      **Billing limits.**  
Amends § 254B.052 by adding subd. 7. Limits billing for peer recovery support services to 14 hours per week per individual client.  
  
Provides an immediate effective date.
- 23      **Crisis intervention services.**  
Amends § 256B.0624, subd. 6b. Removes paragraph (f), requiring the case manager or mobile crisis team to offer to work with a crisis intervention services recipient to develop an advanced directive. This requirement is being moved to the subdivision governing crisis stabilization services.  
  
Makes this section effective upon federal approval.

**Section Description - Article 6: Behavioral Health Policy**

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**24 Crisis stabilization services.**

Amends § 256B.0624, subd. 7. Adds a clause requiring the case manager or crisis team to work with an adult recipient of crisis stabilization services to develop a health care directive or psychiatric declaration, if the adult's mental health crisis is stabilized.

Makes this section effective upon federal approval.

**25 Treatment foster care services.**

Amends § 256B.0625, subd. 47. Updates terminology and deletes obsolete language.

Provides an immediate effective date.

**26 Provider standards.**

Amends § 256B.0759, subd. 3. Requires nonresidential substance use disorder treatment programs and residential treatment programs, withdrawal management programs licensed under chapter 245F, and out-of-state residential substance use disorder treatment programs that receive payment for substance use disorder treatment services under medical assistance to enroll as Minnesota Health Care Programs providers, meet the requirements established by the commissioner, and certify that the program meets the applicable American Society of Addiction Medicine (ASAM) levels of care.

Exempts programs licensed as residential treatment programs and as hospitals, that provide only ASAM level 3.7 medically monitored inpatient level of care, from the requirement to certify the ASAM 3.7 level of care. Other provided levels of care must be certified.

Allows Tribally licensed programs to participate in the substance use disorder demonstration project. Requires the commissioner to consult with Tribal Nations to discuss participation in the demonstration project.

Requires all programs enrolled in the demonstration project to provide services in accordance with section 254B.19 and offer substance use disorder treatment services with medications for opioid use disorder on site or facilitate timely access to medications for opioid use disorder off site.

**27 Provider payment rates.**

Amends § 256B.0759, subd. 4. Deletes obsolete payment rates language and aligns with rates under section 254B.0505, subdivision 1. Makes technical conforming changes.

**Section Description - Article 6: Behavioral Health Policy**

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**28 Definitions.**

Amends § 256B.0943, subd. 1. Removes “individual behavior plan” term.

**29 Provider entity clinical infrastructure requirements.**

Amends § 256B.0943, subd. 6. Requires children’s therapeutic services and supports providers to review clinical policies and procedures every two years, instead of every three years.

**30 Service delivery payment requirements.**

Amends § 256B.0946, subd. 4. For children’s intensive behavioral health services, makes technical change to identifying and documenting the reasons for service reduction.

**31 Required service components.**

Amends § 256B.0947, subd. 3a. For intensive rehabilitative mental health services medication management, removes listed allowable provider types and instead specifies that a qualified provider must provide medication management.

Makes this section effective July 1, 2027, or upon federal approval, whichever is later.

**32 Standards for intensive nonresidential rehabilitative providers.**

Amends § 256B.0947, subd. 5. Allows a treatment team to serve the full age range of age 8 to age 21, if the team demonstrates to the commissioner expertise in meeting the developmental and clinical needs of the expanded age range.

Modifies core team member requirements to include a board-certified psychiatrist with demonstrated, specified clinical experience and qualifications, rather than only a board-certified child and adolescent psychologist. Also adds a registered nurse to optional core team members.

**33 Cost-sharing.**

Amends § 256L.03, subd. 5. Specifies that co-payments, coinsurance, and deductibles do not apply to crisis stabilization services provided in a community setting.

**34 Repealer.**

Repeals § 256B.0759, subds. 2 and 5 (substance use disorder demonstration project provider participation; federal approval), and § 254B.052, subd. 6 (peer recovery support services monetary recovery).

## **Article 7: Homelessness, Housing, and Support Services Policy**

This article contains provisions related to projects for assistance in transition from homelessness, and housing with support for adults with serious mental illness.

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<b>Section</b>	<b>Description - Article 7: Homelessness, Housing, and Support Services Policy</b>
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<b>1</b>	<b>Allowable grant activities.</b>
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Amends § 245.991, subd. 3. Clarifies that allowable grant activities under the projects for assistance in transition from homelessness (PATH) program include services for individuals with a substance use disorder and aligns eligible uses with the program purpose.

Provides a July 1, 2026, effective date.

<b>2</b>	<b>Eligible beneficiaries.</b>
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Amends § 245.992, subd. 2. Expands eligibility for housing with support for adults with serious mental illness to include individuals with a substance use disorder.

Provides a July 1, 2026, effective date.

## **Article 8: Maltreatment of Vulnerable Adults**

This article updates the Minnesota Vulnerable Adults Act to comply with federal regulations for adult protective services.

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<b>Section</b>	<b>Description - Article 8: Maltreatment of Vulnerable Adults</b>
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<b>1</b>	<b>Adult protective services.</b>
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Amends § 626.557, by adding subd. 1a. Requires adult protective services to receive referrals from the common entry point and carry out lead investigative agency duties to investigate for a determination of responsibility for maltreatment. Specifies when adult protective services must conduct assessments, develop services plans, and implement interventions to safeguard adults who are vulnerable and suspected of experiencing maltreatment. Specifies the Department of Human Services is the state agency responsible for supervision of adult protective services administered by county social services agencies.

<b>2</b>	<b>Common entry point designation.</b>
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Amends § 626.557, subd. 9. Clarifies that the common entry point must accept reports of suspected maltreatment from reports and make required referrals for suspected maltreatment of a vulnerable adult.

**Section Description - Article 8: Maltreatment of Vulnerable Adults**

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- 3 Evaluation and referral of reports made to common entry point.**  
Amends § 626.557, subd. 9a. Clarifies the common entry point must use referral guidelines established by the commissioner in addition to statutory referral requirements when making necessary referrals.
- 4 County social services agency; responsibilities.**  
Amends § 626.557, by adding subd. 11b. Lists county social services agency responsibilities under the Vulnerable Adults Act.
- 5 County social services agency; referrals.**  
Amends § 626.557, by adding subd. 11c. Lays out county social services agency duties when the common entry point refers a report to the county social services agency as the lead investigative agency or makes a referral for emergency adult protective services, or when another lead investigative agency requests adult protective services from the county social services agency. This is largely existing language that was reorganized and moved from section 626.557, subdivision 10, paragraph (a), to this new subdivision.
- 6 County social services agency; assessments.**  
Amends § 626.557, by adding subd. 11d. Establishes county social services agency duties related to adult protective services assessments and service plans, including timelines by which an in-person assessment to initiate adult protective services must be completed as well as notification of the vulnerable adult and, if applicable, the guardian or health care agent of the vulnerable adult of the results of the assessment and service plan.
- 7 County social services agency; investigations.**  
Amends § 626.557, by adding subd. 11e. Lists the allegations that require the county social services agency to investigate for a final disposition of responsibility for maltreatment. Requires the county social services agency to conduct an investigation for final disposition of responsibility for maltreatment if the agency receives information during an assessment that indicates the presence of specified abuse, exploitation, neglect, or self-neglect.
- 8 County social services agency; self-neglect.**  
Amends § 626.557, by adding subd. 11f. Allows the county social services agency to determine that an allegation that does not result in a determination of responsibility for maltreatment is self-neglect, neglect by an unpaid caregiver that did not result in harm to the vulnerable adult, or financial exploitation by a nonfiduciary that is consistent with the choice of the adult and not criminal or another type of maltreatment. Specifies that an allegation of self-neglect is a substantiated

**Section Description - Article 8: Maltreatment of Vulnerable Adults**

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- determination if the county social services agency determines adult protective services are needed.
- 9      **County social services agency; initial contact.**  
Amends § 626.557, by adding subd. 11g. Specifies county social services agency duties at initial contact with the vulnerable adult and with the individual or entity alleged responsible for maltreatment.
- 10     **County social services agency; agency authority.**  
Amends § 626.557, by adding subd. 11h. Specifies county social services agency authority to enter facilities and businesses to inspect and copy records as part of an adult protective services assessment or investigation and lists interventions the county social services agency may seek to protect a vulnerable adult from serious harm from maltreatment. This language is largely existing language that was reorganized and moved from section 626.557, subdivision 10, paragraphs (f) and (g), to this new subdivision.
- 11     **County social services agency; legal intervention.**  
Amends § 626.557, by adding subd. 11i. Specifies county social services agency duties related to proceedings for court-appointed guardians or conservators. This is existing language that was moved from section 626.557, subdivision 10, the last two paragraphs, to this new subdivision.
- 12     **County social services agency; conflict of interest.**  
Amends § 626.557, by adding subd. 11j. Lists situations in which a county social services agency must delegate authority as the lead investigative agency to another county social services agency to alleviate a conflict of interest. Specifies county social services agency and commissioner of human services duties in cases where a conflict of interest is identified.
- 13     **Data management.**  
Amends § 626.557, subd. 12b. Updates terminology and establishes timelines for retention of data maintained by county adult protective services. Expands the list of entities with which not public data may be exchanged if the agency or authority providing the data determines that the data are pertinent and necessary to prevent further maltreatment of a vulnerable adult, to safeguard a vulnerable adult, or for a maltreatment investigation. Requires the county agency, when acting as the lead investigative agency and when aware the person deemed responsible for maltreatment is a court-appointed guardian or conservator, to share the final determination with the Minnesota Judicial Branch within 14 calendar days of the determination.

**Section Description - Article 8: Maltreatment of Vulnerable Adults**

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- 14     **Abuse.**  
Amends § 626.5572, subd. 2. Expands the definition of “abuse” under the statutes governing maltreatment of vulnerable adults to include any contact with the vulnerable adult that is not therapeutic conduct and a reasonable person would consider a sexual act or any nonconsensual sexual interaction with the vulnerable adult.
- 15     **Adult protective services.**  
Amends § 626.5572, by adding subd. 3a. Defines the term “adult protective services” in the statutes governing maltreatment of vulnerable adults.
- 16     **Assessment.**  
Amends § 626.5572, by adding subd. 3b. Defines the term “assessment” in the statutes governing maltreatment of vulnerable adults.
- 17     **Financial exploitation.**  
Amends § 626.5572, subd. 9. Clarifies the definition of “financial exploitation” in the statutes governing maltreatment of vulnerable adults.
- 18     **Investigation.**  
Amends § 626.5572, by adding subd. 12a. Defines the term “investigation” in the statutes governing maltreatment of vulnerable adults.
- 19     **Lead investigative agency.**  
Amends § 626.5572, subd. 13. Makes technical and conforming changes to the definition of “lead investigative agency” in the statutes governing maltreatment of vulnerable adults.
- 20     **Neglect.**  
Amends § 626.5572, subd. 17. Expands the definition of “self-neglect” in the statutes governing maltreatment of vulnerable adults to include neglect by a vulnerable adult of the vulnerable adult’s own financial management.
- 21     **Repealer.**  
Repeals Minn. Stat. § 626.557, subd. 10 (duties of county social service agency).  
  
Provides an immediate effective date.

## Article 9: Miscellaneous Policy

This article contains miscellaneous policy provisions related to insurance claims adjustments, the repeal of housing stabilization services, and the release of unredacted initial Optum reports, and directs the commissioner to correct a federal citation in Minnesota Rules.

### Section Description - Article 9: Miscellaneous Policy

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- 1 Claims adjustment timeline.**  
Amends § 62Q.75, subd. 4. Removes exceptions to the 12-month deadline for claim adjustments and recoupments, so that the only remaining exception is for cases of fraud and abuse.  
  
Makes this section effective January 1, 2027.
- 2 Unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities.**  
Amends § 245C.03, subd. 6. Removes references to housing stabilization services to conform with the program's repeal.  
  
Provides an immediate effective date.
- 3 Unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities.**  
Amends § 245C.10, subd. 6. Removes references to housing stabilization services to conform with the program's repeal.  
  
Provides an immediate effective date.
- 4 Provider enrollment.**  
Amends § 256B.04, subd. 21. Removes a cross-reference to housing stabilization services to conform with the program's repeal.  
  
Provides an immediate effective date.
- 5 Housing access grants.**  
Amends § 256B.0658. Removes references to housing stabilization services to conform with the program's repeal, adds a definition to this section that had been cross-referenced, and makes technical changes to break this section up into subdivisions.  
  
Provides an immediate effective date.

**Section Description - Article 9: Miscellaneous Policy**

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**6 Provider qualifications and duties.**

Amends § 256B.0701, subd. 9. Removes references to housing stabilization services to conform with the program's repeal.

Provides an immediate effective date.

**7 Covered health services.**

Amends § 256L.03, subd. 1. Removes references to housing stabilization services to conform with the program's repeal.

Provides an immediate effective date.

**8 Direction to the commissioner of human services; rulemaking.**

Directs the commissioner to amend Minnesota Rules, part 9505.2165, subpart 4, item C, to update the definition of fraud with the correct citation to federal law. Allows the commissioner to make the change under the good cause exemption to rulemaking procedures.

**9 Direction to the commissioner of human services; unredacted initial Optum reports.**

Defines "initial Optum reports" for purposes of this section. Requires the commissioner of human services to immediately release the initial Optum reports to the members of the legislative committees with jurisdiction over human services policy and finance in the reports' entirety without redactions or edits, except for redactions requested by Optum to protect proprietary information. Prohibits legislators and staff who receive initial Optum reports from disseminating or publicizing any not public data the reports contain.

**10 Optum prohibited from disseminating private data.**

Prohibits Optum from selling, sharing, or disseminating any private data on individuals that Optum receives under or incidental to Optum's contract or engagement with the Department of Human Services.

**11 Repealer.**

Repeals Minn. Stat. § 256B.051, subsds. 1, 4, and 7 and Minn. Stat. 2025 Supplement § 256B.051, subsds. 2, 3, 5, 6, 6a, 6b, 8, 9, and 10 (housing stabilization services).

Provides an immediate effective date.



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