

2.35 **ARTICLE 1**

2.36 **AGING AND DISABILITY SERVICES**

2.37 Section 1. Minnesota Statutes 2024, section 245D.091, subdivision 3, is amended to read:

2.38 Subd. 3. **Positive support analyst qualifications.** (a) A positive support analyst providing

2.39 positive support services as identified in section 245D.03, subdivision 1, paragraph (c),

2.40 clause (1), item (i), must have competencies in one of the following areas as required under

2.41 the brain injury, community access for disability inclusion, community alternative care, and

2.42 developmental disabilities waiver plans or successor plans:

2.43 (1) have obtained a baccalaureate degree, master's degree, or PhD in either a social

2.44 services discipline or nursing;

2.45 (2) meet the qualifications of a mental health practitioner as defined in section 245.462,

2.46 subdivision 17; or

3.1 (3) be a board-certified behavior analyst or board-certified assistant behavior analyst by

3.2 the Behavior Analyst Certification Board, Incorporated.

3.3 (b) In addition, a positive support analyst must:

3.4 (1) either have two years of supervised experience conducting functional behavior

3.5 assessments and designing, implementing, and evaluating effectiveness of positive practices

3.6 behavior support strategies for people who exhibit challenging behaviors as well as

3.7 co-occurring mental disorders and neurocognitive disorder, or for those who have obtained

3.8 a baccalaureate degree in one of the behavioral sciences or related fields, demonstrated

3.9 expertise in positive support services;

3.10 (2) have received training prior to hire or within 90 calendar days of hire that includes:

3.11 (i) ten hours of instruction in functional assessment and functional analysis;

3.12 (ii) 20 hours of instruction in the understanding of the function of behavior;

3.13 (iii) ten hours of instruction on design of positive practices behavior support strategies;

3.14 (iv) 20 hours of instruction preparing written intervention strategies, designing data

3.15 collection protocols, training other staff to implement positive practice strategies,

3.16 summarizing and reporting program evaluation data, analyzing program evaluation data to

3.17 identify design flaws in behavioral interventions or failures in implementation fidelity, and

3.18 recommending enhancements based on evaluation data; and

3.19 (v) eight hours of instruction on principles of person-centered thinking;

2.2 **ARTICLE 1**

2.3 **AGING AND DISABILITY SERVICES POLICY**

H2115-2, ART. 1, SEC. 1, MATCHES WITH ART. 2, SEC. 12, OF THE SENATE HUMAN SERVICES BUDGET BILL (UEH2434-1).

- 3.20 (3) be determined by a positive support professional to have the training and prerequisite
3.21 skills required to provide positive practice strategies as well as behavior reduction approved
3.22 and permitted intervention to the person who receives positive support; and
- 3.23 (4) be under the direct supervision of a positive support professional.
- 3.24 (c) Meeting the qualifications for a positive support professional under subdivision 2
3.25 shall substitute for meeting the qualifications listed in paragraph (b).

- 2.4 Section 1. Minnesota Statutes 2024, section 245D.10, is amended by adding a subdivision
2.5 to read:
- 2.6 Subd. 1a. **Prohibited condition of service provision.** (a) A license holder is prohibited
2.7 from requiring a person to have or obtain a guardian or conservator as a condition of receiving
2.8 or continuing to receive services regulated under this chapter.
- 2.9 (b) A license holder is prohibited from disseminating the following data, without the
2.10 consent of the individual who is the subject of the data, for purposes of researching autism
2.11 as a preventable disease:
- 2.12 (1) data identifying an individual, including names, birthdates, addresses, telephone
2.13 numbers, email addresses, or biometric information; or
- 2.14 (2) any other data that could reasonably be used to identify an individual.
- 2.15 Nothing in this paragraph prohibits an individual from transmitting their own identifying
2.16 data for the purposes of researching autism as a preventable disease.
- 2.17 Sec. 2. Minnesota Statutes 2024, section 252.28, subdivision 2, is amended to read:
- 2.18 Subd. 2. **Rules; program standards; licenses.** The commissioner of human services
2.19 shall:
- 2.20 (1) Establish uniform rules and program standards for each type of residential and day
2.21 facility or service for persons with developmental disabilities, including state hospitals under
2.22 control of the executive board and serving persons with developmental disabilities, and
2.23 excluding persons with developmental disabilities residing with their families.
- 2.24 (2) Grant licenses according to the provisions of ~~Laws 1976, chapter 243, sections 2 to~~
2.25 ~~13~~ chapter 245A.
- 2.26 Sec. 3. Minnesota Statutes 2024, section 252.41, subdivision 3, is amended to read:
- 2.27 Subd. 3. **Day services for adults with disabilities.** (a) "Day services for adults with
2.28 disabilities" or "day services" means services that:
- 2.29 (1) include supervision, training, assistance, support, facility-based work-related activities,
2.30 or other community-integrated activities designed and implemented in accordance with the
3.1 support plan and support plan addendum required under sections 245D.02, ~~subdivision 4,~~

- 3.2 ~~paragraphs (b) and (c), subdivisions 4b and 4c, and 256B.092, subdivision 1b, and Minnesota~~
3.3 ~~Rules, part 9525.0004, subpart 12, to help an adult reach and maintain the highest possible~~
3.4 ~~level of independence, productivity, and integration into the community;~~
- 3.5 (2) include day support services, prevocational services, ~~day training and habilitation~~
3.6 ~~services~~, structured day services, and adult day services as defined in Minnesota's federally
3.7 approved disability waiver plans; ~~and~~
- 3.8 (3) include day training and habilitation services; and
- 3.9 (4) are provided by a vendor licensed under sections 245A.01 to 245A.16, 245D.27 to
3.10 245D.31, 252.28, subdivision 2, or 252.41 to 252.46, or Minnesota Rules, parts 9525.1200
3.11 to 9525.1330, to provide day services.
- 3.12 (b) Day services reimbursable under this section do not include special education and
3.13 related services as defined in the Education of the Individuals with Disabilities Act, United
3.14 States Code, title 20, chapter 33, section 1401, clauses (6) and (17), or vocational services
3.15 funded under section 110 of the Rehabilitation Act of 1973, United States Code, title 29,
3.16 section 720, as amended.
- 3.17 (c) Day services do not include employment exploration, employment development, or
3.18 employment support services as defined in the home and community-based services waivers
3.19 for people with disabilities authorized under sections 256B.092 and 256B.49.
- 3.20 Sec. 4. Minnesota Statutes 2024, section 252.42, is amended to read:
- 3.21 **252.42 SERVICE PRINCIPLES.**
- 3.22 The design and delivery of services eligible for reimbursement should reflect the
3.23 following principles:
- 3.24 (1) services must suit a person's chronological age and be provided in the least restrictive
3.25 environment possible, consistent with the needs identified in the person's support plan and
3.26 support plan addendum required under sections 245D.02, subdivisions 4b and 4c, and
3.27 256B.092, subdivision 1b, ~~and 245D.02, subdivision 4, paragraphs (b) and (c); and Minnesota~~
3.28 ~~Rules, part 9525.0004, subpart 12;~~
- 3.29 (2) a person with a disability whose individual support plans and support plan addendums
3.30 authorize employment or employment-related activities shall be given the opportunity to
3.31 participate in employment and employment-related activities in which nondisabled persons
3.32 participate;
- 4.1 (3) a person with a disability participating in work shall be paid wages commensurate
4.2 with the rate for comparable work and productivity except as regional centers are governed
4.3 by section 246.151;

3.26 Sec. 2. Minnesota Statutes 2024, section 252.43, is amended to read:

3.27 **252.43 COMMISSIONER'S DUTIES.**

3.28 (a) The commissioner shall supervise lead agencies' provision of day services to adults
3.29 with disabilities. The commissioner shall:

4.1 (1) determine the need for day programs, except for adult day services, under sections
4.2 256B.4914 and 252.41 to 252.46 operated in a day services facility licensed under sections
4.3 245D.27 to 245D.31;

4.4 ~~(2) establish payment rates as provided under section 256B.4914;~~

4.5 ~~(3) adopt rules for the administration and provision of day services under sections~~
4.6 ~~245A.01 to 245A.16; 252.28, subdivision 2; or 252.41 to 252.46; or Minnesota Rules, parts~~
4.7 ~~9525.1200 to 9525.1330;~~

4.8 ~~(4) enter into interagency agreements necessary to ensure effective coordination and~~
4.9 ~~provision of day services;~~

4.10 ~~(5) monitor and evaluate the costs and effectiveness of day services; and~~

4.11 ~~(6) provide information and technical help to lead agencies and vendors in their~~
4.12 ~~administration and provision of day services.~~

4.13 (b) A determination of need in paragraph (a), clause (1), shall not be required for a
4.14 change in day service provider name or ownership.

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

4.4 (4) a person with a disability shall receive services which include services offered in
4.5 settings used by the general public and designed to increase the person's active participation
4.6 in ordinary community activities;

4.7 (5) a person with a disability shall participate in the patterns, conditions, and rhythms
4.8 of everyday living and working that are consistent with the norms of the mainstream of
4.9 society.

4.10 Sec. 5. Minnesota Statutes 2024, section 252.43, is amended to read:

4.11 **252.43 COMMISSIONER'S DUTIES.**

4.12 (a) The commissioner shall supervise lead agencies' provision of day services to adults
4.13 with disabilities. The commissioner shall:

4.14 (1) determine the need for day programs services, except for adult day services, under
4.15 sections 256B.4914 and 252.41 to 252.46 operated in a day services facility licensed under
4.16 sections 245D.27 to 245D.31;

4.17 ~~(2) establish payment rates as provided under section 256B.4914;~~

4.18 ~~(2) adopt rules for the administration and provision of day services under sections~~
4.19 ~~245A.01 to 245A.16; 252.28, subdivision 2; or 252.41 to 252.46; or Minnesota Rules, parts~~
4.20 ~~9525.1200 to 9525.1330;~~

4.21 ~~(3) enter into interagency agreements necessary to ensure effective coordination and~~
4.22 ~~provision of day services;~~

4.23 ~~(4) monitor and evaluate the costs and effectiveness of day services; and~~

4.24 ~~(5) provide information and technical help to lead agencies and vendors in their~~
4.25 ~~administration and provision of day services.~~

4.26 (b) A determination of need in paragraph (a), clause (1), shall not be required for a
4.27 change in day service provider name or ownership.

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

5.1 Sec. 6. Minnesota Statutes 2024, section 252.44, is amended to read:

5.2 **252.44 LEAD AGENCY BOARD RESPONSIBILITIES.**

5.3 When the need for day services in a county or tribe has been determined under section
5.4 252.28 252.43, the board of commissioners for that lead agency shall:

5.5 (1) authorize the delivery of day services according to the support plans and support
5.6 plan addendums required as part of the lead agency's provision of case management services
5.7 under sections 256B.0913, subdivision 8; 256B.092, subdivision 1b; and 256B.49,
5.8 subdivision 15; and 256S.10 and Minnesota Rules, parts 9525.0004 to 9525.0036;

4.16 Sec. 3. Minnesota Statutes 2024, section 252.46, subdivision 1a, is amended to read:

4.17 Subd. 1a. **Day training and habilitation rates.** ~~(a) The commissioner shall establish a~~

4.18 ~~statewide rate-setting methodology rates for all day training and habilitation services as~~

4.19 ~~provided under section 256B.4914. The rate-setting methodology must abide by the principles~~

4.20 ~~of transparency and equitability across the state. The methodology must involve a uniform~~

4.21 ~~process of structuring rates for each service and must promote quality and participant choice~~

4.22 ~~and for transportation delivered as a part of day training and habilitation services.~~

4.23 (b) The commissioner shall consult with stakeholders prior to modifying rates under

4.24 this subdivision.

4.25 **EFFECTIVE DATE.** This section is effective January 1, 2026.

5.9 (2) ensure that transportation is provided or arranged by the vendor in the most efficient

5.10 and reasonable way possible; and

5.11 (3) monitor and evaluate the cost and effectiveness of the services.

5.12 Sec. 7. Minnesota Statutes 2024, section 252.45, is amended to read:

5.13 **252.45 VENDOR'S DUTIES.**

5.14 A day service vendor enrolled with the commissioner is responsible for items under

5.15 clauses (1), (2), and (3), and extends only to the provision of services that are reimbursable

5.16 under state and federal law. A vendor providing day services shall:

5.17 (1) provide the amount and type of services authorized in the individual service plan

5.18 under the support plan and support plan addendum required under sections 245D.02,

5.19 ~~subdivision 4, paragraphs (b) and (c)~~ subdivisions 4b and 4c, and 256B.092, subdivision

5.20 1b, and Minnesota Rules, part 9525.0004, subpart 12;

5.21 (2) design the services to achieve the outcomes assigned to the vendor in the support

5.22 plan and support plan addendum required under sections 245D.02, ~~subdivision 4, paragraphs~~

5.23 ~~(a) and (b)~~ subdivisions 4b and 4c, and 256B.092, subdivision 1b, and Minnesota Rules,

5.24 part 9525.0004, subpart 12;

5.25 (3) provide or arrange for transportation of persons receiving services to and from service

5.26 sites;

5.27 (4) enter into agreements with community-based intermediate care facilities for persons

5.28 with developmental disabilities to ensure compliance with applicable federal regulations;

5.29 and

5.30 (5) comply with state and federal law.

6.1 Sec. 8. Minnesota Statutes 2024, section 252.46, subdivision 1a, is amended to read:

6.2 Subd. 1a. **Day training and habilitation rates.** The commissioner shall establish a

6.3 ~~statewide rate-setting methodology rates for all day training and habilitation services as~~

6.4 ~~provided under section 256B.4914. The rate-setting methodology must abide by the principles~~

6.5 ~~of transparency and equitability across the state. The methodology must involve a uniform~~

6.6 ~~process of structuring rates for each service and must promote quality and participant choice~~

6.7 ~~and for transportation delivered as a part of day training and habilitation services. The~~

6.8 ~~commissioner shall consult with impacted groups prior to making modifications to rates~~

6.9 ~~under this section.~~

6.10 **EFFECTIVE DATE.** This section is effective January 1, 2026.

4.26 Sec. 4. **[256B.0909] LONG-TERM CARE DECISION REVIEWS.**

4.27 Subdivision 1. **Opportunity to respond required.** The lead agency shall initiate a
4.28 decision review if requested by a person or a person's legal representative within ten calendar
4.29 days of receiving an agency notice to deny, reduce, suspend, or terminate the person's access
4.30 to or eligibility for the following programs:

5.1 (1) home and community-based waivers, including level of care determinations, under
5.2 sections 256B.092 and 256B.49;

5.3 (2) specific home and community-based services available under sections 256B.092 and
5.4 256B.49;

5.5 (3) consumer-directed community supports;

5.6 (4) the following state plan services:

5.7 (i) personal care assistance services under section 256B.0625, subdivisions 19a and 19c;

5.8 (ii) consumer support grants under section 256.476; or

5.9 (iii) community first services and supports under section 256B.85;

5.10 (5) semi-independent living services under section 252.275;

5.11 (6) relocation targeted case management services available under section 256B.0621,
5.12 subdivision 2, clause (4);

5.13 (7) case management services targeted to vulnerable adults or people with developmental
5.14 disabilities under section 256B.0924;

5.15 (8) case management services targeted to people with developmental disabilities under
5.16 Minnesota Rules, part 9525.0016; and

5.17 (9) necessary diagnostic information to gain access to or determine eligibility under
5.18 clauses (5) to (8).

5.19 Subd. 2. **Decision review.** (a) A lead agency must schedule a decision review for any
5.20 person who responds under subdivision 1 within ten calendar days of the request for review.

5.21 (b) The lead agency must conduct the decision review in a manner that allows an
5.22 opportunity for interactive communication between the person and a representative of the
5.23 lead agency who has specific knowledge of the proposed decision and the basis for the
5.24 decision. The interactive communication must be in a format that is accessible to the recipient,
5.25 and may include a phone call, a written exchange, an in-person meeting, or another format
5.26 as chosen by the person or the person's legal representative, if any.

5.27 (c) During the decision review, the representative of the lead agency must provide a
5.28 thorough explanation of the lead agency's intent to deny, reduce, suspend, or terminate
5.29 eligibility or access to the services described in subdivision 1 and provide the person or the

5.30 person's legal representative, if any, an opportunity to ask questions about the decision. If
5.31 the lead agency's explanation of the decision is based on a misunderstanding of the person's
6.1 circumstances, incomplete information, missing documentation, or similar missing or
6.2 inaccurate information, the lead agency must provide the person or the person's legal
6.3 representative, if any, an opportunity to provide clarifying or additional information.

6.4 (d) A person with a legal representative is not required to participate in the decision
6.5 review. A person may also have someone of the person's choosing participate in the decision
6.6 review.

6.7 Subd. 3. Appeals. If the lead agency ignores the request for review or does not schedule
6.8 the review in at least ten calendar days prior to the hearing, the judge must reschedule the
6.9 hearing to allow for at least ten calendar days between the review and the hearing.

6.10 Sec. 5. Minnesota Statutes 2024, section 256B.092, subdivision 1a, is amended to read:

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

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

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

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

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

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

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

6.23 (ii) employment service providers;

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

6.25 (iv) providers of financial management services;

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

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

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

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

6.11 Sec. 9. Minnesota Statutes 2024, section 256B.092, subdivision 1a, is amended to read:

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

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

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

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

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

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

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

6.24 (ii) employment service providers;

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

6.26 (iv) providers of financial management services;

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

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

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

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

7.3 (c) Case management service activities that are provided to the person with a
7.4 developmental disability shall be provided directly by county agencies or under contract.
7.5 If a county agency contracts for case management services, the county agency must provide
7.6 each recipient of home and community-based services who is receiving contracted case
7.7 management services with the contact information the recipient may use to file a grievance
7.8 with the county agency about the quality of the contracted services the recipient is receiving
7.9 from a county-contracted case manager. If a county agency provides case management
7.10 under contracts with other individuals or agencies and the county agency utilizes a
7.11 competitive proposal process for the procurement of contracted case management services,
7.12 the competitive proposal process must include evaluation criteria to ensure that the county
7.13 maintains a culturally responsive program for case management services adequate to meet
7.14 the needs of the population of the county. For the purposes of this section, "culturally
7.15 responsive program" means a case management services program that: (1) ensures effective,
7.16 equitable, comprehensive, and respectful quality care services that are responsive to
7.17 individuals within a specific population's values, beliefs, practices, health literacy, preferred
7.18 language, and other communication needs; and (2) is designed to address the unique needs
7.19 of individuals who share a common language or racial, ethnic, or social background.

7.20 (d) Case management services must be provided by a public or private agency that is
7.21 enrolled as a medical assistance provider determined by the commissioner to meet all of
7.22 the requirements in the approved federal waiver plans. Case management services must not
7.23 be provided to a recipient by a private agency that has a financial interest in the provision
7.24 of any other services included in the recipient's support plan. For purposes of this section,
7.25 "private agency" means any agency that is not identified as a lead agency under section
7.26 256B.0911, subdivision 10.

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

7.31 (f) For persons who need a positive support transition plan as required in chapter 245D,
7.32 the case manager shall participate in the development and ongoing evaluation of the plan
7.33 with the expanded support team. At least quarterly, the case manager, in consultation with
7.34 the expanded support team, shall evaluate the effectiveness of the plan based on progress
7.35 evaluation data submitted by the licensed provider to the case manager. The evaluation must
8.1 identify whether the plan has been developed and implemented in a manner to achieve the
8.2 following within the required timelines:

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

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

8.6 (3) accomplishment of identified outcomes.

7.3 (c) Case management service activities that are provided to the person with a
7.4 developmental disability shall be provided directly by county agencies or under contract.
7.5 If a county agency contracts for case management services, the county agency must provide
7.6 each recipient of home and community-based services who is receiving contracted case
7.7 management services with the contact information the recipient may use to file a grievance
7.8 with the county agency about the quality of the contracted services the recipient is receiving
7.9 from a county-contracted case manager. If a county agency provides case management
7.10 under contracts with other individuals or agencies and the county agency utilizes a
7.11 competitive proposal process for the procurement of contracted case management services,
7.12 the competitive proposal process must include evaluation criteria to ensure that the county
7.13 maintains a culturally responsive program for case management services adequate to meet
7.14 the needs of the population of the county. For the purposes of this section, "culturally
7.15 responsive program" means a case management services program that: (1) ensures effective,
7.16 equitable, comprehensive, and respectful quality care services that are responsive to
7.17 individuals within a specific population's values, beliefs, practices, health literacy, preferred
7.18 language, and other communication needs; and (2) is designed to address the unique needs
7.19 of individuals who share a common language or racial, ethnic, or social background.

7.20 (d) Case management services must be provided by a public or private agency that is
7.21 enrolled as a medical assistance provider determined by the commissioner to meet all of
7.22 the requirements in the approved federal waiver plans. Case management services must not
7.23 be provided to a recipient by a private agency that has a financial interest in the provision
7.24 of any other services included in the recipient's support plan. For purposes of this section,
7.25 "private agency" means any agency that is not identified as a lead agency under section
7.26 256B.0911, subdivision 10.

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

7.31 (f) For persons who need a positive support transition plan as required in chapter 245D,
7.32 the case manager shall participate in the development and ongoing evaluation of the plan
7.33 with the expanded support team. At least quarterly, the case manager, in consultation with
7.34 the expanded support team, shall evaluate the effectiveness of the plan based on progress
7.35 evaluation data submitted by the licensed provider to the case manager. The evaluation must
8.1 identify whether the plan has been developed and implemented in a manner to achieve the
8.2 following within the required timelines:

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

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

8.6 (3) accomplishment of identified outcomes.

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

8.10 (g) The Department of Human Services shall offer ongoing education in case management
8.11 to case managers. Case managers shall receive no less than 20 hours of case management
8.12 education and disability-related training each year. The education and training must include
8.13 person-centered planning, informed choice, informed decision making, cultural competency,
8.14 employment planning, community living planning, self-direction options, and use of
8.15 technology supports. Case managers must annually complete an informed choice curriculum
8.16 and pass a competency evaluation, in a form determined by the commissioner, on informed
8.17 decision-making standards. By August 1, 2024, all case managers must complete an
8.18 employment support training course identified by the commissioner of human services. For
8.19 case managers hired after August 1, 2024, this training must be completed within the first
8.20 six months of providing case management services. For the purposes of this section,
8.21 "person-centered planning" or "person-centered" has the meaning given in section 256B.0911,
8.22 subdivision 10. Case managers must document completion of training in a system identified
8.23 by the commissioner.

8.24 **EFFECTIVE DATE.** This section is effective August 1, 2025.

8.25 Sec. 6. Minnesota Statutes 2024, section 256B.092, subdivision 11a, is amended to read:

8.26 Subd. 11a. **Residential support services criteria.** (a) For the purposes of this subdivision,
8.27 "residential support services" means the following residential support services reimbursed
8.28 under section 256B.4914: community residential services, customized living services, and
8.29 24-hour customized living services.

8.30 (b) In order to increase independent living options for people with disabilities and in
8.31 accordance with section 256B.4905, subdivisions ~~3 and 4~~ 7 and 8, and consistent with
8.32 section 245A.03, subdivision 7, the commissioner must establish and implement criteria to
8.33 access residential support services. The criteria for accessing residential support services
9.1 must prohibit the commissioner from authorizing residential support services unless at least
9.2 all of the following conditions are met:

9.3 (1) the individual has complex behavioral health or complex medical needs; and

9.4 (2) the individual's service planning team has considered all other available residential
9.5 service options and determined that those options are inappropriate to meet the individual's
9.6 support needs.

9.7 (c) Nothing in this subdivision shall be construed as permitting the commissioner to
9.8 establish criteria prohibiting the authorization of residential support services for individuals
9.9 described in the statewide priorities established in subdivision 12, the transition populations
9.10 in subdivision 13, and the licensing moratorium exception criteria under section 245A.03,
9.11 subdivision 7, paragraph (a).

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

8.10 (g) The Department of Human Services shall offer ongoing education in case management
8.11 to case managers. Case managers shall receive no less than 20 hours of case management
8.12 education and disability-related training each year. The education and training must include
8.13 person-centered planning, informed choice, informed decision making, cultural competency,
8.14 employment planning, community living planning, self-direction options, and use of
8.15 technology supports. Case managers must annually complete an informed choice curriculum
8.16 and pass a competency evaluation, in a form determined by the commissioner, on informed
8.17 decision-making standards. By August 1, 2024, all case managers must complete an
8.18 employment support training course identified by the commissioner of human services. For
8.19 case managers hired after August 1, 2024, this training must be completed within the first
8.20 six months of providing case management services. For the purposes of this section,
8.21 "person-centered planning" or "person-centered" has the meaning given in section 256B.0911,
8.22 subdivision 10. Case managers must document completion of training in a system identified
8.23 by the commissioner.

8.24 **EFFECTIVE DATE.** This section is effective August 1, 2025.

8.25 Sec. 10. Minnesota Statutes 2024, section 256B.092, subdivision 11a, is amended to read:

8.26 Subd. 11a. **Residential support services criteria.** (a) For the purposes of this subdivision,
8.27 "residential support services" means the following residential support services reimbursed
8.28 under section 256B.4914: community residential services, customized living services, and
8.29 24-hour customized living services.

8.30 (b) In order to increase independent living options for people with disabilities and in
8.31 accordance with section 256B.4905, subdivisions ~~3 and 4~~ 7 and 8, and consistent with
8.32 section 245A.03, subdivision 7, the commissioner must establish and implement criteria to
8.33 access residential support services. The criteria for accessing residential support services
9.1 must prohibit the commissioner from authorizing residential support services unless at least
9.2 all of the following conditions are met:

9.3 (1) the individual has complex behavioral health or complex medical needs; and

9.4 (2) the individual's service planning team has considered all other available residential
9.5 service options and determined that those options are inappropriate to meet the individual's
9.6 support needs.

9.7 (c) Nothing in this subdivision shall be construed as permitting the commissioner to
9.8 establish criteria prohibiting the authorization of residential support services for individuals
9.9 described in the statewide priorities established in subdivision 12, the transition populations
9.10 in subdivision 13, and the licensing moratorium exception criteria under section 245A.03,
9.11 subdivision 7, paragraph (a).

9.12 (d) Individuals with active service agreements for residential support services on the
9.13 date that the criteria for accessing residential support services become effective are exempt
9.14 from the requirements of this subdivision, and the exemption from the criteria for accessing
9.15 residential support services continues to apply for renewals of those service agreements.

9.16 **EFFECTIVE DATE.** This section is effective 90 days following federal approval of
9.17 Laws 2021, First Special Session chapter 7, article 13, section 18.

9.18 Sec. 7. Minnesota Statutes 2024, section 256B.49, subdivision 13, is amended to read:

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

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

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

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

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

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

9.30 (iii) employment service providers;

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

10.3 (v) providers of financial management services;

10.4 (4) assisting the recipient to access services and assisting with appeals under section
10.5 256.045; and

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

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

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

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

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

9.12 (d) Individuals with active service agreements for residential support services on the
9.13 date that the criteria for accessing residential support services become effective are exempt
9.14 from the requirements of this subdivision, and the exemption from the criteria for accessing
9.15 residential support services continues to apply for renewals of those service agreements.

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

9.17 Sec. 11. Minnesota Statutes 2024, section 256B.49, subdivision 13, is amended to read:

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

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

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

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

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

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

9.29 (iii) employment service providers;

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

10.1 (v) providers of financial management services;

10.2 (4) assisting the recipient to access services and assisting with appeals under section
10.3 256.045; and

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

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

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

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

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

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

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

10.32 (e) For persons who need a positive support transition plan as required in chapter 245D,
10.33 the case manager shall participate in the development and ongoing evaluation of the plan
11.1 with the expanded support team. At least quarterly, the case manager, in consultation with
11.2 the expanded support team, shall evaluate the effectiveness of the plan based on progress
11.3 evaluation data submitted by the licensed provider to the case manager. The evaluation must
11.4 identify whether the plan has been developed and implemented in a manner to achieve the
11.5 following within the required timelines:

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

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

11.9 (3) accomplishment of identified outcomes.

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

11.13 (f) The Department of Human Services shall offer ongoing education in case management
11.14 to case managers. Case managers shall receive no less than 20 hours of case management
11.15 education and disability-related training each year. The education and training must include
11.16 person-centered planning, informed choice, informed decision making, cultural competency,
11.17 employment planning, community living planning, self-direction options, and use of
11.18 technology supports. Case managers must annually complete an informed choice curriculum
11.19 and pass a competency evaluation, in a form determined by the commissioner, on informed
11.20 decision-making standards. By August 1, 2024, all case managers must complete an

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

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

10.30 (e) For persons who need a positive support transition plan as required in chapter 245D,
10.31 the case manager shall participate in the development and ongoing evaluation of the plan
10.32 with the expanded support team. At least quarterly, the case manager, in consultation with
10.33 the expanded support team, shall evaluate the effectiveness of the plan based on progress
11.1 evaluation data submitted by the licensed provider to the case manager. The evaluation must
11.2 identify whether the plan has been developed and implemented in a manner to achieve the
11.3 following within the required timelines:

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

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

11.7 (3) accomplishment of identified outcomes.

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

11.11 (f) The Department of Human Services shall offer ongoing education in case management
11.12 to case managers. Case managers shall receive no less than 20 hours of case management
11.13 education and disability-related training each year. The education and training must include
11.14 person-centered planning, informed choice, informed decision making, cultural competency,
11.15 employment planning, community living planning, self-direction options, and use of
11.16 technology supports. Case managers must annually complete an informed choice curriculum
11.17 and pass a competency evaluation, in a form determined by the commissioner, on informed
11.18 decision-making standards. By August 1, 2024, all case managers must complete an

11.21 employment support training course identified by the commissioner of human services. For
11.22 case managers hired after August 1, 2024, this training must be completed within the first
11.23 six months of providing case management services. For the purposes of this section,
11.24 "person-centered planning" or "person-centered" has the meaning given in section 256B.0911,
11.25 subdivision 10. Case managers shall document completion of training in a system identified
11.26 by the commissioner.

11.27 **EFFECTIVE DATE.** This section is effective August 1, 2025.

11.28 Sec. 8. Minnesota Statutes 2024, section 256B.49, subdivision 29, is amended to read:

11.29 Subd. 29. **Residential support services criteria.** (a) For the purposes of this subdivision,
11.30 "residential support services" means the following residential support services reimbursed
11.31 under section 256B.4914: community residential services, customized living services, and
11.32 24-hour customized living services.

12.1 (b) In order to increase independent living options for people with disabilities and in
12.2 accordance with section 256B.4905, subdivisions ~~3 and 4~~ 7 and 8, and consistent with
12.3 section 245A.03, subdivision 7, the commissioner must establish and implement criteria to
12.4 access residential support services. The criteria for accessing residential support services
12.5 must prohibit the commissioner from authorizing residential support services unless at least
12.6 all of the following conditions are met:

12.7 (1) the individual has complex behavioral health or complex medical needs; and

12.8 (2) the individual's service planning team has considered all other available residential
12.9 service options and determined that those options are inappropriate to meet the individual's
12.10 support needs.

12.11 (c) Nothing in this subdivision shall be construed as permitting the commissioner to
12.12 establish criteria prohibiting the authorization of residential support services for individuals
12.13 described in the statewide priorities established in subdivision ~~42 11a~~, the transition
12.14 populations in subdivision ~~43 24~~, and the licensing moratorium exception criteria under
12.15 section 245A.03, subdivision 7, paragraph (a).

12.16 ~~(e)~~ (d) Individuals with active service agreements for residential support services on the
12.17 date that the criteria for accessing residential support services become effective are exempt
12.18 from the requirements of this subdivision, and the exemption from the criteria for accessing
12.19 residential support services continues to apply for renewals of those service agreements.

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

12.21 Sec. 9. Minnesota Statutes 2024, section 256B.4911, subdivision 6, is amended to read:

12.22 Subd. 6. **Services provided by parents and spouses.** (a) This subdivision limits medical
12.23 assistance payments under the consumer-directed community supports option for personal
12.24 assistance services provided by a parent to the parent's minor child or by a participant's

11.19 employment support training course identified by the commissioner of human services. For
11.20 case managers hired after August 1, 2024, this training must be completed within the first
11.21 six months of providing case management services. For the purposes of this section,
11.22 "person-centered planning" or "person-centered" has the meaning given in section 256B.0911,
11.23 subdivision 10. Case managers shall document completion of training in a system identified
11.24 by the commissioner.

11.25 **EFFECTIVE DATE.** This section is effective August 1, 2025.

11.26 Sec. 12. Minnesota Statutes 2024, section 256B.49, subdivision 29, is amended to read:

11.27 Subd. 29. **Residential support services criteria.** (a) For the purposes of this subdivision,
11.28 "residential support services" means the following residential support services reimbursed
11.29 under section 256B.4914: community residential services, customized living services, and
11.30 24-hour customized living services.

11.31 (b) In order to increase independent living options for people with disabilities and in
11.32 accordance with section 256B.4905, subdivisions ~~3 and 4~~ 7 and 8, and consistent with
11.33 section 245A.03, subdivision 7, the commissioner must establish and implement criteria to
12.1 access residential support services. The criteria for accessing residential support services
12.2 must prohibit the commissioner from authorizing residential support services unless at least
12.3 all of the following conditions are met:

12.4 (1) the individual has complex behavioral health or complex medical needs; and

12.5 (2) the individual's service planning team has considered all other available residential
12.6 service options and determined that those options are inappropriate to meet the individual's
12.7 support needs.

12.8 (c) Nothing in this subdivision shall be construed as permitting the commissioner to
12.9 establish criteria prohibiting the authorization of residential support services for individuals
12.10 described in the statewide priorities established in subdivision ~~42 11a~~, the transition
12.11 populations in subdivision ~~43 24~~, and the licensing moratorium exception criteria under
12.12 section 245A.03, subdivision 7, paragraph (a).

12.13 ~~(e)~~ (d) Individuals with active service agreements for residential support services on the
12.14 date that the criteria for accessing residential support services become effective are exempt
12.15 from the requirements of this subdivision, and the exemption from the criteria for accessing
12.16 residential support services continues to apply for renewals of those service agreements.

12.17 **EFFECTIVE DATE.** This section is effective 90 days following federal approval of
12.18 Laws 2021, First Special Session chapter 7, article 13, section 30.

12.25 spouse. This subdivision applies to the consumer-directed community supports option
12.26 available under all of the following:

12.27 (1) alternative care program;

12.28 (2) brain injury waiver;

12.29 (3) community alternative care waiver;

12.30 (4) community access for disability inclusion waiver;

12.31 (5) developmental disabilities waiver; and

13.1 (6) elderly waiver.

13.2 (b) For the purposes of this subdivision, "parent" means a parent, stepparent, or legal
13.3 guardian of a minor.

13.4 (c) If multiple parents are providing personal assistance services to their minor child or
13.5 children, each parent may provide up to 40 hours of personal assistance services in any
13.6 seven-day period regardless of the number of children served. The total number of hours
13.7 of medical assistance home and community-based services provided by all of the parents
13.8 must not exceed 80 hours in a seven-day period regardless of the number of children served.

13.9 (d) If only one parent is providing personal assistance services to a minor child or
13.10 children, the parent may provide up to 60 hours of medical assistance home and
13.11 community-based services in a seven-day period regardless of the number of children served.

13.12 (e) Subject to the hour limits in paragraphs (c) and (d), a parent may provide personal
13.13 assistance services to a minor child while traveling temporarily out of state if the minor
13.14 child has an assessed activity of daily living dependency requiring supervision, direction,
13.15 cueing, or hands-on assistance.

13.16 (f) If a participant's spouse is providing personal assistance services, the spouse may
13.17 provide up to 60 hours of medical assistance home and community-based services in a
13.18 seven-day period.

13.19 ~~(f)~~ (g) This subdivision must not be construed to permit an increase in the total authorized
13.20 consumer-directed community supports budget for an individual.

13.21 Sec. 10. Minnesota Statutes 2024, section 256B.4914, subdivision 10a, is amended to
13.22 read:

13.23 Subd. 10a. **Reporting and analysis of cost data.** (a) The commissioner must ensure
13.24 that wage values and component values in subdivisions 5 to 9 reflect the cost to provide the
13.25 service. As determined by the commissioner, in consultation with stakeholders identified
13.26 in subdivision 17, a provider enrolled to provide services with rates determined under this
13.27 section must submit requested cost data to the commissioner to support research on the cost

12.19 Sec. 13. Minnesota Statutes 2024, section 256B.4914, subdivision 10a, is amended to
12.20 read:

12.21 Subd. 10a. **Reporting and analysis of cost data.** (a) The commissioner must ensure
12.22 that wage values and component values in subdivisions 5 to 9 reflect the cost to provide the
12.23 service. As determined by the commissioner, in consultation with stakeholders community
12.24 partners identified in subdivision 17, a provider enrolled to provide services with rates
12.25 determined under this section must submit requested cost data to the commissioner to support

13.28 of providing services that have rates determined by the disability waiver rates system.
13.29 Requested cost data may include, but is not limited to:

13.30 (1) worker wage costs;
13.31 (2) benefits paid;
13.32 (3) supervisor wage costs;
14.1 (4) executive wage costs;
14.2 (5) vacation, sick, and training time paid;
14.3 (6) taxes, workers' compensation, and unemployment insurance costs paid;
14.4 (7) administrative costs paid;
14.5 (8) program costs paid;
14.6 (9) transportation costs paid;
14.7 (10) vacancy rates; and
14.8 (11) other data relating to costs required to provide services requested by the
14.9 commissioner.

14.10 (b) At least once in any five-year period, a provider must submit cost data for a fiscal
14.11 year that ended not more than 18 months prior to the submission date. The commissioner
14.12 shall provide each provider a 90-day notice prior to its submission due date. If a provider
14.13 fails to submit required reporting data, the commissioner shall provide notice to providers
14.14 that have not provided required data 30 days after the required submission date, and a second
14.15 notice for providers who have not provided required data 60 days after the required
14.16 submission date. The commissioner shall temporarily suspend payments to the provider if
14.17 cost data is not received 90 days after the required submission date. Withheld payments
14.18 shall be made once data is received by the commissioner.

14.19 (c) The commissioner shall conduct a random validation of data submitted under
14.20 paragraph (a) to ensure data accuracy. The commissioner shall analyze cost documentation
14.21 in paragraph (a) and provide recommendations for adjustments to cost components.

14.22 (d) The commissioner shall analyze cost data submitted under paragraph (a). The
14.23 commissioner shall release cost data in an aggregate form. Cost data from individual
14.24 providers must not be released except as provided for in current law.

14.25 (e) Beginning January 1, 2029, the commissioner shall use data collected in paragraph
14.26 (a) to determine the compliance with requirements identified under subdivision 10d. The
14.27 commissioner shall identify providers who have not met the thresholds identified under
14.28 subdivision 10d on the Department of Human Services website for the year for which the
14.29 providers reported their costs.

12.26 research on the cost of providing services that have rates determined by the disability waiver
12.27 rates system. Requested cost data may include, but is not limited to:

12.28 (1) worker wage costs;
12.29 (2) benefits paid;
12.30 (3) supervisor wage costs;
12.31 (4) executive wage costs;
12.32 (5) vacation, sick, and training time paid;
13.1 (6) taxes, workers' compensation, and unemployment insurance costs paid;
13.2 (7) administrative costs paid;
13.3 (8) program costs paid;
13.4 (9) transportation costs paid;
13.5 (10) vacancy rates; and
13.6 (11) other data relating to costs required to provide services requested by the
13.7 commissioner.

13.8 (b) At least once in any five-year period, a provider must submit cost data for a fiscal
13.9 year that ended not more than 18 months prior to the submission date. The commissioner
13.10 shall provide each provider a 90-day notice prior to its submission due date. If a provider
13.11 fails to submit required reporting data, the commissioner shall provide notice to providers
13.12 that have not provided required data 30 days after the required submission date, and a second
13.13 notice for providers who have not provided required data 60 days after the required
13.14 submission date. The commissioner shall temporarily suspend payments to the provider if
13.15 cost data is not received 90 days after the required submission date. Withheld payments
13.16 shall be made once data is received by the commissioner.

13.17 (c) The commissioner shall conduct a random validation of data submitted under
13.18 paragraph (a) to ensure data accuracy. The commissioner shall analyze cost documentation
13.19 in paragraph (a) and provide recommendations for adjustments to cost components.

13.20 (d) The commissioner shall analyze cost data submitted under paragraph (a). The
13.21 commissioner shall release cost data in an aggregate form. Cost data from individual
13.22 providers must not be released except as provided for in current law.

13.23 (e) Beginning January 1, 2029, the commissioner shall use data collected in paragraph
13.24 (a) to determine the compliance with requirements identified under subdivision 10d. The
13.25 commissioner shall identify providers who have not met the thresholds identified under
13.26 subdivision 10d on the Department of Human Services website for the year for which the
13.27 providers reported their costs.

14.30 **EFFECTIVE DATE.** This section is effective retroactively from January 1, 2025.

15.1 Sec. 11. Minnesota Statutes 2024, section 256B.4914, subdivision 10d, is amended to
15.2 read:

15.3 Subd. 10d. **Direct care staff; compensation.** (a) A provider paid with rates determined
15.4 under subdivision 6 must use a minimum of 66 percent of the revenue generated by rates
15.5 determined under that subdivision for direct care staff compensation.

15.6 (b) A provider paid with rates determined under subdivision 7 must use a minimum of
15.7 45 percent of the revenue generated by rates determined under that subdivision for direct
15.8 care staff compensation.

15.9 (c) A provider paid with rates determined under subdivision 8 or 9 must use a minimum
15.10 of 60 percent of the revenue generated by rates determined under those subdivisions for
15.11 direct care staff compensation.

15.12 (d) Compensation under this subdivision includes:

15.13 (1) wages;

15.14 (2) taxes and workers' compensation;

15.15 (3) health insurance;

15.16 (4) dental insurance;

15.17 (5) vision insurance;

15.18 (6) life insurance;

15.19 (7) short-term disability insurance;

15.20 (8) long-term disability insurance;

15.21 (9) retirement spending;

15.22 (10) tuition reimbursement;

15.23 (11) wellness programs;

15.24 (12) paid vacation time;

15.25 (13) paid sick time; or

15.26 (14) other items of monetary value provided to direct care staff.

15.27 (e) This subdivision does not apply to a provider licensed as an assisted living facility
15.28 by the commissioner of health under chapter 144G.

13.28 **EFFECTIVE DATE.** This section is effective retroactively from January 1, 2025.

14.1 Sec. 14. Minnesota Statutes 2024, section 256B.4914, subdivision 10d, is amended to
14.2 read:

14.3 Subd. 10d. **Direct care staff; compensation.** (a) A provider paid with rates determined
14.4 under subdivision 6 must use a minimum of 66 percent of the revenue generated by rates
14.5 determined under that subdivision for direct care staff compensation.

14.6 (b) A provider paid with rates determined under subdivision 7 must use a minimum of
14.7 45 percent of the revenue generated by rates determined under that subdivision for direct
14.8 care staff compensation.

14.9 (c) A provider paid with rates determined under subdivision 8 or 9 must use a minimum
14.10 of 60 percent of the revenue generated by rates determined under those subdivisions for
14.11 direct care staff compensation.

14.12 (d) Compensation under this subdivision includes:

14.13 (1) wages;

14.14 (2) taxes and workers' compensation;

14.15 (3) health insurance;

14.16 (4) dental insurance;

14.17 (5) vision insurance;

14.18 (6) life insurance;

14.19 (7) short-term disability insurance;

14.20 (8) long-term disability insurance;

14.21 (9) retirement spending;

14.22 (10) tuition reimbursement;

14.23 (11) wellness programs;

14.24 (12) paid vacation time;

14.25 (13) paid sick time; or

14.26 (14) other items of monetary value provided to direct care staff.

14.27 (e) This subdivision does not apply to a provider licensed as an assisted living facility
14.28 by the commissioner of health under chapter 144G.

16.1 (f) This subdivision is effective January 1, 2029, and applies to services provided on or
16.2 after that date.

16.3 **EFFECTIVE DATE.** This section is effective retroactively from January 1, 2025.

16.4 Sec. 12. Minnesota Statutes 2024, section 256R.38, is amended to read:

16.5 **256R.38 PERFORMANCE-BASED INCENTIVE PAYMENTS.**

16.6 The commissioner shall develop additional incentive-based payments of up to five
16.7 percent above a facility's operating payment rate for achieving outcomes specified in a
16.8 contract. The commissioner may solicit proposals and select those which, on a competitive
16.9 basis, best meet the state's policy objectives. The commissioner shall limit the amount of
16.10 any incentive payment and the number of contract amendments under this section to operate
16.11 the incentive payments within funds appropriated for this purpose. The commissioner shall
16.12 approve proposals through a memorandum of understanding which shall specify various
16.13 levels of payment for various levels of performance. Incentive payments to facilities under
16.14 this section shall be in the form of time-limited rate adjustments which shall be included in
16.15 the external fixed costs payment rate under section 256R.25. In establishing the specified

15.1 (f) This subdivision is effective January 1, 2029, and applies to services provided on or
15.2 after that date.

15.3 **EFFECTIVE DATE.** This section is effective retroactively from January 1, 2025.

15.4 Sec. 15. Minnesota Statutes 2024, section 256B.4914, subdivision 17, is amended to read:

15.5 Subd. 17. ~~Stakeholder~~ **Community consultation and county training.** (a) The
15.6 commissioner shall continue consultation at regular intervals with the ~~existing stakeholder~~
15.7 ~~group~~ DWRS advisory committee established as part of the rate-setting methodology process
15.8 and ~~others~~ other community partners, to gather input, concerns, and data, to assist in the
15.9 implementation of the rate payment system, and to make pertinent information available to
15.10 the public through the department's website.

15.11 (b) The commissioner shall offer training at least annually for county personnel
15.12 responsible for administering the rate-setting framework in a manner consistent with this
15.13 section.

15.14 (c) The commissioner shall maintain an online instruction manual explaining the
15.15 rate-setting framework. The manual ~~shall~~ **must** be consistent with this section, and ~~shall~~
15.16 **must** be accessible to ~~all stakeholders including~~ recipients, representatives of recipients,
15.17 county or Tribal agencies, and license holders.

15.18 (d) The commissioner shall not defer to the county or Tribal agency on matters of
15.19 technical application of the rate-setting framework, and a county or Tribal agency ~~shall~~
15.20 **must** not set rates in a manner that conflicts with this section.

15.21 (e) The commissioner **must** consult with the DWRS advisory committee and other
15.22 community partners as required under this subdivision to periodically review, update, and
15.23 revise the format by which initiators of rate exception requests and lead agencies collect
15.24 and submit information about individuals with exceptional needs under subdivision 14.

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

15.26 Sec. 16. Minnesota Statutes 2024, section 256R.38, is amended to read:

15.27 **256R.38 PERFORMANCE-BASED INCENTIVE PAYMENTS.**

15.28 The commissioner shall develop additional incentive-based payments of up to five
15.29 percent above a facility's operating payment rate for achieving outcomes specified in a
15.30 contract. The commissioner may solicit proposals and select those which, on a competitive
15.31 basis, best meet the state's policy objectives. The commissioner shall limit the amount of
16.1 any incentive payment and the number of contract amendments under this section to operate
16.2 the incentive payments within funds appropriated for this purpose. The commissioner shall
16.3 approve proposals through a memorandum of understanding which shall specify various
16.4 levels of payment for various levels of performance. Incentive payments to facilities under
16.5 this section shall be in the form of time-limited rate adjustments which shall be included in
16.6 the external fixed costs payment rate under section 256R.25. In establishing the specified

16.16 outcomes and related criteria, the commissioner shall consider the following state policy
16.17 objectives:

16.18 (1) successful diversion or discharge of residents to the residents' prior home or other
16.19 community-based alternatives;

16.20 (2) adoption of new technology to improve quality or efficiency;

16.21 (3) improved quality as measured in the Minnesota Nursing Home Report Card;

16.22 (4) reduced acute care costs; and

16.23 (5) any additional outcomes proposed by a nursing facility that the commissioner finds
16.24 desirable.

16.25 Sec. 13. Minnesota Statutes 2024, section 256R.40, subdivision 5, is amended to read:

16.26 Subd. 5. **Planned closure rate adjustment.** (a) The commissioner shall calculate the
16.27 amount of the planned closure rate adjustment available under subdivision 6 according to
16.28 clauses (1) to (4):

16.29 (1) the amount available is the net reduction of nursing facility beds multiplied by \$2,080;

16.30 (2) the total number of beds in the nursing facility or facilities receiving the planned
16.31 closure rate adjustment must be identified;

17.1 (3) capacity days are determined by multiplying the number determined under clause
17.2 (2) by 365; and

17.3 (4) the planned closure rate adjustment is the amount available in clause (1), divided by
17.4 capacity days determined under clause (3).

17.5 (b) A planned closure rate adjustment under this section is effective on the first day of
17.6 the month of January or July, whichever occurs immediately following completion of closure
17.7 of the facility designated for closure in the application and becomes part of the nursing
17.8 facility's external fixed costs payment rate.

17.9 (c) Upon the request of a closing facility, the commissioner must allow the facility a
17.10 closure rate adjustment as provided under section 144A.161, subdivision 10.

17.11 (d) A facility that has received a planned closure rate adjustment may reassign it to
17.12 another facility that is under the same ownership at any time within three years of its effective
17.13 date. The amount of the adjustment is computed according to paragraph (a).

17.14 (e) If the per bed dollar amount specified in paragraph (a), clause (1), is increased, the
17.15 commissioner shall recalculate planned closure rate adjustments for facilities that delicense
17.16 beds under this section on or after July 1, 2001, to reflect the increase in the per bed dollar
17.17 amount. The recalculated planned closure rate adjustment is effective from the date the per
17.18 bed dollar amount is increased.

16.7 outcomes and related criteria, the commissioner shall consider the following state policy
16.8 objectives:

16.9 (1) successful diversion or discharge of residents to the residents' prior home or other
16.10 community-based alternatives;

16.11 (2) adoption of new technology to improve quality or efficiency;

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17.8 beds under this section on or after July 1, 2001, to reflect the increase in the per bed dollar
17.9 amount. The recalculated planned closure rate adjustment is effective from the date the per
17.10 bed dollar amount is increased.

- 17.11 Sec. 18. Laws 2021, First Special Session chapter 7, article 13, section 75, subdivision 3,
17.12 as amended by Laws 2024, chapter 108, article 1, section 28, is amended to read:
- 17.13 Subd. 3. **Waiver Reimagine Advisory Committee.** (a) The commissioner must convene,
17.14 at regular intervals throughout the development and implementation of waiver reimagine
17.15 phase II, a Waiver Reimagine Advisory Committee that consists of a group of diverse,
17.16 representative stakeholders. The commissioner must solicit and endeavor to include racially,
17.17 ethnically, and geographically diverse membership from each of the following groups:
- 17.18 (1) people with disabilities who use waiver services;
17.19 (2) family members of people who use waiver services;
17.20 (3) disability and behavioral health advocates;
17.21 (4) lead agency representatives; and
17.22 (5) waiver service providers.
- 17.23 (b) The commissioner must ensure that the Waiver Reimagine Advisory Committee
17.24 specifically requests input from the following when compiling its final report:
- 17.25 (1) individuals presently receiving waiver benefits who are under the age of 65;
17.26 (2) individuals assessed to receive ten or more hours of waiver services per day;
17.27 (3) county employees who conduct long-term care consultation services assessments
17.28 for persons under the age of 65;
- 17.29 (4) employees of the Department of Human Services with knowledge of the requirements
17.30 for a provider to participate in waiver service programs and of the administration of benefits;
- 17.31 (5) the Minnesota Council on Disability;
- 18.1 (6) family members of individuals under the age of 18 who are receiving waived
18.2 services;
- 18.3 (7) family members of individuals aged 18 or older and under age 65 who are receiving
18.4 waivered services;
- 18.5 (8) providers of waived services for persons who are under the age of 65;
18.6 (9) the Council on Developmental Disabilities;
18.7 (10) the Office of Ombudsman for Mental Health and Developmental Disabilities;
18.8 (11) the Olmstead Implementation Office; and
18.9 (12) the Home Care Association.
- 18.10 ~~(b)~~ (c) The assistant commissioner of aging and disability services must attend and
18.11 participate in meetings of the Waiver Reimagine Advisory Committee.

18.12 ~~(d)~~ (d) The Waiver Reimagine Advisory Committee must have the opportunity to
18.13 collaborate in a meaningful way in developing and providing feedback on proposed plans
18.14 for waiver reimagine components, including an individual budget methodology, criteria
18.15 and a process for individualized budget exemptions, the consolidation of the four current
18.16 home and community-based waiver service programs into two-waiver programs, the role
18.17 of assessments and the MnCHOICES 2.0 assessment tool in determining service needs and
18.18 individual budgets, and other aspects of waiver reimagine phase II.

18.19 ~~(e)~~ (e) The Waiver Reimagine Advisory Committee must have an opportunity to assist
18.20 in the development of and provide feedback on proposed adjustments and modifications to
18.21 the streamlined menu of services and the existing rate exception criteria and process.

18.22 Sec. 19. Laws 2021, First Special Session chapter 7, article 13, section 75, subdivision 4,
18.23 as amended by Laws 2024, chapter 108, article 1, section 28, is amended to read:

18.24 Subd. 4. **Required report.** Prior to seeking federal approval for any aspect of waiver
18.25 reimagine phase II and in collaboration with the Waiver Reimagine Advisory Committee,
18.26 the commissioner must submit to the chairs and ranking minority members of the legislative
18.27 committees and divisions with jurisdiction over health and human services a report on plans
18.28 for waiver reimagine phase II, as well as the actual Waiver Reimagine waiver plan intended
18.29 to be submitted for federal approval. The report must also include any plans to a clear
18.30 explanation of how the proposed waiver plan submitted with the report will adjust or modify
18.31 the streamlined menu of services; the existing rate or budget exemption criteria or process;
18.32 the; will establish proposed individual budget ranges; budgets based on the assessed needs
19.1 of the individual; and the role of will utilize the MnCHOICES 2.0 assessment tool in
19.2 determining to determine service needs and individual budget ranges budgets.

19.3 Sec. 20. Laws 2021, First Special Session chapter 7, article 13, section 75, subdivision 6,
19.4 as amended by Laws 2024, chapter 108, article 1, section 28, is amended to read:

19.5 Subd. 6. **Online support planning tool.** The commissioner must develop an online
19.6 support planning and tracking tool for people using disability waiver services that allows
19.7 access to the total budget available to the person, the services for which they are eligible,
19.8 and the services they have chosen and used. The commissioner must explore operability
19.9 options that would facilitate real-time tracking of a person's remaining available budget
19.10 throughout the service year. The online support planning tool must provide information in
19.11 an accessible format to support the person's informed choice. The commissioner must seek
19.12 input from people with disabilities and the Waiver Reimagine Advisory Committee about
19.13 the online support planning tool prior to its implementation.

19.14 Sec. 21. Laws 2021, First Special Session chapter 7, article 13, section 75, subdivision 7,
19.15 as amended by Laws 2024, chapter 108, article 1, section 28, is amended to read:

19.16 Subd. 7. **Curriculum and training.** The commissioner, in consultation with the Waiver
19.17 Reimagine Advisory Committee, must develop and implement a curriculum and training
19.18 plan to ensure all lead agency assessors and case managers have the knowledge and skills

17.19 Sec. 14. **DIRECTION TO COMMISSIONER; NOTICE OF ACTION REVISION.**
17.20 By July 1, 2025, the commissioner of human services shall review and make changes
17.21 to the Notice of Action form to incorporate the long-term care decision review process in
17.22 Minnesota Statutes, section 256B.0909.

19.19 necessary to comply with informed decision making for people who used home and
19.20 community-based disability waivers. Training and competency evaluations must be completed
19.21 annually by all staff responsible for case management as described in Minnesota Statutes,
19.22 sections 256B.092, subdivision 1a, paragraph (f), and 256B.49, subdivision 13, paragraph
19.23 (e).