

1.1 moves to amend H.F. No. 5280 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1

1.4 DISABILITY SERVICES

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

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

1.9 (1) according to section 13.05;

1.10 (2) according to court order;

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

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

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

1.21 (6) to administer federal funds or programs;

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

2.1 (8) to the Department of Revenue to ~~assess parental contribution amounts for purposes~~
2.2 ~~of section 252.27, subdivision 2a~~, administer and evaluate tax refund or tax credit programs
2.3 and to identify individuals who may benefit from these programs, and prepare the databases
2.4 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
2.5 6. The following information may be disclosed under this paragraph: an individual's and
2.6 their dependent's names, dates of birth, Social Security or individual taxpayer identification
2.7 numbers, income, addresses, and other data as required, upon request by the Department
2.8 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
2.9 services for the purposes described in this clause are governed by section 270B.14,
2.10 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
2.11 care credit under section 290.067, the Minnesota working family credit under section
2.12 290.0671, the property tax refund under section 290A.04, and the Minnesota education
2.13 credit under section 290.0674;

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

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

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

2.21 (iii) to monitor and evaluate the Minnesota family investment program or the child care
2.22 assistance program by exchanging data on recipients and former recipients of Supplemental
2.23 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,
2.24 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter
2.25 256B or 256L; and

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

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

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

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

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

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

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

3.23 (i) the participant:

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

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

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

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

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

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

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

4.12 (i) the member:

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

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

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

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

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

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

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

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

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

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

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

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

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

5.21 (27) to monitor and evaluate the Minnesota family investment program by exchanging
5.22 data between the Departments of Human Services; Children, Youth, and Families; and
5.23 Education, on recipients and former recipients of SNAP benefits, cash assistance under
5.24 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
5.25 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
5.26 256D;

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

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

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

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

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

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

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

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

6.20 (ii) to provide for reimbursement of special transportation service provided under section
6.21 473.386.

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

6.25 (b) Information on persons who have been treated for substance use disorder may only
6.26 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
6.27 2.1 to 2.67.

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

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

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

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

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

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

7.13 Subdivision 1. **Rules governing aversive and deprivation procedures.** The
7.14 commissioner of human services shall by October, 1983, promulgate rules governing the
7.15 use of aversive and deprivation procedures in all licensed facilities and licensed services
7.16 serving persons with developmental disabilities, ~~as defined in section 252.27, subdivision~~
7.17 ~~1a.~~ No provision of these rules shall encourage or require the use of aversive and deprivation
7.18 procedures. The rules shall prohibit: (1) the application of certain aversive and deprivation
7.19 procedures in facilities except as authorized and monitored by the commissioner; (2) the
7.20 use of aversive and deprivation procedures that restrict the consumers' normal access to
7.21 nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene
7.22 facilities, normal sleeping conditions, and necessary clothing; and (3) the use of faradic
7.23 shock without a court order. The rule shall further specify that consumers may not be denied
7.24 ordinary access to legal counsel and next of kin. In addition, the rule may specify other
7.25 prohibited practices and the specific conditions under which permitted practices are to be
7.26 carried out. For any persons receiving faradic shock, a plan to reduce and eliminate the use
7.27 of faradic shock shall be in effect upon implementation of the procedure.

7.28 Sec. 4. Minnesota Statutes 2022, section 246.511, as amended by Laws 2024, chapter 79,
7.29 article 2, section 39, is amended to read:

7.30 **246.511 RELATIVE RESPONSIBILITY.**

7.31 Except for substance use disorder services paid for with money provided under chapter
7.32 254B, the executive board must not require under section 246.51 a client's relatives to pay

8.1 more than the following: (1) for services provided in a community-based service, the
 8.2 noncovered cost of care as determined under the ability to pay determination; and (2) for
 8.3 services provided at a regional treatment center operated by state-operated services, 20
 8.4 percent of the cost of care, unless the relatives reside outside the state. The executive board
 8.5 must determine the responsibility of parents of children in state facilities to pay according
 8.6 to ~~section 252.27, subdivision 2, or in~~ rules adopted under chapter 254B if the cost of care
 8.7 is paid under chapter 254B. The executive board may accept voluntary payments in excess
 8.8 of 20 percent. The executive board may require full payment of the full per capita cost of
 8.9 care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do
 8.10 not reside in Minnesota.

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

8.12 Subd. 2b. ~~Child's responsibility~~ **Parental or guardian reimbursement to counties.** (a)
 8.13 Parental or guardian responsibility of ~~for the child for the~~ child's cost of care incurred by
 8.14 counties shall be up to the maximum amount of the total income and resources attributed
 8.15 to the child except for the clothing and personal needs allowance as provided in section
 8.16 256B.35, subdivision 1. Reimbursement by the parents ~~and child~~ or guardians residing
 8.17 outside of Minnesota shall be made to the county making any payments for services. The
 8.18 county board may require payment of the full cost of caring for children whose parents or
 8.19 guardians do not reside in this state.

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

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

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

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

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

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

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

9.7 (1) closure;

9.8 (2) relocation of services;

9.9 (3) downsizing; or

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

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

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

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

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

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

9.21 **Subd. 11. Related condition.** "Related condition" means ~~that condition defined in section~~
 9.22 ~~252.27, subdivision 1a~~ a condition:

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

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

9.27 (i) is severe and chronic;

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

- 10.1 (iii) requires treatment or services similar to those required for persons with
10.2 developmental disabilities;
- 10.3 (iv) is manifested before the person reaches 22 years of age;
- 10.4 (v) is likely to continue indefinitely;
- 10.5 (vi) results in substantial functional limitations in three or more of the following areas
10.6 of major life activity:
- 10.7 (A) self-care;
- 10.8 (B) understanding and use of language;
- 10.9 (C) learning;
- 10.10 (D) mobility;
- 10.11 (E) self-direction; or
- 10.12 (F) capacity for independent living; and
- 10.13 (vii) is not attributable to mental illness as defined in section 245.462, subdivision 20,
10.14 or an emotional disturbance as defined in section 245.4871, subdivision 15. For purposes
10.15 of this item, notwithstanding section 245.462, subdivision 20, or 245.4871, subdivision 15,
10.16 "mental illness" does not include autism or other pervasive developmental disorders.

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

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

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

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

11.3 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
11.4 commissioner shall develop and implement a curriculum and an assessor certification
11.5 process.

11.6 (b) MnCHOICES certified assessors must:

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

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

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

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

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

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

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

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

11.31 ~~(c) If an eligibility update is completed within 90 days of the previous assessment and~~
11.32 ~~documented in the department's Medicaid Management Information System (MMIS), the~~

12.1 ~~effective date of eligibility for programs included in paragraph (a) is the date of the previous~~
12.2 ~~in-person assessment when all other eligibility requirements are met.~~

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

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

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

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

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

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

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

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

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

12.18 (ii) employment service providers;

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

12.20 (iv) providers of financial management services;

12.21 (5) assisting the person to access services and assisting in appeals under section 256.045;

12.22 (6) coordination of services, if coordination is not provided by another service provider;

12.23 (7) evaluation and monitoring of the services identified in the support plan, which must
12.24 incorporate at least one annual face-to-face visit by the case manager with each person; and

12.25 (8) reviewing support plans and providing the lead agency with recommendations for
12.26 service authorization based upon the individual's needs identified in the support plan.

12.27 (c) Case management service activities that are provided to the person with a
12.28 developmental disability shall be provided directly by county agencies or under contract.
12.29 If a county agency contracts for case management services, the county agency must provide
12.30 each recipient of home and community-based services who is receiving contracted case

13.1 management services with the contact information the recipient may use to file a grievance
13.2 with the county agency about the quality of the contracted services the recipient is receiving
13.3 from a county-contracted case manager. If a county agency provides case management
13.4 under contracts with other individuals or agencies, the county agency must initiate a
13.5 competitive proposal process for the procurement of contracted case management services
13.6 at least every two years. The competitive proposal process must include evaluation criteria
13.7 to ensure that the county maintains a culturally specific program for case management
13.8 services, as defined in section 256B.076, subdivision 3, adequate to meet the needs of the
13.9 population of the county.

13.10 (d) Case management services must be provided by a public or private agency that is
13.11 enrolled as a medical assistance provider determined by the commissioner to meet all of
13.12 the requirements in the approved federal waiver plans. Case management services must not
13.13 be provided to a recipient by a private agency that has a financial interest in the provision
13.14 of any other services included in the recipient's support plan. For purposes of this section,
13.15 "private agency" means any agency that is not identified as a lead agency under section
13.16 256B.0911, subdivision 10.

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

13.21 ~~(e)~~ (f) For persons who need a positive support transition plan as required in chapter
13.22 245D, the case manager shall participate in the development and ongoing evaluation of the
13.23 plan with the expanded support team. At least quarterly, the case manager, in consultation
13.24 with the expanded support team, shall evaluate the effectiveness of the plan based on progress
13.25 evaluation data submitted by the licensed provider to the case manager. The evaluation must
13.26 identify whether the plan has been developed and implemented in a manner to achieve the
13.27 following within the required timelines:

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

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

13.31 (3) accomplishment of identified outcomes.

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

14.1 (f) (g) The Department of Human Services shall offer ongoing education in case
14.2 management to case managers. Case managers shall receive no less than 20 hours of case
14.3 management education and disability-related training each year. The education and training
14.4 must include person-centered planning, informed choice, cultural competency, employment
14.5 planning, community living planning, self-direction options, and use of technology supports.
14.6 By August 1, 2024, all case managers must complete an employment support training course
14.7 identified by the commissioner of human services. For case managers hired after August
14.8 1, 2024, this training must be completed within the first six months of providing case
14.9 management services. For the purposes of this section, "person-centered planning" or
14.10 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case
14.11 managers must document completion of training in a system identified by the commissioner.

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

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

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

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

14.18 (1) be age 18 or older;

14.19 (2) be receiving medical assistance;

14.20 (3) have significant functional limitations; and

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

14.23 (b) The person must be a vulnerable adult in need of adult protection as defined in section
14.24 626.5572, or is an adult with a developmental disability as defined in section 252A.02,
14.25 subdivision 2, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02,
14.26 subdivision 11, and is not receiving home and community-based waiver services, or is an
14.27 adult who lacks a permanent residence and who has been without a permanent residence
14.28 for at least one year or on at least four occasions in the last three years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16.22 (2) a person who has:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 18.1 (ii) providers of services provided in a non-disability-specific setting;
- 18.2 (iii) employment service providers;
- 18.3 (iv) providers of services provided in settings that are not community residential settings;
- 18.4 and
- 18.5 (v) providers of financial management services;
- 18.6 (4) assisting the recipient to access services and assisting with appeals under section
- 18.7 256.045; and
- 18.8 (5) coordinating, evaluating, and monitoring of the services identified in the service
- 18.9 plan.
- 18.10 (b) The case manager may delegate certain aspects of the case management service
- 18.11 activities to another individual provided there is oversight by the case manager. The case
- 18.12 manager may not delegate those aspects which require professional judgment including:
- 18.13 (1) finalizing the person-centered support plan;
- 18.14 (2) ongoing assessment and monitoring of the person's needs and adequacy of the
- 18.15 approved person-centered support plan; and
- 18.16 (3) adjustments to the person-centered support plan.
- 18.17 (c) Case management services must be provided by a public or private agency that is
- 18.18 enrolled as a medical assistance provider determined by the commissioner to meet all of
- 18.19 the requirements in the approved federal waiver plans. If a county agency provides case
- 18.20 management under contracts with other individuals or agencies, the county agency must
- 18.21 initiate a competitive proposal process for the procurement of contracted case management
- 18.22 services at least every two years. The competitive proposal process must include evaluation
- 18.23 criteria to ensure that the county maintains a culturally specific program for case management
- 18.24 services, as defined in section 256B.076, subdivision 3, adequate to meet the needs of the
- 18.25 population of the county.
- 18.26 (d) Case management services must not be provided to a recipient by a private agency
- 18.27 that has any financial interest in the provision of any other services included in the recipient's
- 18.28 support plan. For purposes of this section, "private agency" means any agency that is not
- 18.29 identified as a lead agency under section 256B.0911, subdivision 10.
- 18.30 ~~(d)~~ (e) For persons who need a positive support transition plan as required in chapter
- 18.31 245D, the case manager shall participate in the development and ongoing evaluation of the
- 18.32 plan with the expanded support team. At least quarterly, the case manager, in consultation

19.1 with the expanded support team, shall evaluate the effectiveness of the plan based on progress
19.2 evaluation data submitted by the licensed provider to the case manager. The evaluation must
19.3 identify whether the plan has been developed and implemented in a manner to achieve the
19.4 following within the required timelines:

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

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

19.8 (3) accomplishment of identified outcomes.

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

19.12 ~~(e)~~ (f) The Department of Human Services shall offer ongoing education in case
19.13 management to case managers. Case managers shall receive no less than 20 hours of case
19.14 management education and disability-related training each year. The education and training
19.15 must include person-centered planning, informed choice, cultural competency, employment
19.16 planning, community living planning, self-direction options, and use of technology supports.
19.17 By August 1, 2024, all case managers must complete an employment support training course
19.18 identified by the commissioner of human services. For case managers hired after August
19.19 1, 2024, this training must be completed within the first six months of providing case
19.20 management services. For the purposes of this section, "person-centered planning" or
19.21 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case
19.22 managers shall document completion of training in a system identified by the commissioner.

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

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

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

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

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

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

20.2 (3) developmental disability, or being a person with a developmental disability as defined
20.3 in section 252A.02, or a related condition as defined in section ~~252.27, subdivision 1a~~
20.4 256B.02, subdivision 11.

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

20.7 (c) Eligible individuals include individuals in excluded time status, as defined in chapter
20.8 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time
20.9 status as long as they live in the demonstration site and shall be eligible for 90 days after
20.10 placement outside the demonstration site if they move to excluded time status in a county
20.11 within Minnesota other than their county of financial responsibility.

20.12 (d) A person who is a sexual psychopathic personality as defined in section 253D.02,
20.13 subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision
20.14 16, is excluded from enrollment in the demonstration project.

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

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

20.20 (b) If a county agency provides case management under contracts with other individuals
20.21 or agencies, the county agency must initiate a competitive proposal process for the
20.22 procurement of contracted case management services at least every two years. The
20.23 competitive proposal process must include evaluation criteria to ensure that the county
20.24 maintains a culturally specific program for case management services, as defined in section
20.25 256B.076, subdivision 3, adequate to meet the needs of the population of the county.

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

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

20.30 Subdivision 1. **Disclosure to commissioner of human services.** (a) On the request of
20.31 the commissioner of human services, the commissioner shall disclose return information

21.1 regarding taxes imposed by chapter 290, and claims for refunds under chapter 290A, to the
21.2 extent provided in paragraph (b) and for the purposes set forth in paragraph (c).

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

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

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

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

21.18 (f) The commissioner may provide records and information collected under sections
21.19 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid
21.20 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law
21.21 102-234. Upon the written agreement by the United States Department of Health and Human
21.22 Services to maintain the confidentiality of the data, the commissioner may provide records
21.23 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and
21.24 Medicaid Services section of the United States Department of Health and Human Services
21.25 for purposes of meeting federal reporting requirements.

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

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

21.32 (i) The commissioner may disclose information to the commissioner of human services
21.33 necessary to verify whether applicants or recipients for the Minnesota family investment

22.1 program, general assistance, the Supplemental Nutrition Assistance Program (SNAP),
 22.2 Minnesota supplemental aid program, and child care assistance have claimed refundable
 22.3 tax credits under chapter 290 and the property tax refund under chapter 290A, and the
 22.4 amounts of the credits.

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

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

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

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

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

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

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

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

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

23.3 **Subd. 5. Central Office; Aging and Disability**
23.4 **Services**

40,115,000

11,995,000

23.5 **(a) Employment Supports Alignment Study.**

23.6 \$50,000 in fiscal year 2024 and \$200,000 in
23.7 fiscal year 2025 are to conduct an interagency
23.8 employment supports alignment study. The
23.9 base for this appropriation is \$150,000 in fiscal
23.10 year 2026 and \$100,000 in fiscal year 2027.

23.11 **(b) Case Management Training**

23.12 **Curriculum.** \$377,000 in fiscal year 2024 and
23.13 \$377,000 in fiscal year 2025 are to develop
23.14 and implement a curriculum and training plan
23.15 to ensure all lead agency assessors and case
23.16 managers have the knowledge and skills
23.17 necessary to fulfill support planning and
23.18 coordination responsibilities for individuals
23.19 who use home and community-based disability
23.20 services and live in own-home settings. This
23.21 is a onetime appropriation.

23.22 **(c) Office of Ombudsperson for Long-Term**

23.23 **Care.** \$875,000 in fiscal year 2024 and
23.24 \$875,000 in fiscal year 2025 are for additional
23.25 staff and associated direct costs in the Office
23.26 of Ombudsperson for Long-Term Care.

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

23.28 \$500,000 in fiscal year 2024 is from the
23.29 general fund for a grant to the Metropolitan
23.30 Center for Independent Living for the direct
23.31 care services corps pilot project. Up to \$25,000
23.32 may be used by the Metropolitan Center for
23.33 Independent Living for administrative costs.

24.1 This is a onetime appropriation and is
 24.2 available until June 30, 2026.

24.3 **(e) Research on Access to Long-Term Care**
 24.4 **Services and Financing.** Any unexpended
 24.5 amount of the fiscal year 2023 appropriation
 24.6 referenced in Laws 2021, First Special Session
 24.7 chapter 7, article 17, section 16, estimated to
 24.8 be \$300,000, is canceled. The amount canceled
 24.9 is appropriated in fiscal year 2024 for the same
 24.10 purpose.

24.11 **(f) Native American Elder Coordinator.**
 24.12 \$441,000 in fiscal year 2024 and \$441,000 in
 24.13 fiscal year 2025 are for the Native American
 24.14 elder coordinator position under Minnesota
 24.15 Statutes, section 256.975, subdivision 6.

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

24.17 (1) Of this amount, \$8,154,000 in fiscal year
 24.18 2024 is available until June 30, 2027.

24.19 (2) Of this amount, \$1,071,000 in fiscal year
 24.20 2025 is available until June 30, 2027.

24.21 (3) Of this amount, \$19,000,000 in fiscal year
 24.22 2024 is available until June 30, 2029.

24.23 **(h) Base Level Adjustment.** The general fund
 24.24 base is increased by \$8,189,000 in fiscal year
 24.25 2026 and increased by \$8,093,000 in fiscal
 24.26 year 2027.

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

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

24.30 **(a) The commissioner of human services must develop a Medicaid state plan service for**
 24.31 **people eligible for home care services as identified in Minnesota Statutes, section 256B.0651,**
 24.32 **and community first services and supports as identified in Minnesota Statutes, section**

25.1 256B.85, for the purpose of providing support during an acute care hospital stay, as
25.2 authorized under United States Code, title 42, section 1396a(h).

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

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

25.8 Sec. 23. **DISABILITY SERVICES PERSON-CENTERED ENGAGEMENT AND**
25.9 **NAVIGATION STUDY.**

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

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

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

25.21 (2) how people and families experience and navigate the system, including their customer
25.22 service experience and barriers to person-centered and culturally responsive navigation
25.23 support and resources; and

25.24 (3) opportunities to improve state, lead agency, and provider capacity to improve the
25.25 experience of people.

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

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

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

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

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

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

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

26.17 (a) Lead agencies may establish partnerships with enrolled medical assistance providers
26.18 of home and community-based services under Minnesota Statutes, section 256B.0913,
26.19 256B.092, 256B.093, or 256B.49, or chapter 256S, to evaluate the benefits of informed
26.20 choice in accessing the following existing assistive technology home and community-based
26.21 waiver services:

26.22 (1) assistive technology;

26.23 (2) specialized equipment and supplies;

26.24 (3) environmental accessibility adaptations; and

26.25 (4) 24-hour emergency assistance.

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

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

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

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

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

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

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

27.19 **Sec. 27. DIRECTION TO COMMISSIONER; PEDIATRIC HOSPITAL-TO-HOME**
27.20 **TRANSITION PILOT PROGRAM.**

27.21 (a) The commissioner of human services must award a single competitive grant to a
27.22 home care nursing provider to develop and implement in coordination with the commissioner
27.23 of health, Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare,
27.24 and Children's Minnesota of St. Paul and Minneapolis, a pilot program to expedite and
27.25 facilitate pediatric hospital-to-home discharges for patients receiving services in this state
27.26 under medical assistance, including under the community alternative care waiver, community
27.27 access for disability inclusion waiver, and developmental disabilities waiver.

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

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

27.32 (2) avoidable rehospitalization days for pediatric patients;

28.1 (3) unnecessary emergency department utilization by pediatric patients following
28.2 discharge;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

29.6 (6) other activities approved by the commissioner.

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

29.8 Sec. 29. **REPEALER.**

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

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

29.12 **ARTICLE 2**

29.13 **AGING SERVICES**

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

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

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

29.24 (c) A licensee must notify the commissioner of health through a form developed by the
 29.25 commissioner of the licensee's intent to relocate the licensee's facility. The building to which
 29.26 the licensee intends to relocate the facility must obtain plan review approval and a certificate
 29.27 of occupancy from the commissioner of labor and industry or the commissioner of labor
 29.28 and industry's delegated authority. Upon issuance of a certificate of occupancy, the
 29.29 commissioner of health must review and inspect the building to which the licensee intends
 29.30 to relocate the facility and approve or deny the license relocation within 30 calendar days.

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

30.4 (e) A licensee denied approval by the commissioner to relocate a facility may continue
30.5 to operate the facility in its current location, follow the requirements in section 144G.57
30.6 and close the facility, or notify the commissioner of the licensee's intent to relocate the
30.7 facility to an alternative new location. If the licensee notifies the commissioner of the
30.8 licensee's intent to relocate the facility to an alternative new location, paragraph (c) applies,
30.9 including the timelines for approving or denying the license relocation for the alternative
30.10 new location.

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

30.18 (b) If the licensee at the time of the intended relocation is providing customized living
30.19 or 24-hour customized living services under the brain injury and community access for
30.20 disability inclusion home and community-based services waiver plans and section 256B.49
30.21 to at least one individual, and the licensee intends to continue serving that individual in the
30.22 new location, the licensee must inform the commissioner of human services of the licensee's
30.23 intention to do so and meet the requirements specified under section 256B.49, subdivision
30.24 28a.

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

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

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

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

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

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

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

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

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

31.22 Sec. 3. Minnesota Statutes 2022, section 256B.49, is amended by adding a subdivision to
31.23 read:

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

31.27 (b) This paragraph applies only to customized living settings enrolled and operational
31.28 on or before June 30, 2021, and customized living settings that have previously been exempt
31.29 from the customized living moratorium under this paragraph. A setting for which a provider
31.30 receives approval from the commissioner of health under section 144G.195, subdivision 1,
31.31 to relocate a licensed assisted living facility that is also enrolled as a customized living
31.32 setting to deliver 24-hour customized living services and customized living services as
31.33 defined by the brain injury and community access for disability inclusion home and

32.1 community-based services waiver plans and under this section is exempt from the customized
 32.2 living moratorium under subdivision 28.

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

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

32.17 Sec. 4. Minnesota Statutes 2023 Supplement, section 256R.55, is amended to read:

32.18 **256R.55 FINANCIALLY DISTRESSED NURSING FACILITY LONG-TERM**
 32.19 **SERVICES AND SUPPORTS LOAN PROGRAM.**

32.20 Subdivision 1. ~~Financially distressed nursing facility loans~~ **Long-term services and**
 32.21 **supports loan program.** The commissioner of human services shall establish a competitive
 32.22 ~~financially distressed nursing facility~~ loan program to provide operating loans to eligible
 32.23 ~~nursing long-term services and supports providers and facilities.~~ The commissioner shall
 32.24 initiate the application process for the loan described in this section at least once annually
 32.25 if funds are available. A second application process may be initiated each year at the
 32.26 discretion of the commissioner.

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

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

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

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

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

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

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

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

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

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

33.13 (D) early intensive developmental and behavioral intervention services under section
 33.14 256B.0949;

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

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

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

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

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

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

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

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

34.8 Subd. 6. **Loan payments.** The commissioner shall negotiate the terms of the loan
34.9 repayment, including the start of the repayment plan, the due date of the repayment, and
34.10 the frequency of the repayment installments. Repayment installments must not begin until
34.11 at least 18 months after the first disbursement date. The memoranda of understanding must
34.12 specify the amount and schedule of loan payments. The repayment term must not exceed
34.13 72 months. If any loan payment to the commissioner is not paid within the time specified
34.14 by the memoranda of understanding, the late payment must be assessed a penalty rate of
34.15 0.01 percent of the original loan amount each month the payment is past due. For nursing
34.16 facilities, this late fee is not an allowable cost on the department's cost report. The
34.17 commissioner shall have the power to abate penalties when discrepancies occur resulting
34.18 from but not limited to circumstances of error and mail delivery.

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

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

34.29 (c) The commissioner shall give prior notice of the commissioner's intention to withhold
34.30 by mail, facsimile, or email at least ten business days before the date of the first payment
34.31 period for which the withholding begins. The notice must be deemed received as of the date
34.32 of mailing or receipt of the facsimile or electronic notice. The notice must:

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

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

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

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

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

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

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

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

35.15 Subd. 8a. **Special revenue account.** Funds appropriated under this section shall be
35.16 transferred to a special revenue account. All payments received under subdivision 6, along
35.17 with fees, penalties, and interest, shall be deposited into the special revenue account and
35.18 are appropriated to the commissioner for the purposes of this section.

35.19 Subd. 9. **Carryforward.** Notwithstanding section 16A.28, subdivision 3, any
35.20 appropriation for the purposes under this section carries forward and does not lapse ~~until~~
35.21 ~~the close of the fiscal year in which this section expires.~~

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

35.23 **EFFECTIVE DATE.** This section is effective July 1, 2024, except for subdivision 8a,
35.24 which is effective retroactively from July 1, 2023.

35.25 Sec. 5. Minnesota Statutes 2022, section 256S.205, subdivision 2, is amended to read:

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

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

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

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

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

36.7 Sec. 6. Minnesota Statutes 2022, section 256S.205, subdivision 3, is amended to read:

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

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

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

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

36.15 Sec. 7. Minnesota Statutes 2022, section 256S.205, subdivision 5, is amended to read:

36.16 Subd. 5. **Rate adjustment; rate floor.** (a) Effective through December 31, 2024,
36.17 notwithstanding the 24-hour customized living monthly service rate limits under section
36.18 256S.202, subdivision 2, and the component service rates established under section 256S.201,
36.19 subdivision 4, the commissioner must establish a rate floor equal to \$119 per resident per
36.20 day for 24-hour customized living services provided to an elderly waiver participant in a
36.21 designated disproportionate share facility.

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

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

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

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

37.1 Sec. 8. Laws 2023, chapter 61, article 9, section 2, subdivision 14, is amended to read:

37.2 **Subd. 14. Grant Programs; Aging and Adult**
37.3 **Services Grants**

164,626,000

34,795,000

37.4 **(a) Vulnerable Adult Act Redesign Phase**

37.5 **Two.** \$17,129,000 in fiscal year 2024 is for
37.6 adult protection grants to counties and Tribes
37.7 under Minnesota Statutes, section 256M.42.
37.8 Notwithstanding Minnesota Statutes, section
37.9 16A.28, this appropriation is available until
37.10 June 30, 2027. The base for this appropriation
37.11 is \$866,000 in fiscal year 2026 and \$867,000
37.12 in fiscal year 2027.

37.13 **(b) Caregiver Respite Services Grants.**

37.14 \$1,800,000 in fiscal year 2025 is for caregiver
37.15 respite services grants under Minnesota
37.16 Statutes, section 256.9756. This is a onetime
37.17 appropriation.

37.18 **(c) Live Well at Home Grants.** \$4,575,000

37.19 in fiscal year 2024 is for live well at home
37.20 grants under Minnesota Statutes, section
37.21 256.9754, subdivision 3f. This is a onetime
37.22 appropriation and is available until June 30,
37.23 2025.

37.24 **(d) Senior Nutrition Program.** \$10,552,000

37.25 in fiscal year 2024 is for the senior nutrition
37.26 program. Notwithstanding Minnesota Statutes,
37.27 section 16A.28, this appropriation is available
37.28 until June 30, 2027. This is a onetime
37.29 appropriation.

37.30 **(e) Age-Friendly Community Grants.**

37.31 \$3,000,000 in fiscal year 2024 is for the
37.32 continuation of age-friendly community grants
37.33 under Laws 2021, First Special Session
37.34 chapter 7, article 17, section 8, subdivision 1.

38.1 Notwithstanding Minnesota Statutes, section
38.2 16A.28, this is a onetime appropriation and is
38.3 available until June 30, 2027.

38.4 **(f) Age-Friendly Technical Assistance**

38.5 **Grants.** \$1,725,000 in fiscal year 2024 is for
38.6 the continuation of age-friendly technical
38.7 assistance grants under Laws 2021, First
38.8 Special Session chapter 7, article 17, section
38.9 8, subdivision 2. Notwithstanding Minnesota
38.10 Statutes, section 16A.28, this is a onetime
38.11 appropriation and is available until June 30,
38.12 2027.

38.13 **(g) ~~Financially Distressed Nursing Facility~~**

38.14 **Long-Term Services and Supports Loan**

38.15 **Program.** \$93,200,000 in fiscal year 2024 is
38.16 for the ~~financially distressed nursing facility~~
38.17 long-term services and supports loan program
38.18 under Minnesota Statutes, section 256R.55,
38.19 and is available as provided therein.

38.20 **(h) Base Level Adjustment.** The general fund
38.21 base is \$33,861,000 in fiscal year 2026 and
38.22 \$33,862,000 in fiscal year 2027.

38.23 Sec. 9. **REVISOR INSTRUCTION.**

38.24 The revisor of statutes shall renumber Minnesota Statutes, section 256R.55 as section
38.25 256.4792, and correct all cross-references.

38.26 Sec. 10. **REPEALER.**

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

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

39.1

ARTICLE 3

39.2

SUBSTANCE USE DISORDER SERVICES

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

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

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

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

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

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

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

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

40.1 (b) Peer recovery support services are provided by a recovery peer and must be supervised
40.2 by the responsible staff person must be provided according to sections 254B.05, subdivision
40.3 5, and 254B.052.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

41.11 (b) A licensed alcohol and drug counselor or mental health professional providing
41.12 supervision to a recovery peer must meet with the recovery peer face-to-face, either remotely
41.13 or in person, at least once per month, in order to provide adequate supervision to the recovery
41.14 peer. Supervision must include reviewing individual recovery plans, as defined in section
41.15 254B.01, subdivision 4e, and reviewing documentation of peer recovery support services
41.16 provided for clients, and may include client updates, discussion of ethical considerations,
41.17 and any other questions or issues relevant to peer recovery support services.

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

41.20 Subd. 4e. **Individual recovery plan.** "Individual recovery plan" means a person-centered
41.21 outline of supports that an eligible vendor of peer recovery support services under section
41.22 254B.05, subdivision 1, must develop to respond to an individual's peer recovery support
41.23 services needs and goals.

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

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

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

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

42.8 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
42.9 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
42.10 vendor of a comprehensive assessment and assessment summary provided according to
42.11 section 245G.05, and treatment services provided according to sections 245G.06 and
42.12 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
42.13 (1) to (6).

42.14 (c) A county is an eligible vendor for a comprehensive assessment and assessment
42.15 summary when provided by an individual who meets the staffing credentials of section
42.16 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
42.17 245G.05. A county is an eligible vendor of care coordination services when provided by an
42.18 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
42.19 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
42.20 clause (5). A county is an eligible vendor of peer recovery services when the services are
42.21 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

42.22 (d) A recovery community organization that meets the requirements of clauses (1) to
42.23 (10) and meets membership certification or accreditation requirements of ~~the Association~~
42.24 ~~of Recovery Community Organizations, the Council on Accreditation of Peer Recovery~~
42.25 ~~Support Services, or a Minnesota statewide recovery community organization identified by~~
42.26 ~~the commissioner~~ a certifying or accrediting entity approved by the commissioner is an
42.27 eligible vendor of peer recovery support services. A certifying or accrediting entity approved
42.28 by the commissioner must update recovery community organization applicants for
42.29 certification or accreditation on the status of the application within 45 days of receipt. If
42.30 the approved certifying or accrediting entity denies an application, it must provide a written
42.31 explanation for the denial to the recovery community organization. Eligible vendors under
42.32 this paragraph must:

42.33 (1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be
42.34 free from conflicting self-interests, and be autonomous in decision-making, program

43.1 development, peer recovery support services provided, and advocacy efforts for the purpose
43.2 of supporting the recovery community organization's mission;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

44.20 (e) A recovery community organizations organization approved by the commissioner
44.21 before June 30, 2023, shall retain their designation as recovery community organizations
44.22 must have begun the application process as required by an approved certifying or accrediting
44.23 entity and have begun the process to meet the requirements under paragraph (d) by September
44.24 1, 2024, in order to be considered as an eligible vendor of peer recovery support services.

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

44.31 (g) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
44.32 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
44.33 nonresidential substance use disorder treatment or withdrawal management program by the

45.1 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
45.2 and 1b are not eligible vendors.

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

45.9 (i) Any complaints about a recovery community organization or peer recovery support
45.10 services may be made to and reviewed or investigated by the ombudsperson for behavioral
45.11 health and developmental disabilities, pursuant to sections 245.91 and 245.94.

45.12 **EFFECTIVE DATE.** This section is effective the day following final enactment, except
45.13 the amendments adding paragraph (d), clauses (11) and (12), and paragraph (i) are effective
45.14 July 1, 2024.

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

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

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

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

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

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

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

45.28 (iv) ASAM level 2.5 partial hospitalization services provided according to section
45.29 254B.19, subdivision 1, clause (4);

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

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

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

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

46.7 (3) treatment coordination services provided according to section 245G.07, subdivision
46.8 1, paragraph (a), clause (5);

46.9 (4) peer recovery support services provided according to section 245G.07, subdivision
46.10 2, clause (8);

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

46.12 (6) hospital-based treatment services that are licensed according to sections 245G.01 to
46.13 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
46.14 144.56;

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

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

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

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

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

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

46.30 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
46.31 9503; or

- 47.1 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or
- 47.2 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
- 47.3 licensed under chapter 245A as:
- 47.4 (A) a child care center under Minnesota Rules, chapter 9503; or
- 47.5 (B) a family child care home under Minnesota Rules, chapter 9502;
- 47.6 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
- 47.7 subdivision 4a;
- 47.8 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
- 47.9 (4) programs that offer medical services delivered by appropriately credentialed health
- 47.10 care staff in an amount equal to two hours per client per week if the medical needs of the
- 47.11 client and the nature and provision of any medical services provided are documented in the
- 47.12 client file; or
- 47.13 (5) programs that offer services to individuals with co-occurring mental health and
- 47.14 substance use disorder problems if:
- 47.15 (i) the program meets the co-occurring requirements in section 245G.20;
- 47.16 (ii) 25 percent of the counseling staff are licensed mental health professionals under
- 47.17 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision
- 47.18 of a licensed alcohol and drug counselor supervisor and mental health professional under
- 47.19 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health
- 47.20 staff may be students or licensing candidates with time documented to be directly related
- 47.21 to provisions of co-occurring services;
- 47.22 (iii) clients scoring positive on a standardized mental health screen receive a mental
- 47.23 health diagnostic assessment within ten days of admission;
- 47.24 (iv) the program has standards for multidisciplinary case review that include a monthly
- 47.25 review for each client that, at a minimum, includes a licensed mental health professional
- 47.26 and licensed alcohol and drug counselor, and their involvement in the review is documented;
- 47.27 (v) family education is offered that addresses mental health and substance use disorder
- 47.28 and the interaction between the two; and
- 47.29 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
- 47.30 training annually.

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

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

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

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

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

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

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

48.26 (1) submit to a review by the commissioner of up to 15 percent of all medical assistance
48.27 and behavioral health fund claims to determine the medical necessity of peer recovery
48.28 support services for entities billing for peer recovery support services individually and not
48.29 receiving a daily rate; and

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

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

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

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

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

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

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

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

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

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

49.23 (1) the client's name;

49.24 (2) the recovery peer's name;

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

49.26 (4) the client's recovery goals;

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

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

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

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

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

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

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

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

50.13 Sec. 11. Minnesota Statutes 2023 Supplement, section 256.042, subdivision 2, is amended
50.14 to read:

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

50.18 (1) two members of the house of representatives, appointed in the following sequence:
50.19 the first from the majority party appointed by the speaker of the house and the second from
50.20 the minority party appointed by the minority leader. Of these two members, one member
50.21 must represent a district outside of the seven-county metropolitan area, and one member
50.22 must represent a district that includes the seven-county metropolitan area. The appointment
50.23 by the minority leader must ensure that this requirement for geographic diversity in
50.24 appointments is met;

50.25 (2) two members of the senate, appointed in the following sequence: the first from the
50.26 majority party appointed by the senate majority leader and the second from the minority
50.27 party appointed by the senate minority leader. Of these two members, one member must
50.28 represent a district outside of the seven-county metropolitan area and one member must
50.29 represent a district that includes the seven-county metropolitan area. The appointment by
50.30 the minority leader must ensure that this requirement for geographic diversity in appointments
50.31 is met;

50.32 (3) one member appointed by the Board of Pharmacy;

- 51.1 (4) one member who is a physician appointed by the Minnesota Medical Association;
- 51.2 (5) one member representing opioid treatment programs, sober living programs, or
51.3 substance use disorder programs licensed under chapter 245G;
- 51.4 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an
51.5 addiction psychiatrist;
- 51.6 (7) one member representing professionals providing alternative pain management
51.7 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;
- 51.8 (8) one member representing nonprofit organizations conducting initiatives to address
51.9 the opioid epidemic, with the commissioner's initial appointment being a member
51.10 representing the Steve Rummeler Hope Network, and subsequent appointments representing
51.11 this or other organizations;
- 51.12 (9) one member appointed by the Minnesota Ambulance Association who is serving
51.13 with an ambulance service as an emergency medical technician, advanced emergency
51.14 medical technician, or paramedic;
- 51.15 (10) one member representing the Minnesota courts who is a judge or law enforcement
51.16 officer;
- 51.17 (11) one public member who is a Minnesota resident and who is in opioid addiction
51.18 recovery;
- 51.19 (12) two members representing Indian tribes, one representing the Ojibwe tribes and
51.20 one representing the Dakota tribes;
- 51.21 (13) one member representing an urban American Indian community;
- 51.22 (14) one public member who is a Minnesota resident and who is suffering from chronic
51.23 pain, intractable pain, or a rare disease or condition;
- 51.24 (15) one mental health advocate representing persons with mental illness;
- 51.25 (16) one member appointed by the Minnesota Hospital Association;
- 51.26 (17) one member representing a local health department; ~~and~~
- 51.27 (18) the commissioners of human services, health, and corrections, or their designees,
51.28 who shall be ex officio nonvoting members of the council; and
- 51.29 (19) the director of the Office of Addiction and Recovery, as specified under section
51.30 4.046, subdivision 6, or their designee, who shall be an ex officio nonvoting member of the
51.31 council.

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

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

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

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

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

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

52.18 Sec. 12. Minnesota Statutes 2023 Supplement, section 256.043, subdivision 3, is amended
52.19 to read:

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

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

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

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

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

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

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

53.9 (h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to
53.10 the commissioner of human services for the opioid overdose surge alert system under section
53.11 245.891.

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

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

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

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

53.22 (m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining
53.23 amount is appropriated to the commissioner of human services for distribution to county
53.24 social service agencies and Tribal social service agency initiative projects authorized under
53.25 section 256.01, subdivision 14b, to provide prevention and child protection services to
53.26 children and families who are affected by addiction. The commissioner shall distribute this
53.27 money proportionally to county social service agencies and Tribal social service agency
53.28 initiative projects through a formula based on intake data from the previous three calendar
53.29 years related to substance use and out-of-home placement episodes where parental drug
53.30 abuse is the primary a reason for the out-of-home placement using data from the previous
53.31 calendar year. County social service agencies and Tribal social service agency initiative
53.32 projects receiving funds from the opiate epidemic response fund must annually report to
53.33 the commissioner on how the funds were used to provide prevention and child protection

54.1 services, including measurable outcomes, as determined by the commissioner. County social
54.2 service agencies and Tribal social service agency initiative projects must not use funds
54.3 received under this paragraph to supplant current state or local funding received for child
54.4 protection services for children and families who are affected by addiction.

54.5 (n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in
54.6 the account is appropriated to the commissioner of human services to award grants as
54.7 specified by the Opiate Epidemic Response Advisory Council in accordance with section
54.8 256.042, unless otherwise appropriated by the legislature.

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

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

54.15 Sec. 13. **[256B.0761] REENTRY DEMONSTRATION WAIVER.**

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

54.23 (1) increase continuity of coverage;

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

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

54.28 (4) reduce overdoses and deaths following release;

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

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

54.31 **Subd. 2. Eligible individuals.** Notwithstanding section 256B.055, subdivision 14,
54.32 individuals are eligible to receive services under this demonstration if they are eligible under

55.1 section 256B.055, subdivision 3a, 6, 7, 7a, 9, 15, 16, or 17, as determined by the
55.2 commissioner in collaboration with correctional facilities, local governments, and Tribal
55.3 governments.

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

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

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

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

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

55.17 (b) Additional facilities may be added contingent on legislative authorization and
55.18 appropriations.

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

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

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

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

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

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

56.3 (5) peer recovery support services according to sections 245I.04, subdivisions 18 and
56.4 19, and 254B.05, subdivision 5, paragraph (b), clause (4);

56.5 (6) substance use disorder individual and group counseling provided according to sections
56.6 245G.07, subdivision 1, paragraph (a), clause (1), 245G.11, subdivision 5, and 254B.05;

56.7 (7) mental health diagnostic assessment as required under section 245I.10;

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

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

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

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

56.12 (c) Services outlined in this subdivision may only be authorized when an individual
56.13 demonstrates medical necessity or other eligibility as required under this chapter or applicable
56.14 state and federal laws.

56.15 Subd. 5. **Provider requirements and standards.** (a) Service providers must adhere to
56.16 applicable licensing and provider requirements under chapters 245A, 245G, 245I, 254B,
56.17 256B, and 256I.

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

56.20 (c) Services may be provided by eligible providers employed by the correctional facility
56.21 or by eligible community providers under contract with the correctional facility.

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

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

56.27 (2) the provision or facilitation of all required prerelease services for a period of up to
56.28 90 days prior to release;

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

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

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

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

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

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

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

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

57.18 (c) Claims for covered drugs purchased through discount purchasing programs, such as
57.19 the Federal Supply Schedule (FSS) of the United States General Services Administration
57.20 or the MMCAP Infuse program, shall be at no more than the actual acquisition cost plus
57.21 the professional dispensing fee in section 256B.0625, subdivision 13e. Drugs administered
57.22 to members must be billed on a professional claim in accordance with section 256B.0625,
57.23 subdivision 13e, paragraph (e), and submitted with the actual acquisition cost for the drug
57.24 on the claim line. Pharmacy claims must be submitted with the actual acquisition cost as
57.25 the ingredient cost field and the dispensing fee in section 256B.0625, subdivision 13e, in
57.26 the dispensing fee field on the claim with the basis of cost indicator of '08'. Providers may
57.27 establish written protocols for establishing or calculating the facility's actual acquisition
57.28 drug cost based on a monthly, quarterly, or other average of the facility's actual acquisition
57.29 drug cost through the discount purchasing program. A written protocol may not include an
57.30 inflation, mark-up, spread, or margin to be added to the provider's actual purchase price
57.31 after subtracting all discounts.

57.32 Subd. 7. **Reentry services working group.** (a) The commissioner of human services,
57.33 in collaboration with the commissioner of corrections, must convene a reentry services

58.1 working group to consider ways to improve the demonstration under this section and related
58.2 policies for justice-involved individuals.

58.3 (b) The working group must be comprised of balanced representation, including:

58.4 (1) people with lived experience; and

58.5 (2) representatives from:

58.6 (i) community health care providers;

58.7 (ii) the Minnesota Sheriffs' Association;

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

58.9 (iv) the Association of Minnesota Counties;

58.10 (v) the Minnesota Juvenile Detention Association;

58.11 (vi) the Office of Addiction and Recovery;

58.12 (vii) NAMI Minnesota;

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

58.14 (ix) Tribal Nations; and

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

58.16 (c) The working group must:

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

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

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

58.24 (4) study and make recommendations on funding and implementation of electronic health
58.25 records and other information technology requirements for participating correctional facilities;
58.26 and

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

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

59.4 Sec. 14. Minnesota Statutes 2022, section 256B.69, subdivision 4, is amended to read:

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

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

59.11 (1) persons eligible for medical assistance according to section 256B.055, subdivision
59.12 1;

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

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

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

59.19 (3) recipients who currently have private coverage through a health maintenance
59.20 organization;

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

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

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

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

60.1 (8) persons eligible for medical assistance according to section 256B.057, subdivision
60.2 10;

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

60.6 (10) persons who are absent from the state for more than 30 consecutive days but still
60.7 deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision
60.8 1, paragraph (b); and

60.9 (11) persons who are enrolled in the reentry demonstration waiver under section
60.10 256B.0761.

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

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

60.19 (d) The commissioner may require those individuals to enroll in the prepaid medical
60.20 assistance program who otherwise would have been excluded under paragraph (b), clauses
60.21 (1), (3), and (8), and under Minnesota Rules, part 9500.1452, subpart 2, items H, K, and L.

60.22 (e) Before limitation of choice is implemented, eligible individuals shall be notified and
60.23 after notification, shall be allowed to choose only among demonstration providers. The
60.24 commissioner may assign an individual with private coverage through a health maintenance
60.25 organization, to the same health maintenance organization for medical assistance coverage,
60.26 if the health maintenance organization is under contract for medical assistance in the
60.27 individual's county of residence. After initially choosing a provider, the recipient is allowed
60.28 to change that choice only at specified times as allowed by the commissioner. If a
60.29 demonstration provider ends participation in the project for any reason, a recipient enrolled
60.30 with that provider must select a new provider but may change providers without cause once
60.31 more within the first 60 days after enrollment with the second provider.

60.32 (f) An infant born to a woman who is eligible for and receiving medical assistance and
60.33 who is enrolled in the prepaid medical assistance program shall be retroactively enrolled to

61.1 the month of birth in the same managed care plan as the mother once the child is enrolled
61.2 in medical assistance unless the child is determined to be excluded from enrollment in a
61.3 prepaid plan under this section.

61.4 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
61.5 whichever is later. The commissioner of human services must inform the revisor of statutes
61.6 when federal approval is obtained.

61.7 Sec. 15. **DIRECTION TO OMBUDSMAN FOR MENTAL HEALTH AND**
61.8 **DEVELOPMENTAL DISABILITIES.**

61.9 By September 30, 2025, the ombudsman for mental health and developmental disabilities
61.10 must provide a report to the governor and the chairs and ranking minority members of the
61.11 legislative committees with jurisdiction over human services, containing summary
61.12 information on complaints received regarding peer recovery support services provided by
61.13 a recovery community organization as defined in Minnesota Statutes, section 254B.01, and
61.14 any recommendations to the legislature to improve the quality of peer recovery support
61.15 services, recovery peer worker misclassification, and peer recovery support services billing
61.16 codes and procedures.

61.17 Sec. 16. **PEER RECOVERY SUPPORT SERVICES AND RECOVERY**
61.18 **COMMUNITY ORGANIZATION WORKING GROUP.**

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

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

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

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

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

61.30 (5) certification or other regulation of recovery community organizations and recovery
61.31 peers; and

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

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

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

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

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

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

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

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

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

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

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

62.21 (c) The commissioner of human services must make appointments to the working group
62.22 by October 1, 2024, and convene the first meeting of the working group by December 1,
62.23 2024.

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

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

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

64.1 program. The warrant or order shall state that the patient meets the statutory criteria for
64.2 civil commitment.

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

64.10 (1) ~~ordered confined in a state-operated treatment program for an examination under~~
64.11 ~~Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and~~
64.12 ~~20.02, subdivision 2~~ the length of time the person has been on a waiting list for admission
64.13 to a state-operated direct care and treatment program since the date of the order under
64.14 paragraph (a);

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

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

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

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

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

64.27 (7) any relevant federal prioritization requirements.

64.28 Patients described in this paragraph must be admitted to a state-operated treatment program
64.29 within 48 hours. The commitment must be ordered by the court as provided in section
64.30 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or
64.31 less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2
64.32 must be prioritized for admission to a state-operated treatment program using the priority
64.33 admissions framework in this paragraph.

65.1 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
65.2 treatment program, or community-based treatment program, the head of the facility or
65.3 program shall retain the duplicate of the warrant and endorse receipt upon the original
65.4 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
65.5 be filed in the court of commitment. After arrival, the patient shall be under the control and
65.6 custody of the head of the facility or program.

65.7 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
65.8 of law, the court order committing the patient, the report of the court examiners, and the
65.9 prepetition report, and any medical and behavioral information available shall be provided
65.10 at the time of admission of a patient to the designated treatment facility or program to which
65.11 the patient is committed. Upon a patient's referral to the commissioner of human services
65.12 for admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment
65.13 facility, jail, or correctional facility that has provided care or supervision to the patient in
65.14 the previous two years shall, when requested by the treatment facility or commissioner,
65.15 provide copies of the patient's medical and behavioral records to the Department of Human
65.16 Services for purposes of preadmission planning. This information shall be provided by the
65.17 head of the treatment facility to treatment facility staff in a consistent and timely manner
65.18 and pursuant to all applicable laws.

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

65.23 (f) Within two business days of determining which state-operated direct care and treatment
65.24 program or programs are appropriate for an individual, the executive medical director's
65.25 office or a designee must notify the source of the referral and the responsible county human
65.26 services agency of the determination. Any interested person may provide additional
65.27 information about the individual to the executive medical director's office or a designee
65.28 while the individual is awaiting admission. When an available bed has been identified, the
65.29 executive medical director's office or a designee must notify the designated agency and the
65.30 facility where the individual is awaiting admission that the individual has been accepted
65.31 for admission to a particular state-operated direct care and treatment program and the earliest
65.32 possible date the admission can occur. The designated agency or facility where the individual
65.33 is awaiting admission must transport the individual to the admitting state-operated direct
65.34 care and treatment program no more than 48 hours after the offered admission date.

66.1 (g) A panel appointed by the commissioner, consisting of all members who served on
66.2 the Task Force on Priority Admissions to State-Operated Treatment Programs under Laws
66.3 2023, chapter 61, article 8, section 13, subdivision 2, must:

66.4 (1) evaluate the 48-hour timeline for priority admissions required under paragraph (b)
66.5 and develop policy and legislative proposals related to the priority admissions timeline, in
66.6 order to minimize litigation costs, maximize capacity in and access to state-operated treatment
66.7 programs, and address issues related to individuals awaiting admission to state-operated
66.8 treatment programs in jails and correctional institutions; and

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

66.13 (h) The panel appointed under paragraph (f) must also advise the commissioner on the
66.14 effectiveness of the framework and priority admissions generally, and review de-identified
66.15 data quarterly for one year following the implementation of the priority admissions
66.16 framework to ensure that the framework is implemented and applied equitably. If the panel
66.17 requests to review data that is classified as private or confidential and the commissioner
66.18 determines the data requested is necessary for the scope of the panel's review, the
66.19 commissioner is authorized to disclose private or confidential data to the panel under this
66.20 paragraph and pursuant to section 13.05, subdivision 4, paragraph (b), for private or
66.21 confidential data collected prior to the effective date of this paragraph.

66.22 (i) After the panel completes its year of review, a quality committee established by the
66.23 Department of Direct Care and Treatment executive board will continue to review data,
66.24 seek input from counties, hospitals, community providers, and advocates, and provide a
66.25 routine report to the executive board on the effectiveness of the framework and priority
66.26 admissions.

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

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

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

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

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

67.6 Sec. 3. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
67.7 **REIMBURSEMENT TO BELTRAMI COUNTY FOR CERTAIN COST OF CARE**
67.8 **PAYMENTS.**

67.9 (a) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivisions
67.10 1a and 1b; Minnesota Statutes 2022, section 246.54, subdivisions 1a and 1b; or any other
67.11 law to the contrary, the commissioner of human services must not sanction or otherwise
67.12 seek payment from Beltrami County for outstanding debts for the cost of care provided
67.13 between July 1, 2022, and June 30, 2023, under:

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

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

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

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

67.29 (d) Notwithstanding any law to the contrary, the client is not responsible for payment
67.30 of the cost of care under this subdivision.

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

68.1 Sec. 4. **MENTALLY ILL AND DANGEROUS CIVIL COMMITMENT REFORM**
68.2 **TASK FORCE.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

70.20 Sec. 5. **ENGAGEMENT SERVICES PILOT GRANTS.**

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

70.27 Subd. 2. **Allowable grant activities.** (a) Grantees must use grant funding to:

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

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

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

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

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

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

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

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

71.17 Subd. 3. **Outcome evaluation.** The commissioner of management and budget must
71.18 formally evaluate outcomes of grants awarded under this section, using an experimental or
71.19 quasi-experimental design, where the commissioner of management and budget determines
71.20 that such a design is possible. The commissioner shall consult with the commissioner of
71.21 management and budget to ensure that grants are administered to facilitate this evaluation.
71.22 Grantees must collect and provide the information needed to the commissioner of human
71.23 services to complete the evaluation. The commissioner must provide the information collected
71.24 to the commissioner of management and budget to conduct the evaluation. The commissioner
71.25 of management and budget may obtain additional relevant data to support the evaluation
71.26 study pursuant to section 15.08.

71.27 Sec. 6. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; LIMITED**
71.28 **EXCEPTION FOR ADMISSION FROM HOSPITAL SETTINGS.**

71.29 The commissioner of human services may immediately approve an exception to add up
71.30 to ten patients who have been civilly committed and are awaiting admission in hospital
71.31 settings to the waiting list for admission to medically appropriate direct care and treatment
71.32 beds under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b). This paragraph

72.1 expires upon the commissioner's approval of the exception for ten patients who have been
72.2 civily committed and are awaiting admission.

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

72.4 Sec. 7. **COUNTY CORRECTIONAL FACILITY MENTAL HEALTH MEDICATION**
72.5 **PILOT PROGRAM.**

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

72.9 Subd. 2. **Application.** Counties may submit requests for reimbursement for costs incurred
72.10 pursuant to subdivision 3, in an application form specified by the commissioner. The
72.11 commissioner must issue an application to each county board at least once per calendar
72.12 quarter until funding for the pilot program is expended.

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

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

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

72.20 Subd. 4. **Pilot program payment allocation.** (a) The commissioner may allocate up to
72.21 one-quarter of the total appropriation for the pilot program with each quarterly application.
72.22 If the amount of funding for eligible requests received exceeds the amount of funding
72.23 available in the quarter, the commissioner shall determine an equitable allocation of payments
72.24 among the applicants.

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

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

ARTICLE 5

DIRECT CARE AND TREATMENT AGENCY

73.1

73.2

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

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

73.7 (1) "agency" means the Department of Administration; Department of Agriculture;
73.8 Department of Children, Youth, and Families; Department of Commerce; Department of
73.9 Corrections; Department of Education; Department of Employment and Economic
73.10 Development; Department of Health; Office of Higher Education; Housing Finance Agency;
73.11 Department of Human Rights; Department of Human Services; Department of Information
73.12 Technology Services; Department of Iron Range Resources and Rehabilitation; Department
73.13 of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services;
73.14 Department of Military Affairs; Metropolitan Council; Department of Natural Resources;
73.15 Pollution Control Agency; Department of Public Safety; Department of Revenue; Department
73.16 of Transportation; Department of Veterans Affairs; Direct Care and Treatment; Gambling
73.17 Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; and
73.18 the Board of Water and Soil Resources;

73.19 (2) "consultation" means the direct and interactive involvement of the Minnesota Tribal
73.20 governments in the development of policy on matters that have Tribal implications.
73.21 Consultation is the proactive, affirmative process of identifying and seeking input from
73.22 appropriate Tribal governments and considering their interest as a necessary and integral
73.23 part of the decision-making process. This definition adds to statutorily mandated notification
73.24 procedures. During a consultation, the burden is on the agency to show that it has made a
73.25 good faith effort to elicit feedback. Consultation is a formal engagement between agency
73.26 officials and the governing body or bodies of an individual Minnesota Tribal government
73.27 that the agency or an individual Tribal government may initiate. Formal meetings or
73.28 communication between top agency officials and the governing body of a Minnesota Tribal
73.29 government is a necessary element of consultation;

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

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

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

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

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

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

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

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

74.22 (c) "Welfare system" includes the Department of Human Services; ~~the Department of~~
74.23 Direct Care and Treatment; the Department of Children, Youth, and Families; local social
74.24 services agencies; county welfare agencies; county public health agencies; county veteran
74.25 services agencies; county housing agencies; private licensing agencies; the public authority
74.26 responsible for child support enforcement; human services boards; community mental health
74.27 center boards, state hospitals, state nursing homes, the ombudsman for mental health and
74.28 developmental disabilities; Native American Tribes to the extent a Tribe provides a service
74.29 component of the welfare system; and persons, agencies, institutions, organizations, and
74.30 other entities under contract to any of the above agencies to the extent specified in the
74.31 contract.

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

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

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

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

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

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

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

75.13 (1) according to section 13.05;

75.14 (2) according to court order;

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

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

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

75.25 (6) to administer federal funds or programs;

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

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

76.1 their dependent's names, dates of birth, Social Security or individual taxpayer identification
76.2 numbers, income, addresses, and other data as required, upon request by the Department
76.3 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
76.4 services for the purposes described in this clause are governed by section 270B.14,
76.5 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
76.6 care credit under section 290.067, the Minnesota working family credit under section
76.7 290.0671, the property tax refund under section 290A.04, and the Minnesota education
76.8 credit under section 290.0674;

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

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

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

76.16 (iii) to monitor and evaluate the Minnesota family investment program or the child care
76.17 assistance program by exchanging data on recipients and former recipients of Supplemental
76.18 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,
76.19 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter
76.20 256B or 256L; and

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

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

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

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

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

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

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

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

77.16 (i) the participant:

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

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

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

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

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

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

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

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

78.3 (i) the member:

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

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

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

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

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

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

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

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

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

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

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

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

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

79.13 (27) to monitor and evaluate the Minnesota family investment program by exchanging
79.14 data between the Departments of Human Services; Children, Youth, and Families; and
79.15 Education, on recipients and former recipients of SNAP benefits, cash assistance under
79.16 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
79.17 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
79.18 256D;

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

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

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

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

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

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

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

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

80.12 (ii) to provide for reimbursement of special transportation service provided under section
80.13 473.386.

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

80.17 (b) Information on persons who have been treated for substance use disorder may only
80.18 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
80.19 2.1 to 2.67.

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

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

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

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

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

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

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

81.8 (2) the responsible authority of a county welfare agency is the director of the county
81.9 welfare agency;

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

81.12 (4) the responsible authority of any person, agency, institution, organization, or other
81.13 entity under contract to any of the components of the welfare system listed in subdivision
81.14 1, clause (c), is the person specified in the contract;

81.15 (5) the responsible authority of the public authority for child support enforcement is the
81.16 head of the public authority for child support enforcement;

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

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

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

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

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

81.27 **15.01 DEPARTMENTS OF THE STATE.**

81.28 The following agencies are designated as the departments of the state government: the
81.29 Department of Administration; the Department of Agriculture; the Department of Children,
81.30 Youth, and Families; the Department of Commerce; the Department of Corrections; ~~the~~
81.31 ~~Department of Direct Care and Treatment~~; the Department of Education; the Department

82.1 of Employment and Economic Development; the Department of Health; the Department of
 82.2 Human Rights; the Department of Human Services; the Department of Information
 82.3 Technology Services; the Department of Iron Range Resources and Rehabilitation; the
 82.4 Department of Labor and Industry; the Department of Management and Budget; the
 82.5 Department of Military Affairs; the Department of Natural Resources; the Department of
 82.6 Public Safety; the Department of Revenue; the Department of Transportation; the Department
 82.7 of Veterans Affairs; and their successor departments.

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

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

82.11 Subdivision 1. **Applicability.** This section applies to the following departments or
 82.12 agencies: the Departments of Administration; Agriculture; Children, Youth, and Families;
 82.13 Commerce; Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic
 82.14 Development; Health; Human Rights; Human Services; Labor and Industry; Management
 82.15 and Budget; Natural Resources; Public Safety; Revenue; Transportation; and Veterans
 82.16 Affairs; the Housing Finance and Pollution Control Agencies; the Office of Commissioner
 82.17 of Iron Range Resources and Rehabilitation; the Department of Information Technology
 82.18 Services; the Bureau of Mediation Services; and their successor departments and agencies.
 82.19 The heads of the foregoing departments or agencies are "commissioners."

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

82.21 Sec. 7. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 1, is amended
 82.22 to read:

82.23 Subdivision 1. **Creation.** A Compensation Council is created each odd-numbered year
 82.24 to establish the compensation of constitutional officers and the heads of state and metropolitan
 82.25 agencies identified in section 15A.0815, ~~and~~ to assist the legislature in establishing the
 82.26 compensation of justices of the supreme court and judges of the court of appeals and district
 82.27 court, and to determine the daily compensation for voting members of the Direct Care and
 82.28 Treatment executive board.

82.29 Sec. 8. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 3, is amended
 82.30 to read:

82.31 Subd. 3. **Submission of recommendations and determination.** (a) By April 1 in each
 82.32 odd-numbered year, the Compensation Council shall submit to the speaker of the house and

83.1 the president of the senate salary recommendations for justices of the supreme court, and
83.2 judges of the court of appeals and district court. The recommended salaries take effect on
83.3 July 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
83.4 the council recommends thereafter, unless the legislature by law provides otherwise. The
83.5 salary recommendations take effect if an appropriation of money to pay the recommended
83.6 salaries is enacted after the recommendations are submitted and before their effective date.
83.7 Recommendations may be expressly modified or rejected.

83.8 (b) By April 1 in each odd-numbered year, the Compensation Council must prescribe
83.9 salaries for constitutional officers, and for the agency and metropolitan agency heads
83.10 identified in section 15A.0815. The prescribed salary for each office must take effect July
83.11 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
83.12 the council determines thereafter, unless the legislature by law provides otherwise. An
83.13 appropriation by the legislature to fund the relevant office, branch, or agency of an amount
83.14 sufficient to pay the salaries prescribed by the council constitutes a prescription by law as
83.15 provided in the Minnesota Constitution, article V, sections 4 and 5.

83.16 (c) By April 1 in each odd-numbered year, the Compensation Council must prescribe
83.17 daily compensation for voting members of the Direct Care and Treatment executive board.
83.18 The recommended daily compensation takes effect on July 1 of that year and July 1 of the
83.19 subsequent even-numbered year and at whatever interval the council recommends thereafter,
83.20 unless the legislature by law provides otherwise.

83.21 Sec. 9. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 7, is amended
83.22 to read:

83.23 Subd. 7. **No ex parte communications.** Members may not have any communication
83.24 with a constitutional officer, a head of a state agency, ~~or~~ a member of the judiciary, or a
83.25 member of the Direct Care and Treatment executive board during the period after the first
83.26 meeting is convened under this section and the date the prescribed and recommended salaries
83.27 and daily compensation are submitted under subdivision 3.

83.28 Sec. 10. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1, is amended
83.29 to read:

83.30 Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees
83.31 who are:

83.32 (1) chosen by election or appointed to fill an elective office;

84.1 (2) heads of agencies required by law to be appointed by the governor or other elective
84.2 officers, and the executive or administrative heads of departments, bureaus, divisions, and
84.3 institutions specifically established by law in the unclassified service;

84.4 (3) deputy and assistant agency heads and one confidential secretary in the agencies
84.5 listed in subdivision 1a;

84.6 (4) the confidential secretary to each of the elective officers of this state and, for the
84.7 secretary of state and state auditor, an additional deputy, clerk, or employee;

84.8 (5) intermittent help employed by the commissioner of public safety to assist in the
84.9 issuance of vehicle licenses;

84.10 (6) employees in the offices of the governor and of the lieutenant governor and one
84.11 confidential employee for the governor in the Office of the Adjutant General;

84.12 (7) employees of the Washington, D.C., office of the state of Minnesota;

84.13 (8) employees of the legislature and of legislative committees or commissions; provided
84.14 that employees of the Legislative Audit Commission, except for the legislative auditor, the
84.15 deputy legislative auditors, and their confidential secretaries, shall be employees in the
84.16 classified service;

84.17 (9) presidents, vice-presidents, deans, other managers and professionals in academic
84.18 and academic support programs, administrative or service faculty, teachers, research
84.19 assistants, and student employees eligible under terms of the federal Economic Opportunity
84.20 Act work study program in the Perpich Center for Arts Education and the Minnesota State
84.21 Colleges and Universities, but not the custodial, clerical, or maintenance employees, or any
84.22 professional or managerial employee performing duties in connection with the business
84.23 administration of these institutions;

84.24 (10) officers and enlisted persons in the National Guard;

84.25 (11) attorneys, legal assistants, and three confidential employees appointed by the attorney
84.26 general or employed with the attorney general's authorization;

84.27 (12) judges and all employees of the judicial branch, referees, receivers, jurors, and
84.28 notaries public, except referees and adjusters employed by the Department of Labor and
84.29 Industry;

84.30 (13) members of the State Patrol; provided that selection and appointment of State Patrol
84.31 troopers must be made in accordance with applicable laws governing the classified service;

85.1 (14) examination monitors and intermittent training instructors employed by the
 85.2 Departments of Management and Budget and Commerce and by professional examining
 85.3 boards and intermittent staff employed by the technical colleges for the administration of
 85.4 practical skills tests and for the staging of instructional demonstrations;

85.5 (15) student workers;

85.6 (16) executive directors or executive secretaries appointed by and reporting to any
 85.7 policy-making board or commission established by statute;

85.8 (17) employees unclassified pursuant to other statutory authority;

85.9 (18) intermittent help employed by the commissioner of agriculture to perform duties
 85.10 relating to pesticides, fertilizer, and seed regulation;

85.11 (19) the administrators and the deputy administrators at the State Academies for the
 85.12 Deaf and the Blind; and

85.13 (20) the chief executive officers in the Department of Human Services officer of Direct
 85.14 Care and Treatment.

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

85.16 Sec. 11. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended
 85.17 to read:

85.18 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following
 85.19 agencies may designate additional unclassified positions according to this subdivision: the
 85.20 Departments of Administration; Agriculture; Children, Youth, and Families; Commerce;
 85.21 Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic
 85.22 Development; Explore Minnesota Tourism; Management and Budget; Health; Human
 85.23 Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue;
 85.24 Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies;
 85.25 the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the
 85.26 Department of Information Technology Services; the Offices of the Attorney General,
 85.27 Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the
 85.28 Minnesota Office of Higher Education; the Perpich Center for Arts Education; Direct Care
 85.29 and Treatment; and the Minnesota Zoological Board.

85.30 A position designated by an appointing authority according to this subdivision must
 85.31 meet the following standards and criteria:

86.1 (1) the designation of the position would not be contrary to other law relating specifically
86.2 to that agency;

86.3 (2) the person occupying the position would report directly to the agency head or deputy
86.4 agency head and would be designated as part of the agency head's management team;

86.5 (3) the duties of the position would involve significant discretion and substantial
86.6 involvement in the development, interpretation, and implementation of agency policy;

86.7 (4) the duties of the position would not require primarily personnel, accounting, or other
86.8 technical expertise where continuity in the position would be important;

86.9 (5) there would be a need for the person occupying the position to be accountable to,
86.10 loyal to, and compatible with, the governor and the agency head, the employing statutory
86.11 board or commission, or the employing constitutional officer;

86.12 (6) the position would be at the level of division or bureau director or assistant to the
86.13 agency head; and

86.14 (7) the commissioner has approved the designation as being consistent with the standards
86.15 and criteria in this subdivision.

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

86.17 Sec. 12. Minnesota Statutes 2022, section 145.61, subdivision 5, is amended to read:

86.18 Subd. 5. **Review organization.** "Review organization" means a nonprofit organization
86.19 acting according to clause (1), a committee as defined under section 144E.32, subdivision
86.20 2, or a committee whose membership is limited to professionals, administrative staff, and
86.21 consumer directors, except where otherwise provided for by state or federal law, and which
86.22 is established by one or more of the following: a hospital, a clinic, a nursing home, an
86.23 ambulance service or first responder service regulated under chapter 144E, one or more
86.24 state or local associations of professionals, an organization of professionals from a particular
86.25 area or medical institution, a health maintenance organization as defined in chapter 62D, a
86.26 community integrated service network as defined in chapter 62N, a nonprofit health service
86.27 plan corporation as defined in chapter 62C, a preferred provider organization, a professional
86.28 standards review organization established pursuant to United States Code, title 42, section
86.29 1320c-1 et seq., a medical review agent established to meet the requirements of section
86.30 256B.04, subdivision 15, the Department of Human Services, Direct Care and Treatment,
86.31 or a nonprofit corporation that owns, operates, or is established by one or more of the above
86.32 referenced entities, to gather and review information relating to the care and treatment of
86.33 patients for the purposes of:

- 87.1 (a) evaluating and improving the quality of health care;
- 87.2 (b) reducing morbidity or mortality;
- 87.3 (c) obtaining and disseminating statistics and information relative to the treatment and
87.4 prevention of diseases, illness and injuries;
- 87.5 (d) developing and publishing guidelines showing the norms of health care in the area
87.6 or medical institution or in the entity or organization that established the review organization;
- 87.7 (e) developing and publishing guidelines designed to keep within reasonable bounds the
87.8 cost of health care;
- 87.9 (f) developing and publishing guidelines designed to improve the safety of care provided
87.10 to individuals;
- 87.11 (g) reviewing the safety, quality, or cost of health care services provided to enrollees of
87.12 health maintenance organizations, community integrated service networks, health service
87.13 plans, preferred provider organizations, and insurance companies;
- 87.14 (h) acting as a professional standards review organization pursuant to United States
87.15 Code, title 42, section 1320c-1 et seq.;
- 87.16 (i) determining whether a professional shall be granted staff privileges in a medical
87.17 institution, membership in a state or local association of professionals, or participating status
87.18 in a nonprofit health service plan corporation, health maintenance organization, community
87.19 integrated service network, preferred provider organization, or insurance company, or
87.20 whether a professional's staff privileges, membership, or participation status should be
87.21 limited, suspended or revoked;
- 87.22 (j) reviewing, ruling on, or advising on controversies, disputes or questions between:
- 87.23 (1) health insurance carriers, nonprofit health service plan corporations, health
87.24 maintenance organizations, community integrated service networks, self-insurers and their
87.25 insureds, subscribers, enrollees, or other covered persons;
- 87.26 (2) professional licensing boards and health providers licensed by them;
- 87.27 (3) professionals and their patients concerning diagnosis, treatment or care, or the charges
87.28 or fees therefor;
- 87.29 (4) professionals and health insurance carriers, nonprofit health service plan corporations,
87.30 health maintenance organizations, community integrated service networks, or self-insurers
87.31 concerning a charge or fee for health care services provided to an insured, subscriber,
87.32 enrollee, or other covered person;

88.1 (5) professionals or their patients and the federal, state, or local government, or agencies
88.2 thereof;

88.3 (k) providing underwriting assistance in connection with professional liability insurance
88.4 coverage applied for or obtained by dentists, or providing assistance to underwriters in
88.5 evaluating claims against dentists;

88.6 (l) acting as a medical review agent under section 256B.04, subdivision 15;

88.7 (m) providing recommendations on the medical necessity of a health service, or the
88.8 relevant prevailing community standard for a health service;

88.9 (n) providing quality assurance as required by United States Code, title 42, sections
88.10 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;

88.11 (o) providing information to group purchasers of health care services when that
88.12 information was originally generated within the review organization for a purpose specified
88.13 by this subdivision;

88.14 (p) providing information to other, affiliated or nonaffiliated review organizations, when
88.15 that information was originally generated within the review organization for a purpose
88.16 specified by this subdivision, and as long as that information will further the purposes of a
88.17 review organization as specified by this subdivision; or

88.18 (q) participating in a standardized incident reporting system, including Internet-based
88.19 applications, to share information for the purpose of identifying and analyzing trends in
88.20 medical error and iatrogenic injury.

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

88.22 Sec. 13. Minnesota Statutes 2022, section 246.018, subdivision 3, as amended by Laws
88.23 2024, chapter 79, article 1, section 6, is amended to read:

88.24 Subd. 3. **Duties.** The executive medical director shall:

88.25 (1) oversee the clinical provision of inpatient mental health services provided in the
88.26 state's regional treatment centers;

88.27 (2) recruit and retain psychiatrists to serve on the direct care and treatment medical staff
88.28 established in subdivision 4;

88.29 (3) consult with the executive board, the chief executive officer, and community mental
88.30 health center directors, and the state-operated services governing body to develop standards
88.31 for treatment and care of patients in state-operated service programs;

89.1 (4) develop and oversee a continuing education program for members of the medical
89.2 staff; and

89.3 (5) participate and cooperate in the development and maintenance of a quality assurance
89.4 program for state-operated services that assures that residents receive continuous quality
89.5 inpatient, outpatient, and postdischarge care.

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

89.7 Sec. 14. Minnesota Statutes 2022, section 246.13, subdivision 2, as amended by Laws
89.8 2024, chapter 79, article 2, section 4, is amended to read:

89.9 Subd. 2. **Definitions; risk assessment and management.** (a) As used in this section:

89.10 (1) "appropriate and necessary medical and other records" includes patient medical
89.11 records and other protected health information as defined by Code of Federal Regulations,
89.12 title 45, section 164.501, relating to a patient in a state-operated services facility including
89.13 but not limited to the patient's treatment plan and abuse prevention plan pertinent to the
89.14 patient's ongoing care, treatment, or placement in a community-based treatment facility or
89.15 a health care facility that is not operated by state-operated services, including information
89.16 describing the level of risk posed by a patient when the patient enters the facility;

89.17 (2) "community-based treatment" means the community support services listed in section
89.18 253B.02, subdivision 4b;

89.19 (3) "criminal history data" means data maintained or used by the Departments of
89.20 Corrections and Public Safety and by the supervisory authorities listed in section 13.84,
89.21 subdivision 1, that relate to an individual's criminal history or propensity for violence,
89.22 including data in the:

89.23 (i) Corrections Offender Management System (COMS);

89.24 (ii) Statewide Supervision System (S3);

89.25 (iii) Bureau of Criminal Apprehension criminal history data as defined in section 13.87;

89.26 (iv) Integrated Search Service as defined in section 13.873; and

89.27 (v) Predatory Offender Registration (POR) system;

89.28 (4) "designated agency" means the agency defined in section 253B.02, subdivision 5;

89.29 (5) "law enforcement agency" means the law enforcement agency having primary
89.30 jurisdiction over the location where the offender expects to reside upon release;

90.1 (6) "predatory offender" and "offender" mean a person who is required to register as a
90.2 predatory offender under section 243.166; and

90.3 (7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.

90.4 (b) To promote public safety and for the purposes and subject to the requirements of
90.5 this paragraph, the executive board or the executive board's designee shall have access to,
90.6 and may review and disclose, medical and criminal history data as provided by this section,
90.7 as necessary to comply with Minnesota Rules, part 1205.0400, to:

90.8 (1) determine whether a patient is required under state law to register as a predatory
90.9 offender according to section 243.166;

90.10 (2) facilitate and expedite the responsibilities of the special review board and
90.11 end-of-confinement review committees by corrections institutions and state treatment
90.12 facilities;

90.13 (3) prepare, amend, or revise the abuse prevention plans required under section 626.557,
90.14 subdivision 14, and individual patient treatment plans required under section 253B.03,
90.15 subdivision 7;

90.16 (4) facilitate the custody, supervision, and transport of individuals transferred between
90.17 the Department of Corrections and ~~the Department of Direct Care and Treatment~~; and

90.18 (5) effectively monitor and supervise individuals who are under the authority of the
90.19 Department of Corrections, ~~the Department of Direct Care and Treatment~~, and the supervisory
90.20 authorities listed in section 13.84, subdivision 1.

90.21 (c) The state-operated services treatment facility or a designee must make a good faith
90.22 effort to obtain written authorization from the patient before releasing information from the
90.23 patient's medical record.

90.24 (d) If the patient refuses or is unable to give informed consent to authorize the release
90.25 of information required under this subdivision, the chief executive officer ~~for state-operated~~
90.26 ~~services~~ or a designee shall provide the appropriate and necessary medical and other records.
90.27 The chief executive officer or a designee shall comply with the minimum necessary privacy
90.28 requirements.

90.29 (e) The executive board may have access to the National Crime Information Center
90.30 (NCIC) database through the Department of Public Safety in support of the public safety
90.31 functions described in paragraph (b).

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

91.1 Sec. 15. Minnesota Statutes 2022, section 246.234, as amended by Laws 2024, chapter
91.2 79, article 1, section 11, is amended to read:

91.3 **246.234 RECIPROCAL EXCHANGE OF CERTAIN PERSONS.**

91.4 The executive board is ~~hereby~~ authorized with the approval of the governor to enter into
91.5 reciprocal agreements with duly authorized authorities of ~~any other~~ another state or states
91.6 regarding the mutual exchange, return, and transportation of persons with a mental illness
91.7 or developmental disability who are within the confines of one state but have legal residence
91.8 or legal settlement for the purposes of relief in another state. ~~Such agreements~~ Any agreement
91.9 entered into under this subdivision must not contain ~~provisions conflicting~~ any provision
91.10 that conflicts with any ~~law of this state~~ law.

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

91.12 Sec. 16. Minnesota Statutes 2022, section 246.36, as amended by Laws 2024, chapter 79,
91.13 article 1, section 14, is amended to read:

91.14 **246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.**

91.15 For the purpose of carrying out a duty, the executive board ~~shall have authority to~~ may
91.16 accept uncompensated and voluntary services and ~~to~~ may enter into contracts or agreements
91.17 with private or public agencies, organizations, or persons for uncompensated and voluntary
91.18 services as the executive board deems practicable. Uncompensated and voluntary services
91.19 do not include services mandated by licensure and certification requirements for health care
91.20 facilities. The volunteer agencies, organizations, or persons who provide services to residents
91.21 of state facilities operated under the authority of the executive board are not subject to the
91.22 procurement requirements of chapters 16A and 16C. ~~The agencies, organizations, or persons~~
91.23 ~~may purchase supplies, services, and equipment to be used in providing services to residents~~
91.24 ~~of state facilities through the Department of Administration.~~

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

91.26 Sec. 17. Minnesota Statutes 2023 Supplement, section 246C.01, is amended to read:

91.27 **246C.01 TITLE.**

91.28 This chapter may be cited as the "~~Department of~~ Direct Care and Treatment Act."

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

92.1 Sec. 18. Minnesota Statutes 2023 Supplement, section 246C.02, as amended by Laws
92.2 2024, chapter 79, article 1, section 19, is amended to read:

92.3 **246C.02 DEPARTMENT OF DIRECT CARE AND TREATMENT;**
92.4 **ESTABLISHMENT.**

92.5 Subdivision 1. **Establishment.** ~~The Department of Direct Care and Treatment is created~~
92.6 ~~as an agency headed by an executive board. An executive board shall head the Department~~
92.7 ~~of Direct Care and Treatment.~~

92.8 Subd. 2. **Mission.** (a) ~~The executive board shall develop and maintain direct care and~~
92.9 ~~treatment in a manner consistent with applicable law, including chapters 13, 245, 246, 246B,~~
92.10 ~~252, 253, 253B, 253C, 253D, 254A, 254B, and 256.~~

92.11 (b) ~~The executive board shall provide direct care and treatment services in coordination~~
92.12 ~~with the commissioner of human services, counties, and other vendors.~~

92.13 Subd. 3. **Direct care and treatment services.** Direct Care and Treatment services shall
92.14 provide direct care and treatment services that include specialized inpatient programs at
92.15 secure treatment facilities, community preparation services, regional treatment centers,
92.16 enterprise services, consultative services, aftercare services, community-based services and
92.17 programs, transition services, nursing home services, and other services consistent with the
92.18 mission of the Department of Direct Care and Treatment state law, including this chapter
92.19 and chapters 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256. Direct
92.20 Care and Treatment shall provide direct care and treatment services in coordination with
92.21 the commissioner of human services, counties, and other vendors.

92.22 Subd. 4. **Statewide services.** (a) The administrative structure of state-operated services
92.23 must be statewide in character.

92.24 (b) The state-operated services staff may deliver services at any location throughout the
92.25 state.

92.26 Subd. 5. **Department of Human Services as state agency.** The commissioner of human
92.27 services continues to constitute the "state agency" as defined by the Social Security Act of
92.28 the United States and the laws of this state for all purposes relating to mental health and
92.29 mental hygiene.

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

93.1 Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.04, as amended by Laws
93.2 2024, chapter 79, article 1, section 21, is amended to read:

93.3 **246C.04 TRANSFER OF DUTIES.**

93.4 Subdivision 1. **Transfer of duties.** (a) Section 15.039 applies to the transfer of ~~duties~~
93.5 responsibilities from the Department of Human Services to Direct Care and Treatment
93.6 required by this chapter.

93.7 (b) The commissioner of administration, with the governor's approval, shall issue
93.8 reorganization orders under section 16B.37 as necessary to carry out the transfer of duties
93.9 required by ~~section 246C.03~~ this chapter. The provision of section 16B.37, subdivision 1,
93.10 stating that transfers under section 16B.37 may only be to an agency that has existed for at
93.11 least one year does not apply to transfers to an agency created by this chapter.

93.12 ~~(c) The initial salary for the health systems chief executive officer of the Department of~~
93.13 ~~Direct Care and Treatment is the same as the salary for the health systems chief executive~~
93.14 ~~officer of direct care and treatment at the Department of Human Services immediately before~~
93.15 ~~July 1, 2024.~~

93.16 Subd. 2. **Transfer of custody of civilly committed persons.** The commissioner of
93.17 human services shall continue to exercise all authority and responsibility for and retain
93.18 custody of persons subject to civil commitment under chapter 253B or 253D until July 1,
93.19 2025. Effective July 1, 2025, custody of persons subject to civil commitment under chapter
93.20 253B or 253D and in the custody of the commissioner of human services as of that date is
93.21 hereby transferred to the executive board without any further act or proceeding. Authority
93.22 and responsibility for the commitment of such persons is transferred to the executive board
93.23 July 1, 2025.

93.24 Subd. 3. **Control of direct care and treatment.** The commissioner of human services
93.25 shall continue to exercise all authorities and responsibilities under this chapter and chapters
93.26 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, with reference to
93.27 any state-operated service, program, or facility subject to transfer under this act until July
93.28 1, 2025. Effective July 1, 2025, the powers and duties vested in or imposed upon the
93.29 commissioner of human services with reference to any state-operated service, program, or
93.30 facility are hereby transferred to, vested in, and imposed upon the executive board according
93.31 to this chapter and applicable state law. Effective July 1, 2025, the executive board is hereby
93.32 ~~charged with and~~ has the exclusive power of administration and management of all state
93.33 hospitals for persons with a developmental disability, mental illness, or substance use
93.34 disorder. Effective July 1, 2025, the executive board has the power and authority to determine

94.1 all matters relating to the development of all of the foregoing institutions and of such other
 94.2 institutions vested in the executive board. Effective July 1, 2025, the powers, functions, and
 94.3 authority vested in the commissioner of human services relative to such state institutions
 94.4 are hereby transferred to the executive board according to this chapter and applicable state
 94.5 law.

94.6 Subd. 4. **Appropriations.** There is hereby appropriated to such persons or institutions
 94.7 as are entitled to such sums as are provided for in this section, from the fund or account in
 94.8 the state treasury to which the money was credited, an amount sufficient to make such
 94.9 payment.

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

94.11 Sec. 20. Minnesota Statutes 2023 Supplement, section 246C.05, as amended by Laws
 94.12 2024, chapter 79, article 1, section 22, is amended to read:

94.13 **246C.05 EMPLOYEE PROTECTIONS FOR ESTABLISHING THE NEW**
 94.14 **~~DEPARTMENT OF DIRECT CARE AND TREATMENT.~~**

94.15 (a) Personnel whose duties relate to the functions assigned to the executive board in
 94.16 ~~section 246C.03~~ this chapter are transferred to the Department of Direct Care and Treatment
 94.17 effective 30 days after approval by the commissioner of management and budget.

94.18 (b) Before the executive board is appointed, personnel whose duties relate to the functions
 94.19 in this ~~section~~ chapter may be transferred beginning July 1, 2024, with 30 days' notice from
 94.20 the commissioner of management and budget.

94.21 (c) The following protections shall apply to employees who are transferred from the
 94.22 Department of Human Services to the Department of Direct Care and Treatment:

94.23 (1) No transferred employee shall have their employment status and job classification
 94.24 altered as a result of the transfer.

94.25 (2) Transferred employees who were represented by an exclusive representative prior
 94.26 to the transfer shall continue to be represented by the same exclusive representative after
 94.27 the transfer.

94.28 (3) The applicable collective bargaining agreements with exclusive representatives shall
 94.29 continue in full force and effect for such transferred employees after the transfer.

94.30 (4) The state shall have the obligation to meet and negotiate with the exclusive
 94.31 representatives of the transferred employees about any proposed changes affecting or relating

95.1 to the transferred employees' terms and conditions of employment to the extent such changes
95.2 are not addressed in the applicable collective bargaining agreement.

95.3 (5) When an employee in a temporary unclassified position is transferred to ~~the~~
95.4 ~~Department of~~ Direct Care and Treatment, the total length of time that the employee has
95.5 served in the appointment shall include all time served in the appointment at the transferring
95.6 agency and the time served in the appointment at ~~the Department of~~ Direct Care and
95.7 Treatment. An employee in a temporary unclassified position who was hired by a transferring
95.8 agency through an open competitive selection process in accordance with a policy enacted
95.9 by Minnesota Management and Budget shall be considered to have been hired through such
95.10 process after the transfer.

95.11 (6) In the event that the state transfers ownership or control of any of the facilities,
95.12 services, or operations of ~~the Department of~~ Direct Care and Treatment to another entity,
95.13 whether private or public, by subcontracting, sale, assignment, lease, or other transfer, the
95.14 state shall require as a written condition of such transfer of ownership or control the following
95.15 provisions:

95.16 (i) Employees who perform work in transferred facilities, services, or operations must
95.17 be offered employment with the entity acquiring ownership or control before the entity
95.18 offers employment to any individual who was not employed by the transferring agency at
95.19 the time of the transfer.

95.20 (ii) The wage and benefit standards of such transferred employees must not be reduced
95.21 by the entity acquiring ownership or control through the expiration of the collective
95.22 bargaining agreement in effect at the time of the transfer or for a period of two years after
95.23 the transfer, whichever is longer.

95.24 (d) There is no liability on the part of, and no cause of action arises against, the state of
95.25 Minnesota or its officers or agents for any action or inaction of any entity acquiring ownership
95.26 or control of any facilities, services, or operations of ~~the Department of~~ Direct Care and
95.27 Treatment.

95.28 (e) This section expires upon the completion of the transfer of duties to the executive
95.29 board under ~~section 246C.03~~ this chapter. The commissioner of human services shall notify
95.30 the revisor of statutes when the transfer of duties is complete.

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

96.1 **Sec. 21. [246C.07] POWERS AND DUTIES OF EXECUTIVE BOARD.**

96.2 Subdivision 1. **Generally.** (a) The executive board must operate the agency according
96.3 to this chapter and applicable state and federal law. The overall management and control
96.4 of the agency is vested in the executive board in accordance with this chapter.

96.5 (b) The executive board must appoint a chief executive officer according to section
96.6 246C.08. The chief executive officer is responsible for the administrative and operational
96.7 duties of Direct Care and Treatment in accordance with this chapter.

96.8 (c) The executive board may delegate duties imposed by this chapter and under applicable
96.9 state and federal law as deemed appropriate by the board and in accordance with this chapter.
96.10 Any delegation of a specified statutory duty or power to an employee of Direct Care and
96.11 Treatment other than the chief executive officer must be made by written order and filed
96.12 with the secretary of state. Only the chief executive officer shall have the powers and duties
96.13 of the executive board as specified in section 246C.08.

96.14 Subd. 2. **Principles.** The executive board, in undertaking its duties and responsibilities
96.15 and within Direct Care and Treatment resources, shall act according to the following
96.16 principles:

96.17 (1) prevent the waste or unnecessary spending of public money;

96.18 (2) use innovative fiscal and human resource practices to manage the state's resources
96.19 and operate the agency as efficiently as possible;

96.20 (3) coordinate Direct Care and Treatment activities wherever appropriate with the
96.21 activities of other governmental agencies;

96.22 (4) use technology where appropriate to increase agency productivity, improve customer
96.23 service, increase public access to information about government, and increase public
96.24 participation in the business of government; and

96.25 (5) utilize constructive and cooperative labor management practices to the extent
96.26 otherwise required by chapter 43A or 179A.

96.27 Subd. 3. **Powers and duties.** (a) The executive board has the power and duty to:

96.28 (1) set the overall strategic direction for Direct Care and Treatment, ensuring that Direct
96.29 Care and Treatment delivers exceptional care and supports the well-being of all individuals
96.30 served by Direct Care and Treatment;

96.31 (2) establish policies and procedures to govern the operation of the facilities, programs,
96.32 and services under the direct authority of Direct Care and Treatment;

97.1 (3) employ personnel and delegate duties and responsibilities to personnel as deemed
97.2 appropriate by the executive board, subject to chapters 43A and 179A and in accordance
97.3 with this chapter;

97.4 (4) review and approve the operating budget proposal for Direct Care and Treatment;

97.5 (5) accept and use gifts, grants, or contributions from any nonstate source or refuse to
97.6 accept any gift, grant, or contribution if acceptance would not be in the best interest of the
97.7 state;

97.8 (6) deposit all money received as gifts, grants, or contributions pursuant to section
97.9 246C.091, subdivision 1;

97.10 (7) expend or use any gift, grant, or contribution as nearly in accordance with the
97.11 conditions of the gift, grant, or contribution identified by the donor for a certain institution
97.12 or purpose, compatible with the best interests of the individuals under the jurisdiction of
97.13 the executive board and of the state;

97.14 (8) comply with all conditions and requirements necessary to receive federal aid or block
97.15 grants with respect to the establishment, construction, maintenance, equipment, or operation
97.16 of adequate facilities and services consistent with the mission of Direct Care and Treatment;

97.17 (9) enter into information-sharing agreements with federal and state agencies and other
97.18 entities, provided the agreements include adequate protections with respect to the
97.19 confidentiality and integrity of the information to be shared and comply with all applicable
97.20 state and federal laws, regulations, and rules;

97.21 (10) enter into interagency or service level agreements with a state department listed in
97.22 section 15.01; a multimember state agency described in section 15.012, paragraph (a); or
97.23 the Department of Information Technology Services;

97.24 (11) enter into contractual agreements with federally recognized Indian Tribes with a
97.25 reservation in Minnesota;

97.26 (12) enter into contracts with public and private agencies, private and nonprofit
97.27 organizations, and individuals, using appropriated funds;

97.28 (13) establish and maintain any administrative units reasonably necessary for the
97.29 performance of administrative functions common to all programs or divisions of Direct
97.30 Care and Treatment;

97.31 (14) authorize the method of payment to or from Direct Care and Treatment as part of
97.32 programs administered by Direct Care and Treatment, including authorization of the receipt

98.1 or disbursement of money held by Direct Care and Treatment in a fiduciary capacity as part
98.2 of the programs administered by Direct Care and Treatment;

98.3 (15) inform Tribal Nations and county agencies, on a timely basis, of changes in statute,
98.4 rule, federal law, regulation, and policy necessary to Tribal or county agency administration
98.5 of Direct Care and Treatment programs and services;

98.6 (16) report to the legislature on the performance of Direct Care and Treatment operations
98.7 and the accomplishment of Direct Care and Treatment goals in its biennial budget in
98.8 accordance with section 16A.10, subdivision 1;

98.9 (17) recommend to the legislature appropriate changes in law necessary to carry out the
98.10 principles and improve the performance of Direct Care and Treatment; and

98.11 (18) exercise all powers reasonably necessary to implement and administer the
98.12 requirements of this chapter and applicable state and federal law.

98.13 (b) The specific enumeration of powers and duties as set forth in this section shall not
98.14 be construed as a limitation upon the general transfer of Direct Care and Treatment facilities,
98.15 programs, and services from the Department of Human Services to Direct Care and Treatment
98.16 under this chapter.

98.17 Subd. 4. **Creation of bylaws.** The board may establish bylaws governing its operations
98.18 and the operations of Direct Care and Treatment in accordance with this chapter.

98.19 Subd. 5. **Reciprocal exchange of certain persons.** The executive board is authorized
98.20 and empowered with the approval of the governor to enter into reciprocal agreements with
98.21 another state or states regarding the mutual exchange, return, and transportation of persons
98.22 with a mental illness or a developmental disability who are within the confines of one state
98.23 but have legal residence or legal settlement for the purposes of relief in another state. Any
98.24 agreement entered into under this subdivision must not contain any provision that conflicts
98.25 with any state law.

98.26 Subd. 6. **Acceptance of voluntary, uncompensated services.** For the purpose of carrying
98.27 out a duty, the executive board may accept uncompensated and voluntary services and may
98.28 enter into contracts or agreements with private or public agencies, organizations, or persons,
98.29 for uncompensated and voluntary services, as the executive board may deem practicable.
98.30 Uncompensated and voluntary services do not include services mandated by licensure or
98.31 certification requirements for health care facilities. The volunteer agencies, organizations,
98.32 or persons who provide services to residents of state facilities operated under the authority

99.1 of Direct Care and Treatment are not subject to the procurement requirements of chapter
99.2 16A or 16C.

99.3 Subd. 7. **Advisory committee.** The board shall establish an advisory committee to
99.4 provide state legislators, counties, union representatives, the National Alliance on Mental
99.5 Illness Minnesota, people being served by direct care and treatment programs, and other
99.6 stakeholders the opportunity to advise the board regarding the operation of Direct Care and
99.7 Treatment. The legislative members of the advisory committee shall be appointed as follows:
99.8 (1) one member appointed by the speaker of the house of representatives; (2) one member
99.9 appointed by the minority leader of the house of representatives; and (3) two members
99.10 appointed by the senate committee on committees, one member representing the majority
99.11 caucus and one member representing the minority caucus. The board shall regularly consult
99.12 with the advisory committee. The advisory committee under this subdivision expires
99.13 December 31, 2027.

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

99.15 Sec. 22. **[246C.08] CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES.**

99.16 Subdivision 1. **Service.** (a) The Direct Care and Treatment chief executive officer is
99.17 appointed by the executive board and serves at the pleasure of the executive board, with
99.18 the advice and consent of the senate.

99.19 (b) The chief executive officer shall serve in the unclassified service in accordance with
99.20 section 43A.08 and shall be governed by a compensation plan prepared by the executive
99.21 board, submitted to the commissioner of management and budget for review and comment,
99.22 and approved by the Legislative Coordinating Commission and the legislature in accordance
99.23 with section 3.855.

99.24 Subd. 2. **Powers and duties.** (a) The chief executive officer's primary duty is to assist
99.25 the executive board. The chief executive officer is responsible for the administrative and
99.26 operational management of the agency.

99.27 (b) The chief executive officer shall have all the powers of the executive board unless
99.28 the executive board directs otherwise. The chief executive officer shall have the authority
99.29 to speak for the executive board and Direct Care and Treatment within and outside the
99.30 agency.

99.31 (c) In the event that a vacancy occurs for any reason within the chief executive officer
99.32 position, the chief medical officer appointed under section 246.018 shall immediately become
99.33 the temporary chief executive officer until the executive board appoints a new chief executive

100.1 officer. During this period, the chief medical officer shall have all the powers and authority
100.2 delegated to the chief executive officer by the board and specified in this chapter.

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

100.4 Sec. 23. **[246C.091] DIRECT CARE AND TREATMENT ACCOUNTS.**

100.5 Subdivision 1. **Gifts, grants, and contributions account.** (a) A gifts, grants, and
100.6 contributions account is created in the special revenue fund in the state treasury. All money
100.7 received by the executive board as a gift, grant, or contribution must be deposited in the
100.8 gifts, grants, and contributions account. Beginning July 1, 2025, except as provided in
100.9 paragraph (b), money in the account is annually appropriated to the Direct Care and
100.10 Treatment executive board to accomplish the purposes of this chapter. Gifts, grants, or
100.11 contributions received by the executive board exceeding current agency needs must be
100.12 invested by the State Board of Investment in accordance with section 11A.24. Disbursements
100.13 from the gifts, grants, and contributions account must be made in the manner provided for
100.14 the issuance of other state payments.

100.15 (b) If the gift or contribution is designated for a certain person, institution, or purpose,
100.16 the Direct Care and Treatment executive board must use the gift or contribution as specified
100.17 in accordance with the conditions of the gift or contribution if compatible with the best
100.18 interests of the person and the state. If a gift or contribution is accepted for the use and
100.19 benefit of a person with a developmental disability, including those within a state hospital,
100.20 research relating to persons with a developmental disability must be considered an appropriate
100.21 use of the gift or contribution. Such money must not be used for any structures or installations
100.22 which by their nature would require state expenditures for their operation or maintenance
100.23 without specific legislative enactment.

100.24 Subd. 2. **Facilities management account.** A facilities management account is created
100.25 in the special revenue fund of the state treasury. Beginning July 1, 2025, money in the
100.26 account is appropriated to the Direct Care and Treatment executive board and may be used
100.27 to maintain buildings, acquire facilities, renovate existing buildings, or acquire land for the
100.28 design and construction of buildings for Direct Care and Treatment use. Money received
100.29 for maintaining state property under control of the executive board may be deposited into
100.30 this account.

100.31 Subd. 3. **Direct Care and Treatment systems account.** (a) The Direct Care and
100.32 Treatment systems account is created in the special revenue fund of the state treasury.
100.33 Beginning July 1, 2025, money in the account is appropriated to the Direct Care and

101.1 Treatment executive board and may be used for security systems and information technology
 101.2 projects, services, and support under the control of the executive board.

101.3 (b) The commissioner of human services shall transfer all money allocated to the Direct
 101.4 Care and Treatment systems projects under section 256.014 to the Direct Care and Treatment
 101.5 systems account by June 30, 2026.

101.6 Subd. 4. Cemetery maintenance account. The cemetery maintenance account is created
 101.7 in the special revenue fund of the state treasury. Money in the account is appropriated to
 101.8 the executive board for the maintenance of cemeteries under control of the executive board.
 101.9 Money allocated to Direct Care and Treatment cemeteries may be transferred to this account.

101.10 EFFECTIVE DATE. This section is effective July 1, 2024.

101.11 Sec. 24. Minnesota Statutes 2022, section 256.88, is amended to read:

101.12 **256.88 SOCIAL WELFARE FUND ESTABLISHED.**

101.13 Except as otherwise expressly provided, all moneys and funds held by the commissioner
 101.14 of human services, the Direct Care and Treatment executive board, and the local social
 101.15 services agencies of the several counties in trust or for the benefit of children with a disability
 101.16 and children who are dependent, neglected, or delinquent, children born to mothers who
 101.17 were not married to the children's fathers at the times of the conception nor at the births of
 101.18 the children, persons determined to have developmental disability, mental illness, or substance
 101.19 use disorder, or other wards or beneficiaries, under any law, shall be kept in a single fund
 101.20 to be known as the "social welfare fund" which shall be deposited at interest, held, or
 101.21 disbursed as provided in sections 256.89 to 256.92.

101.22 EFFECTIVE DATE. This section is effective July 1, 2024.

101.23 Sec. 25. Minnesota Statutes 2022, section 256.89, is amended to read:

101.24 **256.89 FUND DEPOSITED IN STATE TREASURY.**

101.25 The social welfare fund and all accretions thereto shall be deposited in the state treasury,
 101.26 as a separate and distinct fund, to the credit of the commissioner of human services and the
 101.27 Direct Care and Treatment executive board as ~~trustee~~ trustees for ~~the~~ their respective
 101.28 beneficiaries thereof in proportion to ~~their~~ the beneficiaries' several interests. The
 101.29 commissioner of management and budget shall be responsible only to the commissioner of
 101.30 human services and the Direct Care and Treatment executive board for the sum total of the
 101.31 fund, and shall have no duties nor direct obligations toward the beneficiaries thereof
 101.32 individually. Subject to the applicable rules of the commissioner of human services or the

102.1 Direct Care and Treatment executive board, money so received by a local social services
102.2 agency may be deposited by the executive secretary of the local social services agency in
102.3 a local bank carrying federal deposit insurance, designated by the local social services
102.4 agency for this purpose. The amount of such deposit in each such bank at any one time shall
102.5 not exceed the amount protected by federal deposit insurance.

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

102.7 Sec. 26. Minnesota Statutes 2022, section 256.90, is amended to read:

102.8 **256.90 SOCIAL WELFARE FUND; USE; DISPOSITION; DEPOSITORIES.**

102.9 The commissioner of human services, in consultation with the Direct Care and Treatment
102.10 executive board, at least 30 days before the first day of January and the first day of July in
102.11 each year shall file with the commissioner of management and budget an estimate of the
102.12 amount of the social welfare fund to be held in the treasury during the succeeding six-month
102.13 period, subject to current disbursement. Such portion of the remainder thereof as may be at
102.14 any time designated by the request of the commissioner of human services may be invested
102.15 by the commissioner of management and budget in bonds in which the permanent trust
102.16 funds of the state of Minnesota may be invested, upon approval by the State Board of
102.17 Investment. The portion of such remainder not so invested shall be placed by the
102.18 commissioner of management and budget at interest for the period of six months, or when
102.19 directed by the commissioner of human services, for the period of 12 months thereafter at
102.20 the highest rate of interest obtainable in a bank, or banks, designated by the board of deposit
102.21 as a suitable depository therefor. All the provisions of law relative to the designation and
102.22 qualification of depositories of other state funds shall be applicable to sections 256.88 to
102.23 256.92, except as herein otherwise provided. Any bond given, or collateral assigned or both,
102.24 to secure a deposit hereunder may be continuous in character to provide for the repayment
102.25 of any moneys belonging to the fund theretofore or thereafter at any time deposited in such
102.26 bank until its designation as such depository is revoked and the security thereof shall be not
102.27 impaired by any subsequent agreement or understanding as to the rate of interest to be paid
102.28 upon such deposit, or as to time for its repayment. The amount of money belonging to the
102.29 fund deposited in any bank, including other state deposits, shall not at any time exceed the
102.30 amount of the capital stock thereof. In the event of the closing of the bank any sum deposited
102.31 therein shall immediately become due and payable.

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

103.1 Sec. 27. Minnesota Statutes 2022, section 256.91, is amended to read:

103.2 **256.91 PURPOSES.**

103.3 From that part of the social welfare fund held in the state treasury subject to disbursement
103.4 as provided in section 256.90 the commissioner of human services or the Direct Care and
103.5 Treatment executive board at any time may pay out such amounts as the commissioner or
103.6 executive board deems proper for the support, maintenance, or other legal benefit of any of
103.7 the children with a disability and children who are dependent, neglected, or delinquent,
103.8 children born to mothers who were not married to the children's fathers at the times of the
103.9 conception nor at the births of the children, persons with developmental disability, substance
103.10 use disorder, or mental illness, or other wards or persons entitled thereto, not exceeding in
103.11 the aggregate to or for any person the principal amount previously received for the benefit
103.12 of the person, together with the increase in it from an equitable apportionment of interest
103.13 realized from the social welfare fund.

103.14 When any such person dies or is finally discharged from the guardianship, care, custody,
103.15 and control of the commissioner of human services or the Direct Care and Treatment
103.16 executive board, the amount then remaining subject to use for the benefit of the person shall
103.17 be paid as soon as may be from the social welfare fund to the persons thereto entitled by
103.18 law.

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

103.20 Sec. 28. Minnesota Statutes 2022, section 256.92, is amended to read:

103.21 **256.92 COMMISSIONER OF HUMAN SERVICES AND DIRECT CARE AND**
103.22 **TREATMENT, ACCOUNTS.**

103.23 It shall be the duty of the commissioner of human services, the Direct Care and Treatment
103.24 executive board, and ~~of~~ the local social services agencies of the several counties of this state
103.25 to cause to be deposited with the commissioner of management and budget all moneys and
103.26 funds in their possession or under their control and designated by section 256.91 as and for
103.27 the social welfare fund; and all such moneys and funds shall be so deposited in the state
103.28 treasury as soon as received. The commissioner of human services, in consultation with the
103.29 Direct Care and Treatment executive board, shall keep books of account or other records
103.30 showing separately the principal amount received and deposited in the social welfare fund
103.31 for the benefit of any person, together with the name of such person, and the name and
103.32 address, if known to the commissioner of human services or the Direct Care and Treatment
103.33 executive board, of the person from whom such money was received; and, at least once

104.1 every two years, the amount of interest, if any, which the money has earned in the social
104.2 welfare fund shall be apportioned thereto and posted in the books of account or records to
104.3 the credit of such beneficiary.

104.4 The provisions of sections 256.88 to 256.92 shall not apply to any fund or money now
104.5 or hereafter deposited or otherwise disposed of pursuant to the lawful orders, decrees,
104.6 judgments, or other directions of any district court having jurisdiction thereof.

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

104.8 Sec. 29. Laws 2023, chapter 61, article 8, section 1, the effective date, is amended to read:

104.9 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, ~~2025~~ 2024.

104.10 Sec. 30. Laws 2023, chapter 61, article 8, section 2, the effective date, is amended to read:

104.11 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, ~~2025~~ 2024.

104.12 Sec. 31. Laws 2023, chapter 61, article 8, section 3, the effective date, is amended to read:

104.13 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, ~~2025~~ 2024.

104.14 Sec. 32. Laws 2023, chapter 61, article 8, section 8, the effective date, is amended to read:

104.15 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, ~~2025~~ 2024.

104.16 Sec. 33. Laws 2024, chapter 79, article 1, section 18, is amended to read:

104.17 Sec. 18. **246C.015 DEFINITIONS.**

104.18 Subdivision 1. **Scope.** For purposes of this chapter, the following terms have the meanings
104.19 given.

104.20 Subd. 2. **Chief executive officer.** "Chief executive officer" means the ~~Department of~~
104.21 Direct Care and Treatment chief executive officer appointed according to section 246C.08.

104.22 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of human services.

104.23 Subd. 4. **Community preparation services.** "Community preparation services" means
104.24 specialized inpatient or outpatient services operated outside of a secure environment but
104.25 administered by a secure treatment facility.

104.26 Subd. 5. **County of financial responsibility.** "County of financial responsibility" has
104.27 the meaning given in section 256G.02, subdivision 4.

105.1 **Subd. 5a. Direct Care and Treatment.** "Direct Care and Treatment" means the agency
105.2 of Direct Care and Treatment established under this chapter.

105.3 **Subd. 6. Executive board.** "Executive board" means the ~~Department of~~ Direct Care and
105.4 Treatment executive board established under section 246C.06.

105.5 **Subd. 7. Executive medical director.** "Executive medical director" means the licensed
105.6 physician serving as executive medical director in the ~~Department of~~ Direct Care and
105.7 Treatment under section 246C.09.

105.8 **Subd. 8. Head of the facility or head of the program.** "Head of the facility" or "head
105.9 of the program" means the person who is charged with overall responsibility for the
105.10 professional program of care and treatment of the facility or program.

105.11 **Subd. 9. Indian.** "Indian" has the meaning given in section 260.755, subdivision 7.

105.12 **Subd. 10. Secure treatment facility.** "Secure treatment facility" means a facility as
105.13 defined in section 253B.02, subdivision 18a, or 253D.02, subdivision 13.

105.14 **Subd. 11. Tobacco; tobacco-related device.** "Tobacco" and "tobacco-related device"
105.15 have the meanings given in section 609.685, subdivision 1.

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

105.17 Sec. 34. Laws 2024, chapter 79, article 1, section 23, is amended to read:

105.18 Sec. 23. **246C.06 EXECUTIVE BOARD; POWERS AND DUTIES** MEMBERSHIP;
105.19 GOVERNANCE.

105.20 Subdivision 1. **Establishment.** The Direct Care and Treatment executive board ~~of the~~
105.21 ~~Department of Direct Care and Treatment~~ is established.

105.22 **Subd. 2. Membership of the executive board.** ~~The executive board shall consist of no~~
105.23 ~~more than five members, all appointed by the governor.~~ (a) The Direct Care and Treatment
105.24 executive board consists of nine members with seven voting members and two nonvoting
105.25 members. The seven voting members must include six members appointed by the governor
105.26 in accordance with paragraph (b) and the commissioner of human services or a designee.
105.27 The two nonvoting members must be appointed in accordance with paragraph (c). Section
105.28 15.0597 applies to all executive board appointments except for the commissioner of human
105.29 services.

105.30 (b) The executive board voting members appointed by the governor must meet the
105.31 following qualifications:

106.1 (1) one member must be a licensed physician who is a psychiatrist or has experience in
 106.2 servicing behavioral health patients;

106.3 (2) two members must have experience serving on a hospital or nonprofit board; and

106.4 (3) three members must have experience working: (i) in the delivery of behavioral health
 106.5 services or care coordination or in traditional healing practices; (ii) as a licensed health care
 106.6 professional; (iii) within health care administration; or (iv) with residential services.

106.7 (c) The executive board nonvoting members must be appointed as follows:

106.8 (1) one member appointed by the Association of Counties; and

106.9 (2) one member who has an active role as a union representative representing staff at

106.10 Direct Care and Treatment appointed by joint representatives of the following unions:

106.11 American Federation of State and Municipal Employees (AFSCME); Minnesota Association

106.12 of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle

106.13 Management Association (MMA); and State Residential Schools Education Association

106.14 (SRSEA).

106.15 (d) Membership on the board must include representation from outside the seven-county
 106.16 metropolitan area, as defined in section 473.121, subdivision 2.

106.17 (e) A voting member of the executive board must not be or must not have been within
 106.18 one year prior to appointment: (1) an employee of Direct Care and Treatment; (2) an
 106.19 employee of a county, including a county commissioner; (3) an active employee or
 106.20 representative of a labor union that represents employees of Direct Care and Treatment; or
 106.21 (4) a member of the state legislature. This paragraph does not apply to the nonvoting members
 106.22 or the commissioner of human services or designee.

106.23 ~~Subd. 3. **Qualifications of members Procedures.** An executive board member's~~
 106.24 ~~qualifications must be appropriate for overseeing a complex behavioral health system, such~~
 106.25 ~~as experience serving on a hospital or nonprofit board, serving as a public sector labor union~~
 106.26 ~~representative, delivering behavioral health services or care coordination, or working as a~~
 106.27 ~~licensed health care provider in an allied health profession or in health care administration.~~
 106.28 Except as otherwise provided for in this section, the membership terms and removal and
 106.29 filling of vacancies for the executive board are governed by section 15.0575.

106.30 ~~Subd. 4. **Accepting contributions or gifts Compensation.** (a) The executive board has~~
 106.31 ~~the power and authority to accept, on behalf of the state, contributions and gifts of money~~
 106.32 ~~and personal property for the use and benefit of the residents of the public institutions under~~
 106.33 ~~the executive board's control. All money and securities received must be deposited in the~~

107.1 ~~state treasury subject to the order of the executive board.~~ Notwithstanding section 15.0575,
107.2 subdivision 3, paragraph (a), the nonvoting members of the executive board must not receive
107.3 daily compensation for executive board activities. Nonvoting members of the executive
107.4 board may receive expenses in the same manner and amount as authorized by the
107.5 commissioner's plan adopted under section 43A.18, subdivision 2. Nonvoting members
107.6 who, as a result of time spent attending board meetings, incur child care expenses that would
107.7 not otherwise have been incurred, may be reimbursed for those expenses upon board
107.8 authorization.

107.9 (b) ~~If the gift or contribution is designated by the donor for a certain institution or purpose,~~
107.10 ~~the executive board shall expend or use the money as nearly in accordance with the conditions~~
107.11 ~~of the gift or contribution, compatible with the best interests of the individuals under the~~
107.12 ~~jurisdiction of the executive board and the state.~~ Notwithstanding section 15.0575, subdivision
107.13 3, paragraph (a), the Compensation Council under section 15A.082 must determine the
107.14 compensation for voting members of the executive board per day spent on executive board
107.15 activities authorized by the executive board. Voting members of the executive board may
107.16 also receive the expenses in the same manner and amount as authorized by the commissioner's
107.17 plan adopted under section 43A.18, subdivision 2. Voting members who, as a result of time
107.18 spent attending board meetings, incur child care expenses that would not otherwise have
107.19 been incurred, may be reimbursed for those expenses upon board authorization.

107.20 (c) The commissioner of management and budget must publish the daily compensation
107.21 rate for voting members of the executive board determined under paragraph (b) on the
107.22 Department of Management and Budget's website.

107.23 (d) Voting members of the executive board must adopt internal standards prescribing
107.24 what constitutes a day spent on board activities for the purposes of making payments
107.25 authorized under paragraph (b).

107.26 (e) All other requirements under section 15.0575, subdivision 3, apply to the
107.27 compensation of executive board members.

107.28 Subd. 5. ~~Federal aid or block grants~~ **Acting chair; officers.** ~~The executive board may~~
107.29 ~~comply with all conditions and requirements necessary to receive federal aid or block grants~~
107.30 ~~with respect to the establishment, constructions, maintenance, equipment, or operation of~~
107.31 ~~adequate facilities and services consistent with the mission of the Department of Direct~~
107.32 ~~Care and Treatment.~~ (a) The governor shall designate one member from the voting
107.33 membership appointed by the governor as acting chair of the executive board.

108.1 (b) At the first meeting of the executive board, the executive board must elect a chair
108.2 from among the voting membership appointed by the governor.

108.3 (c) The executive board must annually elect a chair from among the voting membership
108.4 appointed by the governor.

108.5 (d) The executive board must elect officers from among the voting membership appointed
108.6 by the governor. The elected officers shall serve for one year.

108.7 Subd. 6. ~~Operation of a communication systems account~~ Terms. (a) ~~The executive~~
108.8 ~~board may operate a communications systems account established in Laws 1993, First~~
108.9 ~~Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared~~
108.10 ~~communication costs necessary for the operation of the regional treatment centers the~~
108.11 ~~executive board supervises. Except for the commissioner of human services, executive~~
108.12 ~~board members must not serve more than two consecutive terms unless service beyond two~~
108.13 ~~consecutive terms is approved by the majority of voting members. The commissioner or~~
108.14 ~~designee shall serve until replaced by the governor.~~

108.15 ~~(b) Each account must be used to manage shared communication costs necessary for the~~
108.16 ~~operations of the regional treatment centers the executive board supervises. The executive~~
108.17 ~~board may distribute the costs of operating and maintaining communication systems to~~
108.18 ~~participants in a manner that reflects actual usage. Costs may include acquisition, licensing,~~
108.19 ~~insurance, maintenance, repair, staff time, and other costs as determined by the executive~~
108.20 ~~board. An executive board member may resign at any time by giving written notice to the~~
108.21 ~~executive board.~~

108.22 ~~(c) Nonprofit organizations and state, county, and local government agencies involved~~
108.23 ~~in the operation of regional treatment centers the executive board supervises may participate~~
108.24 ~~in the use of the executive board's communication technology and share in the cost of~~
108.25 ~~operation. The initial term of the member appointed under subdivision 2, paragraph (b),~~
108.26 ~~clause (1), is two years. The initial term of the members appointed under subdivision 2,~~
108.27 ~~paragraph (b), clause (2), is three years. The initial term of the members appointed under~~
108.28 ~~subdivision 2, paragraph (b), clause (3), and the members appointed under subdivision 2,~~
108.29 ~~paragraph (c), is four years.~~

108.30 ~~(d) The executive board may accept on behalf of the state any gift, bequest, devise,~~
108.31 ~~personal property of any kind, or money tendered to the state for any lawful purpose~~
108.32 ~~pertaining to the communication activities under this section. Any money received for this~~
108.33 ~~purpose must be deposited into the executive board's communication systems account.~~
108.34 ~~Money collected by the executive board for the use of communication systems must be~~

109.1 ~~deposited into the state communication systems account and is appropriated to the executive~~
109.2 ~~board for purposes of this section.~~ After the initial term, the term length of all appointed
109.3 executive board members is four years.

109.4 Subd. 7. **Conflicts of interest.** Executive board members must recuse themselves from
109.5 discussion of and voting on an official matter if the executive board member has a conflict
109.6 of interest. A conflict of interest means an association, including a financial or personal
109.7 association, that has the potential to bias or have the appearance of biasing an executive
109.8 board member's decision in matters related to Direct Care and Treatment or the conduct of
109.9 activities under this chapter.

109.10 Subd. 8. **Meetings.** The executive board must meet at least four times per fiscal year at
109.11 a place and time determined by the executive board.

109.12 Subd. 9. **Quorum.** A majority of the voting members of the executive board constitutes
109.13 a quorum. The affirmative vote of a majority of the voting members of the executive board
109.14 is necessary and sufficient for action taken by the executive board.

109.15 Subd. 10. **Immunity; indemnification.** (a) Members of the executive board are immune
109.16 from civil liability for any act or omission occurring within the scope of the performance
109.17 of their duties under this chapter.

109.18 (b) When performing executive board duties or actions, members of the executive board
109.19 are employees of the state for purposes of indemnification under section 3.736, subdivision
109.20 9.

109.21 Subd. 11. **Rulemaking.** (a) The executive board is authorized to adopt, amend, and
109.22 repeal rules in accordance with chapter 14 under the executive board's authority to implement
109.23 this chapter or any responsibilities of Direct Care and Treatment specified in state law.

109.24 (b) Until July 1, 2030, the executive board may adopt rules using the expedited
109.25 rulemaking process in section 14.389.

109.26 (c) All orders, rules, delegations, permits, and other privileges issued or granted by the
109.27 Department of Human Services with respect to any function of Direct Care and Treatment
109.28 and in effect at the time of the establishment of Direct Care and Treatment shall continue
109.29 in effect as if such establishment had not occurred. The executive board may amend or
109.30 repeal rules applicable to Direct Care and Treatment that were established by the Department
109.31 of Human Services in accordance with chapter 14.

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

110.1 Sec. 35. Laws 2024, chapter 79, article 1, section 24, is amended to read:

110.2 Sec. 24. **246C.10 FORENSIC SERVICES.**

110.3 Subdivision 1. **Maintenance of forensic services.** (a) The executive board shall create
110.4 and maintain forensic services programs.

110.5 (b) The executive board must provide forensic services in coordination with counties
110.6 and other vendors.

110.7 (c) Forensic services must include specialized inpatient programs at secure treatment
110.8 facilities, consultive services, aftercare services, community-based services and programs,
110.9 transition services, nursing home services, or other services consistent with the mission of
110.10 ~~the Department of Direct Care and Treatment.~~

110.11 (d) The executive board ~~shall~~ may adopt rules to carry out the provision of this section
110.12 and to govern the operation of the services and programs under the direct administrative
110.13 authority of the executive board.

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

110.15 Sec. 36. Laws 2024, chapter 79, article 1, section 25, subdivision 3, is amended to read:

110.16 Subd. 3. **Comprehensive system of services.** The establishment of state-operated,
110.17 community-based programs must be within the context of a comprehensive definition of
110.18 the role of state-operated services in the state. The role of state-operated services must be
110.19 defined within the context of a comprehensive system of services for persons with
110.20 developmental disability.

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

110.22 Sec. 37. Laws 2024, chapter 79, article 10, section 1, is amended to read:

110.23 Section 1. **REVISOR INSTRUCTION.**

110.24 The revisor of statutes shall renumber each provision of Minnesota Statutes listed in
110.25 column A as amended in this act to the number listed in column B.

110.26	Column A	Column B
110.27	245.036	246C.16, subdivision 1
110.28	245.037	246C.16, subdivision 2
110.29	245.041	246C.15
110.30	245.474, subdivision 1	246C.12, subdivision 1

111.1	245.474, subdivision 2	246C.12, subdivision 2
111.2	245.474, subdivision 3	246C.12, subdivision 3
111.3	245.474, subdivision 4	246C.12, subdivision 4
111.4	246.0135, paragraph (a)	246C.18, subdivision 2, paragraph (a)
111.5	246.0135, paragraph (b)	246C.18, subdivision 2, paragraph (b)
111.6	246.0135, paragraph (c)	246C.18, subdivision 2, paragraph (c)
111.7	246.0135, paragraph (d)	246C.18, subdivision 3
111.8	246.018, subdivision 1	246C.09, subdivision 1
111.9	246.018, subdivision 2	246C.09, subdivision 2
111.10	246.018, subdivision 3	246C.09, subdivision 3
111.11	246.018, subdivision 4	246C.09, subdivision 4
111.12		246C.06, subdivision 7 <u>246C.07,</u>
111.13	246.12	<u>subdivision 7</u>
111.14	246.128	246C.18, subdivision 1
111.15	246.129	246C.18, subdivision 4
111.16	246.14	246C.16, subdivision 3
111.17	246.23, subdivision 2	246.555, subdivision 1
111.18	246.23, subdivision 3	246.555, subdivision 2
111.19	246.23, subdivision 4	246.555, subdivision 3
111.20	246.23, subdivision 5	246.555, subdivision 4
111.21	246.23, subdivision 6	246.555, subdivision 5
111.22		246C.06, subdivision 8 <u>246C.07,</u>
111.23	246.234	<u>subdivision 5</u>
111.24	246.24	246C.16, subdivision 4
111.25	246.27	246C.19
111.26		246C.06, subdivision 9 <u>246C.07,</u>
111.27	246.36	<u>subdivision 6</u>
111.28	246.41, subdivision 1	246C.06, subdivision 10, paragraph
111.29		(a)
111.30	246.41, subdivision 2	246C.06, subdivision 10, paragraph
111.31		(b)
111.32	246.41, subdivision 3	246C.06, subdivision 10, paragraph
111.33		(c)
111.34	246.70	246C.18, subdivision 5
111.35	246B.02	246C.13
111.36	251.012, subdivision 1	246.575, subdivision 1
111.37	251.012, subdivision 2	246.575, subdivision 2
111.38	251.012, subdivision 3	246.575, subdivision 3
111.39	251.012, subdivision 4	246.575, subdivision 4
111.40	251.041	176.87

112.1	251.042	176.871
112.2	251.043, subdivision 1	176.872, subdivision 1
112.3	251.043, subdivision 1a	176.872, subdivision 2
112.4	251.043, subdivision 1b	176.872, subdivision 3
112.5	251.043, subdivision 2	176.872, subdivision 4
112.6	251.043, subdivision 3	176.872, subdivision 5
112.7	251.044	176.873
112.8	251.051	176.874
112.9	251.052	176.875
112.10	251.053	176.876
112.11	251.15, subdivision 1	176.872, subdivision 6, paragraph (a)
112.12	251.15, subdivision 2	176.872, subdivision 6, paragraph (b)
112.13	251.17	246C.14
112.14	252.50, subdivision 2	246C.16, subdivision 5
112.15	252.50, subdivision 4	246C.10, subdivision 2
112.16	252.50, subdivision 6	246.65
112.17	252.50, subdivision 7	246.585
112.18	252.50, subdivision 8	246.588
112.19	252.50, subdivision 10	246.611
112.20	253.015, subdivision 1	253B.10, subdivision 6
112.21	253.016	246.554
112.22	253.017, subdivision 1	246.591
112.23	253.017, subdivision 2	246C.10, subdivision 3
112.24	253.017, subdivision 3	246C.10, subdivision 4
112.25	253.13	253.245
112.26	253C.01, subdivision 1	245A.27, subdivision 1
112.27	253C.01, subdivision 2	245A.27, subdivision 2
112.28	253C.01, subdivision 3	245A.27, subdivision 3
112.29	256.0121, subdivision 1	246.595, subdivision 1
112.30	256.0121, subdivision 2	246.595, subdivision 2
112.31	256.0121, subdivision 3	246.595, subdivision 3

112.32 Sec. 38. Laws 2024, chapter 79, article 10, section 6, is amended to read:

112.33 Sec. 6. **EFFECTIVE DATE.**

112.34 ~~(a) Article 1, section 23, is effective July 1, 2024.~~ This act is effective July 1, 2024.

113.1 ~~(b) Article 1, sections 1 to 22 and 24 to 31, and articles 2 to 10 are effective January 1,~~
113.2 ~~2025.~~

113.3 Sec. 39. **INITIAL APPOINTMENTS AND COMPENSATION OF THE DIRECT**
113.4 **CARE AND TREATMENT EXECUTIVE BOARD AND CHIEF EXECUTIVE**
113.5 **OFFICER.**

113.6 Subdivision 1. **Executive board.** (a) The initial appointments of the members of the
113.7 Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06,
113.8 must be made by January 1, 2025.

113.9 (b) Prior to the first Compensation Council determination of the daily compensation rate
113.10 for voting members of the executive board under Minnesota Statutes, section 246C.06,
113.11 subdivision 4, paragraph (b), voting members of the executive board must be paid the per
113.12 diem rate provided for in Minnesota Statutes, section 15.0575, subdivision 3, paragraph (a).

113.13 (c) The executive board is exempt from Minnesota Statutes, section 13D.01, until the
113.14 authority and responsibilities for Direct Care and Treatment are transferred to the executive
113.15 board in accordance with Minnesota Statutes, section 246C.04.

113.16 Subd. 2. **Chief executive officer.** (a) The Direct Care and Treatment executive board
113.17 must appoint as the initial chief executive officer for Direct Care and Treatment under
113.18 Minnesota Statutes, section 246C.07, the chief executive officer of the direct care and
113.19 treatment division of the Department of Human Services holding that position at the time
113.20 the initial appointment is made by the board. The initial appointment of the chief executive
113.21 officer must be made by the executive board by July 1, 2025. The initial appointment of
113.22 the chief executive officer is subject to confirmation by the senate.

113.23 (b) Notwithstanding Minnesota Statutes, section 246C.08, the salary of the initial chief
113.24 executive officer must not be less than the amount paid to the chief executive officer of the
113.25 direct care and treatment division of the Department of Human Services as of the date of
113.26 the initial appointment.

113.27 Subd. 3. **Commissioner of human services to consult.** In preparing the budget estimates
113.28 required under Minnesota Statutes, section 16A.10, for the direct care and treatment division
113.29 for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative
113.30 session that involve direct care and treatment operations, the commissioner of human services
113.31 must consult with the Direct Care and Treatment executive board before submitting the
113.32 budget estimates or legislative proposals. If the executive board is not appointed by the date
113.33 the budget estimates must be submitted to the commissioner of management and budget,

114.1 the commissioner of human services must provide the executive board with a summary of
114.2 the budget estimates that were submitted.

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

114.4 Sec. 40. **REVISOR INSTRUCTION.**

114.5 The revisor of statutes shall change the term "Department of Human Services" to "Direct
114.6 Care and Treatment" wherever the term appears in respect to the governmental entity with
114.7 programmatic direction and fiscal control over state-operated services, programs, or facilities
114.8 under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary
114.9 changes to sentence structure to preserve the meaning of the text.

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

114.11 Sec. 41. **REVISOR INSTRUCTION.**

114.12 The revisor of statutes shall change the term "Department of Direct Care and Treatment"
114.13 to "Direct Care and Treatment" wherever the term appears in respect to the governmental
114.14 entity with programmatic direction and fiscal control over state-operated services, programs,
114.15 or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and
114.16 other necessary changes to sentence structure to preserve the meaning of the text.

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

114.18 Sec. 42. **REVISOR INSTRUCTION.**

114.19 The revisor of statutes, in consultation with the House Research Department; the Office
114.20 of Senate Counsel, Research, and Fiscal Analysis; the Department of Human Services; and
114.21 Direct Care and Treatment, shall make necessary cross-reference changes to conform with
114.22 this act. The revisor may make technical and other necessary changes to sentence structure
114.23 to preserve the meaning of the text. The revisor may alter the coding in this act to incorporate
114.24 statutory changes made by other law in the 2024 regular legislative session.

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

114.26 Sec. 43. **REPEALER.**

114.27 (a) Minnesota Statutes 2022, section 246.41, is repealed.

114.28 (b) Minnesota Statutes 2023 Supplement, section 246C.03, is repealed.

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

ARTICLE 6

HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT

Section 1. [256.044] HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT.

Subdivision 1. Human services response contingency account. A human services response contingency account is created in the special revenue fund in the state treasury. Money in the human services response contingency account does not cancel and is appropriated to the commissioner of human services for the purposes specified in this section.

Subd. 2. Definition. For purposes of this section, "human services response" means activities deemed necessary by the commissioner of human services to respond to emerging or immediate needs related to supporting the health, welfare, or safety of people.

Subd. 3. Use of money. (a) The commissioner may make expenditures from the human services response contingency account to respond to needs as defined in subdivision 2 and for which no other funding or insufficient funding is available.

(b) When the commissioner determines that a human services response is needed, the commissioner may make expenditures from the human services response contingency account for the following uses to implement the human services response:

(1) services, supplies, and equipment to support the health, welfare, or safety of people;

(2) training and coordination with service providers, Tribal Nations, and local government entities;

(3) communication with and outreach to impacted people;

(4) informational technology; and

(5) staffing.

(c) The commissioner may transfer money within the Department of Human Services and to the Department of Children, Youth, and Families for eligible uses under paragraph (b) as necessary to implement a human services response.

(d) Notwithstanding any other law or rule to the contrary, when implementing a human services response, the commissioner may allocate funds from the human services response contingency account to programs, providers, and organizations for eligible uses under paragraph (b) through one or more fiscal agents chosen by the commissioner. In contracting with a fiscal agent, the commissioner may use a sole-source contract and is not subject to the solicitation requirements of chapter 16B or 16C.

116.1 (e) Programs, providers, and organizations receiving funds from the human services
116.2 response contingency account under paragraph (d) must describe how the money will be
116.3 used. If a program, provider, or organization receiving money from the human services
116.4 response contingency account receives money from a nonstate source other than a local unit
116.5 of government or Tribe for the same human services response, the entity must notify the
116.6 commissioner of the amount received from the nonstate source. If the commissioner
116.7 determines that the total amount received under this section and from the nonstate source
116.8 exceeds the entity's total costs for the human services response, the entity must pay the
116.9 commissioner the amount that exceeds the costs up to the amount of funding provided to
116.10 the entity under this section. All money paid to the commissioner under this paragraph must
116.11 be deposited in the human services response contingency account.

116.12 Subd. 4. **Assistance from other sources.** (a) As a condition of making expenditures
116.13 from the human services response contingency account, the commissioner must seek any
116.14 appropriate assistance from other available sources, including the federal government, to
116.15 assist with costs attributable to the human services response.

116.16 (b) If the commissioner recovers eligible costs for the human services response from a
116.17 nonstate source after making expenditures from the human services response contingency
116.18 account, the commissioner shall reimburse the human services response contingency account
116.19 for those costs up to the amount recovered for eligible costs from the nonstate source.

116.20 Subd. 5. **Reporting.** The commissioner must develop required reporting for entities
116.21 receiving human services response contingency account money. Entities receiving money
116.22 from the commissioner of human services from the human services response contingency
116.23 account must submit reports to the commissioner of human services with detailed information
116.24 in a manner determined by the commissioner, including but not limited to:

116.25 (1) amounts expended by category of expenditure;

116.26 (2) outcomes achieved, including estimated individuals served;

116.27 (3) documentation necessary to verify that funds were spent in compliance with this
116.28 section;

116.29 (4) expenditure reports for the purpose of requesting reimbursement from other available
116.30 sources; and

116.31 (5) data necessary to comply with an audit of human services response contingency
116.32 account expenditures.

117.1 Subd. 6. Report. By March 1 of each year, the commissioner shall submit a report to
117.2 the chairs and ranking minority members of the house of representatives and senate
117.3 committees with jurisdiction over human services finance and health and human services
117.4 finance detailing expenditures made in the previous calendar year from the human services
117.5 response contingency account. This report is exempt from section 256.01, subdivision 42.

117.6 ARTICLE 7

117.7 MISCELLANEOUS

117.8 Section 1. Minnesota Statutes 2022, section 256.01, is amended by adding a subdivision
117.9 to read:

117.10 Subd. 44. Homelessness and Housing Support Office. (a) A Homelessness and Housing
117.11 Support Office is established in the Department of Human Services. The office shall be
117.12 under the supervision of an assistant commissioner appointed by the commissioner.

117.13 (b) The commissioner, working with the assistant commissioner for homelessness and
117.14 housing support, shall:

117.15 (1) administer the following programs:

117.16 (i) housing stabilization services under section 256B.051, subdivision 7;

117.17 (ii) general assistance under sections 256D.01 to 256D.17;

117.18 (iii) Minnesota supplemental aid under sections 256D.33 to 256D.54;

117.19 (iv) the transitional housing program under section 256E.33;

117.20 (v) the emergency services program under section 256E.36;

117.21 (vi) the emergency solutions grant;

117.22 (vii) bridging benefits;

117.23 (viii) the housing support program under chapter 256I;

117.24 (ix) community living infrastructure grants under section 256I.09;

117.25 (x) long-term homeless supportive services under section 256K.26;

117.26 (xi) the Homeless Youth Act under section 256K.45;

117.27 (xii) the shelter-linked youth mental health grant program under section 256K.46;

117.28 (xiii) safe harbor shelter and housing under section 256K.47; and

118.1 (xiv) emergency shelter facilities grants under Laws 2023, chapter 70, article 11, section
118.2 14;

118.3 (2) coordinate with the Interagency Council on Homelessness;

118.4 (3) make recommendations to the legislature on improving access to homeless services
118.5 and supportive housing, improving service delivery, and improving the effectiveness of the
118.6 state's homeless and supportive housing system;

118.7 (4) engage with other state agencies, counties, Tribes, advocacy organizations, and other
118.8 stakeholders on issues related to homelessness in Minnesota; and

118.9 (5) perform other duties related to the provision of services to people experiencing
118.10 homelessness in the state.

118.11 (c) By January 15 of each year, the assistant commissioner must submit an annual report
118.12 to the legislative committees with jurisdiction over human services policy and finance
118.13 detailing the activities of the office and making recommendations for system improvements,
118.14 including any necessary draft legislation.

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

118.16 **Sec. 2. DIRECTION TO COMMISSIONER; TARGETED CASE MANAGEMENT**
118.17 **REDESIGN.**

118.18 The commissioner of human services must consult with members of the Minnesota
118.19 Association of County Social Service Administrators to improve case management
118.20 information systems and identify the necessary changes needed to comply with regulations
118.21 related to federal certified public expenditures. The changes must facilitate transition to use
118.22 of a 15-minute unit rate or improved financial reporting for fee-for-service targeted case
118.23 management services provided by counties. The Social Service Information System (SSIS)
118.24 and adjacent systems must be modified to support any increase in the intensity of time
118.25 reporting requirements prior to any implementation of proposed changes to targeted case
118.26 management rate setting, reimbursement, and reconciliation processes.

118.27 **Sec. 3. DIRECTION TO COMMISSIONER; FEDERAL WAIVERS FOR**
118.28 **HEALTH-RELATED SOCIAL NEEDS.**

118.29 (a) The commissioner of human services shall develop a strategy to implement
118.30 interventions to address unmet health-related social needs, including but not limited to
118.31 nutrition support, housing support, case management, and violence prevention. In developing
118.32 such a strategy, the commissioner shall consider whether services could be reimbursed

119.1 under section 1115 of the Social Security Act, other federal waivers, or existing state
119.2 authority.

119.3 (b) The commissioner shall collaborate with the commissioner of health and community
119.4 and other external partners providing services in nutrition, housing, case management, and
119.5 violence prevention to medical assistance recipients on specific interventions to include in
119.6 the proposed strategy.

119.7 (c) By March 1, 2025, the commissioner shall provide the strategy developed under this
119.8 section to the chairs and ranking minority members of the legislative committees with
119.9 jurisdiction over health care finance and must include:

119.10 (i) a proposed timeline for implementation;

119.11 (ii) an estimate of the administrative and programmatic costs associated with
119.12 implementing and evaluating any proposed federal waivers; and

119.13 (iii) any statutory changes necessary to seek ongoing state funding and federal authority
119.14 for the proposed strategies.

119.15 (d) The commissioner may perform the steps necessary to develop a federal waiver or
119.16 other strategies identified in paragraph (c) in preparation for enactment of the strategies.

119.17 (e) The commissioner is exempt from the requirements of Minnesota Statutes, chapter
119.18 16C, when entering into a new contract or amending an existing contract to complete the
119.19 work under this section.

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

119.21 Sec. 4. **DIRECTION TO COMMISSIONER; STUDY OF NAVIGATOR**
119.22 **REIMBURSEMENT.**

119.23 (a) The commissioner of human services, in collaboration with the board of directors of
119.24 MNsure, shall conduct an analysis of the navigator and in-person assister programs in
119.25 Minnesota Statutes, section 62V.05, subdivision 4. The analysis must consider the incentive
119.26 program in Minnesota Statutes, section 256.962, subdivision 5, including examining
119.27 reimbursement levels and methodologies used in other states, and recommending a
119.28 sustainable source of funding for the navigator program. The analysis must also include
119.29 consultation with individual navigators and navigator organizations.

119.30 (b) By October 1, 2025, the commissioner shall submit the analysis under this section
119.31 and recommendations to the chairs and ranking minority members of the legislative
119.32 committees with jurisdiction over human services and health care finance.

120.1 **Sec. 5. WORKING GROUP ON SIMPLIFYING SUPPORTIVE HOUSING**

120.2 **RESOURCES.**

120.3 **Subdivision 1. Establishment.** A working group on simplifying supportive housing
120.4 resources is established to streamline access, eligibility, and administration of state-funded
120.5 supportive housing resources for people experiencing homelessness.

120.6 **Subd. 2. Membership.** (a) The working group must prioritize membership from
120.7 individuals and organizations that use or administer state-funded supportive housing resources
120.8 and must include the following:

120.9 (1) the commissioner of the Minnesota Housing Finance Agency or designee;

120.10 (2) the commissioner of human services or designee;

120.11 (3) two representatives from the Minnesota Coalition for the Homeless;

120.12 (4) eight representatives from organizations providing services to people experiencing
120.13 homelessness, including organizations that provide services to youth experiencing
120.14 homelessness and populations that disproportionately experience homelessness, and a
120.15 coordinated entry provider;

120.16 (5) one representative with lived experience of homelessness;

120.17 (6) one representative from the Minnesota Tribal Collaborative;

120.18 (7) one representative from Hennepin County;

120.19 (8) one representative from St. Louis County;

120.20 (9) two members from the house of representatives, one appointed by the speaker of the
120.21 house and one appointed by the minority leader; and

120.22 (10) two members from the senate appointed by the senate committee on committees,
120.23 one representing the majority caucus and one representing the minority caucus.

120.24 (b) The members listed in paragraph (a), clauses (3) to (8), must be appointed by the
120.25 commissioner of human services.

120.26 (c) All appointing authorities must make their appointments to the working group by
120.27 August 1, 2024.

120.28 **Subd. 3. Duties.** (a) The working group must study supportive housing resources to
120.29 streamline access, eligibility, and administration of state-funded supportive housing resources
120.30 for people experiencing homelessness, including the following programs:

120.31 (1) the housing support program;

- 121.1 (2) long-term homeless supportive services;
- 121.2 (3) housing with supports for adults with serious mental illness;
- 121.3 (4) the housing trust fund; and
- 121.4 (5) other capital and operating funds administered by the Minnesota Housing Finance
- 121.5 Agency.
- 121.6 (b) In studying supportive housing resources, the working group must identify the
- 121.7 processes, procedures, and technological or personnel resources that would be necessary to
- 121.8 enable the state, county or Tribal agencies, and providers responsible for administering
- 121.9 public supportive housing funds to meet the following goals:
- 121.10 (1) reduce administrative complexities;
- 121.11 (2) enhance equity and accessibility, including coordinated entry;
- 121.12 (3) streamline and simplify eligibility criteria, paperwork, and funding distribution; and
- 121.13 (4) accelerate the transition of individuals from homelessness to sustainable long-term
- 121.14 solutions.
- 121.15 Subd. 4. **Compensation.** Notwithstanding Minnesota Statutes, section 15.059, subdivision
- 121.16 3, members of the working group shall not be compensated, except for the member with
- 121.17 lived experience of homelessness.
- 121.18 Subd. 5. **Meetings; facilitation.** (a) The commissioner of human services may contract
- 121.19 with a third-party vendor to facilitate the working group and convene the first meeting by
- 121.20 January 15, 2025.
- 121.21 (b) The working group must meet at regular intervals as often as necessary to fulfill the
- 121.22 duties under subdivision 3.
- 121.23 (c) Meetings of the working group are subject to the Minnesota Open Meeting Law
- 121.24 under Minnesota Statutes, chapter 13D.
- 121.25 Subd. 6. **Consultation.** The working group must consult with other individuals and
- 121.26 organizations that have expertise and experience in providing supportive services that may
- 121.27 assist the working group in fulfilling its responsibilities, including entities engaging in
- 121.28 additional external stakeholder input from those with lived experience of homelessness and
- 121.29 administrators of state-funded supportive housing not included on the working group.
- 121.30 Subd. 7. **Report required.** The working group shall submit a final report by January
- 121.31 15, 2026, to the chairs and ranking minority members of the legislative committees with

- 123.1 The amounts that may be spent for each
 123.2 purpose are specified in the following
 123.3 subdivisions.
- 123.4 **Subd. 2. Central Office; Operations** (3,030,000) 2,609,000
- 123.5 **(a) Feasibility Study Of Department of**
 123.6 **Human Services Background Studies**
 123.7 **Fingerprinting and Process Reform.**
 123.8 \$500,000 in fiscal year 2025 is for a feasibility
 123.9 study of the Department of Human Services
 123.10 becoming an FBI-approved fingerprinting
 123.11 channeler, evaluating fingerprinting options,
 123.12 and identifying critical needs in the
 123.13 background study system. The commissioner
 123.14 shall contract with an independent contractor
 123.15 to complete the study and submit a report to
 123.16 the department. This is a onetime
 123.17 appropriation and is available until June 30,
 123.18 2026.
- 123.19 **(a) Carryforward Authority.**
 123.20 Notwithstanding Minnesota Statutes, section
 123.21 16A.28, subdivision 3, \$504,000 in fiscal year
 123.22 2025 is available until June 30, 2027.
- 123.23 **(b) Base Level Adjustment.** The general fund
 123.24 base is increased by \$373,000 in fiscal year
 123.25 2026 and each year thereafter.
- 123.26 **Subd. 3. Central Office; Health Care** -0- 2,568,000
- 123.27 **(a) Navigator Access for Acute Care**
 123.28 **Transitions Administration.** \$250,000 in
 123.29 fiscal year 2025 is for a contract related to
 123.30 navigator access for acute care transitions.
 123.31 This is a onetime appropriation.
- 123.32 **(b) Base Level Adjustment.** The general fund
 123.33 base is increased by \$726,000 in fiscal year

124.1 2026 and increased by \$730,000 in fiscal year
 124.2 2027.

124.3 **(c) Social Determinants of Health 1115**

124.4 **Waiver.** \$500,000 is for a contract related to
 124.5 developing an 1115 waiver related to nutrition
 124.6 supports as a covered service under medical
 124.7 assistance. This is a onetime appropriation.

124.8 **Subd. 4. Central Office; Aging and Disability**
 124.9 **Services**

(1,347,000)

4,340,000

124.10 **(a) Tribal vulnerable Adult And**

124.11 **Developmental Disabilities Targeted Case**

124.12 **Management Medical Assistance Benefit.**

124.13 \$200,000 in fiscal year 2025 is for the
 124.14 development of a Tribal vulnerable adult and
 124.15 developmental disabilities targeted case
 124.16 management medical assistance benefit under
 124.17 Minnesota Statutes, section 256B.0924. This
 124.18 is a onetime appropriation.

124.19 **(b) Disability Services Person-Centered**

124.20 **Engagement and Navigation Study.**

124.21 \$600,000 in fiscal year 2025 is for the
 124.22 disability services person-centered engagement
 124.23 and navigation study. This is a onetime
 124.24 appropriation and is available until June 30,
 124.25 2026.

124.26 **(c) Own Home Services Provider**

124.27 **Capacity-Building Grants Administration.**

124.28 \$200,000 in fiscal year 2025 is for a contract
 124.29 related to own home services provider
 124.30 capacity-building grants. This is a onetime
 124.31 appropriation.

124.32 **(d) Pediatric Hospital-to-Home Transition**

124.33 **Pilot Program Administration.** \$200,000 in
 124.34 fiscal year 2025 is for a contract related to the

125.1	<u>pediatric hospital-to-home transition pilot</u>		
125.2	<u>program. This is a onetime appropriation and</u>		
125.3	<u>is available until June 30, 2027.</u>		
125.4	<u>Subd. 5. Central Office; Behavioral Health,</u>		
125.5	<u>Housing, and Deaf and Hard of Hearing</u>		
125.6	<u>Services</u>	<u>-0-</u>	<u>3,534,000</u>
125.7	<u>(a) Medical Assistance Reentry</u>		
125.8	<u>Demonstration. \$200,000 in fiscal year 2025</u>		
125.9	<u>is for engagement with people with lived</u>		
125.10	<u>experience, families, and community partners</u>		
125.11	<u>on the development and implementation of</u>		
125.12	<u>the medical assistance reentry demonstration</u>		
125.13	<u>benefit under Minnesota Statutes, section</u>		
125.14	<u>256B.0761. Money appropriated in fiscal year</u>		
125.15	<u>2025 is available until June 30, 2026.</u>		
125.16	<u>(b) Base Level Adjustment. The general fund</u>		
125.17	<u>base is increased by \$2,526,000 in fiscal year</u>		
125.18	<u>2026 and each year thereafter.</u>		
125.19	<u>Subd. 6. Forecasted Programs; Medical</u>		
125.20	<u>Assistance</u>	<u>-0-</u>	<u>3,290,000</u>
125.21	<u>Subd. 7. Forecasted Programs; Alternative Care</u>	<u>-0-</u>	<u>48,000</u>
125.22	<u>Subd. 8. Grant Programs; Refugee Services</u>		
125.23	<u>Grants</u>	<u>-0-</u>	<u>1,656,000</u>
125.24	<u>Human Services Response Contingency</u>		
125.25	<u>Account. \$1,656,000 in fiscal year 2025 is for</u>		
125.26	<u>the human services response contingency</u>		
125.27	<u>account under Minnesota Statutes, section</u>		
125.28	<u>256.044. This is a onetime appropriation.</u>		
125.29	<u>Subd. 9. Grant Programs; Health Care Grants</u>	<u>-0-</u>	<u>1,000,000</u>
125.30	<u>County Correctional Facility Mental Health</u>		
125.31	<u>Medication Pilot Program. \$1,000,000 in</u>		
125.32	<u>fiscal year 2025 is for the county correctional</u>		
125.33	<u>facility mental health medication pilot</u>		
125.34	<u>program. This is a onetime appropriation and</u>		
125.35	<u>is available until June 30, 2026.</u>		

126.1	<u>Subd. 10. Grant Programs; Other Long-Term</u>		
126.2	<u>Care Grants</u>	<u>-0-</u>	<u>10,185,000</u>
126.3	<u>(a) Long-Term Services and Supports Loan</u>		
126.4	<u>Program.</u> \$7,685,000 is for the long-term		
126.5	<u>services and supports loan program. This is a</u>		
126.6	<u>onetime appropriation.</u>		
126.7	<u>(b) Provider Capacity Grant for Rural and</u>		
126.8	<u>Underserved Communities.</u> \$2,500,000 in		
126.9	<u>fiscal year 2025 is for provider capacity grants</u>		
126.10	<u>for rural and underserved communities. This</u>		
126.11	<u>is a onetime appropriation and is available</u>		
126.12	<u>until June 30, 2027.</u>		
126.13	<u>(1) Of this amount, \$575,000 is for a</u>		
126.14	<u>competitive grant to a nonprofit organization</u>		
126.15	<u>with experience serving the West African</u>		
126.16	<u>immigrant community for a health awareness</u>		
126.17	<u>hub pilot project. The pilot project must seek</u>		
126.18	<u>to address health care education and the</u>		
126.19	<u>physical and mental wellness needs of elderly</u>		
126.20	<u>individuals within the African immigrant</u>		
126.21	<u>community by offering culturally relevant</u>		
126.22	<u>support, resources, and preventive care</u>		
126.23	<u>education from medical practitioners who have</u>		
126.24	<u>a similar background, and making appropriate</u>		
126.25	<u>referrals to culturally competent programs,</u>		
126.26	<u>supports, and medical care. Within six months</u>		
126.27	<u>of the conclusion of the pilot project, the</u>		
126.28	<u>grantee must provide the commissioner with</u>		
126.29	<u>an evaluation of the project as determined by</u>		
126.30	<u>the commissioner.</u>		
126.31	<u>(2) Of this amount, \$450,000 is for a</u>		
126.32	<u>competitive grant to a nonprofit organization</u>		
126.33	<u>to support minority providers licensed under</u>		
126.34	<u>Minnesota Statutes, chapter 245D, as intensive</u>		
126.35	<u>support services providers to build skills and</u>		

127.1 the infrastructure needed to increase the
 127.2 quality of services provided to the people they
 127.3 serve while complying with the requirements
 127.4 of Minnesota Statutes, chapter 245D, and to
 127.5 enable the providers to accept clients with high
 127.6 behavioral needs.

127.7 (3) Of this amount, \$250,000 is for a grant to
 127.8 a nonprofit organization to conduct a culturally
 127.9 specific outreach and education campaign
 127.10 toward existing customized living providers
 127.11 that might more appropriately serve their
 127.12 clients under a different home and
 127.13 community-based services program or license.

127.14 <u>Subd. 11. Grant Programs; Disabilities Grants</u>	<u>8,900,000</u>	<u>5,933,000</u>
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127.15 **(a) Dakota County Disability Services**
 127.16 **Workforce Shortage Pilot Project.**
 127.17 \$1,000,000 in fiscal year 2025 is for a grant
 127.18 to Dakota County for innovative solutions to
 127.19 the disability workforce shortage. The grant
 127.20 must be used (1) to develop and test an online
 127.21 application for matching requests for services
 127.22 from people with disabilities to available staff;
 127.23 and (2) to develop a communities-for-all
 127.24 program that engages businesses, community
 127.25 organizations, neighbors, and informal support
 127.26 systems to promote community inclusion of
 127.27 people with disabilities. By October 1, 2026,
 127.28 the commissioner shall report the outcomes
 127.29 and recommendations of these pilot projects
 127.30 to the chairs and ranking minority members
 127.31 of the legislative committees with jurisdiction
 127.32 over human services finance and policy. This
 127.33 is a onetime appropriation.

127.34 **(b) Working Group on Simplifying**
 127.35 **Supportive Housing Resources. \$400,000 in**

128.1 fiscal year 2025 is for the working group on
 128.2 simplifying supportive housing resources. This
 128.3 is a onetime appropriation and is available
 128.4 until June 30, 2026.

128.5 **(c) Own Home Services Provider**
 128.6 **Capacity-Building Grants. \$1,332,000 in**
 128.7 **fiscal year 2025 is for the own home services**
 128.8 **provider capacity-building grant program. This**
 128.9 **is a onetime appropriation.**

128.10 **(d) Pediatric Hospital-to-Home Transition**
 128.11 **Pilot Program. \$1,040,000 in fiscal year 2025**
 128.12 **is for the pediatric hospital-to-home transition**
 128.13 **pilot program. This is a onetime appropriation**
 128.14 **and is available until June 30, 2027.**

128.15 **(e) Base Level Adjustment. The general fund**
 128.16 **base is increased by \$2,161,000 in fiscal year**
 128.17 **2026 and each year thereafter.**

128.18 **Subd. 12. Grant Programs; Adult Mental Health**
 128.19 **Grants**

(11,696,000)

5,520,000

128.20 **(a) Medical Assistance Reentry**
 128.21 **Demonstration Grants. \$1,250,000 in fiscal**
 128.22 **year 2025 is for capacity building and**
 128.23 **implementation grants for the medical**
 128.24 **assistance reentry demonstration under**
 128.25 **Minnesota Statutes, section 256B.0761.**
 128.26 **Money appropriated in fiscal year 2025 is**
 128.27 **available until June 30, 2026. The base for this**
 128.28 **appropriation is \$1,250,000 in fiscal year 2026**
 128.29 **and \$0 in fiscal year 2027.**

128.30 **(b) Locked Intensive Residential Treatment**
 128.31 **Services. \$2,500,000 in fiscal year 2025 is for**
 128.32 **start-up funds to intensive residential treatment**
 128.33 **services providers to provide treatment in**

129.1 locked facilities. The general fund base for
 129.2 this purpose is \$154,000 in fiscal year 2026.

129.3 **(c) Engagement Services Pilot Grants.**

129.4 \$1,500,000 in fiscal year 2025 is for
 129.5 engagement services pilot grants. This is a
 129.6 onetime appropriation and is available until
 129.7 June 30, 2026. This is a onetime appropriation.

129.8 **(d) Mental Health Innovation Grant**

129.9 **Program.** \$2,331,000 in fiscal year 2025 is
 129.10 for the mental health innovation grant program
 129.11 under Minnesota Statutes, section 245.4662.
 129.12 This is a onetime appropriation and is
 129.13 available until June 30, 2026.

129.14 **(e) Base Level Adjustment.** The general fund
 129.15 base is decreased by \$1,657,000 in fiscal year
 129.16 2026 and \$1,811,000 in fiscal year 2027.

129.17 **Subd. 13. Grant Programs; Child Mental Health**
 129.18 **Grants**

-0-

500,000

129.19 **(a) Youth Peer Recovery Support Services**
 129.20 **Pilot Project.** \$500,000 in fiscal year 2025 is
 129.21 for a grant to Hennepin County to conduct a
 129.22 two-year pilot project to provide peer recovery
 129.23 support services under Minnesota Statutes,
 129.24 section 245G.07, subdivision 2, clause (8), to
 129.25 youth between 13 and 18 years of age. The
 129.26 pilot project must be conducted in partnership
 129.27 with a community organization that provides
 129.28 culturally specific peer recovery support
 129.29 services to East African individuals and that
 129.30 is working to expand peer recovery support
 129.31 services for youth in Hennepin County. At the
 129.32 conclusion of the pilot project, Hennepin
 129.33 County must submit a report to the chairs and
 129.34 ranking minority members of the legislative
 129.35 committees with jurisdiction over health and

- 130.1 human services detailing the implementation,
 130.2 operation, and outcomes of the pilot project
 130.3 and providing recommendations on expanding
 130.4 youth peer recovery support services
 130.5 statewide.
- 130.6 (b) This appropriation is from the opioid
 130.7 emergency response fund settlement account
 130.8 and is a onetime appropriation.
- 130.9 **Subd. 14. Direct Care and Treatment - Mental**
 130.10 **Health and Substance Abuse** -0- 977,000
- 130.11 **Base Level Adjustment.** The general fund
 130.12 base is increased by \$977,000 in fiscal year
 130.13 2026 and each year thereafter.
- 130.14 **Subd. 15. Direct Care and Treatment - Forensic**
 130.15 **Services** -0- 7,182,000
- 130.16 **Base Level Adjustment.** The general fund
 130.17 base is increased by \$6,612,000 in fiscal year
 130.18 2026 and each year thereafter.
- 130.19 **Subd. 16. Direct Care and Treatment -**
 130.20 **Operations** -0- 4,726,000
- 130.21 **(a) Direct Care and Treatment Capacity;**
 130.22 **Miller Building.** \$1,796,000 in fiscal year
 130.23 2025 is to design a replacement facility for the
 130.24 Miller Building on the Anoka Metro Regional
 130.25 Treatment Center campus. This is a onetime
 130.26 appropriation and is available until June 30,
 130.27 2026.
- 130.28 **(b) Direct Care and Treatment County**
 130.29 **Correctional Facility Support Pilot**
 130.30 **Program.** \$2,387,000 in fiscal year 2025 is
 130.31 to establish a two-year county correctional
 130.32 facility support pilot program. The pilot
 130.33 program must: (1) provide education and
 130.34 support to counties and county correctional
 130.35 facilities on protocols and best practices for

131.1 the provision of involuntary medications for
 131.2 mental health treatment; (2) provide technical
 131.3 assistance to expand access to injectable
 131.4 psychotropic medications in county
 131.5 correctional facilities; and (3) survey county
 131.6 correctional facilities and their contracted
 131.7 medical providers on their capacity to provide
 131.8 injectable psychotropic medications, including
 131.9 involuntary administration of medications,
 131.10 and barriers to providing these services. This
 131.11 is a onetime appropriation and is available
 131.12 until June 30, 2026.

131.13 (c) **Base Level Adjustment.** The general fund
 131.14 base is increased by \$31,000 in fiscal year
 131.15 2026 and \$0 in fiscal year 2027.

131.16 **Sec. 3. DEPARTMENT OF CORRECTIONS \$ 0 \$ 1,649,000**

131.17 **Medical Assistance Reentry Demonstration.**
 131.18 \$1,649,000 in fiscal year 2025 is from the
 131.19 general fund for planning and implementation
 131.20 of the medical assistance reentry
 131.21 demonstration. The base for this appropriation
 131.22 is \$1,924,000 in fiscal year 2026 and
 131.23 \$2,364,000 in fiscal year 2027.

131.24 Sec. 4. Minnesota Statutes 2023 Supplement, section 256R.55, subdivision 9, is amended
 131.25 to read:

131.26 Subd. 9. **Carryforward.** Notwithstanding section 16A.28, subdivision 3, any
 131.27 appropriation for the purposes under this section ~~carries forward and does not lapse until~~
 131.28 ~~the close of the fiscal year in which this section expires~~ is available until June 30, 2029.

131.29 Sec. 5. Laws 2023, chapter 61, article 4, section 11, the effective date, is amended to read:

131.30 **EFFECTIVE DATE.** This section is effective January 1, ~~2024~~ 2026, or upon federal
 131.31 approval, whichever is later. The commissioner shall notify the revisor of statutes when
 131.32 federal approval is obtained.

132.1 Sec. 6. Laws 2023, chapter 61, article 9, section 2, subdivision 16, as amended by Laws
 132.2 2023, chapter 70, article 15, section 8, is amended to read:

132.3 **Subd. 16. Grant Programs; Disabilities Grants** 113,684,000 30,377,000

132.4 **(a) Temporary Grants for Small**

132.5 **Customized Living Providers.** \$5,450,000

132.6 in fiscal year 2024 is for grants to assist small

132.7 customized living providers to transition to

132.8 community residential services licensure or

132.9 integrated community supports licensure.

132.10 Notwithstanding Minnesota Statutes, section

132.11 16A.28, this appropriation is available until

132.12 June 30, 2027. This is a onetime appropriation.

132.13 **(b) Lead Agency Capacity Building Grants.**

132.14 \$444,000 in fiscal year 2024 and \$2,396,000

132.15 in fiscal year 2025 are for grants to assist

132.16 organizations, counties, and Tribes to build

132.17 capacity for employment opportunities for

132.18 people with disabilities. The base for this

132.19 appropriation is \$2,413,000 in fiscal year 2026

132.20 and \$2,411,000 in fiscal year 2027.

132.21 **(c) Employment and Technical Assistance**

132.22 **Center Grants.** \$450,000 in fiscal year 2024

132.23 and \$1,800,000 in fiscal year 2025 are for

132.24 employment and technical assistance grants

132.25 to assist organizations and employers in

132.26 promoting a more inclusive workplace for

132.27 people with disabilities.

132.28 **(d) Case Management Training Grants.**

132.29 \$37,000 in fiscal year 2024 and \$123,000 in

132.30 fiscal year 2025 are for grants to provide case

132.31 management training to organizations and

132.32 employers to support the state's disability

132.33 employment supports system. The base for

133.1 this appropriation is \$45,000 in fiscal year
133.2 2026 and \$45,000 in fiscal year 2027.

133.3 **(e) Self-Directed Bargaining Agreement;**
133.4 **Electronic Visit Verification Stipends.**
133.5 \$6,095,000 in fiscal year 2024 is for onetime
133.6 stipends of \$200 to bargaining members to
133.7 offset the potential costs related to people
133.8 using individual devices to access the
133.9 electronic visit verification system. Of this
133.10 amount, \$5,600,000 is for stipends and
133.11 \$495,000 is for administration. This is a
133.12 onetime appropriation and is available until
133.13 June 30, 2025.

133.14 **(f) Self-Directed Collective Bargaining**
133.15 **Agreement; Temporary Rate Increase**
133.16 **Memorandum of Understanding.** \$1,600,000
133.17 in fiscal year 2024 is for onetime stipends for
133.18 individual providers covered by the SEIU
133.19 collective bargaining agreement based on the
133.20 memorandum of understanding related to the
133.21 temporary rate increase in effect between
133.22 December 1, 2020, and February 7, 2021. Of
133.23 this amount, \$1,400,000 of the appropriation
133.24 is for stipends and \$200,000 is for
133.25 administration. This is a onetime
133.26 appropriation.

133.27 **(g) Self-Directed Collective Bargaining**
133.28 **Agreement; Retention Bonuses.** \$50,750,000
133.29 in fiscal year 2024 is for onetime retention
133.30 bonuses covered by the SEIU collective
133.31 bargaining agreement. Of this amount,
133.32 \$50,000,000 is for retention bonuses and
133.33 \$750,000 is for administration of the bonuses.
133.34 This is a onetime appropriation and is
133.35 available until June 30, 2025.

134.1 **(h) Self-Directed Bargaining Agreement;**
134.2 **Training Stipends.** \$2,100,000 in fiscal year
134.3 2024 and \$100,000 in fiscal year 2025 are for
134.4 onetime stipends of \$500 for collective
134.5 bargaining unit members who complete
134.6 designated, voluntary trainings made available
134.7 through or recommended by the State Provider
134.8 Cooperation Committee. Of this amount,
134.9 \$2,000,000 in fiscal year 2024 is for stipends,
134.10 and \$100,000 in fiscal year 2024 and \$100,000
134.11 in fiscal year 2025 are for administration. This
134.12 is a onetime appropriation.

134.13 **(i) Self-Directed Bargaining Agreement;**
134.14 **Orientation Program.** \$2,000,000 in fiscal
134.15 year 2024 and \$2,000,000 in fiscal year 2025
134.16 are for onetime \$100 payments to collective
134.17 bargaining unit members who complete
134.18 voluntary orientation requirements. Of this
134.19 amount, \$1,500,000 in fiscal year 2024 and
134.20 \$1,500,000 in fiscal year 2025 are for the
134.21 onetime \$100 payments, and \$500,000 in
134.22 fiscal year 2024 and \$500,000 in fiscal year
134.23 2025 are for orientation-related costs. This is
134.24 a onetime appropriation.

134.25 **(j) Self-Directed Bargaining Agreement;**
134.26 **Home Care Orientation Trust.** \$1,000,000
134.27 in fiscal year 2024 is for the Home Care
134.28 Orientation Trust under Minnesota Statutes,
134.29 section 179A.54, subdivision 11. The
134.30 commissioner shall disburse the appropriation
134.31 to the board of trustees of the Home Care
134.32 Orientation Trust for deposit into an account
134.33 designated by the board of trustees outside the
134.34 state treasury and state's accounting system.

- 135.1 This is a onetime appropriation and is
135.2 available until June 30, 2025.
- 135.3 **(k) HIV/AIDS Supportive Services.**
135.4 \$12,100,000 in fiscal year 2024 is for grants
135.5 to community-based HIV/AIDS supportive
135.6 services providers as defined in Minnesota
135.7 Statutes, section 256.01, subdivision 19, and
135.8 for payment of allowed health care costs as
135.9 defined in Minnesota Statutes, section
135.10 256.9365. This is a onetime appropriation and
135.11 is available until June 30, 2025.
- 135.12 **(l) Motion Analysis Advancements Clinical**
135.13 **Study and Patient Care.** \$400,000 is fiscal
135.14 year 2024 is for a grant to the Mayo Clinic
135.15 Motion Analysis Laboratory and Limb Lab
135.16 for continued research in motion analysis
135.17 advancements and patient care. This is a
135.18 onetime appropriation and is available through
135.19 June 30, 2025.
- 135.20 **(m) Grant to Family Voices in Minnesota.**
135.21 \$75,000 in fiscal year 2024 and \$75,000 in
135.22 fiscal year 2025 are for a grant to Family
135.23 Voices in Minnesota under Minnesota
135.24 Statutes, section 256.4776.
- 135.25 **(n) Parent-to-Parent Programs.**
135.26 (1) \$550,000 in fiscal year 2024 and \$550,000
135.27 in fiscal year 2025 are for grants to
135.28 organizations that provide services to
135.29 underserved communities with a high
135.30 prevalence of autism spectrum disorder. This
135.31 is a onetime appropriation and is available
135.32 until June 30, 2025.

- 136.1 (2) The commissioner shall give priority to
136.2 organizations that provide culturally specific
136.3 and culturally responsive services.
- 136.4 (3) Eligible organizations must:
- 136.5 (i) conduct outreach and provide support to
136.6 newly identified parents or guardians of a child
136.7 with special health care needs;
- 136.8 (ii) provide training to educate parents and
136.9 guardians in ways to support their child and
136.10 navigate the health, education, and human
136.11 services systems;
- 136.12 (iii) facilitate ongoing peer support for parents
136.13 and guardians from trained volunteer support
136.14 parents; and
- 136.15 (iv) communicate regularly with other
136.16 parent-to-parent programs and national
136.17 organizations to ensure that best practices are
136.18 implemented.
- 136.19 (4) Grant recipients must use grant money for
136.20 the activities identified in clause (3).
- 136.21 (5) For purposes of this paragraph, "special
136.22 health care needs" means disabilities, chronic
136.23 illnesses or conditions, health-related
136.24 educational or behavioral problems, or the risk
136.25 of developing disabilities, illnesses, conditions,
136.26 or problems.
- 136.27 (6) Each grant recipient must report to the
136.28 commissioner of human services annually by
136.29 January 15 with measurable outcomes from
136.30 programs and services funded by this
136.31 appropriation the previous year including the
136.32 number of families served and the number of

137.1 volunteer support parents trained by the
137.2 organization's parent-to-parent program.

137.3 **(o) Self-Advocacy Grants for Persons with**
137.4 **Intellectual and Developmental Disabilities.**
137.5 \$323,000 in fiscal year 2024 and \$323,000 in
137.6 fiscal year 2025 are for self-advocacy grants
137.7 under Minnesota Statutes, section 256.477.
137.8 This is a onetime appropriation. Of these
137.9 amounts, \$218,000 in fiscal year 2024 and
137.10 \$218,000 in fiscal year 2025 are for the
137.11 activities under Minnesota Statutes, section
137.12 256.477, subdivision 1, paragraph (a), clauses
137.13 (5) to (7), and for administrative costs, and
137.14 \$105,000 in fiscal year 2024 and \$105,000 in
137.15 fiscal year 2025 are for the activities under
137.16 Minnesota Statutes, section 256.477,
137.17 subdivision 2.

137.18 **(p) Technology for Home Grants.** \$300,000
137.19 in fiscal year 2024 and \$300,000 in fiscal year
137.20 2025 are for technology for home grants under
137.21 Minnesota Statutes, section 256.4773.

137.22 **(q) Community Residential Setting**
137.23 **Transition.** \$500,000 in fiscal year 2024 is
137.24 for a grant to Hennepin County to expedite
137.25 approval of community residential setting
137.26 licenses subject to the corporate foster care
137.27 moratorium exception under Minnesota
137.28 Statutes, section 245A.03, subdivision 7,
137.29 paragraph (a), clause (5).

137.30 **(r) Base Level Adjustment.** The general fund
137.31 base is \$27,343,000 in fiscal year 2026 and
137.32 \$27,016,000 in fiscal year 2027.

138.1 Sec. 7. **REIMBURSEMENT TO BELTRAMI COUNTY FOR CERTAIN COST OF**
138.2 **CARE PAYMENTS.**

138.3 (a) This act includes \$336,680 for both reimbursement of prior payments by Beltrami
138.4 County and the forgiveness of existing Beltrami County debt, either of which is attributable
138.5 to the cost of care provided between July 1, 2022, and June 30, 2023, under either:

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

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

138.14 (b) This appropriation is available until June 30, 2025.

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

138.16 Sec. 8. **REVIVAL AND REENACTMENT.**

138.17 Minnesota Statutes 2022, section 256B.051, subdivision 7, is revived and reenacted
138.18 effective retroactively from August 1, 2023. The time-limited supplemental rate reduction
138.19 in Minnesota Statutes 2022, section 256B.051, subdivision 7, does not restart when the
138.20 subdivision is revived and reenacted. Any time frames within or dependent on the subdivision
138.21 are based on the original effective date in Laws 2017, First Special Session chapter 6, article
138.22 2, section 10.

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

138.24 Sec. 9. **REPEALER.**

138.25 Laws 2023, chapter 25, section 190, subdivision 10, is repealed.

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

138.27 Amend the title accordingly