2026 Office of Inspector General Policy Bill

IG-01: Background Studies Disqualification Changes

The Minnesota Department of Human Services (DHS) completes background studies as required by Minnesota Statutes 245C, for people who work in certain programs serving children and vulnerable adults. As part of its regular evaluation of 245C, DHS reviews the lists of disqualifying crimes and conduct to ensure alignment with current Minnesota law, to comply with federal and state program requirements, and to provide protection to children and vulnerable adults. This proposal includes the following changes:

- Adds order for protection for financial abuse of a vulnerable adult (609.2334) to 245C.15.
- Adds the new anti-kickback crime (609.542) to 245C.15.
- Corrects change made during 2024 session that removed interference with privacy at the gross misdemeanor level (609.746) from 245C.15.
- Modifies disqualifications for financial exploitation in 245C to ensure consistent application. (This change is made in 245C.02 definitions)
- Corrects current statute that requires five-year and two-year disqualifications to apply to family child foster care background studies, which was not the original intention.

These changes align chapter 245C with changes made to criminal code or human services and licensing statutes, or in an effort to conform state background studies statute with federal requirements.

IG-02: Child and Adult Foster Care and Adult Day Services Requiring New Fingerprint-Based Studies in NS2

DHS background studies are conducted using the NETStudy 2.0 system. Prior to the implementation of NETStudy 2.0 studies were submitted in the NETStudy system. Most background study types have moved into the NETStudy 2.0 system. Child Foster Care and Adult Day Centers are still in NETStudy. This proposal adds the remaining providers to the NETStudy 2.0 system and makes necessary system changes.

IG-03: Background Studies Clean-Up and Technical Changes

This proposal contains changes to chapter 245C making clarifying, technical or conforming changes based on past agency proposals, other past legislation, or due to changes to Background Studies policy or practice.

Provider Type Clarification

This amends 245C.03, subd. 1(c) to add Child Foster Residence Settings, formerly referred to as cooperate Child Foster Care. This change is already reflected in Netstudy 2.0, so this simply conforms statute with current practice.

Variance prohibition correction

In a prior session DHS proposed, and the legislature passed, a provision for foster residence settings and children's residential facilities (CRFs) to have the same permanent bars to a set aside or variance as licensed family foster settings. This removes language problematic for implementing that change.

IG-16: Background Studies Federal Compliance

The Department of Human Services (DHS) identified the following changes necessary to comply with federal requirements for receiving criminal history record information:

Child foster care transferability clarification:

Current law allows a background study related to child foster care to be transferable across all licensed programs except child foster care. These types of studies do not have comparable requirements. Federal requirements do not allow a study with a higher level of requirements to transfer to a program with a lower level.

Child care supervision:

The 2025 legislature made changes to 245C.13 to align language for notices and supervision requirements for child care background studies with the CCDF federal regulations. This proposal would clarify that certain child care study subjects cannot work while their study processes. Those study subjects will not be able to work at all until DHS has received a “qualifying result” from either the FBI or Minnesota criminal background check.

IG-20: Change of Ownership Definition Alignment

This proposal aims to enhance program integrity by ensuring DHS licensing is accurately capturing ownership information. This proposal closes a loophole that allows for change of ownership changes without notifying DHS. Currently, statute states that no change of ownership has occurred if at least one individual has been affiliated with the license for the prior 12 months. This proposal removes this language.

IG-23: SUD and Mental Health Policy

The Emergency Overdose Treatment section of Minnesota Statutes Chapter 245A (245A.242) requires that certain programs maintain a supply of opiate antagonists on hand available for emergency treatment of opioid overdose. This proposal eliminates the requirement for a standing order for nasal spray opiate antagonists (naloxone, Narcan) in Substance Use Disorder (SUD), Children's Residential Facilities (CRF), detoxification, withdrawal management, and Intensive Residential Treatment Services/Residential Crisis Stabilization (IRTS/RCS) programs in 245A.242 subd 2 (a).

IG-24: DHS Licensing Policy Clean-Up

This proposal includes technical and clarifying changes that impact DHS-licensed programs.

Repeal DHS as lead investigative agency for PRTFs

Codifies a practice that's currently being conducted through an Interagency Agreement and authorizes MDH to be the lead investigative agency for maltreatment investigations under the Maltreatment of Minors Act and the Vulnerable Adults Act.

HCBS clarifying fixes

This proposal aligns requirements in chapter 245D with what is already required in the Positive Supports Rule by clarifying that 245D license holders must maintain and share their emergency use of manual restraints policy and procedures with a person or their legal representative and their case manager. The proposal also protects individuals living in 245D residential settings by clarifying that their rights related to the safety and condition of their residence cannot be waived. Residents have a right to a setting that is clean, free from hazards, and compliant with the State Fire Code.

HCBS renewal fee clean-up

Technical change to account for HCBS revenues that equal exact dollar amounts within the renewal fee schedule. Adding "or equal to" to the new categories of fees will capture revenues that align with the top end of the revenue category.

Clarifying language to 245A Temporary Immediate Suspension provisions

Language was added to 245A.07, subdivision 2 in 2025 to allow DHS to issue a temporary immediate suspension of a license if the license holder or controlling individual is the subject of an investigation related to fraud. Language already in statue allows DHS to issue a suspension following a temporary immediate suspension when the outcome of a related, ongoing investigation or judicial proceeding was necessary to determine if a final licensing sanction would be issued. However, the language currently includes a requirement that the commissioner consider whether the persons served by the program remain at an imminent risk of harm during the investigation or proceedings. Subdivision 2(c) does not require a determination that there was an imminent risk of harm. Consequently, if a TIS was issued under that provision and at the end of 90 days the investigation is

still open, then DHS would not be able to issue a suspension under that language. This proposal adds burden of proof language to 245A.07 and adds language allowing DHS to issue a suspension under subdivision 2(c) if there is a related, ongoing investigation or judicial proceeding.

Clarify definition of related individuals

This change aligns the definition in 245A.02, subd. 13 with the definition of relative used in the Community-Based Services Manual (CBSM) for disability waiver services this is intended to address situations where a license holder is providing services to a spouse's relative (e.g. sibling) in the relative's home. This will align licensing statute with DHS disability waiver services CBSM and relative caregivers may instead access HCBS supports and services designed for individuals living with their own family which does not require a DHS license.

IG-32 Collecting Claims Under Multiple Surety Bonds

The Department of Human Services Office of Inspector General Program Integrity Oversight Division (DHS-PIO) has identified issues when it comes to collecting multiple claims from surety bond companies. Bond companies claim that even though they issued a bond every year and have claims that span multiple bonds, that DHS-PIO can only collect under one of the bond periods. Current statute is not clear that each bond is its own obligation. This proposal would help clarify the language so DHS-PIO can collect under multiple bonds and that each surety bond is one contract.

IG-33 Program Integrity Oversight Division Returning and Cleanup Policy

Expanding Payment Withhold Authority

Currently DHS can only suspend payment under 245.095, subd. 5 due to a credible allegation of fraud and pending investigation. Proposal expands authority to stop payment for a revoked or suspended license, criminal conviction of fraud in another state or federal agency and following a background study disqualification.

Exception for DHS from Minn. Stat. 15.013

Language passed in 2025 provides a 60-day limit to a payment withhold and the right to an appeal via a contested case hearing. This is problematic for DHS as 60 days is not long enough to conduct a comprehensive investigation, and the appeal process could compromise investigations and create administrative burden. Proposal adds language to 245.095, subd 5 and 256B.064, subd. 2(c)(5) that Section 15.013 does not apply to the commissioner and that the withholding of payments under these sections are temporary action and not subject to appeal as set forth in 15.013.

Clarifying definition of "excluded" in 245.095

Aligns 245.095 with language passed in 2025 that created a new background study disqualification related to fraud.

Pre-payment review authority clarification

Clarifies existing pre-payment review authority. Currently, DHS can only sanction providers when a provider "receives payment" or when "payment is made from Medical Assistance." This proposal would allow DHS to proactively prevent fraudulent payments by conducting pre-payment reviews of claims.

IG-35 Expanding authority for increased on-site visits

This proposal gives DHS the ability to review health service and financial records through site visits when the provider has not yet submitted claims. This authority was authorized for EIDBI services in 2025, this proposal expands the ability to all of MN Health Care Programs (MHCP).

IG-36 Adding the definition of "fraud" to 256B

Currently, there is not a statutory definition of "fraud" in 256B, where most of the Department of Human Services Office of Inspector General Program Integrity Oversight's (DHS OIG-PIO) authority lies. Currently, it is included in Rule 9505.2165. Adding this definition to 256B will increase the ability of OIG-PIO to send referrals to the Medicaid Fraud Control Unit (MFCU) in the Attorney General's Office as new crimes come online that fit this definition, likely resulting in more fraud cases being prosecuted.

IG-37 Waiving notice to consumers when under investigation

Current statute requires DHS to provide a 180-day notice prior to utilizing the authority to subpoena bank records for administrative sanctions. The current process is expensive and time consuming. Waiving the 180-day notice of accessing financial information pursuant to a request by law enforcement would help protect the integrity of an ongoing investigation. This proposal amends 13A.03 to allow the commissioner to delay notification to the customer if doing so compromises the investigation.

DEPARTMENT OF HUMAN SERVICES

2026 Governor's Behavioral Health Policy Bill: Summary of Proposals

Mental Health Emergency Services Statute Clean-Up (Sec. 1, 26)

During the 2025 session, legislation was passed to clarify that individuals who are receiving emergency behavioral health services cannot be charged for those services. That revision unintentionally removed language that prohibited providers from delaying care based on a person's funding source. This proposal would amend Minn. Stat. 245.469 by reintroducing that language so it is clear that emergency service providers must provide care without regard to client funding.

Additionally, that legislation also clarified that MinnesotaCare enrollees are not subject to cost-sharing when mobile crisis services are provided. Mobile crisis services are delivered in three parts: crisis intervention, crisis stabilization, and crisis assessment. While the language specifically mentions crisis intervention and crisis assessment, crisis stabilization services were not included. This proposal would amend Minn. Stat. 256L.03 by clarifying that all parts of mobile crisis services are exempt from cost-sharing, co-pays and deductibles.

Alignment of Peer Recovery Support (PRS) Service Definitions (Sec. 2, 3, 4, 7)

Peer recovery support (PRS) was significantly revised during the 2024 session, resulting in a new statutory framework and enhanced program standards. One of the changes enacted was to expand supervision of recovery peers to include licensed mental health professionals. However, this update was not reflected across all relevant recovery peer statutes, specifically for licensed SUD treatment facilities and withdrawal management programs. This proposal would amend Minn. Stat. 245G.11 and Minn. Stat. 245F.15 by removing the language that limits supervision to alcohol and drug counselors only.

Additionally, several outdated citations related to PRS were missed when Minn. Stat. 254B.052 was created. This proposal would amend Minn. Stat. 245F.02 and Minn. Stat. 245F.08 by updating the statutory references to point to the correct peer recovery statute.

Tobacco Education (Sec. 5, 11)

While behavioral health programs are required to screen for mental health and substance use disorder (SUD) history, tobacco use is routinely underassessed. Commercial tobacco continues to be the leading cause of preventable deaths in Minnesota, and widespread misinformation exists about the negative impacts of commercial tobacco use for individuals in recovery.

This proposal would amend Minn. Stat. 245I.10 and Minn. Stat. 245G.04 by explicitly requiring: 1) licensed SUD treatment facilities and licensed mental health facilities to assess and document tobacco/nicotine use in diagnostic assessments; 2) mental health professionals to apply the Tobacco Use Disorder diagnosis when a client meets the DSM-5 criteria; and 3) licensed SUD treatment programs to provide tobacco education materials to all clients on the first day of service.

Treatment Coordinator Education Requirement (Sec. 6)

During the 2025 legislative session, the educational requirement to provide treatment coordination services was changed from requiring a bachelor's degree to requiring a high school diploma. However, the existing language that required a bachelor's degree was not removed, potentially leading to confusion.

This proposal would amend Minn. Stat. 245G.11, subd. 7 to remove the bachelor's degree requirement entirely so it is clear that the intended educational requirement is at the level of a high school diploma. It reflects the intent of the 2025 Legislature and compromise between interested parties.

Children's Therapeutic Services and Supports (CTSS) Technical Clean Up (Sec. 8, 21, 22)

Minn. Stat. 256B.043 Subd.6(a) requires CTSS providers to review policies and procedures every 3 years, whereas Minn. Stat. 245I.03 (Mental Health Uniform Service Standards Act) requires providers to complete and document a review of policies and procedures every 2 years.

This proposal will amend CTSS statute to align with 245I.03 and require reviews every 2 years. This proposal also cleans up section Minn. Stat. 256B.0943 Subd. 1 (k) and 245I.04 subd. 17 by removing outdated terminology of "individual behavior plan." Both changes clarify requirements for providers and increase alignment with core mental health standards as we prepare to transition CFSS to uniform service standards.

Mental Health Professional Affiliation and Supervision Limits (Sec. 9, 10)

Mental health professionals are responsible for training, supervising, and evaluating agency staff and the services they provide. Current statute requires a progress note and a signature each time a staff member delivers a mental health service, but it does not clearly specify who may sign the note. As a result, mental health professionals often review progress notes, but do not formally approve or sign them. This proposal would amend Minn. Stat. 245I.08 by requiring a physical, dated signature and credentials on all progress notes, ensuring clear accountability and documentation of clinical oversight.

Concerns have also arisen regarding the number of provider organizations a mental health professional may be affiliated with. Applications reveal a concerning pattern of mental health professionals who are linked to multiple agencies, in some cases over 50 organizations. To strengthen program integrity and ensure quality supervision, limits are needed. This proposal would amend Minn. Stat. 245I.08 by adding a new subdivision that would 1) limit a mental health professional's affiliation to no more than 10 provider organizations or service lines, and supervision to no more than 20 staff across all affiliated providers; and 2) establish an exception process for mental health professional seeking to affiliate with more than 10 providers or supervise more than 20 staff.

Substance Use Disorder Waiver Clean-Up (Sec. 11, 12, 15, 19, 20, 27)

In 2019, Minnesota received approval for a Section 1115 Substance Use Disorder (SUD) Medicaid waiver to improve access to high-quality, clinically appropriate treatment by implementing the American Society of Addiction Medicine (ASAM) criteria and ensure availability of critical levels of care. These policy changes have now been fully incorporated into statute and apply to most SUD providers. This proposal would amend Minn.

Stat. 256B.0759 by removing outdated language, updating statutory references, and consolidating the remaining SUD waiver provisions for clarity and consistency.

As part of the 1115 waiver, a utilization management (UM) program was also implemented to ensure individuals with SUD receive the right level of care at the right time. To maintain oversight of clinical standards and align with federal waiver requirements, updates to state law are also needed. This proposal would amend Minn. Stat. 254A.03 and Minn. Stat. 254B.0505 to designate up to ten percent of each SUD provider's clients to be randomly reviewed each month for UM.

Peer Recovery Support Services (PRS) Clarification for Tribally Licensed Programs (Sec. 14)

PRS helps individuals in substance use disorder (SUD) recovery by connecting them with experienced and trained peers to support them in the recovery process and improve outcomes. Current statute explicitly lists the types of programs that can deliver PRS, however, that list excludes tribally licensed programs. While tribally licensed programs can, and currently do, provide peer recovery services as permitted by the Medicaid State Plan, omitting it in the PRS statute has led to confusion.

This proposal would amend Minn. Stat. Minn. Stat. 254B.052, Subd 1(b) to align statutory authority with the Medicaid State Plan and explicitly recognize the authority of Tribally licensed programs to deliver PRS.

Adjusting Advance Care Directive Requirements in Mobile Crisis Response (Sec.16, 17)

Currently, mobile crisis teams are required to offer to develop an advance care directive while conducting crisis intervention services. Recent SAMHSA updates to best practices recommend that discussions about health care directives occur during follow-up contacts rather than during the initial crisis intervention, as these discussions often involve complex and stressful topics like future care planning or end-of-life decisions. Once the initial crisis has been addressed, mobile crisis team members then focus on stabilization services, such as connecting clients to medication management and case management, which is a more appropriate time to have that discussion.

This proposal would amend Minn. Stat. 256B.0624 to align state requirements with national best practices by moving the requirement to offer to develop a health care directive from the crisis intervention stage of service to the crisis stabilization stage.

Children's Intensive Behavioral Health Services (CIBHS) Administrative Changes (Sec. 18, 23)

CIBHS, formerly Intensive Treatment in Foster Care (ITFC), currently requires temporary service reductions to be documented in the child's treatment plan. Updating the treatment plan is a time-consuming and formal process that requires collaboration between the entire team and the family, which can make it difficult to respond quickly when a temporary reduction is needed.

This proposal would amend Minn. Stat. 256B.0947 and Minn. Stat. 256B.0625 to allow temporary service reductions to be documented in the case file. It also corrects a missed reference to Intensive Treatment in Foster Care.

Updating Requirements for Intensive Rehabilitative Mental Health Services (IRMHS) Psychiatric Care Providers (Sec. 24, 25)

IRMHS requires that a clinically qualified core team includes an advanced practice registered nurse (APRN) with certification in psychiatric or mental health care or a board-certified child and adolescent psychiatrist. In practice, the requirement for a psychiatrist to be board-certified with children and adolescents has contributed to workforce challenges, especially when qualified and experienced psychiatrists are available but cannot work on an IRMHS team due to not having that child and adolescent certification.

This proposal would amend Minn. Stat. 256B.0947 to align the requirements for APRNs and psychiatrists by implementing comparable standards for medication management and clinical experience.

Recovery Community Organization Certification Timeline (Sec. TBD)

MA Recovery Community Organizations (RCOs) are currently required to obtain certification from the Minnesota Alliance of Recovery Community Organizations (MARCO) by June 30, 2027. MARCO certification establishes consistent, statewide standards for RCOs. These standards strengthen program integrity for services that have been designated as high-risk by preventing bad actors from getting enrolled to provide MA PRS and ensuring the consistent delivery of high-quality peer recovery services, according to national best practices.

This proposal would amend Minn. Stat. 254B.0501 by advancing the certification deadline by one year, to June 30, 2026.

Health Care Administration (HCA) 2026 Policy Bill

HC-28: MinnesotaCare Technical and Clarifying Changes

The Department of Human Services (DHS) recently implemented a MinnesotaCare premium policy change to comply with the Final Rule on Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes, which went into effect on June 3, 2024. The policy change removed a requirement for MinnesotaCare enrollees to pay a past-due grace month premium, as a condition of re-enrollment. This helps reduce confusion and delay that often arises for MinnesotaCare enrollees when attempting to restart their coverage, following disenrollment for non-payment of a premium. States were given 12 months to implement this change, and DHS made updates to billing and coverage systems to meet the June 2025 compliance date. This proposal updates Minnesota Statutes 256L.06 Subd. 3, 256L.05, subd. 3(d) and 256L.06, subd. 3(c) to reflect the changes.

This proposal also makes technical corrections and updates. First, this proposal updates Minn. Stat. 256L.05, subdivision 3(d) to correct a cross reference in the statute outlining the effective date of coverage for the MinnesotaCare program. The statute contains a cross reference to different types of enrollees who are exempt from paying a premium, and this proposal corrects the cross-reference to refer to all of the enrollees who are exempt from paying a premium. Second, this proposal updates Minn. Stat. 256L.06, subdivision 3(c), to clarify that coverage for the MinnesotaCare program is dependent upon premium payment.

HC-31: MA for Employed Persons with Disabilities (MA-EPD) Good Cause Policy

Minnesota statute authorizes denial or termination of MA-EPD (Medical Assistance for Employed Persons with Disabilities) coverage for an enrollee who fails to pay their monthly premium, unless the person demonstrates good cause for the lack of payment for the premiums. Good cause is defined as, “an excuse for the enrollee's failure to pay the required premium when due, because the circumstances were beyond the enrollee's control or not reasonably foreseeable.” As described in the law, the Department of Human Services (DHS) determines whether good cause exists, based on evidence provided by the enrollee.

DHS regularly receives requests from MA-EPD enrollees, to retroactively grant good cause and issue a refund for a premium(s) that the enrollee has already paid. DHS denies these requests, and in the cases where an enrollee has requested an appeal of the decision, DHS has prevailed. This proposal adds specific language to MN Statute

§ 256B.057, subd. 9(h), to clarify that good cause cannot be granted for an MA-EPD premium that the enrollee has already paid.

HC-32: Extension of Final Report with Findings and Recommendations from LAI Pilot Program

Pursuant to 2024 Minnesota Law, Chapter 127, Article 49, Section 12, the Department of Human Services (DHS) established a one-year pilot program to reimburse counties and Tribes for long-acting injectable antipsychotic medications administered to prisoners in county correctional institutions. State Law requires DHS to provide a summary report on this pilot program to the legislature by December 15, 2025. As it is now, the pilot program will continue to reimburse counties for medications administered throughout Fiscal Year 2026, about 6 months after the summary report would be submitted to the legislature. This proposal recommends submitting a final report in November 2026, allowing DHS approximately three months to analyze data and to draft the report after making final payments to counties and Tribes by the "hard close" deadline of August 21, 2026.

HC-34: Physician Oversight in Clinics

This proposal amends Minn. Stat. 256B.0625, subd. 4, to remove requirements in state law that conflict with newly adopted clinical services standards adopted by CMS. Recently, CMS amended 42 C.F.R. 440.90 to acknowledge the authority of Tribal providers to render services outside the four-walls of a clinic on the condition that the services are provided "under the direction of a licensed physician." This is interpreted to mean that a medical director has approved the clinic's policies and procedures for the provision of services outside the clinic and the personnel engaged to provide the service. This proposal amends state statutes addressing physician services, to reduce confusion and to help make building providers into the system easier.

HC-35: Streamlining Medicaid Provider Enrollment

This proposal updates Minn. Stat. 256B.04, subdivision 21 to give the Minnesota Department of Human Services (DHS) explicit authority that it may disenroll Medicaid providers from the Medicaid program if a provider has not billed DHS within the previous 12 months. This is a program integrity measure that will ensure ongoing compliance with federal corrective action plans submitted to the Centers for Medicare and Medicaid Services (CMS).

DEPARTMENT OF HUMAN SERVICES

2026 Homelessness, Housing, and Support Services Administration (HHSSA) Policy Bill Summary

HS-06: Substance Use Disorder (SUD)-only Eligibility for Projects for Assistance in Transition from Homelessness (PATH) Program

This proposal is a technical correction to the Projects for Assistance in Transition from Homelessness (PATH) program. PATH was established to help prevent and end homelessness for people with serious mental illness, substance use disorder, or a co-occurring substance use disorder. When statute was updated in 2024, however, a reference to substance use disorder was unintentionally omitted from the section describing what grant funds can be used for. This technical change clarifies that allowable grant activities include services for individuals with a substance use disorder (absent a co-occurring mental illness) and aligns eligible uses with the stated program purpose.

HS-04: Expanding Housing with Support for Adults with Serious Mental Illness (HSASMI) Program Eligibility

This proposal amends eligibility criteria for the Housing with Support for Adults with Serious Mental Illness (HSASMI) grant program to allow individuals with a substance use disorder (SUD) diagnosis to qualify for services, absent an identified co-occurring mental illness. Discerning the behavioral health needs of individuals experiencing housing instability may take time, and people presenting with SUD may have underlying serious mental health needs that require more time to identify. This policy change would remove a barrier to access for individuals who present with SUD and create a stronger housing safety net by supporting a more integrated, person-centered behavioral health approach.

HS-21: Economic Assistance Program Reforms

This proposal improves policy clarity, increases program uniformity, and removes outdated, non–person-centered language in the Minnesota Supplemental Aid (MSA) and General Assistance (GA) programs. More specifically, it extends the period during which MSA applicants must apply for other benefits from 30 days to 90 days, aligning with all other state cash assistance programs; and it eliminates language requiring mandatory vendor payment of GA benefits for individuals with substance use disorder.

HS-03: Emergency General Assistance (EGA) Policy Transparency

This proposal responds to recommendations from the 2023 Workgroup for Expediting Rental Assistance (WERA) by requiring counties and Tribal Nations to report their Emergency General Assistance (EGA) policies to DHS for

centralized publication. EGA is formula-based emergency funding distributed statewide to counties and Tribes. Counties and Tribes establish program rules, resulting in different requirements for applicants and providers. Publishing policies statewide will make program rules visible and accessible, ensuring that Minnesotans can understand and pursue the assistance available to them, regardless of where they live.

HS-08: Increasing Housing Support Access through Process Transparency and Outcome Reporting

This proposal adds new requirements for county and Tribal agencies to develop, make available, and report on processes by which they review and approve Housing Support agreements with providers. It was prompted by provider concerns regarding local discretion and lack of transparency for entering into Housing Support agreements, as well as agency concerns regarding local need for services and capacity to administer agreements. Increasing transparency of processes will benefit agencies, providers, and the individuals they serve, and the data collected by DHS will be used to guide future policy reforms that strengthen access to Housing Support.

HS-02: Repealing Homeless Youth Act and Shelter-Linked Mental Health Legislative Reports

This proposal repeals statutory requirements for DHS to produce the biennial Homeless Youth Act Report (Minn. Stat. 256K.45, Subd. 2) and Shelter-Linked Mental Health Report (Minn. Stat., 256K.46., Subd. 5). In recent years, national and statewide data sources, such as the Minnesota Homeless Study, have replaced the Homeless Youth Act Report and Shelter-Linked Mental Health Report as more comprehensive and up-to-date resources for youth homelessness. Removing the biennial reporting requirement will save state resources and avoid duplication.