

1.1 Senator moves to amend S.F. No. 5335 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1
1.4 DISABILITY SERVICES

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

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

1.9 (1) according to section 13.05;

1.10 (2) according to court order;

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

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

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

1.21 (6) to administer federal funds or programs;

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

1.23 (8) to the Department of Revenue to ~~assess parental contribution amounts for purposes~~
1.24 ~~of section 252.27, subdivision 2a~~, administer and evaluate tax refund or tax credit programs
1.25 and to identify individuals who may benefit from these programs, and prepare the databases
1.26 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
1.27 6. The following information may be disclosed under this paragraph: an individual's and
1.28 their dependent's names, dates of birth, Social Security or individual taxpayer identification
1.29 numbers, income, addresses, and other data as required, upon request by the Department
1.30 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
1.31 services for the purposes described in this clause are governed by section 270B.14,

2.1 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
2.2 care credit under section 290.067, the Minnesota working family credit under section
2.3 290.0671, the property tax refund under section 290A.04, and the Minnesota education
2.4 credit under section 290.0674;

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

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

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

2.12 (iii) to monitor and evaluate the Minnesota family investment program or the child care
2.13 assistance program by exchanging data on recipients and former recipients of Supplemental
2.14 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,
2.15 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter
2.16 256B or 256L; and

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

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

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

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

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

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

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

3.13 (i) the participant:

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

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

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

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

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

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

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

3.32 (i) the member:

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

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

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

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

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

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

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

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

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

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

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

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

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

5.8 (27) to monitor and evaluate the Minnesota family investment program by exchanging
5.9 data between the Departments of Human Services; Children, Youth, and Families; and
5.10 Education, on recipients and former recipients of SNAP benefits, cash assistance under
5.11 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
5.12 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
5.13 256D;

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

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

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

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

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

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

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

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

6.6 (ii) to provide for reimbursement of special transportation service provided under section
6.7 473.386.

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

6.11 (b) Information on persons who have been treated for substance use disorder may only
6.12 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
6.13 2.1 to 2.67.

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

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

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

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

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

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

6.30 Subdivision 1. **Rules governing aversive and deprivation procedures.** The
6.31 commissioner of human services shall by October, 1983, promulgate rules governing the

7.1 use of aversive and deprivation procedures in all licensed facilities and licensed services
7.2 serving persons with developmental disabilities, ~~as defined in section 252.27, subdivision~~
7.3 ~~4a.~~ No provision of these rules shall encourage or require the use of aversive and deprivation
7.4 procedures. The rules shall prohibit: (1) the application of certain aversive and deprivation
7.5 procedures in facilities except as authorized and monitored by the commissioner; (2) the
7.6 use of aversive and deprivation procedures that restrict the consumers' normal access to
7.7 nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene
7.8 facilities, normal sleeping conditions, and necessary clothing; and (3) the use of faradic
7.9 shock without a court order. The rule shall further specify that consumers may not be denied
7.10 ordinary access to legal counsel and next of kin. In addition, the rule may specify other
7.11 prohibited practices and the specific conditions under which permitted practices are to be
7.12 carried out. For any persons receiving faradic shock, a plan to reduce and eliminate the use
7.13 of faradic shock shall be in effect upon implementation of the procedure.

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

7.17 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
7.18 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
7.19 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
7.20 for a physical location that will not be the primary residence of the license holder for the
7.21 entire period of licensure. If a family adult foster care home license is issued during this
7.22 moratorium, and the license holder changes the license holder's primary residence away
7.23 from the physical location of the foster care license, the commissioner shall revoke the
7.24 license according to section 245A.07. The commissioner shall not issue an initial license
7.25 for a community residential setting licensed under chapter 245D. When approving an
7.26 exception under this paragraph, the commissioner shall consider the resource need
7.27 determination process in paragraph (h), the availability of foster care licensed beds in the
7.28 geographic area in which the licensee seeks to operate, the results of a person's choices
7.29 during their annual assessment and service plan review, and the recommendation of the
7.30 local county board. The determination by the commissioner is final and not subject to appeal.
7.31 Exceptions to the moratorium include:

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

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

8.5 (3) new foster care licenses or community residential setting licenses determined to be
8.6 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
8.7 or regional treatment center; restructuring of state-operated services that limits the capacity
8.8 of state-operated facilities; or allowing movement to the community for people who no
8.9 longer require the level of care provided in state-operated facilities as provided under section
8.10 256B.092, subdivision 13, or 256B.49, subdivision 24; ~~or~~

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

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

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

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

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

8.33 (e) A resource need determination process, managed at the state level, using the available
8.34 data required by section 144A.351, and other data and information shall be used to determine

9.1 where the reduced capacity determined under section 256B.493 will be implemented. The
9.2 commissioner shall consult with the stakeholders described in section 144A.351, and employ
9.3 a variety of methods to improve the state's capacity to meet the informed decisions of those
9.4 people who want to move out of corporate foster care or community residential settings,
9.5 long-term service needs within budgetary limits, including seeking proposals from service
9.6 providers or lead agencies to change service type, capacity, or location to improve services,
9.7 increase the independence of residents, and better meet needs identified by the long-term
9.8 services and supports reports and statewide data and information.

9.9 (f) At the time of application and reapplication for licensure, the applicant and the license
9.10 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
9.11 required to inform the commissioner whether the physical location where the foster care
9.12 will be provided is or will be the primary residence of the license holder for the entire period
9.13 of licensure. If the primary residence of the applicant or license holder changes, the applicant
9.14 or license holder must notify the commissioner immediately. The commissioner shall print
9.15 on the foster care license certificate whether or not the physical location is the primary
9.16 residence of the license holder.

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

9.23 (h) The commissioner may adjust capacity to address needs identified in section
9.24 144A.351. Under this authority, the commissioner may approve new licensed settings or
9.25 delicense existing settings. Delicensing of settings will be accomplished through a process
9.26 identified in section 256B.493.

9.27 (i) The commissioner must notify a license holder when its corporate foster care or
9.28 community residential setting licensed beds are reduced under this section. The notice of
9.29 reduction of licensed beds must be in writing and delivered to the license holder by certified
9.30 mail or personal service. The notice must state why the licensed beds are reduced and must
9.31 inform the license holder of its right to request reconsideration by the commissioner. The
9.32 license holder's request for reconsideration must be in writing. If mailed, the request for
9.33 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
9.34 after the license holder's receipt of the notice of reduction of licensed beds. If a request for

10.1 reconsideration is made by personal service, it must be received by the commissioner within
10.2 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

10.3 (j) The commissioner shall not issue an initial license for children's residential treatment
10.4 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
10.5 for a program that Centers for Medicare and Medicaid Services would consider an institution
10.6 for mental diseases. Facilities that serve only private pay clients are exempt from the
10.7 moratorium described in this paragraph. The commissioner has the authority to manage
10.8 existing statewide capacity for children's residential treatment services subject to the
10.9 moratorium under this paragraph and may issue an initial license for such facilities if the
10.10 initial license would not increase the statewide capacity for children's residential treatment
10.11 services subject to the moratorium under this paragraph.

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

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

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

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

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

10.26 (d) The commissioner may grant variances to paragraph (a) to allow the use of an
10.27 additional bed, up to six, for emergency crisis services for a person with serious and persistent
10.28 mental illness or a developmental disability, regardless of age, if the variance complies with
10.29 section 245A.04, subdivision 9, and approval of the variance is recommended by the county
10.30 in which the licensed facility is located.

10.31 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an
10.32 additional bed, up to six, for respite services, as defined in section 245A.02, for persons
10.33 with disabilities, regardless of age, if the variance complies with sections 245A.03,

11.1 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended
11.2 by the county in which the licensed facility is located. Respite care may be provided under
11.3 the following conditions:

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

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

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

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

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

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

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

11.28 (i) individualized plan of care;

11.29 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

11.30 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,
11.31 subpart 19, if required;

12.1 (3) the license holder obtains written and signed informed consent from each resident
 12.2 or resident's legal representative documenting the resident's informed choice to remain
 12.3 living in the home and that the resident's refusal to consent would not have resulted in
 12.4 service termination; and

12.5 (4) the facility was licensed for adult foster care before March 1, 2016.

12.6 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)
 12.7 after December 31, 2020. The commissioner shall allow a facility with an adult foster care
 12.8 license issued under paragraph (f) before December 31, 2020, to continue with a capacity
 12.9 of five adults if the license holder continues to comply with the requirements in paragraph
 12.10 (f).

12.11 (h) The commissioner may issue an adult foster care or community residential setting
 12.12 license with a capacity of five or six adults to facilities meeting the criteria in section
 12.13 245A.03, subdivision 7, paragraph (a), clause (5), and grant variances to paragraph (b) to
 12.14 allow the facility to admit an individual under the age of 55 if the variance complies with
 12.15 section 245A.04, subdivision 9, and approval of the variance is recommended by the county
 12.16 in which the licensed facility is located.

12.17 ~~(h)~~ (i) Notwithstanding Minnesota Rules, part 9520.0500, adult foster care and community
 12.18 residential setting licenses with a capacity of up to six adults as allowed under this subdivision
 12.19 are not required to be licensed as an adult mental health residential program according to
 12.20 Minnesota Rules, parts 9520.0500 to 9520.0670.

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

12.22 Sec. 6. Minnesota Statutes 2022, section 246.511, as amended by Laws 2024, chapter 79,
 12.23 article 2, section 39, is amended to read:

12.24 **246.511 RELATIVE RESPONSIBILITY.**

12.25 Except for substance use disorder services paid for with money provided under chapter
 12.26 254B, the executive board must not require under section 246.51 a client's relatives to pay
 12.27 more than the following: (1) for services provided in a community-based service, the
 12.28 noncovered cost of care as determined under the ability to pay determination; and (2) for
 12.29 services provided at a regional treatment center operated by state-operated services, 20
 12.30 percent of the cost of care, unless the relatives reside outside the state. ~~The executive board~~
 12.31 ~~must determine the responsibility of parents of children in state facilities to pay according~~
 12.32 ~~to section 252.27, subdivision 2, or in rules adopted under chapter 254B if the cost of care~~
 12.33 ~~is paid under chapter 254B.~~ The executive board may accept voluntary payments in excess

13.1 of 20 percent. The executive board may require full payment of the full per capita cost of
 13.2 care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do
 13.3 not reside in Minnesota.

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

13.5 Subd. 2b. ~~Child's responsibility~~ **Parental or guardian reimbursement to counties.** (a)
 13.6 Parental or guardian responsibility ~~of~~ for the child for the child's cost of care incurred by
 13.7 counties shall be up to the maximum amount of the total income and resources attributed
 13.8 to the child except for the clothing and personal needs allowance as provided in section
 13.9 256B.35, subdivision 1. Reimbursement by the parents ~~and child~~ or guardians shall be made
 13.10 to the county making any payments for services.

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

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

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

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

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

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

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

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

- 14.1 (1) closure;
- 14.2 (2) relocation of services;
- 14.3 (3) downsizing; or
- 14.4 (4) modification of existing services for which a change in the framework of service
- 14.5 delivery is advocated.

14.6 Sec. 9. Minnesota Statutes 2022, section 252.282, is amended by adding a subdivision to

14.7 read:

14.8 Subd. 1a. **Definitions.** (a) For purposes of this section, the terms in this subdivision have

14.9 the meanings given.

14.10 (b) "Local system needs planning" means the determination of need for ICF/DD services

14.11 by program type, location, demographics, and size of licensed services for persons with

14.12 developmental disabilities or related conditions.

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

14.14 Sec. 10. Minnesota Statutes 2023 Supplement, section 256.4764, subdivision 3, is amended

14.15 to read:

14.16 **Subd. 3. Allowable uses of grant money.** (a) Grantees must use grant money to provide

14.17 payments to eligible workers for the following purposes:

- 14.18 (1) retention, recruitment, and incentive payments;
- 14.19 (2) postsecondary loan and tuition payments;
- 14.20 (3) child care costs;
- 14.21 (4) transportation-related costs;
- 14.22 (5) personal care assistant background study costs; and
- 14.23 (6) other costs associated with retaining and recruiting workers, as approved by the
- 14.24 commissioner.

14.25 (b) Eligible workers may receive cumulative payments up to \$1,000 per calendar year

14.26 from the workforce incentive grant account and all other state money intended for the same

14.27 purpose. Workers are not eligible for payments under this section if they received payments

14.28 under section 256.4766.

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

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

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

15.6 Subd. 11. **Related condition.** "Related condition" means ~~that condition defined in section~~
15.7 ~~252.27, subdivision 1a~~ a condition:

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

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

15.12 (i) is severe and chronic;

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

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

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

15.18 (v) is likely to continue indefinitely;

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

15.21 (A) self-care;

15.22 (B) understanding and use of language;

15.23 (C) learning;

15.24 (D) mobility;

15.25 (E) self-direction; or

15.26 (F) capacity for independent living; and

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

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

16.3 Subd. 4. **Case management provided under contract.** If a county agency provides
16.4 case management under contracts with other individuals or agencies and the county agency
16.5 utilizes a competitive proposal process for the procurement of contracted case management
16.6 services, the competitive proposal process must include evaluation criteria to ensure that
16.7 the county maintains a culturally responsive program for case management services adequate
16.8 to meet the needs of the population of the county. For the purposes of this section, "culturally
16.9 responsive program" means a case management services program that:

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

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

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

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

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

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

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

16.27 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
16.28 commissioner shall develop and implement a curriculum and an assessor certification
16.29 process.

16.30 (b) MnCHOICES certified assessors must:

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

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

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

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

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

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

17.12 Subd. 17. **MnCHOICES assessments.** (a) A person requesting long-term care
 17.13 consultation services must be visited by a long-term care consultation team within 20
 17.14 ~~calendar~~ working days after the date on which an assessment was requested or recommended.
 17.15 Assessments must be conducted according to this subdivision and subdivisions 19 to 21,
 17.16 23, 24, and 29 to 31.

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

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

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

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

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

17.28 Subd. 20. **MnCHOICES assessments; duration of validity.** (a) An assessment that is
 17.29 completed as part of an eligibility determination for multiple programs for the alternative
 17.30 care, elderly waiver, developmental disabilities, community access for disability inclusion,
 17.31 community alternative care, and brain injury waiver programs under chapter 256S and

18.1 sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for no
 18.2 more than ~~60 calendar~~ 365 days after the date of the assessment.

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

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

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

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

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

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

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

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

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

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

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

18.29 (ii) employment service providers;

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

18.31 (iv) providers of financial management services;

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

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

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

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

19.7 (c) Case management service activities that are provided to the person with a
19.8 developmental disability shall be provided directly by county agencies or under contract.

19.9 If a county agency contracts for case management services, the county agency must provide
19.10 each recipient of home and community-based services who is receiving contracted case

19.11 management services with the contact information the recipient may use to file a grievance
19.12 with the county agency about the quality of the contracted services the recipient is receiving

19.13 from a county-contracted case manager. If a county agency provides case management

19.14 under contracts with other individuals or agencies and the county agency utilizes a

19.15 competitive proposal process for the procurement of contracted case management services,

19.16 the competitive proposal process must include evaluation criteria to ensure that the county

19.17 maintains a culturally responsive program for case management services adequate to meet

19.18 the needs of the population of the county. For the purposes of this section, "culturally

19.19 responsive program" means a case management services program that: (1) ensures effective,

19.20 equitable, comprehensive, and respectful quality care services that are responsive to

19.21 individuals within a specific population's values, beliefs, practices, health literacy, preferred

19.22 language, and other communication needs; and (2) is designed to address the unique needs

19.23 of individuals who share a common language or racial, ethnic, or social background.

19.24 (d) Case management services must be provided by a public or private agency that is

19.25 enrolled as a medical assistance provider determined by the commissioner to meet all of

19.26 the requirements in the approved federal waiver plans. Case management services must not

19.27 be provided to a recipient by a private agency that has a financial interest in the provision

19.28 of any other services included in the recipient's support plan. For purposes of this section,

19.29 "private agency" means any agency that is not identified as a lead agency under section

19.30 256B.0911, subdivision 10.

19.31 ~~(d)~~ (e) Case managers are responsible for service provisions listed in paragraphs (a) and

19.32 (b). Case managers shall collaborate with consumers, families, legal representatives, and

19.33 relevant medical experts and service providers in the development and annual review of the

19.34 person-centered support plan and habilitation plan.

20.1 ~~(e)~~ (f) For persons who need a positive support transition plan as required in chapter
20.2 245D, the case manager shall participate in the development and ongoing evaluation of the
20.3 plan with the expanded support team. At least quarterly, the case manager, in consultation
20.4 with the expanded support team, shall evaluate the effectiveness of the plan based on progress
20.5 evaluation data submitted by the licensed provider to the case manager. The evaluation must
20.6 identify whether the plan has been developed and implemented in a manner to achieve the
20.7 following within the required timelines:

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

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

20.11 (3) accomplishment of identified outcomes.

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

20.15 ~~(f)~~ (g) The Department of Human Services shall offer ongoing education in case
20.16 management to case managers. Case managers shall receive no less than 20 hours of case
20.17 management education and disability-related training each year. The education and training
20.18 must include person-centered planning, informed choice, cultural competency, employment
20.19 planning, community living planning, self-direction options, and use of technology supports.
20.20 By August 1, 2024, all case managers must complete an employment support training course
20.21 identified by the commissioner of human services. For case managers hired after August
20.22 1, 2024, this training must be completed within the first six months of providing case
20.23 management services. For the purposes of this section, "person-centered planning" or
20.24 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case
20.25 managers must document completion of training in a system identified by the commissioner.

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

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

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

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

20.32 (1) be age 18 or older;

21.1 (2) be receiving medical assistance;

21.2 (3) have significant functional limitations; and

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

21.5 (b) The person must be a vulnerable adult in need of adult protection as defined in section
21.6 626.5572, or is an adult with a developmental disability as defined in section 252A.02,
21.7 subdivision 2, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02,
21.8 subdivision 11, and is not receiving home and community-based waiver services, or is an
21.9 adult who lacks a permanent residence and who has been without a permanent residence
21.10 for at least one year or on at least four occasions in the last three years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22.32 (2) a person who has:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24.14 (iii) employment service providers;

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

24.16 and

24.17 (v) providers of financial management services;

24.18 (4) assisting the recipient to access services and assisting with appeals under section
24.19 256.045; and

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

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

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

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

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

24.29 (c) Case management services must be provided by a public or private agency that is
24.30 enrolled as a medical assistance provider determined by the commissioner to meet all of
24.31 the requirements in the approved federal waiver plans. If a county agency provides case

25.1 management under contracts with other individuals or agencies and the county agency
25.2 utilizes a competitive proposal process for the procurement of contracted case management
25.3 services, the competitive proposal process must include evaluation criteria to ensure that
25.4 the county maintains a culturally responsive program for case management services adequate
25.5 to meet the needs of the population of the county. For the purposes of this section, "culturally
25.6 responsive program" means a case management services program that: (1) ensures effective,
25.7 equitable, comprehensive, and respectful quality care services that are responsive to
25.8 individuals within a specific population's values, beliefs, practices, health literacy, preferred
25.9 language, and other communication needs; and (2) is designed to address the unique needs
25.10 of individuals who share a common language or racial, ethnic, or social background.

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

25.15 ~~(d)~~ (e) For persons who need a positive support transition plan as required in chapter
25.16 245D, the case manager shall participate in the development and ongoing evaluation of the
25.17 plan with the expanded support team. At least quarterly, the case manager, in consultation
25.18 with the expanded support team, shall evaluate the effectiveness of the plan based on progress
25.19 evaluation data submitted by the licensed provider to the case manager. The evaluation must
25.20 identify whether the plan has been developed and implemented in a manner to achieve the
25.21 following within the required timelines:

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

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

25.25 (3) accomplishment of identified outcomes.

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

25.29 ~~(e)~~ (f) The Department of Human Services shall offer ongoing education in case
25.30 management to case managers. Case managers shall receive no less than 20 hours of case
25.31 management education and disability-related training each year. The education and training
25.32 must include person-centered planning, informed choice, cultural competency, employment
25.33 planning, community living planning, self-direction options, and use of technology supports.
25.34 By August 1, 2024, all case managers must complete an employment support training course

26.1 identified by the commissioner of human services. For case managers hired after August
 26.2 1, 2024, this training must be completed within the first six months of providing case
 26.3 management services. For the purposes of this section, "person-centered planning" or
 26.4 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case
 26.5 managers shall document completion of training in a system identified by the commissioner.

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

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

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

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

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

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

26.22 ~~(e) A transitional supports allowance must be available to all persons under a home and~~
 26.23 ~~community-based waiver who are moving from a licensed setting to a community setting.~~
 26.24 ~~"Transitional supports allowance" means a onetime payment of up to \$3,000, to cover the~~
 26.25 ~~costs, not covered by other sources, associated with moving from a licensed setting to a~~
 26.26 ~~community setting. Covered costs include:~~

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

26.28 ~~(2) security deposits;~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

28.7 (2) regular reviews of provider qualifications, and including requests of proof of
28.8 documentation; and

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

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

28.13 ~~(b)~~ (c) Beginning July 1, 2012, staff that provide direct contact, as defined in section
28.14 245C.02, subdivision 11, for services specified in the federally approved waiver plans must
28.15 meet the requirements of chapter 245C prior to providing waiver services and as part of
28.16 ongoing enrollment. Upon federal approval, this requirement must also apply to
28.17 consumer-directed community supports.

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

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

28.24 **256B.766 REIMBURSEMENT FOR BASIC CARE SERVICES.**

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

29.1 occupational therapy services, and speech-language pathology and related services provided
29.2 on or after July 1, 2010.

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

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

29.10 (d) Effective for services provided on or after September 1, 2011, through June 30, 2013,
29.11 total payments for ambulatory surgery centers facility fees, medical supplies and durable
29.12 medical equipment not subject to a volume purchase contract, prosthetics and orthotics,
29.13 renal dialysis services, laboratory services, public health nursing services, physical therapy
29.14 services, occupational therapy services, speech therapy services, eyeglasses not subject to
29.15 a volume purchase contract, hearing aids not subject to a volume purchase contract, and
29.16 anesthesia services shall be reduced by three percent from the rates in effect on August 31,
29.17 2011.

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

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

29.31 (g) Effective for services provided on or after July 1, 2015, payments for outpatient
29.32 hospital facility fees, medical supplies and durable medical equipment not subject to a
29.33 volume purchase contract, prosthetics, and orthotics to a hospital meeting the criteria specified
29.34 in section 62Q.19, subdivision 1, paragraph (a), clause (4), shall be increased by 90 percent

30.1 from the rates in effect on June 30, 2015. Payments made to managed care plans and
30.2 county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

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

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

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

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

30.22 (2) payment rates for durable medical equipment, prosthetics, orthotics, or supplies on
30.23 the medical assistance fee schedule, whether or not subject to the Medicare competitive bid
30.24 that took effect in January of 2009, shall be increased by 2.94 percent, with this increase
30.25 being applied after calculation of any increased payment rate under clause (1).

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

30.32 (k) Effective for nonpressure support ventilators provided on or after January 1, 2016,
30.33 the rate shall be the lower of the submitted charge or the Medicare fee schedule rate. Effective
30.34 for pressure support ventilators provided on or after January 1, 2016, the rate shall be the

31.1 lower of the submitted charge or 47 percent above the Medicare fee schedule rate. For
31.2 payments made in accordance with this paragraph, if, and to the extent that, the commissioner
31.3 identifies that the state has received federal financial participation for ventilators in excess
31.4 of the amount allowed effective January 1, 2018, under United States Code, title 42, section
31.5 1396b(i)(27), the state shall repay the excess amount to the Centers for Medicare and
31.6 Medicaid Services with state funds and maintain the full payment rate under this paragraph.

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

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

31.23 (n) For dates of service on or after July 1, ~~2024~~ 2025, enteral nutrition and supplies must
31.24 be paid according to this paragraph and updated annually each January 1. If sufficient data
31.25 exists for a product or supply, payment must be based upon the 50th percentile of the usual
31.26 and customary charges per product code submitted to the commissioner for the previous
31.27 calendar year, using only charges submitted per unit. Increases in rates resulting from the
31.28 50th percentile payment method must not exceed 150 percent of the previous year's rate per
31.29 code and product combination. Data are sufficient if: (1) the commissioner has at least 100
31.30 paid claim lines by at least ten different providers for a given product or supply; or (2) in
31.31 the absence of the data in clause (1), the commissioner has at least 20 claim lines by at least
31.32 five different providers for a product or supply that does not meet the requirements of clause
31.33 (1). If sufficient data are not available to calculate the 50th percentile for enteral products
31.34 or supplies, the payment must be the manufacturer's suggested retail price of that product

32.1 or supply minus 20 percent. If the manufacturer's suggested retail price is not available,
32.2 payment must be the actual acquisition cost of that product or supply plus 20 percent.

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

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

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

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

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

32.12 (3) developmental disability, or being a person with a developmental disability as defined
32.13 in section 252A.02, or a related condition as defined in section ~~252.27, subdivision 1a~~
32.14 256B.02, subdivision 11.

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

32.17 (c) Eligible individuals include individuals in excluded time status, as defined in chapter
32.18 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time
32.19 status as long as they live in the demonstration site and shall be eligible for 90 days after
32.20 placement outside the demonstration site if they move to excluded time status in a county
32.21 within Minnesota other than their county of financial responsibility.

32.22 (d) A person who is a sexual psychopathic personality as defined in section 253D.02,
32.23 subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision
32.24 16, is excluded from enrollment in the demonstration project.

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

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

32.30 (b) If a county agency provides case management under contracts with other individuals
32.31 or agencies and the county agency utilizes a competitive proposal process for the procurement

33.1 of contracted case management services, the competitive proposal process must include
 33.2 evaluation criteria to ensure that the county maintains a culturally responsive program for
 33.3 case management services adequate to meet the needs of the population of the county. For
 33.4 the purposes of this section, "culturally responsive program" means a case management
 33.5 services program that:

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

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

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

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

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

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

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

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

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

34.1 (f) The commissioner may provide records and information collected under sections
34.2 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid
34.3 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law
34.4 102-234. Upon the written agreement by the United States Department of Health and Human
34.5 Services to maintain the confidentiality of the data, the commissioner may provide records
34.6 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and
34.7 Medicaid Services section of the United States Department of Health and Human Services
34.8 for purposes of meeting federal reporting requirements.

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

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

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

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

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

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

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

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

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

35.11 The commissioner of human services, in consultation with stakeholders, shall develop
35.12 a new covered state plan service under Minnesota Statutes, chapter 256B, or develop
35.13 modifications to existing covered state plan services, ~~that permits receipt of direct care~~
35.14 ~~services in an acute care hospital in a manner consistent with the requirements of~~ for people
35.15 eligible for home care services as identified in Minnesota Statutes, section 256B.0651, and
35.16 community first services and supports as identified in Minnesota Statutes, section 256B.85,
35.17 for the purposes of support during acute care hospital stays, as authorized under United
35.18 States Code, title 42, section 1396a(h). By ~~August 31, 2022~~ January 1, 2025, the
35.19 commissioner must provide to the chairs and ranking minority members of the house of
35.20 representatives and senate committees ~~and divisions~~ with jurisdiction over direct care services
35.21 any draft legislation as may be necessary to implement the new or modified covered state
35.22 plan service.

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

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

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

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

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

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

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

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

36.7 (a) Lead agencies may establish partnerships with enrolled medical assistance providers
 36.8 of home and community-based services under Minnesota Statutes, section 256B.0913,
 36.9 256B.092, 256B.093, or 256B.49, or Minnesota Statutes, chapter 256S, to evaluate the
 36.10 benefits of informed choice in accessing the following existing assistive technology home
 36.11 and community-based waiver services:

36.12 (1) assistive technology;

36.13 (2) specialized equipment and supplies;

36.14 (3) environmental accessibility adaptations; and

36.15 (4) 24-hour emergency assistance.

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

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

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

36.26 **Sec. 34. DIRECTION TO COMMISSIONER; CONSUMER-DIRECTED**
 36.27 **COMMUNITY SUPPORTS.**

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

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

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

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

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

37.17 **Sec. 35. REIMBURSEMENT FOR COMMUNITY-FIRST SERVICES AND**
37.18 **SUPPORTS WORKERS REPORT.**

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

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

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

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

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

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

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

38.8 (b) Reimbursed services must:

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

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

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

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

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

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

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

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

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

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

38.27 (3) have an average daily census of medical assistance and MinnesotaCare enrollees of
38.28 20 percent or higher in the 12 months prior to application.

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

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

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

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

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

39.10 (5) other activities approved by the commissioner.

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

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

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

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

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

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

39.30 Subd. 2. **Eligibility.** (a) To be an eligible applicant for a grant under this section, a
39.31 provider of early intensive developmental and behavioral intervention services must submit

40.1 to the commissioner of human services a grant application in the form and according to the
40.2 timelines established by the commissioner.

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

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

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

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

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

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

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

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

40.22 (1) one member of the house of representatives, appointed by the speaker of the house
40.23 of representatives;

40.24 (2) one member of the house of representatives, appointed by the minority leader of the
40.25 house of representatives;

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

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

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

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

- 41.1 (7) one private, professional guardian, appointed by the Minnesota Council on Disability;
- 41.2 (8) one private, nonprofessional guardian, appointed by the Minnesota Council on
41.3 Disability;
- 41.4 (9) one representative of the Department of Human Services with knowledge of public
41.5 guardianship issues, appointed by the commissioner of human services;
- 41.6 (10) one member appointed by the Minnesota Council on Disability;
- 41.7 (11) two members of two different disability advocacy organizations, appointed by the
41.8 Minnesota Council on Disability;
- 41.9 (12) one member of a professional or advocacy group representing the interests of the
41.10 guardian who has experience working in the judicial system on guardianship cases, appointed
41.11 by the Minnesota Council on Disability;
- 41.12 (13) one member of a professional or advocacy group representing the interests of persons
41.13 subject to guardianship who has experience working in the judicial system on guardianship
41.14 cases, appointed by the Minnesota Council on Disability;
- 41.15 (14) two members of two different advocacy groups representing the interests of older
41.16 Minnesotans who are or may find themselves subject to guardianship, appointed by the
41.17 Minnesota Council on Disability;
- 41.18 (15) one employee acting as the Disability Systems Planner in the Center for Health
41.19 Equity at the Minnesota Department of Health, appointed by the commissioner of health;
- 41.20 (16) one member appointed by the Minnesota Indian Affairs Council;
- 41.21 (17) one member from the Commission of the Deaf, Deafblind, and Hard-of-Hearing,
41.22 appointed by the executive director of the commission;
- 41.23 (18) one member of the Council on Developmental Disabilities, appointed by the
41.24 executive director of the council;
- 41.25 (19) one employee from the Office of Ombudsman for Mental Health and Developmental
41.26 Disabilities, appointed by the ombudsman;
- 41.27 (20) one employee from the Office of Ombudsman for Long Term Care, appointed by
41.28 the ombudsman;
- 41.29 (21) one member appointed by the Minnesota Association of County Social Services
41.30 Administrators (MACSSA);

42.1 (22) one employee from the Olmstead Implementation Office, appointed by the director
42.2 of the office; and

42.3 (23) one member representing an organization dedicated to supported decision-making
42.4 alternatives to guardianship, appointed by the Minnesota Council on Disability.

42.5 (b) Appointees to the task force must be named by each appointing authority by June
42.6 30, 2025. Appointments made by an agency or commissioner may also be made by a
42.7 designee.

42.8 (c) The member from the Minnesota Council on Disability serves as chair of the task
42.9 force. The chair must designate a member to serve as secretary.

42.10 Subd. 2. **Meetings; administrative support.** The first meeting of the task force must
42.11 be convened by the chair no later than September 1, 2025, if an appropriation is made by
42.12 that date for the task force. The task force must meet at least quarterly. Meetings are subject
42.13 to Minnesota Statutes, chapter 13D. The task force may meet by telephone or interactive
42.14 technology consistent with Minnesota Statutes, section 13D.015. The Minnesota Council
42.15 on Disability shall provide meeting space and administrative and research support to the
42.16 task force.

42.17 Subd. 3. **Duties.** (a) The task force must make recommendations to address concerns
42.18 and gaps related to guardianships and less restrictive alternatives to guardianships in
42.19 Minnesota, including but not limited to:

42.20 (1) developing efforts to sustain and increase the number of qualified guardians;

42.21 (2) increasing compensation for in forma pauperis (IFP) guardians by studying current
42.22 funding streams to develop approaches to ensure that the funding streams are consistent
42.23 across the state and sufficient to serve the needs of persons subject to guardianship;

42.24 (3) securing ongoing funding for guardianships and less restrictive alternatives;

42.25 (4) establishing guardian certification or licensure;

42.26 (5) identifying standards of practice for guardians and options for providing education
42.27 to guardians on standards and less restrictive alternatives;

42.28 (6) securing ongoing funding for the guardian and conservator administrative complaint
42.29 process;

42.30 (7) identifying and understanding alternatives to guardianship whenever possible to meet
42.31 the needs of patients and the challenges of providers in the delivery of health care, behavioral
42.32 health care, and residential and home-based care services;

43.1 (8) expanding supported decision-making alternatives to guardianships and
43.2 conservatorships;

43.3 (9) reducing the removal of civil rights when appointing a guardian, including by ensuring
43.4 guardianship is only used as a last resort; and

43.5 (10) identifying ways to preserve and to maximize the civil rights of the person, including
43.6 due process considerations.

43.7 (b) The task force must seek input from the public, the judiciary, people subject to
43.8 guardianship, guardians, advocacy groups, and attorneys. The task force must hold hearings
43.9 to gather information to fulfill the purpose of the task force.

43.10 Subd. 4. **Compensation; expenses.** Members of the task force may receive compensation
43.11 and expense reimbursement as provided in Minnesota Statutes, section 15.059, subdivision
43.12 3.

43.13 Subd. 5. **Report; expiration.** The task force shall submit a report to the chairs and
43.14 ranking minority members of the legislative committees with jurisdiction over guardianship
43.15 issues no later than January 15, 2027. The report must describe any concerns about the
43.16 current guardianship system identified by the task force and recommend policy options to
43.17 address those concerns and to promote less restrictive alternatives to guardianship. The
43.18 report must include draft legislation to implement recommended policy.

43.19 Subd. 6. **Expiration.** The task force expires upon submission of its report, or January
43.20 16, 2027, whichever is earlier.

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

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

43.23 Upon federal approval, the commissioner of human services must increase to \$5,000
43.24 the transitional supports allowance under Minnesota's federally approved home and
43.25 community-based service waiver plans authorized under Minnesota Statutes, sections
43.26 256B.092 and 256B.49.

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

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

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

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

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

44.16 Sec. 42. **ELECTRONIC VISIT VERIFICATION SIMPLIFICATION FOR LIVE-IN**
44.17 **CAREGIVERS.**

44.18 The commissioner must explore options to simplify documentation requirements for
44.19 direct support professionals who live in the same house as the person they support and are
44.20 reimbursed for services subject to electronic visit verification requirements under Minnesota
44.21 Statutes, section 256B.073. The commissioner may evaluate information technology barriers
44.22 and opportunities, attestation options, worker identification options, and program integrity
44.23 considerations. The commissioner must report recommendations to the chairs and ranking
44.24 minority members of the legislative committees with jurisdiction over health and human
44.25 services policy and finance by February 1, 2025, with short- and long-term policy changes
44.26 that will simplify documentation requirements and minimize burdens on providers and
44.27 recipients.

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

44.29 Sec. 43. **LICENSE TRANSITION SUPPORT FOR SMALL DISABILITY WAIVER**
44.30 **PROVIDERS.**

44.31 Subdivision 1. **Onetime transition support.** The commissioner of human services must
44.32 distribute onetime payments to medical assistance disability waiver customized living and

45.1 community residential providers to assist with the transition from small, customized living
45.2 settings to licensed community residential services under Minnesota Statutes, chapter 245D
45.3 and section 256B.49.

45.4 Subd. 2. **Definitions.** For purposes of this section, "eligible provider" means an enrolled
45.5 provider that received approval from the commissioner of human services for a corporate
45.6 foster care moratorium exception under Minnesota Statutes, section 245A.03, subdivision
45.7 7, related to transitioning between customized living services and community residential
45.8 services. This approval must have been received between July 1, 2022, and December 31,
45.9 2023.

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

45.15 Subd. 4. **Payment request and requirements.** License holders of eligible settings must
45.16 apply for payments using an application process determined by the commissioner of human
45.17 services. Payments are onetime amounts of \$15,000 per eligible setting. To be considered
45.18 for a payment, eligible settings must submit a payment application no later than March 1,
45.19 2025. The commissioner may approve payment applications on a rolling basis. Payments
45.20 must be distributed without compliance to time-consuming procedures and formalities
45.21 prescribed in law, including the following statutes and related policies: Minnesota Statutes,
45.22 sections 16A.15, subdivision 3; 16B.97; and 16B.98, subdivisions 5, 7, and 8, the express
45.23 audit clause requirement. The commissioner's determination of the payment amount
45.24 determined under this section is final and is not subject to appeal. This subdivision does not
45.25 apply to recoupment by the commissioner under subdivision 7.

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

- 45.28 (1) the provider's intent to provide services through December 31, 2027; and
45.29 (2) the provider's intent to use the payment for allowable uses under subdivision 3.

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

- 45.32 (1) to cooperate with the commissioner of human services to deliver services according
45.33 to the requirements in this section;

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

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

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

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

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

46.14 Sec. 44. **DISABILITY SERVICES PERSON-CENTERED ENGAGEMENT AND**
46.15 **NAVIGATION STUDY.**

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

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

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

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

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

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

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

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

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

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

47.18 **EFFECTIVE DATE.** This section is effective for services rendered on or after October
47.19 1, 2024.

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

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

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

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

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

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

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

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

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

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

48.11 (6) other activities approved by the commissioner.

48.12 Subd. 5. Expiration. This section expires June 30, 2026.

48.13 Sec. 47. **DIRECTION TO COMMISSIONER; PEDIATRIC HOSPITAL-TO-HOME**
48.14 **TRANSITION PILOT PROGRAM.**

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

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

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

48.26 (2) avoidable rehospitalization days for pediatric patients;

48.27 (3) unnecessary emergency department utilization by pediatric patients following
48.28 discharge;

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

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

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

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

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

49.12 Sec. 48. **REPEALER.**

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

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

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

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

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

49.19 **ARTICLE 2**

49.20 **AGING SERVICES**

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

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

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

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

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

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

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

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

50.21 (h) A licensee denied approval by the commissioner of health to relocate a facility may
50.22 continue to operate the facility in its current location, follow the requirements in section
50.23 144G.57 and close the facility, or notify the commissioner of health of the licensee's intent
50.24 to relocate the facility to an alternative new location. If the licensee notifies the commissioner
50.25 of the licensee's intent to relocate the facility to an alternative new location, paragraph (c)
50.26 applies, including the timelines for approving or denying the license relocation for the
50.27 alternative new location.

50.28 Subd. 2. **Limited exemption from the customized living setting moratorium and**
50.29 **age limitations.** (a) A licensee that receives approval from the commissioner of health under
50.30 subdivision 1 to relocate a facility that is also enrolled with the Department of Human
50.31 Services as a customized living setting to deliver 24-hour customized living services or
50.32 customized living services to participants through the brain injury and community access
50.33 for disability inclusion home and community-based services waiver plans and under section
50.34 256B.49 must inform the commissioner of human services of the licensee's intent to relocate.

51.1 (b) If the licensee at the time of the intended relocation is providing customized living
 51.2 or 24-hour customized living services under the brain injury and community access for
 51.3 disability inclusion home and community-based services waiver plans and section 256B.49
 51.4 to at least one individual, and the licensee intends to continue serving that individual in the
 51.5 new location, the licensee must inform the commissioner of human services of the licensee's
 51.6 intention to do so and meet the requirements specified under section 256B.49, subdivision
 51.7 28a.

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

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

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

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

51.15 (2) provide services in a manner that complies with the Nurse Practice Act in sections
 51.16 148.171 to 148.285;

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

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

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

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

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

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

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

51.28 (10) notify the resident of the resident's right to have and use a lockable door to the
 51.29 resident's unit. The licensee shall provide the locks on the unit. Only a staff member with
 51.30 a specific need to enter the unit shall have keys, and advance notice must be given to the

52.1 resident before entrance, when possible. An assisted living facility must not lock a resident
52.2 in the resident's unit;

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

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

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

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

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

52.15 (i) awake;

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

52.18 (iii) capable of communicating with residents;

52.19 (iv) capable of providing or summoning the appropriate assistance; and

52.20 (v) capable of following directions; and

52.21 ~~(13) offer to provide or make available at least the following services to residents:~~

52.22 ~~(i) at least three nutritious meals daily with snacks available seven days per week,~~
52.23 ~~according to the recommended dietary allowances in the United States Department of~~
52.24 ~~Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The~~
52.25 ~~following apply:~~

52.26 ~~(A) menus must be prepared at least one week in advance, and made available to all~~
52.27 ~~residents. The facility must encourage residents' involvement in menu planning. Meal~~
52.28 ~~substitutions must be of similar nutritional value if a resident refuses a food that is served.~~
52.29 ~~Residents must be informed in advance of menu changes;~~

52.30 ~~(B) food must be prepared and served according to the Minnesota Food Code, Minnesota~~
52.31 ~~Rules, chapter 4626; and~~

- 53.1 ~~(C) the facility cannot require a resident to include and pay for meals in their contract;~~
- 53.2 ~~(ii) weekly housekeeping;~~
- 53.3 ~~(iii) weekly laundry service;~~
- 53.4 ~~(iv) upon the request of the resident, provide direct or reasonable assistance with arranging~~
- 53.5 ~~for transportation to medical and social services appointments, shopping, and other recreation,~~
- 53.6 ~~and provide the name of or other identifying information about the persons responsible for~~
- 53.7 ~~providing this assistance;~~
- 53.8 ~~(v) upon the request of the resident, provide reasonable assistance with accessing~~
- 53.9 ~~community resources and social services available in the community, and provide the name~~
- 53.10 ~~of or other identifying information about persons responsible for providing this assistance;~~
- 53.11 ~~(vi) provide culturally sensitive programs; and~~
- 53.12 ~~(vii) have a daily program of social and recreational activities that are based upon~~
- 53.13 ~~individual and group interests, physical, mental, and psychosocial needs, and that creates~~
- 53.14 ~~opportunities for active participation in the community at large; and~~
- 53.15 ~~(14) (13) provide staff access to an on-call registered nurse 24 hours per day, seven days~~
- 53.16 ~~per week.~~

53.17 Sec. 3. Minnesota Statutes 2022, section 144G.41, is amended by adding a subdivision to

53.18 read:

53.19 Subd. 1a. **Minimum requirements; required food services.** (a) All assisted living

53.20 facilities must offer to provide or make available at least three nutritious meals daily with

53.21 snacks available seven days per week, according to the recommended dietary allowances

53.22 in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh

53.23 fruit and fresh vegetables. The menus must be prepared at least one week in advance, and

53.24 made available to all residents. The facility must encourage residents' involvement in menu

53.25 planning. Meal substitutions must be of similar nutritional value if a resident refuses a food

53.26 that is served. Residents must be informed in advance of menu changes. The facility must

53.27 not require a resident to include and pay for meals in the resident's contract. Except as

53.28 provided in paragraph (b), food must be prepared and served according to the Minnesota

53.29 Food Code, Minnesota Rules, chapter 4626.

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

53.31 (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a

53.32 certified food protection manager (CFPM) with one other facility located within a 60-mile

54.1 radius and under common management provided the CFPM is present at each facility
54.2 frequently enough to effectively administer, manage, and supervise each facility's food
54.3 service operation;

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

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

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

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

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

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

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

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

54.27 (1) weekly housekeeping;

54.28 (2) weekly laundry service;

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

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

55.4 (5) provide culturally sensitive programs; and

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

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

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

55.15 (b) A staff person is not required to repeat the orientation required under subdivision 2
55.16 if the staff person transfers from one licensed assisted living facility to another facility
55.17 operated by the same licensee or by a licensee affiliated with the same corporate organization
55.18 as the licensee of the first facility, or to another facility managed by the same entity managing
55.19 the first facility. The facility to which the staff person transfers must document that the staff
55.20 person completed the orientation at the prior facility. The facility to which the staff person
55.21 transfers must nonetheless provide the transferred staff person with supplemental orientation
55.22 specific to the facility and document that the supplemental orientation was provided. The
55.23 supplemental orientation must include the types of assisted living services the staff person
55.24 will be providing, the facility's category of licensure, and the facility's emergency procedures.
55.25 A staff person cannot transfer to an assisted living facility with dementia care without
55.26 satisfying the additional training requirements under section 144G.83.

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

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

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

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

56.2 **144G.64 TRAINING IN DEMENTIA CARE, MENTAL ILLNESS, AND**
56.3 **DE-ESCALATION REQUIRED.**

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

56.6 (1) supervisors of direct-care staff must have at least eight hours of initial training on
56.7 dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial
56.8 training on mental illness and de-escalation topics specified under paragraph (b), clauses
56.9 (6) to (8), within 120 working hours of the employment start date, and. Supervisors must
56.10 have at least two hours of training on topics related to dementia care and one hour of training
56.11 on topics related to mental illness and de-escalation for each 12 months of employment
56.12 thereafter;

56.13 (2) direct-care employees must have completed at least eight hours of initial training on
56.14 dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial
56.15 training on mental illness and de-escalation topics specified under paragraph (b), clauses
56.16 (6) to (8), within 160 working hours of the employment start date. Until this initial training
56.17 is complete, an employee must not provide direct care unless there is another employee on
56.18 site who has completed the initial eight hours of training on topics related to dementia care
56.19 and the initial two hours of training on topics related to mental illness and de-escalation and
56.20 who can act as a resource and assist if issues arise. A trainer of the requirements under
56.21 paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for
56.22 consultation with the new employee until the training requirement is complete. Direct-care
56.23 employees must have at least two hours of training on topics related to dementia and one
56.24 hour of training on topics related to mental illness and de-escalation for each 12 months of
56.25 employment thereafter;

56.26 (3) for assisted living facilities with dementia care, direct-care employees must have
56.27 completed at least eight hours of initial training on topics specified under paragraph (b)
56.28 within 80 working hours of the employment start date. Until this initial training is complete,
56.29 an employee must not provide direct care unless there is another employee on site who has
56.30 completed the initial eight hours of training on topics related to dementia care and two hours
56.31 of training on topics related to mental illness and de-escalation and who can act as a resource
56.32 and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor
56.33 meeting the requirements in clause (1) must be available for consultation with the new
56.34 employee until the training requirement is complete. Direct-care employees must have at

57.1 least two hours of training on topics related to dementia and one hour of training on topics
 57.2 related to mental illness and de-escalation for each 12 months of employment thereafter;

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

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

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

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

57.14 (2) assistance with activities of daily living;

57.15 (3) problem solving with challenging behaviors;

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

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

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

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

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

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

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

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

57.29 Subd. 2. **Authority.** The Minnesota Board on Aging shall allocate ~~to area agencies on~~
 57.30 ~~aging~~ the state funds ~~which~~ that are received under this section for the caregiver support
 57.31 program ~~in a manner consistent with federal requirements.~~ The board shall give priority to

58.1 those areas where there is a high need of respite services as evidenced by the data provided
58.2 by the board.

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

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

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

58.13 Subdivision 1. **Caregiver respite services grant program established.** The Minnesota
58.14 Board on Aging must establish a caregiver respite services grant program to increase the
58.15 availability of respite services for family caregivers of people with dementia ~~and older adults~~
58.16 and to provide information, education, and training to respite caregivers and volunteers
58.17 regarding caring for people with dementia. From the money made available for this purpose,
58.18 the board must award grants on a competitive basis to respite service providers, giving
58.19 priority to areas of the state where there is a high need of respite services.

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

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

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

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

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

58.30 (2) home care;

- 59.1 (3) homemaker services;
- 59.2 (4) personal care;
- 59.3 (5) case management and conversion case management;
- 59.4 (6) respite care;
- 59.5 (7) specialized supplies and equipment;
- 59.6 (8) home-delivered meals;
- 59.7 (9) nonmedical transportation;
- 59.8 (10) nursing services;
- 59.9 (11) chore services;
- 59.10 (12) companion services;
- 59.11 (13) nutrition services;
- 59.12 (14) family caregiver training and education;
- 59.13 (15) coaching and counseling;
- 59.14 (16) telehome care to provide services in their own homes in conjunction with in-home
- 59.15 visits;
- 59.16 (17) consumer-directed community supports;
- 59.17 (18) environmental accessibility and adaptations; ~~and~~
- 59.18 (19) transitional services; and
- 59.19 ~~(19)~~ (20) discretionary services, for which lead agencies may make payment from their
- 59.20 alternative care program allocation for services not otherwise defined in this section or
- 59.21 section 256B.0625, following approval by the commissioner.

59.22 (b) Total annual payments for discretionary services for all clients served by a lead

59.23 agency must not exceed 25 percent of that lead agency's annual alternative care program

59.24 base allocation, except that when alternative care services receive federal financial

59.25 participation under the 1115 waiver demonstration, funding shall be allocated in accordance

59.26 with subdivision 17.

59.27 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,

59.28 whichever is later. The commissioner of human services shall notify the revisor of statutes

59.29 when federal approval is obtained.

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

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

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

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

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

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

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

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

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

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

61.14 (d) The commissioner shall increase the property rate of a nursing facility located in the
61.15 city of Chatfield at 1102 Liberty Street SE in Fillmore County by \$21.35 on January 1,
61.16 2025.

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

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

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

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

61.25 (b) This paragraph applies only to customized living settings enrolled and operational
61.26 on or before June 30, 2021, and customized living settings that have previously transferred
61.27 their customized living enrollment date under this paragraph. A provider that receives
61.28 approval from the commissioner of health under section 144G.195, subdivision 1, to relocate
61.29 a licensed assisted living facility that was enrolled prior to January 11, 2021, to deliver
61.30 medical assistance 24-hour customized living services, or customized living services as
61.31 defined by the brain injury and community access for disability inclusion federally approved
61.32 home and community-based services waiver plans, may continue to operate the customized

62.1 living setting under the original setting's customized living enrollment date if all of the
62.2 requirements under this subdivision are met.

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

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

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

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

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

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

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

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

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

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

- 63.1 (3) contacts for the lead agency and each resident's waiver case manager;
- 63.2 (4) documentation that the Department of Health has received an application to relocate
63.3 pursuant to section 144G.195, subdivision 1, for the new location; and
- 63.4 (5) documentation that the customized living provider's assisted living facility license
63.5 is not conditional.
- 63.6 (f) The commissioner of human services has 30 days to approve or deny requests to
63.7 transfer the original setting's customized living enrollment date to the new setting.
- 63.8 (g) The commissioner of human services must deny requests to transfer a customized
63.9 living enrollment date to a new setting if:
- 63.10 (1) the new setting approved by the commissioner of health under section 144G.195,
63.11 subdivision 1, is adjoined to or on the same property as an institution as defined in Code of
63.12 Federal Regulations, title 42, section 441.301(c), or one or more licensed assisted living
63.13 facilities;
- 63.14 (2) the requesting provider fails to notify the commissioner of human services of the
63.15 proposed relocation within the time frames required under this subdivision;
- 63.16 (3) the requesting provider's assisted living facility license is conditional; or
- 63.17 (4) the requesting provider is changing ownership at the same time as the proposed
63.18 relocation.
- 63.19 (h) The setting to which the original customized living enrollment date is transferred
63.20 must:
- 63.21 (1) comply with setting requirements in the brain injury and community access for
63.22 disability inclusion federally approved home and community-based services waiver plans
63.23 and under this section as the requirements existed on the customized living enrollment date
63.24 of the original setting;
- 63.25 (2) have a resident capacity less than or equal to the resident capacity of the original
63.26 setting;
- 63.27 (3) not require or coerce any resident of the original setting to move to the new setting,
63.28 consistent with informed choice and independent living policies under section 256B.4905,
63.29 subdivisions 1a, 2a, 3a, and 8; and
- 63.30 (4) provide each resident with a new assisted living contract and comply with the
63.31 coordinated move requirements under section 144G.55.

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

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

64.5 **256R.55 FINANCIALLY DISTRESSED NURSING FACILITY LONG-TERM**
 64.6 **SERVICES AND SUPPORTS LOAN PROGRAM.**

64.7 Subdivision 1. ~~Financially distressed nursing facility loans~~ Long-term services and
 64.8 supports loan program. The commissioner of human services shall establish a competitive
 64.9 ~~financially distressed nursing facility~~ loan program to provide operating loans to eligible
 64.10 ~~nursing~~ long-term services and supports providers and facilities. The commissioner shall
 64.11 initiate the application process for the loan described in this section at least once annually
 64.12 if money is available. A second application process may be initiated each year at the
 64.13 discretion of the commissioner.

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

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

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

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

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

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

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

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

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

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

65.1 (D) early intensive developmental and behavioral intervention services under section
65.2 256B.0949;

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

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

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

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

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

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

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

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

65.26 **Subd. 6. Loan payments.** The commissioner shall negotiate the terms of the loan
65.27 repayment, including the start of the repayment plan, the due date of the repayment, and
65.28 the frequency of the repayment installments. Repayment installments must not begin until
65.29 at least 18 months after the first disbursement date. The memoranda of understanding must
65.30 specify the amount and schedule of loan payments. The repayment term must not exceed
65.31 72 months. If any loan payment to the commissioner is not paid within the time specified
65.32 by the memoranda of understanding, the late payment must be assessed a penalty rate of
65.33 0.01 percent of the original loan amount each month the payment is past due. For nursing

66.1 facilities, this late fee is not an allowable cost on the department's cost report. The
66.2 commissioner shall have the power to abate penalties when discrepancies occur resulting
66.3 from but not limited to circumstances of error and mail delivery.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

69.14 Subd. 5. **Rate adjustment; rate floor.** (a) Effective through December 31, 2025,
69.15 notwithstanding the 24-hour customized living monthly service rate limits under section
69.16 256S.202, subdivision 2, and the component service rates established under section 256S.201,
69.17 subdivision 4, the commissioner must establish a rate floor equal to ~~\$119~~ \$141 per resident
69.18 per day for 24-hour customized living services provided to an elderly waiver participant in
69.19 a designated disproportionate share facility.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

72.21 (b) A licensed alcohol and drug counselor or mental health professional providing
72.22 supervision to a recovery peer must meet with the recovery peer face-to-face, either remotely
72.23 or in person, at least once per month in order to provide adequate supervision to the recovery
72.24 peer. Supervision must include reviewing individual recovery plans, as defined in section
72.25 254B.01, subdivision 4e, and reviewing documentation of peer recovery support services
72.26 provided for clients and may include client updates, discussion of ethical considerations,
72.27 and any other questions or issues relevant to peer recovery support services.

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

72.30 Subd. 4e. **Individual recovery plan.** "Individual recovery plan" means a person-centered
72.31 outline of supports that an eligible vendor of peer recovery support services under section

73.1 254B.05, subdivision 1, must develop to respond to an individual's peer recovery support
 73.2 services needs and goals.

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

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

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

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

73.15 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
 73.16 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
 73.17 vendor of a comprehensive assessment and assessment summary provided according to
 73.18 section 245G.05, and treatment services provided according to sections 245G.06 and
 73.19 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
 73.20 (1) to (6).

73.21 (c) A county is an eligible vendor for a comprehensive assessment and assessment
 73.22 summary when provided by an individual who meets the staffing credentials of section
 73.23 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
 73.24 245G.05. A county is an eligible vendor of care coordination services when provided by an
 73.25 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
 73.26 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
 73.27 clause (5). A county is an eligible vendor of peer recovery services when the services are
 73.28 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

73.29 (d) A recovery community organization that meets the requirements of clauses (1) to
 73.30 ~~(10)~~ (12) and meets ~~membership certification~~ or accreditation requirements of ~~the Association~~
 73.31 ~~of Recovery Community Organizations~~ the Alliance for Recovery Centered Organizations,
 73.32 the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide
 73.33 recovery ~~community~~ organization identified by the commissioner is an eligible vendor of

74.1 peer recovery support services. A Minnesota statewide recovery organization identified by
74.2 the commissioner must update recovery community organization applicants for certification
74.3 or accreditation on the status of the application within 45 days of receipt. If the approved
74.4 statewide recovery organization denies an application, it must provide a written explanation
74.5 for the denial to the recovery community organization. Eligible vendors under this paragraph
74.6 must:

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

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

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

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

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

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

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

74.32 (8) ~~be purposeful in meeting the diverse~~ maintain organizational practices to meet the
74.33 needs of Black, Indigenous, and people of color communities, including LGBTQ+

75.1 communities, and other underrepresented or marginalized communities. Organizational
 75.2 practices may include board and staff development activities, organizational practices
 75.3 training, service offerings, advocacy efforts, and culturally informed outreach and service
 75.4 plans services;

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

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

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

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

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

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

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

75.27 (e) A recovery community organizations organization approved by the commissioner
 75.28 before June 30, 2023, shall retain their designation as recovery community organizations
 75.29 must have begun the application process as required by an approved certifying or accrediting
 75.30 entity and have begun the process to meet the requirements under paragraph (d) by September
 75.31 1, 2024, in order to be considered as an eligible vendor of peer recovery support services.

75.32 (f) A recovery community organization that is aggrieved by an accreditation, certification,
 75.33 or membership determination and believes it meets the requirements under paragraph (d)

76.1 may appeal the determination under section 256.045, subdivision 3, paragraph (a), clause
76.2 (15), for reconsideration as an eligible vendor. If the human services judge determines that
76.3 the recovery community organization meets the requirements under paragraph (d), the
76.4 recovery community organization is an eligible vendor of peer recovery support services.

76.5 (g) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
76.6 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
76.7 nonresidential substance use disorder treatment or withdrawal management program by the
76.8 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
76.9 and 1b are not eligible vendors.

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

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

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

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

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

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

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

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

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

- 77.1 (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,
77.2 subdivision 1, clause (3);
- 77.3 (iv) ASAM level 2.5 partial hospitalization services provided according to section
77.4 254B.19, subdivision 1, clause (4);
- 77.5 (v) ASAM level 3.1 clinically managed low-intensity residential services provided
77.6 according to section 254B.19, subdivision 1, clause (5);
- 77.7 (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential
77.8 services provided according to section 254B.19, subdivision 1, clause (6); and
- 77.9 (vii) ASAM level 3.5 clinically managed high-intensity residential services provided
77.10 according to section 254B.19, subdivision 1, clause (7);
- 77.11 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
77.12 and 245G.05;
- 77.13 (3) treatment coordination services provided according to section 245G.07, subdivision
77.14 1, paragraph (a), clause (5);
- 77.15 (4) peer recovery support services provided according to section 245G.07, subdivision
77.16 2, clause (8);
- 77.17 (5) withdrawal management services provided according to chapter 245F;
- 77.18 (6) hospital-based treatment services that are licensed according to sections 245G.01 to
77.19 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
77.20 144.56;
- 77.21 (7) adolescent treatment programs that are licensed as outpatient treatment programs
77.22 according to sections 245G.01 to 245G.18 or as residential treatment programs according
77.23 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
77.24 applicable tribal license;
- 77.25 (8) ASAM 3.5 clinically managed high-intensity residential services that are licensed
77.26 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which
77.27 provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7),
77.28 and are provided by a state-operated vendor or to clients who have been civilly committed
77.29 to the commissioner, present the most complex and difficult care needs, and are a potential
77.30 threat to the community; and
- 77.31 (9) room and board facilities that meet the requirements of subdivision 1a.

- 78.1 (c) The commissioner shall establish higher rates for programs that meet the requirements
78.2 of paragraph (b) and one of the following additional requirements:
- 78.3 (1) programs that serve parents with their children if the program:
- 78.4 (i) provides on-site child care during the hours of treatment activity that:
- 78.5 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
78.6 9503; or
- 78.7 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or
- 78.8 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
78.9 licensed under chapter 245A as:
- 78.10 (A) a child care center under Minnesota Rules, chapter 9503; or
- 78.11 (B) a family child care home under Minnesota Rules, chapter 9502;
- 78.12 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
78.13 subdivision 4a;
- 78.14 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
- 78.15 (4) programs that offer medical services delivered by appropriately credentialed health
78.16 care staff in an amount equal to two hours per client per week if the medical needs of the
78.17 client and the nature and provision of any medical services provided are documented in the
78.18 client file; or
- 78.19 (5) programs that offer services to individuals with co-occurring mental health and
78.20 substance use disorder problems if:
- 78.21 (i) the program meets the co-occurring requirements in section 245G.20;
- 78.22 (ii) 25 percent of the counseling staff are licensed mental health professionals under
78.23 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision
78.24 of a licensed alcohol and drug counselor supervisor and mental health professional under
78.25 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health
78.26 staff may be students or licensing candidates with time documented to be directly related
78.27 to provisions of co-occurring services;
- 78.28 (iii) clients scoring positive on a standardized mental health screen receive a mental
78.29 health diagnostic assessment within ten days of admission;

79.1 (iv) the program has standards for multidisciplinary case review that include a monthly
79.2 review for each client that, at a minimum, includes a licensed mental health professional
79.3 and licensed alcohol and drug counselor, and their involvement in the review is documented;

79.4 (v) family education is offered that addresses mental health and substance use disorder
79.5 and the interaction between the two; and

79.6 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
79.7 training annually.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

80.31 (1) the client's name;

80.32 (2) the recovery peer's name;

- 81.1 (3) the name of the recovery peer's supervisor;
81.2 (4) the client's recovery goals;
81.3 (5) the client's resources and assets to support recovery;
81.4 (6) activities that may support meeting identified goals; and
81.5 (7) the planned frequency of peer recovery support services sessions between the recovery
81.6 peer and the client.

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

- 81.11 (1) the client's comprehensive assessment under section 245G.05 that led to the client's
81.12 referral for peer recovery support services;
81.13 (2) the client's individual recovery plan; and
81.14 (3) documentation of each billed peer recovery support services interaction between the
81.15 client and the recovery peer, including the date, start and end time with a.m. and p.m.
81.16 designations, the client's response, and the name of the recovery peer who provided the
81.17 service.

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

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

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

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

81.29 (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per
81.30 week of skilled treatment services and adolescents must receive up to five hours per week.
81.31 Services must be licensed according to section 245G.20 and meet requirements under section

82.1 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly
82.2 skilled treatment service hours allowable per week.

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

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

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

82.21 (6) For ASAM level 3.3 clinically managed population-specific high-intensity residential
82.22 clients, programs must be licensed according to section 245G.20 and must meet requirements
82.23 under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must
82.24 be enrolled as a disability responsive program as described in section 254B.01, subdivision
82.25 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive
82.26 impairment so significant, and the resulting level of impairment so great, that outpatient or
82.27 other levels of residential care would not be feasible or effective. Programs must provide,
82.28 at a minimum, daily skilled treatment services seven days a week according to each client's
82.29 specific treatment schedule, as directed by the individual treatment plan.

82.30 (7) For ASAM level 3.5 clinically managed high-intensity residential clients, services
82.31 must be licensed according to section 245G.20 and must meet requirements under section
82.32 256B.0759. Programs must have 24-hour staffing coverage and provide, at a minimum,
82.33 daily skilled treatment services seven days a week according to each client's specific treatment
82.34 schedule, as directed by the individual treatment plan.

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

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

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

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

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

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

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

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

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

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

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

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

84.1 (h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to
84.2 the commissioner of human services for the opioid overdose surge alert system under section
84.3 245.891.

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

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

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

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

84.14 (m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining
84.15 amount is appropriated to the commissioner of human services for distribution to county
84.16 social service agencies and Tribal social service agency initiative projects authorized under
84.17 section 256.01, subdivision 14b, to provide prevention and child protection services to
84.18 children and families who are affected by addiction. The commissioner shall distribute this
84.19 money proportionally to county social service agencies and Tribal social service agency
84.20 initiative projects through a formula based on intake data from the previous three calendar
84.21 years related to substance use and out-of-home placement episodes where parental drug
84.22 abuse is the primary a reason for the out-of-home placement using data from the previous
84.23 calendar year. County social service agencies and Tribal social service agency initiative
84.24 projects receiving funds from the opiate epidemic response fund must annually report to
84.25 the commissioner on how the funds were used to provide prevention and child protection
84.26 services, including measurable outcomes, as determined by the commissioner. County social
84.27 service agencies and Tribal social service agency initiative projects must not use funds
84.28 received under this paragraph to supplant current state or local funding received for child
84.29 protection services for children and families who are affected by addiction.

84.30 (n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in
84.31 the account is appropriated to the commissioner of human services to award grants as
84.32 specified by the Opiate Epidemic Response Advisory Council in accordance with section
84.33 256.042, unless otherwise appropriated by the legislature.

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

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

85.7 **Sec. 12. [256B.0761] REENTRY DEMONSTRATION WAIVER.**

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

85.15 (1) increase continuity of coverage;

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

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

85.20 (4) reduce overdoses and deaths following release;

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

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

85.23 Subd. 2. Eligible individuals. Notwithstanding section 256B.055, subdivision 14,
85.24 individuals are eligible to receive services under this demonstration if they are eligible under
85.25 section 256B.055, subdivision 3a, 6, 7, 7a, 9, 15, 16, or 17, as determined by the
85.26 commissioner in collaboration with correctional facilities, local governments, and Tribal
85.27 governments.

85.28 Subd. 3. Eligible correctional facilities. (a) The commissioner's waiver application is
85.29 limited to:

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

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

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

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

86.10 (b) Additional facilities may be added to the waiver contingent on legislative authorization
86.11 and appropriations.

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

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

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

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

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

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

86.28 (5) peer recovery support services according to sections 245I.04, subdivisions 18 and
86.29 19, and 254B.05, subdivision 5, paragraph (b), clause (4);

86.30 (6) substance use disorder individual and group counseling provided according to sections
86.31 245G.07, subdivision 1, paragraph (a), clause (1), and 254B.05;

86.32 (7) mental health diagnostic assessments as required under section 245I.10;

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

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

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

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

87.5 (c) Services outlined in this subdivision must only be authorized when an individual
87.6 demonstrates medical necessity or other eligibility as required under this chapter or applicable
87.7 state and federal laws.

87.8 Subd. 5. **Provider requirements and standards.** (a) Service providers must adhere to
87.9 applicable licensing and provider standards as required by federal guidance.

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

87.12 (c) Services must be provided by eligible providers employed by the correctional facility
87.13 or by eligible community providers under contract with the correctional facility.

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

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

87.19 (2) the provision or facilitation of all required prerelease services for a period of up to
87.20 90 days prior to release;

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

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

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

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

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

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

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

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

88.9 (c) Claims for covered drugs purchased through discount purchasing programs, such as
88.10 the Federal Supply Schedule of the United States General Services Administration or the
88.11 MMCAP Infuse program, must be no more than the actual acquisition cost plus the
88.12 professional dispensing fee in section 256B.0625, subdivision 13e. Drugs administered to
88.13 members must be billed on a professional claim in accordance with section 256B.0625,
88.14 subdivision 13e, paragraph (e), and submitted with the actual acquisition cost for the drug
88.15 on the claim line. Pharmacy claims must be submitted with the actual acquisition cost as
88.16 the ingredient cost field and the dispensing fee in section 256B.0625, subdivision 13e, as
88.17 the dispensing fee field on the claim with the basis of cost indicator of 08. Providers may
88.18 establish written protocols for establishing or calculating the facility's actual acquisition
88.19 drug cost based on a monthly, quarterly, or other average of the facility's actual acquisition
88.20 drug cost through the discount purchasing program. A written protocol must not include an
88.21 inflation, markup, spread, or margin to be added to the provider's actual purchase price after
88.22 subtracting all discounts.

88.23 Subd. 7. **Reentry services working group.** (a) The commissioner of human services,
88.24 in collaboration with the commissioner of corrections, must convene a reentry services
88.25 working group to consider ways to improve the demonstration under this section and related
88.26 policies for justice-involved individuals.

88.27 (b) The working group must be composed of balanced representation, including:

88.28 (1) people with lived experience; and

88.29 (2) representatives from:

88.30 (i) community health care providers;

88.31 (ii) the Minnesota Sheriffs' Association;

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

- 89.1 (iv) the Association of Minnesota Counties;
- 89.2 (v) the Minnesota Juvenile Detention Association;
- 89.3 (vi) the Office of Addiction and Recovery;
- 89.4 (vii) NAMI Minnesota;
- 89.5 (viii) the Minnesota Association of Resources for Recovery and Chemical Health;
- 89.6 (ix) Tribal Nations; and
- 89.7 (x) the Minnesota Alliance of Recovery Community Organizations.
- 89.8 (c) The working group must:
- 89.9 (1) advise on the waiver application, implementation, monitoring, evaluation, and
- 89.10 reinvestment plans;
- 89.11 (2) recommend strategies to improve processes that ensure notifications of the individual's
- 89.12 release date, current location, postrelease location, and other relevant information are
- 89.13 provided to state, county, and Tribal eligibility systems and managed care organizations;
- 89.14 (3) consider the value of expanding, replicating, or adapting the components of the
- 89.15 demonstration authorized under this section to additional populations;
- 89.16 (4) consider information technology and other implementation needs for participating
- 89.17 correctional facilities; and
- 89.18 (5) recommend ideas to fund expanded reentry services.

89.19 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,

89.20 whichever is later, except subdivision 7 is effective July 1, 2024. The commissioner of

89.21 human services must notify the revisor of statutes when federal approval is obtained.

89.22 Sec. 13. Minnesota Statutes 2022, section 256B.69, subdivision 4, is amended to read:

89.23 Subd. 4. **Limitation of choice.** (a) The commissioner shall develop criteria to determine

89.24 when limitation of choice may be implemented in the experimental counties. The criteria

89.25 shall ensure that all eligible individuals in the county have continuing access to the full

89.26 range of medical assistance services as specified in subdivision 6.

89.27 (b) The commissioner shall exempt the following persons from participation in the

89.28 project, in addition to those who do not meet the criteria for limitation of choice:

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

89.30 1;

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

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

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

90.7 (3) recipients who currently have private coverage through a health maintenance
90.8 organization;

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

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

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

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

90.19 (8) persons eligible for medical assistance according to section 256B.057, subdivision
90.20 10;

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

90.24 (10) persons who are absent from the state for more than 30 consecutive days but still
90.25 deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision
90.26 1, paragraph (b); and

90.27 (11) persons who are enrolled in the reentry demonstration waiver under section
90.28 256B.0761.

90.29 Children under age 21 who are in foster placement may enroll in the project on an elective
90.30 basis. Individuals excluded under clauses (1), (6), and (7) may choose to enroll on an elective
90.31 basis. The commissioner may enroll recipients in the prepaid medical assistance program

91.1 for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by spending
91.2 down excess income.

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

91.6 (d) The commissioner may require those individuals to enroll in the prepaid medical
91.7 assistance program who otherwise would have been excluded under paragraph (b), clauses
91.8 (1), (3), and (8), and under Minnesota Rules, part 9500.1452, subpart 2, items H, K, and L.

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

91.19 (f) An infant born to a woman who is eligible for and receiving medical assistance and
91.20 who is enrolled in the prepaid medical assistance program shall be retroactively enrolled to
91.21 the month of birth in the same managed care plan as the mother once the child is enrolled
91.22 in medical assistance unless the child is determined to be excluded from enrollment in a
91.23 prepaid plan under this section.

91.24 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
91.25 whichever is later. The commissioner of human services must notify the revisor of statutes
91.26 when federal approval is obtained.

91.27 Sec. 14. Minnesota Statutes 2022, section 604A.04, subdivision 3, is amended to read:

91.28 Subd. 3. **Health care professionals; release from liability.** (a) A licensed health care
91.29 professional who is permitted by law to prescribe an opiate antagonist, if acting in good
91.30 faith, may directly or by standing order prescribe, dispense, distribute, or administer an
91.31 opiate antagonist to a person without being subject to civil liability or criminal prosecution
91.32 for the act. This immunity applies even when the opiate antagonist is eventually administered

92.1 in either or both of the following instances: (1) by someone other than the person to whom
 92.2 it is prescribed; or (2) to someone other than the person to whom it is prescribed.

92.3 (b) A local unit of government, if acting in good faith, may distribute and administer an
 92.4 opiate antagonist that is obtained pursuant to paragraph (a) without being subject to civil
 92.5 liability or criminal prosecution for the act.

92.6 **Sec. 15. DIRECTION TO OMBUDSMAN FOR MENTAL HEALTH AND**
 92.7 **DEVELOPMENTAL DISABILITIES.**

92.8 By September 30, 2025, the ombudsman for mental health and developmental disabilities
 92.9 must provide a report to the governor and the chairs and ranking minority members of the
 92.10 legislative committees with jurisdiction over human services that contains summary
 92.11 information on complaints received regarding peer recovery support services provided by
 92.12 a recovery community organization as defined in Minnesota Statutes, section 254B.01, and
 92.13 any recommendations to the legislature to improve the quality of peer recovery support
 92.14 services, recovery peer worker misclassification, and peer recovery support services billing
 92.15 codes and procedures.

92.16 **Sec. 16. PEER RECOVERY SUPPORT SERVICES AND RECOVERY**
 92.17 **COMMUNITY ORGANIZATION WORKING GROUP.**

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

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

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

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

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

92.29 (5) certification or other regulation of recovery community organizations and recovery
 92.30 peers; and

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

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

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

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

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

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

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

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

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

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

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

93.21 (c) The commissioner of human services must make appointments to the working group
93.22 by October 1, 2024, and convene the first meeting of the working group by December 1,
93.23 2024.

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

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

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

94.1 **Sec. 17. CAPACITY BUILDING AND IMPLEMENTATION GRANTS FOR THE**
94.2 **MEDICAL ASSISTANCE REENTRY DEMONSTRATION.**

94.3 The commissioner of human services must establish capacity-building grants for eligible
94.4 local correctional facilities as they prepare to implement reentry demonstration services
94.5 under Minnesota Statutes, section 256B.0761. Allowable expenditures under this grant
94.6 include:

94.7 (1) developing, in coordination with incarcerated individuals and community members
94.8 with lived experience, processes and protocols listed under Minnesota Statutes, section
94.9 256B.0761, subdivision 5, paragraph (d);

94.10 (2) establishing or modifying information technology systems to support implementation
94.11 of the reentry demonstration waiver;

94.12 (3) personnel costs; and

94.13 (4) other expenses as determined by the commissioner.

94.14 **Sec. 18. 1115 WAIVER FOR MEDICAL ASSISTANCE REENTRY**
94.15 **DEMONSTRATION.**

94.16 The commissioner of human services must submit an application to the United States
94.17 Secretary of Health and Human Services to implement a medical assistance reentry
94.18 demonstration that covers services for incarcerated individuals as described under Minnesota
94.19 Statutes, section 256B.0761. Coverage of prerelease services is contingent on federal approval
94.20 of the demonstration and the required implementation and reinvestment plans.

94.21 **Sec. 19. RESIDENTIAL SUBSTANCE USE DISORDER RATE INCREASE.**

94.22 The commissioner of human services must increase rates for residential substance use
94.23 disorder services as authorized under Minnesota Statutes, section 254B.05, subdivision 5,
94.24 paragraph (a), by three percent for the 1115 demonstration base rates in effect as of January
94.25 1, 2024.

94.26 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
94.27 whichever is later. The commissioner of human services must notify the revisor of statutes
94.28 when federal approval is obtained.

94.29 **Sec. 20. REPEALER.**

94.30 Minnesota Statutes 2022, section 256.043, subdivision 4, is repealed.

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

95.2 **ARTICLE 4**

95.3 **PRIORITY ADMISSIONS AND CIVIL COMMITMENT**

95.4 Section 1. Minnesota Statutes 2022, section 245I.23, subdivision 19a, is amended to read:

95.5 Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder
95.6 that prohibits clients from leaving the facility by locking exit doors or other permissible
95.7 methods must meet the additional requirements of this subdivision.

95.8 (b) The license holder must meet all applicable building and fire codes to operate a
95.9 building with locked exit doors. The license holder must have the appropriate license from
95.10 the Department of Health, as determined by the Department of Health, for operating a
95.11 program with locked exit doors.

95.12 ~~(e) The license holder's policies and procedures must clearly describe the types of court~~
95.13 ~~orders that authorize the license holder to prohibit clients from leaving the facility.~~

95.14 ~~(d)~~ (c) For each client present in the facility under a court order, the license holder must
95.15 maintain documentation of the court order for treatment authorizing the license holder to
95.16 prohibit the client from leaving the facility.

95.17 ~~(e)~~ (d) Upon a client's admission to a locked program facility, the license holder must
95.18 document in the client file that the client was informed:

95.19 (1) that the client has the right to leave the facility according to the client's rights under
95.20 section 144.651, subdivision 21, ~~if the client is not subject to a court order authorizing the~~
95.21 ~~license holder to prohibit the client from leaving the facility; or~~ and that leaving the facility
95.22 against medical advice may result in legal consequences; and

95.23 (2) that the client ~~cannot~~ may not be able to leave the facility due to a court order
95.24 authorizing the license holder to prohibit the client from leaving the facility as required
95.25 under chapter 253B.

95.26 ~~(f)~~ (e) If ~~the license holder prohibits a client from leaving the facility~~ is prohibited from
95.27 leaving the facility under chapter 253B, the client's treatment plan must reflect this restriction.

96.1 Sec. 2. Minnesota Statutes 2022, section 246.129, as amended by Laws 2024, chapter 79,
96.2 article 1, section 9, is amended to read:

96.3 **246.129 LEGISLATIVE APPROVAL REQUIRED.**

96.4 If the closure of a state-operated facility is proposed, and the executive board and
96.5 respective bargaining units fail to arrive at a mutually agreed upon solution to transfer
96.6 affected state employees to other state jobs, the closure of the facility requires legislative
96.7 approval. ~~This does not apply to state-operated enterprise services.~~

96.8 Sec. 3. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1a, is amended
96.9 to read:

96.10 Subd. 1a. **Anoka-Metro Regional Treatment Center.** (a) A county's payment of the
96.11 cost of care provided at Anoka-Metro Regional Treatment Center shall be according to the
96.12 following schedule:

96.13 (1) zero percent for the first 30 days;

96.14 (2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate
96.15 for the client; and

96.16 (3) 100 percent for each day during the stay, including the day of admission, when the
96.17 facility determines that it is clinically appropriate for the client to be discharged.

96.18 (b) If payments received by the state under sections 246.50 to 246.53 exceed 80 percent
96.19 of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause
96.20 (2), the county shall be responsible for paying the state only the remaining amount. The
96.21 county shall not be entitled to reimbursement from the client, the client's estate, or from the
96.22 client's relatives, except as provided in section 246.53.

96.23 (c) Between July 1, 2023, and ~~June 30~~ March 31, 2025, the county is not responsible
96.24 for the cost of care under paragraph (a), clause (3), for a person who is committed as a
96.25 person who has a mental illness and is dangerous to the public under section 253B.18 and
96.26 who is awaiting transfer to another state-operated facility or program. This paragraph expires
96.27 ~~June 30~~ March 31, 2025.

96.28 (d) Between April 1, 2025, and June 30, 2025, the county is not responsible for the cost
96.29 of care under paragraph (a), clause (3), for a person who is civilly committed, if the client
96.30 is awaiting transfer:

96.31 (1) to a facility operated by the Department of Corrections; or

97.1 (2) to another state-operated facility or program, and the Direct Care and Treatment
97.2 executive medical director's office or a designee has determined that:

97.3 (i) the client meets criteria for admission to that state-operated facility or program; and

97.4 (ii) the state-operated facility or program is the only facility or program that can
97.5 reasonably serve the client. This paragraph expires June 30, 2025.

97.6 ~~(d)~~ (e) Notwithstanding any law to the contrary, the client is not responsible for payment
97.7 of the cost of care under this subdivision.

97.8 Sec. 4. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1b, is amended
97.9 to read:

97.10 Subd. 1b. **Community behavioral health hospitals.** (a) A county's payment of the cost
97.11 of care provided at state-operated community-based behavioral health hospitals for adults
97.12 and children shall be according to the following schedule:

97.13 (1) 100 percent for each day during the stay, including the day of admission, when the
97.14 facility determines that it is clinically appropriate for the client to be discharged; and

97.15 (2) the county shall not be entitled to reimbursement from the client, the client's estate,
97.16 or from the client's relatives, except as provided in section 246.53.

97.17 (b) Between July 1, 2023, and ~~June 30~~ March 31, 2025, the county is not responsible
97.18 for the cost of care under paragraph (a), clause (1), for a person committed as a person who
97.19 has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting
97.20 transfer to another state-operated facility or program. This paragraph expires ~~June 30~~ March
97.21 31, 2025.

97.22 (c) Between April 1, 2025, and June 30, 2025, the county is not responsible for the cost
97.23 of care under paragraph (a), clause (1), for a person who is civilly committed, if the client
97.24 is awaiting transfer:

97.25 (1) to a facility operated by the Department of Corrections; or

97.26 (2) to another state-operated facility or program, and the Direct Care and Treatment
97.27 executive medical director's office or a designee has determined that:

97.28 (i) the client meets criteria for admission to that state-operated facility or program; and

97.29 (ii) the state-operated facility or program is the only facility or program that can
97.30 reasonably serve the client. This paragraph expires June 30, 2025.

98.1 ~~(e)~~ (d) Notwithstanding any law to the contrary, the client is not responsible for payment
98.2 of the cost of care under this subdivision.

98.3 Sec. 5. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, as amended
98.4 by Laws 2024, chapter 79, article 5, section 8, is amended to read:

98.5 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
98.6 court shall issue a warrant or an order committing the patient to the custody of the head of
98.7 the treatment facility, state-operated treatment program, or community-based treatment
98.8 program. The warrant or order shall state that the patient meets the statutory criteria for
98.9 civil commitment.

98.10 (b) The executive board shall prioritize civilly committed patients being admitted from
98.11 jail or a correctional institution or who are referred to a state-operated treatment facility for
98.12 competency attainment or a competency examination under sections 611.40 to 611.59 for
98.13 admission to a medically appropriate state-operated direct care and treatment bed based on
98.14 the decisions of physicians in the executive medical director's office, using a priority
98.15 admissions framework. The framework must account for a range of factors for priority
98.16 admission, including but not limited to:

98.17 (1) ~~ordered confined in a state-operated treatment program for an examination under~~
98.18 ~~Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and~~
98.19 ~~20.02, subdivision 2~~ the length of time the person has been on a waiting list for admission
98.20 to a state-operated direct care and treatment program since the date of the order under
98.21 paragraph (a), or the date of an order issued under sections 611.40 to 611.59;

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

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

98.29 (4) ~~committed under this chapter to the executive board after dismissal of the patient's~~
98.30 ~~criminal charges;~~ the person's safety and safety of others in the person's current environment;

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

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

99.1 (7) any relevant federal prioritization requirements.

99.2 Patients described in this paragraph must be admitted to a state-operated treatment program
99.3 within 48 hours. The commitment must be ordered by the court as provided in section
99.4 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or
99.5 less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2,
99.6 must be prioritized for admission to a state-operated treatment program using the priority
99.7 admissions framework in this paragraph.

99.8 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
99.9 treatment program, or community-based treatment program, the head of the facility or
99.10 program shall retain the duplicate of the warrant and endorse receipt upon the original
99.11 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
99.12 be filed in the court of commitment. After arrival, the patient shall be under the control and
99.13 custody of the head of the facility or program.

99.14 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
99.15 of law, the court order committing the patient, the report of the court examiners, and the
99.16 prepetition report, and any medical and behavioral information available shall be provided
99.17 at the time of admission of a patient to the designated treatment facility or program to which
99.18 the patient is committed. Upon a patient's referral to the executive board for admission
99.19 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or
99.20 correctional facility that has provided care or supervision to the patient in the previous two
99.21 years shall, when requested by the treatment facility or commissioner, provide copies of
99.22 the patient's medical and behavioral records to the executive board for purposes of
99.23 preadmission planning. This information shall be provided by the head of the treatment
99.24 facility to treatment facility staff in a consistent and timely manner and pursuant to all
99.25 applicable laws.

99.26 (e) Patients described in paragraph (b) must be admitted to a state-operated treatment
99.27 program within 48 hours of the Office of Executive Medical Director, under section 246C.09,
99.28 or a designee determining that a medically appropriate bed is available. This paragraph
99.29 expires on June 30, 2025.

99.30 (f) Within four business days of determining which state-operated direct care and
99.31 treatment program or programs are appropriate for an individual, the executive medical
99.32 director's office or a designee must notify the source of the referral and the responsible
99.33 county human services agency, the individual being ordered to direct care and treatment,
99.34 and the district court that issued the order of the determination. The notice shall include

100.1 which program or programs are appropriate for the person's priority status. Any interested
 100.2 person may provide additional information or request updated priority status about the
 100.3 individual to the executive medical director's office or a designee while the individual is
 100.4 awaiting admission. Updated priority status of an individual will only be disclosed to
 100.5 interested persons who are legally authorized to receive private information about the
 100.6 individual. When an available bed has been identified, the executive medical director's
 100.7 office or a designee must notify the designated agency and the facility where the individual
 100.8 is awaiting admission that the individual has been accepted for admission to a particular
 100.9 state-operated direct care and treatment program and the earliest possible date the admission
 100.10 can occur. The designated agency or facility where the individual is awaiting admission
 100.11 must transport the individual to the admitting state-operated direct care and treatment
 100.12 program no more than 48 hours after the offered admission date.

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

100.14 Sec. 6. Minnesota Statutes 2023 Supplement, section 256B.0622, subdivision 8, is amended
 100.15 to read:

100.16 Subd. 8. **Medical assistance payment for assertive community treatment and**
 100.17 **intensive residential treatment services.** (a) Payment for intensive residential treatment
 100.18 services and assertive community treatment in this section shall be based on one daily rate
 100.19 per provider inclusive of the following services received by an eligible client in a given
 100.20 calendar day: all rehabilitative services under this section, staff travel time to provide
 100.21 rehabilitative services under this section, and nonresidential crisis stabilization services
 100.22 under section 256B.0624.

100.23 (b) Except as indicated in paragraph ~~(e)~~ (d), payment will not be made to more than one
 100.24 entity for each client for services provided under this section on a given day. If services
 100.25 under this section are provided by a team that includes staff from more than one entity, the
 100.26 team must determine how to distribute the payment among the members.

100.27 (c) Payment must not be made based solely on a court order to participate in intensive
 100.28 residential treatment services. If a client has a court order to participate in the program or
 100.29 to obtain assessment for treatment and follow treatment recommendations, payment under
 100.30 this section must only be provided if the client is eligible for the service and the service is
 100.31 determined to be medically necessary.

100.32 ~~(e)~~ (d) The commissioner shall determine one rate for each provider that will bill medical
 100.33 assistance for residential services under this section and one rate for each assertive community
 100.34 treatment provider. If a single entity provides both services, one rate is established for the

101.1 entity's residential services and another rate for the entity's nonresidential services under
101.2 this section. A provider is not eligible for payment under this section without authorization
101.3 from the commissioner. The commissioner shall develop rates using the following criteria:

101.4 (1) the provider's cost for services shall include direct services costs, other program
101.5 costs, and other costs determined as follows:

101.6 (i) the direct services costs must be determined using actual costs of salaries, benefits,
101.7 payroll taxes, and training of direct service staff and service-related transportation;

101.8 (ii) other program costs not included in item (i) must be determined as a specified
101.9 percentage of the direct services costs as determined by item (i). The percentage used shall
101.10 be determined by the commissioner based upon the average of percentages that represent
101.11 the relationship of other program costs to direct services costs among the entities that provide
101.12 similar services;

101.13 (iii) physical plant costs calculated based on the percentage of space within the program
101.14 that is entirely devoted to treatment and programming. This does not include administrative
101.15 or residential space;

101.16 (iv) assertive community treatment physical plant costs must be reimbursed as part of
101.17 the costs described in item (ii); and

101.18 (v) subject to federal approval, up to an additional five percent of the total rate may be
101.19 added to the program rate as a quality incentive based upon the entity meeting performance
101.20 criteria specified by the commissioner;

101.21 (2) actual cost is defined as costs which are allowable, allocable, and reasonable, and
101.22 consistent with federal reimbursement requirements under Code of Federal Regulations,
101.23 title 48, chapter 1, part 31, relating to for-profit entities, and Office of Management and
101.24 Budget Circular Number A-122, relating to nonprofit entities;

101.25 (3) the number of service units;

101.26 (4) the degree to which clients will receive services other than services under this section;
101.27 and

101.28 (5) the costs of other services that will be separately reimbursed.

101.29 ~~(d)~~ (e) The rate for intensive residential treatment services and assertive community
101.30 treatment must exclude the medical assistance room and board rate, as defined in section
101.31 256B.056, subdivision 5d, and services not covered under this section, such as partial
101.32 hospitalization, home care, and inpatient services.

102.1 ~~(e)~~ (f) Physician services that are not separately billed may be included in the rate to the
102.2 extent that a psychiatrist, or other health care professional providing physician services
102.3 within their scope of practice, is a member of the intensive residential treatment services
102.4 treatment team. Physician services, whether billed separately or included in the rate, may
102.5 be delivered by telehealth. For purposes of this paragraph, "telehealth" has the meaning
102.6 given to "mental health telehealth" in section 256B.0625, subdivision 46, when telehealth
102.7 is used to provide intensive residential treatment services.

102.8 ~~(f)~~ (g) When services under this section are provided by an assertive community treatment
102.9 provider, case management functions must be an integral part of the team.

102.10 ~~(g)~~ (h) The rate for a provider must not exceed the rate charged by that provider for the
102.11 same service to other payors.

102.12 ~~(h)~~ (i) The rates for existing programs must be established prospectively based upon the
102.13 expenditures and utilization over a prior 12-month period using the criteria established in
102.14 paragraph ~~(e)~~ (d). The rates for new programs must be established based upon estimated
102.15 expenditures and estimated utilization using the criteria established in paragraph ~~(e)~~ (d).

102.16 ~~(i)~~ (j) Effective for the rate years beginning on and after January 1, 2024, rates for
102.17 assertive community treatment, adult residential crisis stabilization services, and intensive
102.18 residential treatment services must be annually adjusted for inflation using the Centers for
102.19 Medicare and Medicaid Services Medicare Economic Index, as forecasted in the fourth
102.20 quarter of the calendar year before the rate year. The inflation adjustment must be based on
102.21 the 12-month period from the midpoint of the previous rate year to the midpoint of the rate
102.22 year for which the rate is being determined.

102.23 ~~(j)~~ (k) Entities who discontinue providing services must be subject to a settle-up process
102.24 whereby actual costs and reimbursement for the previous 12 months are compared. In the
102.25 event that the entity was paid more than the entity's actual costs plus any applicable
102.26 performance-related funding due the provider, the excess payment must be reimbursed to
102.27 the department. If a provider's revenue is less than actual allowed costs due to lower
102.28 utilization than projected, the commissioner may reimburse the provider to recover its actual
102.29 allowable costs. The resulting adjustments by the commissioner must be proportional to the
102.30 percent of total units of service reimbursed by the commissioner and must reflect a difference
102.31 of greater than five percent.

102.32 ~~(k)~~ (l) A provider may request of the commissioner a review of any rate-setting decision
102.33 made under this subdivision.

103.1 **Sec. 7. PRIORITY ADMISSIONS REVIEW PANEL.**

103.2 (a) A panel appointed by the commissioner of human services, consisting of all members
103.3 who served on the Task Force on Priority Admissions to State-Operated Treatment Programs
103.4 under Laws 2023, chapter 61, article 8, section 13, subdivision 2, and one member who has
103.5 an active role as a union representative representing staff at Direct Care and Treatment
103.6 appointed by joint representatives of the American Federation of State, County and Municipal
103.7 Employees (AFSCME); Minnesota Association of Professional Employees (MAPE);
103.8 Minnesota Nurses Association (MNA); Middle Management Association (MMA); and State
103.9 Residential Schools Education Association (SRSEA) must:

103.10 (1) evaluate the 48-hour timeline for priority admissions required under Minnesota
103.11 Statutes, section 253B.10, subdivision 1, paragraph (b), and develop policy and legislative
103.12 proposals related to the priority admissions timeline in order to minimize litigation costs,
103.13 maximize capacity in and access to state-operated treatment programs, and address issues
103.14 related to individuals awaiting admission to state-operated treatment programs in jails and
103.15 correctional institutions; and

103.16 (2) by February 1, 2025, submit a written report to the chairs and ranking minority
103.17 members of the legislative committees with jurisdiction over public safety and human
103.18 services that includes legislative proposals to amend Minnesota Statutes, section 253B.10,
103.19 subdivision 1, paragraph (b), to modify the 48-hour priority admissions timeline.

103.20 (b) The panel appointed under paragraph (a) must also advise the commissioner on the
103.21 effectiveness of the framework and priority admissions generally and review de-identified
103.22 data quarterly for one year following the implementation of the priority admissions
103.23 framework to ensure that the framework is implemented and applied equitably. If the panel
103.24 requests to review data that are classified as private or confidential and the commissioner
103.25 determines that the data requested are necessary for the scope of the panel's review, the
103.26 commissioner is authorized to disclose private or confidential data to the panel under this
103.27 paragraph and pursuant to Minnesota Statutes, section 13.05, subdivision 4, paragraph (b),
103.28 for private or confidential data collected prior to the effective date of this section.

103.29 (c) After the panel completes one year of review, a quality committee established by the
103.30 Direct Care and Treatment executive board must continue to review data; seek input from
103.31 counties, hospitals, community providers, and advocates; and provide a routine report to
103.32 the executive board on the effectiveness of the framework and priority admissions.

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

104.1 **Sec. 8. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
104.2 **REIMBURSEMENT TO BELTRAMI COUNTY AND TODD COUNTY FOR**
104.3 **CERTAIN COST OF CARE PAYMENTS.**

104.4 (a) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivisions
104.5 1a and 1b; Minnesota Statutes 2022, section 246.54, subdivisions 1a and 1b; or any other
104.6 law to the contrary, the commissioner of human services must not sanction or otherwise
104.7 seek payment from Beltrami County for outstanding debts for the cost of care provided
104.8 between July 1, 2022, and June 30, 2023, under:

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

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

104.17 (b) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivision
104.18 1a; Minnesota Statutes 2022, section 246.54, subdivision 1a; or any other law to the contrary,
104.19 the commissioner of human services must not sanction or otherwise seek payment from
104.20 Todd County for outstanding debts for the cost of care provided in Anoka-Metro Regional
104.21 Treatment Center from August 22, 2023, to February 3, 2024, not to exceed \$387,000.

104.22 (c) The commissioner must reimburse Beltrami County and Todd County with state-only
104.23 money any amount previously paid to the state or otherwise recovered by the commissioner
104.24 from Beltrami County or Todd County for the cost of care identified in paragraphs (a) and
104.25 (b).

104.26 (d) Nothing in this section prohibits the commissioner from seeking reimbursement from
104.27 Beltrami County for the cost of care provided in Anoka-Metro Regional Treatment Center
104.28 or a state-operated community-based behavioral health hospital for care not described in
104.29 paragraph (a).

104.30 (e) Nothing in this section prohibits the commissioner of human services from seeking
104.31 reimbursement from Todd County for the cost of care provided in Anoka-Metro Regional
104.32 Treatment Center or by any state-operated facility or program in excess of the amount
104.33 specified in paragraph (b).

105.1 (f) Notwithstanding any law to the contrary, the client is not responsible for payment of
105.2 the cost of care under this section.

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

105.4 Sec. 9. **MENTALLY ILL AND DANGEROUS CIVIL COMMITMENT REFORM**
105.5 **TASK FORCE.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

106.4 (14) an individual with lived experience under civil commitment as mentally ill and
106.5 dangerous and who is on a provisional discharge or has been discharged from commitment;

106.6 (15) a family member of an individual with lived experience under civil commitment
106.7 as mentally ill and dangerous and who is on a provisional discharge or has been discharged
106.8 from commitment;

106.9 (16) at least one Tribal government representative; and

106.10 (17) a member appointed by the Minnesota Disability Law Center.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

107.29 Sec. 10. **ENGAGEMENT SERVICES PILOT GRANTS.**

107.30 Subdivision 1. **Creation.** The engagement services pilot grant program is established
107.31 in the Department of Human Services to provide grants to counties or certified community

108.1 behavioral health clinics under section 245.735 that have a letter of support from a county
108.2 to provide engagement services under section 253B.041. The commissioner of human
108.3 services must award one grant under this section to Otter Tail County. Engagement services
108.4 must provide culturally responsive early interventions to prevent an individual from meeting
108.5 the criteria for civil commitment and promote positive outcomes.

108.6 Subd. 2. **Allowable grant activities.** (a) Grantees must use grant money to:

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

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

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

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

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

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

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

108.22 (b) Grantees must seek reimbursement for all activities and provided services eligible
108.23 for medical assistance.

108.24 (c) Engagement services staff must have completed training on person-centered care.
108.25 Staff may include but are not limited to mobile crisis providers under Minnesota Statutes,
108.26 section 256B.0624; certified peer specialists under Minnesota Statutes, section 256B.0615;
108.27 community-based treatment programs staff; and homeless outreach workers.

108.28 Sec. 11. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; LIMITED**
108.29 **EXCEPTION FOR ADMISSION FROM HOSPITAL SETTINGS.**

108.30 The commissioner of human services must immediately approve an exception to add
108.31 up to ten patients who have been civilly committed and are in hospital settings to the waiting
108.32 list for admission to medically appropriate direct care and treatment beds under Minnesota

109.1 Statutes, section 253B.10, subdivision 1, paragraph (b). This section expires upon the
109.2 commissioner's approval of the exception for ten patients who have been civilly committed
109.3 and are awaiting admission.

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

109.5 Sec. 12. **COUNTY CORRECTIONAL FACILITY LONG-ACTING INJECTABLE**
109.6 **ANTIPSYCHOTIC MEDICATION PILOT PROGRAM.**

109.7 Subdivision 1. **Authorization.** The commissioner of human services must establish a
109.8 pilot program that provides payments to counties to support county correctional facilities
109.9 in administering long-acting injectable antipsychotic medications to prisoners for mental
109.10 health treatment.

109.11 Subd. 2. **Application.** Counties may submit requests for reimbursement for costs incurred
109.12 pursuant to subdivision 3 on an application form specified by the commissioner. Requests
109.13 for reimbursement for the cost of a long-acting injectable antipsychotic medication must
109.14 be accompanied by the correctional facility's invoice for the long-acting injectable
109.15 antipsychotic medication. The commissioner must issue an application to each county board
109.16 at least once per calendar quarter until money for the pilot program is expended.

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

109.20 (1) long-acting injectable antipsychotic medications for prisoners in county correctional
109.21 facilities; and

109.22 (2) health care costs related to the administration of long-acting injectable antipsychotic
109.23 medications for prisoners in correctional facilities.

109.24 Subd. 4. **Pilot program payment allocation.** (a) The commissioner may allocate up to
109.25 one quarter of the total appropriation for the pilot program each quarter. If the amount of
109.26 money for eligible requests received exceeds the amount of money available in the quarter,
109.27 the commissioner shall determine an equitable allocation of payments among the applicants.

109.28 (b) The commissioner may review costs and set a reasonable cap on the reimbursement
109.29 amount for medications and treatment.

109.30 (c) The commissioner's determination of payment amounts and allocation methods is
109.31 final and not subject to appeal.

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

110.4 **Sec. 13. REPORT ON INPATIENT SUBSTANCE USE DISORDER BEDS.**

110.5 By January 15, 2025, the Direct Care and Treatment executive board must submit a
 110.6 report to the chairs and ranking minority members of the legislative committees with
 110.7 jurisdiction over human services finance and policy with options for increasing inpatient
 110.8 substance use disorder beds operated by the executive board. One option must include the
 110.9 development of an inpatient substance use disorder program operated by the executive board
 110.10 within 35 miles of the existing CARE-St. Peter facility.

110.11 **ARTICLE 5**

110.12 **DIRECT CARE AND TREATMENT**

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

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

110.17 (1) "agency" means the Department of Administration; Department of Agriculture;
 110.18 Department of Children, Youth, and Families; Department of Commerce; Department of
 110.19 Corrections; Department of Education; Department of Employment and Economic
 110.20 Development; Department of Health; Office of Higher Education; Housing Finance Agency;
 110.21 Department of Human Rights; Department of Human Services; Department of Information
 110.22 Technology Services; Department of Iron Range Resources and Rehabilitation; Department
 110.23 of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services;
 110.24 Department of Military Affairs; Metropolitan Council; Department of Natural Resources;
 110.25 Pollution Control Agency; Department of Public Safety; Department of Revenue; Department
 110.26 of Transportation; Department of Veterans Affairs; Direct Care and Treatment; Gambling
 110.27 Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; and
 110.28 the Board of Water and Soil Resources;

110.29 (2) "consultation" means the direct and interactive involvement of the Minnesota Tribal
 110.30 governments in the development of policy on matters that have Tribal implications.
 110.31 Consultation is the proactive, affirmative process of identifying and seeking input from
 110.32 appropriate Tribal governments and considering their interest as a necessary and integral
 110.33 part of the decision-making process. This definition adds to statutorily mandated notification

111.1 procedures. During a consultation, the burden is on the agency to show that it has made a
 111.2 good faith effort to elicit feedback. Consultation is a formal engagement between agency
 111.3 officials and the governing body or bodies of an individual Minnesota Tribal government
 111.4 that the agency or an individual Tribal government may initiate. Formal meetings or
 111.5 communication between top agency officials and the governing body of a Minnesota Tribal
 111.6 government is a necessary element of consultation;

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

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

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

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

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

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

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

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

111.32 (c) "Welfare system" includes the Department of Human Services; ~~the Department of~~
 111.33 Direct Care and Treatment; the Department of Children, Youth, and Families; local social

112.1 services agencies; county welfare agencies; county public health agencies; county veteran
 112.2 services agencies; county housing agencies; private licensing agencies; the public authority
 112.3 responsible for child support enforcement; human services boards; community mental health
 112.4 center boards, state hospitals, state nursing homes, the ombudsman for mental health and
 112.5 developmental disabilities; Native American Tribes to the extent a Tribe provides a service
 112.6 component of the welfare system; and persons, agencies, institutions, organizations, and
 112.7 other entities under contract to any of the above agencies to the extent specified in the
 112.8 contract.

112.9 (d) "Mental health data" means data on individual clients and patients of community
 112.10 mental health centers, established under section 245.62, mental health divisions of counties
 112.11 and other providers under contract to deliver mental health services, ~~Department of Direct~~
 112.12 Care and Treatment mental health services, or the ombudsman for mental health and
 112.13 developmental disabilities.

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

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

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

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

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

112.23 (1) according to section 13.05;

112.24 (2) according to court order;

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

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

112.30 (5) to personnel of the welfare system who require the data to verify an individual's
 112.31 identity; determine eligibility, amount of assistance, and the need to provide services to an
 112.32 individual or family across programs; coordinate services for an individual or family;

113.1 evaluate the effectiveness of programs; assess parental contribution amounts; and investigate
113.2 suspected fraud;

113.3 (6) to administer federal funds or programs;

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

113.5 (8) to the Department of Revenue to assess parental contribution amounts for purposes
113.6 of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit programs
113.7 and to identify individuals who may benefit from these programs, and prepare the databases
113.8 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
113.9 6. The following information may be disclosed under this paragraph: an individual's and
113.10 their dependent's names, dates of birth, Social Security or individual taxpayer identification
113.11 numbers, income, addresses, and other data as required, upon request by the Department
113.12 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
113.13 services for the purposes described in this clause are governed by section 270B.14,
113.14 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
113.15 care credit under section 290.067, the Minnesota working family credit under section
113.16 290.0671, the property tax refund under section 290A.04, and the Minnesota education
113.17 credit under section 290.0674;

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

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

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

113.25 (iii) to monitor and evaluate the Minnesota family investment program or the child care
113.26 assistance program by exchanging data on recipients and former recipients of Supplemental
113.27 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,
113.28 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter
113.29 256B or 256L; and

113.30 (iv) to analyze public assistance employment services and program utilization, cost,
113.31 effectiveness, and outcomes as implemented under the authority established in Title II,
113.32 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.
113.33 Health records governed by sections 144.291 to 144.298 and "protected health information"

114.1 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code
114.2 of Federal Regulations, title 45, parts 160-164, including health care claims utilization
114.3 information, must not be exchanged under this clause;

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

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

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

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

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

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

114.26 (i) the participant:

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

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

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

- 115.1 (iii) the request is made in writing and in the proper exercise of those duties;
- 115.2 (16) the current address of a recipient of general assistance may be disclosed to probation
115.3 officers and corrections agents who are supervising the recipient and to law enforcement
115.4 officers who are investigating the recipient in connection with a felony level offense;
- 115.5 (17) information obtained from a SNAP applicant or recipient households may be
115.6 disclosed to local, state, or federal law enforcement officials, upon their written request, for
115.7 the purpose of investigating an alleged violation of the Food and Nutrition Act, according
115.8 to Code of Federal Regulations, title 7, section 272.1(c);
- 115.9 (18) the address, Social Security or individual taxpayer identification number, and, if
115.10 available, photograph of any member of a household receiving SNAP benefits shall be made
115.11 available, on request, to a local, state, or federal law enforcement officer if the officer
115.12 furnishes the agency with the name of the member and notifies the agency that:
- 115.13 (i) the member:
- 115.14 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a
115.15 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;
- 115.16 (B) is violating a condition of probation or parole imposed under state or federal law;
115.17 or
- 115.18 (C) has information that is necessary for the officer to conduct an official duty related
115.19 to conduct described in subitem (A) or (B);
- 115.20 (ii) locating or apprehending the member is within the officer's official duties; and
- 115.21 (iii) the request is made in writing and in the proper exercise of the officer's official duty;
- 115.22 (19) the current address of a recipient of Minnesota family investment program, general
115.23 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,
115.24 provide the name of the recipient and notify the agency that the recipient is a person required
115.25 to register under section 243.166, but is not residing at the address at which the recipient is
115.26 registered under section 243.166;
- 115.27 (20) certain information regarding child support obligors who are in arrears may be
115.28 made public according to section 518A.74;
- 115.29 (21) data on child support payments made by a child support obligor and data on the
115.30 distribution of those payments excluding identifying information on obligees may be
115.31 disclosed to all obligees to whom the obligor owes support, and data on the enforcement

116.1 actions undertaken by the public authority, the status of those actions, and data on the income
116.2 of the obligor or obligee may be disclosed to the other party;

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

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

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

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

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

116.23 (27) to monitor and evaluate the Minnesota family investment program by exchanging
116.24 data between the Departments of Human Services; Children, Youth, and Families; and
116.25 Education, on recipients and former recipients of SNAP benefits, cash assistance under
116.26 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
116.27 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
116.28 256D;

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

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

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

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

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

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

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

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

117.20 (ii) to provide for reimbursement of special transportation service provided under section
117.21 473.386.

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

117.25 (b) Information on persons who have been treated for substance use disorder may only
117.26 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
117.27 2.1 to 2.67.

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

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

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

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

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

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

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

118.13 (2) the responsible authority of a county welfare agency is the director of the county
118.14 welfare agency;

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

118.17 (4) the responsible authority of any person, agency, institution, organization, or other
118.18 entity under contract to any of the components of the welfare system listed in subdivision
118.19 1, clause (c), is the person specified in the contract;

118.20 (5) the responsible authority of the public authority for child support enforcement is the
118.21 head of the public authority for child support enforcement;

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

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

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

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

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

119.2 **15.01 DEPARTMENTS OF THE STATE.**

119.3 The following agencies are designated as the departments of the state government: the
119.4 Department of Administration; the Department of Agriculture; the Department of Children,
119.5 Youth, and Families; the Department of Commerce; the Department of Corrections; ~~the~~
119.6 ~~Department of Direct Care and Treatment~~; the Department of Education; the Department
119.7 of Employment and Economic Development; the Department of Health; the Department of
119.8 Human Rights; the Department of Human Services; the Department of Information
119.9 Technology Services; the Department of Iron Range Resources and Rehabilitation; the
119.10 Department of Labor and Industry; the Department of Management and Budget; the
119.11 Department of Military Affairs; the Department of Natural Resources; the Department of
119.12 Public Safety; the Department of Revenue; the Department of Transportation; the Department
119.13 of Veterans Affairs; and their successor departments.

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

119.15 Sec. 6. Minnesota Statutes 2023 Supplement, section 15.06, subdivision 1, as amended
119.16 by Laws 2024, chapter 85, section 6, is amended to read:

119.17 Subdivision 1. **Applicability.** This section applies to the following departments or
119.18 agencies: the Departments of Administration; Agriculture; Children, Youth, and Families;
119.19 Commerce; Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic
119.20 Development; Health; Human Rights; Human Services; Iron Range Resources and
119.21 Rehabilitation; Labor and Industry; Management and Budget; Natural Resources; Public
119.22 Safety; Revenue; Transportation; and Veterans Affairs; the Housing Finance and Pollution
119.23 Control Agencies; the Department of Information Technology Services; the Bureau of
119.24 Mediation Services; and their successor departments and agencies. The heads of the foregoing
119.25 departments or agencies are "commissioners."

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

119.27 Sec. 7. Minnesota Statutes 2023 Supplement, section 15A.0815, subdivision 2, is amended
119.28 to read:

119.29 Subd. 2. **Agency head salaries.** The salary for a position listed in this subdivision shall
119.30 be determined by the Compensation Council under section 15A.082. The commissioner of
119.31 management and budget must publish the salaries on the department's website. This
119.32 subdivision applies to the following positions:

- 120.1 Commissioner of administration;
- 120.2 Commissioner of agriculture;
- 120.3 Commissioner of education;
- 120.4 Commissioner of children, youth, and families;
- 120.5 Commissioner of commerce;
- 120.6 Commissioner of corrections;
- 120.7 Commissioner of health;
- 120.8 Commissioner, Minnesota Office of Higher Education;
- 120.9 Commissioner, Minnesota IT Services;
- 120.10 Commissioner, Housing Finance Agency;
- 120.11 Commissioner of human rights;
- 120.12 Commissioner of human services;
- 120.13 Commissioner of labor and industry;
- 120.14 Commissioner of management and budget;
- 120.15 Commissioner of natural resources;
- 120.16 Commissioner, Pollution Control Agency;
- 120.17 Commissioner of public safety;
- 120.18 Commissioner of revenue;
- 120.19 Commissioner of employment and economic development;
- 120.20 Commissioner of transportation;
- 120.21 Commissioner of veterans affairs;
- 120.22 Executive director of the Gambling Control Board;
- 120.23 Executive director of the Minnesota State Lottery;
- 120.24 Commissioner of Iron Range resources and rehabilitation;
- 120.25 Commissioner, Bureau of Mediation Services;
- 120.26 Ombudsman for mental health and developmental disabilities;
- 120.27 Ombudsperson for corrections;

- 121.1 Chair, Metropolitan Council;
- 121.2 Chair, Metropolitan Airports Commission;
- 121.3 School trust lands director;
- 121.4 Executive director of pari-mutuel racing; ~~and~~
- 121.5 Commissioner, Public Utilities Commission; and
- 121.6 Chief Executive Officer, Direct Care and Treatment.

121.7 Sec. 8. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 1, is amended
121.8 to read:

121.9 Subdivision 1. **Creation.** A Compensation Council is created each odd-numbered year
121.10 to establish the compensation of constitutional officers and the heads of state and metropolitan
121.11 agencies identified in section 15A.0815, ~~and~~ to assist the legislature in establishing the
121.12 compensation of justices of the supreme court and judges of the court of appeals and district
121.13 court, and to determine the daily compensation for voting members of the Direct Care and
121.14 Treatment executive board.

121.15 Sec. 9. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 3, is amended
121.16 to read:

121.17 Subd. 3. **Submission of recommendations and determination.** (a) By April 1 in each
121.18 odd-numbered year, the Compensation Council shall submit to the speaker of the house and
121.19 the president of the senate salary recommendations for justices of the supreme court, and
121.20 judges of the court of appeals and district court. The recommended salaries take effect on
121.21 July 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
121.22 the council recommends thereafter, unless the legislature by law provides otherwise. The
121.23 salary recommendations take effect if an appropriation of money to pay the recommended
121.24 salaries is enacted after the recommendations are submitted and before their effective date.
121.25 Recommendations may be expressly modified or rejected.

121.26 (b) By April 1 in each odd-numbered year, the Compensation Council must prescribe
121.27 salaries for constitutional officers, and for the agency and metropolitan agency heads
121.28 identified in section 15A.0815. The prescribed salary for each office must take effect July
121.29 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
121.30 the council determines thereafter, unless the legislature by law provides otherwise. An
121.31 appropriation by the legislature to fund the relevant office, branch, or agency of an amount

122.1 sufficient to pay the salaries prescribed by the council constitutes a prescription by law as
122.2 provided in the Minnesota Constitution, article V, sections 4 and 5.

122.3 (c) By April 1 in each odd-numbered year, the Compensation Council must prescribe
122.4 daily compensation for voting members of the Direct Care and Treatment executive board.
122.5 The recommended daily compensation takes effect on July 1 of that year and July 1 of the
122.6 subsequent even-numbered year and at whatever interval the council recommends thereafter,
122.7 unless the legislature by law provides otherwise.

122.8 Sec. 10. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 7, is amended
122.9 to read:

122.10 Subd. 7. **No ex parte communications.** Members may not have any communication
122.11 with a constitutional officer, a head of a state agency, ~~or~~ a member of the judiciary, or a
122.12 member of the Direct Care and Treatment executive board during the period after the first
122.13 meeting is convened under this section and the date the prescribed and recommended salaries
122.14 and daily compensation are submitted under subdivision 3.

122.15 Sec. 11. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1, is amended
122.16 to read:

122.17 Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees
122.18 who are:

122.19 (1) chosen by election or appointed to fill an elective office;

122.20 (2) heads of agencies required by law to be appointed by the governor or other elective
122.21 officers, and the executive or administrative heads of departments, bureaus, divisions, and
122.22 institutions specifically established by law in the unclassified service;

122.23 (3) deputy and assistant agency heads and one confidential secretary in the agencies
122.24 listed in subdivision 1a;

122.25 (4) the confidential secretary to each of the elective officers of this state and, for the
122.26 secretary of state and state auditor, an additional deputy, clerk, or employee;

122.27 (5) intermittent help employed by the commissioner of public safety to assist in the
122.28 issuance of vehicle licenses;

122.29 (6) employees in the offices of the governor and of the lieutenant governor and one
122.30 confidential employee for the governor in the Office of the Adjutant General;

122.31 (7) employees of the Washington, D.C., office of the state of Minnesota;

123.1 (8) employees of the legislature and of legislative committees or commissions; provided
123.2 that employees of the Legislative Audit Commission, except for the legislative auditor, the
123.3 deputy legislative auditors, and their confidential secretaries, shall be employees in the
123.4 classified service;

123.5 (9) presidents, vice-presidents, deans, other managers and professionals in academic
123.6 and academic support programs, administrative or service faculty, teachers, research
123.7 assistants, and student employees eligible under terms of the federal Economic Opportunity
123.8 Act work study program in the Perpich Center for Arts Education and the Minnesota State
123.9 Colleges and Universities, but not the custodial, clerical, or maintenance employees, or any
123.10 professional or managerial employee performing duties in connection with the business
123.11 administration of these institutions;

123.12 (10) officers and enlisted persons in the National Guard;

123.13 (11) attorneys, legal assistants, and three confidential employees appointed by the attorney
123.14 general or employed with the attorney general's authorization;

123.15 (12) judges and all employees of the judicial branch, referees, receivers, jurors, and
123.16 notaries public, except referees and adjusters employed by the Department of Labor and
123.17 Industry;

123.18 (13) members of the State Patrol; provided that selection and appointment of State Patrol
123.19 troopers must be made in accordance with applicable laws governing the classified service;

123.20 (14) examination monitors and intermittent training instructors employed by the
123.21 Departments of Management and Budget and Commerce and by professional examining
123.22 boards and intermittent staff employed by the technical colleges for the administration of
123.23 practical skills tests and for the staging of instructional demonstrations;

123.24 (15) student workers;

123.25 (16) executive directors or executive secretaries appointed by and reporting to any
123.26 policy-making board or commission established by statute;

123.27 (17) employees unclassified pursuant to other statutory authority;

123.28 (18) intermittent help employed by the commissioner of agriculture to perform duties
123.29 relating to pesticides, fertilizer, and seed regulation;

123.30 (19) the administrators and the deputy administrators at the State Academies for the
123.31 Deaf and the Blind; and

124.1 (20) ~~the chief executive officers in the Department of Human Services~~ officer of Direct
124.2 Care and Treatment.

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

124.4 Sec. 12. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended
124.5 to read:

124.6 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following
124.7 agencies may designate additional unclassified positions according to this subdivision: the
124.8 Departments of Administration; Agriculture; Children, Youth, and Families; Commerce;
124.9 Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic
124.10 Development; Explore Minnesota Tourism; Management and Budget; Health; Human
124.11 Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue;
124.12 Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies;
124.13 the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the
124.14 Department of Information Technology Services; the Offices of the Attorney General,
124.15 Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the
124.16 Minnesota Office of Higher Education; the Perpich Center for Arts Education; Direct Care
124.17 and Treatment; and the Minnesota Zoological Board.

124.18 A position designated by an appointing authority according to this subdivision must
124.19 meet the following standards and criteria:

124.20 (1) the designation of the position would not be contrary to other law relating specifically
124.21 to that agency;

124.22 (2) the person occupying the position would report directly to the agency head or deputy
124.23 agency head and would be designated as part of the agency head's management team;

124.24 (3) the duties of the position would involve significant discretion and substantial
124.25 involvement in the development, interpretation, and implementation of agency policy;

124.26 (4) the duties of the position would not require primarily personnel, accounting, or other
124.27 technical expertise where continuity in the position would be important;

124.28 (5) there would be a need for the person occupying the position to be accountable to,
124.29 loyal to, and compatible with, the governor and the agency head, the employing statutory
124.30 board or commission, or the employing constitutional officer;

124.31 (6) the position would be at the level of division or bureau director or assistant to the
124.32 agency head; and

125.1 (7) the commissioner has approved the designation as being consistent with the standards
125.2 and criteria in this subdivision.

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

125.4 Sec. 13. Minnesota Statutes 2022, section 145.61, subdivision 5, is amended to read:

125.5 Subd. 5. **Review organization.** "Review organization" means a nonprofit organization
125.6 acting according to clause (1), a committee as defined under section 144E.32, subdivision
125.7 2, or a committee whose membership is limited to professionals, administrative staff, and
125.8 consumer directors, except where otherwise provided for by state or federal law, and which
125.9 is established by one or more of the following: a hospital, a clinic, a nursing home, an
125.10 ambulance service or first responder service regulated under chapter 144E, one or more
125.11 state or local associations of professionals, an organization of professionals from a particular
125.12 area or medical institution, a health maintenance organization as defined in chapter 62D, a
125.13 community integrated service network as defined in chapter 62N, a nonprofit health service
125.14 plan corporation as defined in chapter 62C, a preferred provider organization, a professional
125.15 standards review organization established pursuant to United States Code, title 42, section
125.16 1320c-1 et seq., a medical review agent established to meet the requirements of section
125.17 256B.04, subdivision 15, the Department of Human Services, Direct Care and Treatment,
125.18 or a nonprofit corporation that owns, operates, or is established by one or more of the above
125.19 referenced entities, to gather and review information relating to the care and treatment of
125.20 patients for the purposes of:

125.21 (a) evaluating and improving the quality of health care;

125.22 (b) reducing morbidity or mortality;

125.23 (c) obtaining and disseminating statistics and information relative to the treatment and
125.24 prevention of diseases, illness and injuries;

125.25 (d) developing and publishing guidelines showing the norms of health care in the area
125.26 or medical institution or in the entity or organization that established the review organization;

125.27 (e) developing and publishing guidelines designed to keep within reasonable bounds the
125.28 cost of health care;

125.29 (f) developing and publishing guidelines designed to improve the safety of care provided
125.30 to individuals;

126.1 (g) reviewing the safety, quality, or cost of health care services provided to enrollees of
126.2 health maintenance organizations, community integrated service networks, health service
126.3 plans, preferred provider organizations, and insurance companies;

126.4 (h) acting as a professional standards review organization pursuant to United States
126.5 Code, title 42, section 1320c-1 et seq.;

126.6 (i) determining whether a professional shall be granted staff privileges in a medical
126.7 institution, membership in a state or local association of professionals, or participating status
126.8 in a nonprofit health service plan corporation, health maintenance organization, community
126.9 integrated service network, preferred provider organization, or insurance company, or
126.10 whether a professional's staff privileges, membership, or participation status should be
126.11 limited, suspended or revoked;

126.12 (j) reviewing, ruling on, or advising on controversies, disputes or questions between:

126.13 (1) health insurance carriers, nonprofit health service plan corporations, health
126.14 maintenance organizations, community integrated service networks, self-insurers and their
126.15 insureds, subscribers, enrollees, or other covered persons;

126.16 (2) professional licensing boards and health providers licensed by them;

126.17 (3) professionals and their patients concerning diagnosis, treatment or care, or the charges
126.18 or fees therefor;

126.19 (4) professionals and health insurance carriers, nonprofit health service plan corporations,
126.20 health maintenance organizations, community integrated service networks, or self-insurers
126.21 concerning a charge or fee for health care services provided to an insured, subscriber,
126.22 enrollee, or other covered person;

126.23 (5) professionals or their patients and the federal, state, or local government, or agencies
126.24 thereof;

126.25 (k) providing underwriting assistance in connection with professional liability insurance
126.26 coverage applied for or obtained by dentists, or providing assistance to underwriters in
126.27 evaluating claims against dentists;

126.28 (l) acting as a medical review agent under section 256B.04, subdivision 15;

126.29 (m) providing recommendations on the medical necessity of a health service, or the
126.30 relevant prevailing community standard for a health service;

126.31 (n) providing quality assurance as required by United States Code, title 42, sections
126.32 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;

127.1 (o) providing information to group purchasers of health care services when that
127.2 information was originally generated within the review organization for a purpose specified
127.3 by this subdivision;

127.4 (p) providing information to other, affiliated or nonaffiliated review organizations, when
127.5 that information was originally generated within the review organization for a purpose
127.6 specified by this subdivision, and as long as that information will further the purposes of a
127.7 review organization as specified by this subdivision; or

127.8 (q) participating in a standardized incident reporting system, including Internet-based
127.9 applications, to share information for the purpose of identifying and analyzing trends in
127.10 medical error and iatrogenic injury.

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

127.12 Sec. 14. Minnesota Statutes 2022, section 246.018, subdivision 3, as amended by Laws
127.13 2024, chapter 79, article 1, section 6, is amended to read:

127.14 Subd. 3. **Duties.** The executive medical director shall:

127.15 (1) oversee the clinical provision of inpatient mental health services provided in the
127.16 state's regional treatment centers;

127.17 (2) recruit and retain psychiatrists to serve on the direct care and treatment medical staff
127.18 established in subdivision 4;

127.19 (3) consult with the executive board, the chief executive officer, and community mental
127.20 health center directors, ~~and the state-operated services governing body~~ to develop standards
127.21 for treatment and care of patients in state-operated service programs;

127.22 (4) develop and oversee a continuing education program for members of the medical
127.23 staff; and

127.24 (5) participate and cooperate in the development and maintenance of a quality assurance
127.25 program for state-operated services that assures that residents receive continuous quality
127.26 inpatient, outpatient, and postdischarge care.

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

127.28 Sec. 15. Minnesota Statutes 2022, section 246.13, subdivision 2, as amended by Laws
127.29 2024, chapter 79, article 2, section 4, is amended to read:

127.30 Subd. 2. **Definitions; risk assessment and management.** (a) As used in this section:

128.1 (1) "appropriate and necessary medical and other records" includes patient medical
128.2 records and other protected health information as defined by Code of Federal Regulations,
128.3 title 45, section 164.501, relating to a patient in a state-operated services facility including
128.4 but not limited to the patient's treatment plan and abuse prevention plan pertinent to the
128.5 patient's ongoing care, treatment, or placement in a community-based treatment facility or
128.6 a health care facility that is not operated by state-operated services, including information
128.7 describing the level of risk posed by a patient when the patient enters the facility;

128.8 (2) "community-based treatment" means the community support services listed in section
128.9 253B.02, subdivision 4b;

128.10 (3) "criminal history data" means data maintained or used by the Departments of
128.11 Corrections and Public Safety and by the supervisory authorities listed in section 13.84,
128.12 subdivision 1, that relate to an individual's criminal history or propensity for violence,
128.13 including data in the:

128.14 (i) Corrections Offender Management System (COMS);

128.15 (ii) Statewide Supervision System (S3);

128.16 (iii) Bureau of Criminal Apprehension criminal history data as defined in section 13.87;

128.17 (iv) Integrated Search Service as defined in section 13.873; and

128.18 (v) Predatory Offender Registration (POR) system;

128.19 (4) "designated agency" means the agency defined in section 253B.02, subdivision 5;

128.20 (5) "law enforcement agency" means the law enforcement agency having primary
128.21 jurisdiction over the location where the offender expects to reside upon release;

128.22 (6) "predatory offender" and "offender" mean a person who is required to register as a
128.23 predatory offender under section 243.166; and

128.24 (7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.

128.25 (b) To promote public safety and for the purposes and subject to the requirements of
128.26 this paragraph, the executive board or the executive board's designee shall have access to,
128.27 and may review and disclose, medical and criminal history data as provided by this section,
128.28 as necessary to comply with Minnesota Rules, part 1205.0400, to:

128.29 (1) determine whether a patient is required under state law to register as a predatory
128.30 offender according to section 243.166;

129.1 (2) facilitate and expedite the responsibilities of the special review board and
 129.2 end-of-confinement review committees by corrections institutions and state treatment
 129.3 facilities;

129.4 (3) prepare, amend, or revise the abuse prevention plans required under section 626.557,
 129.5 subdivision 14, and individual patient treatment plans required under section 253B.03,
 129.6 subdivision 7;

129.7 (4) facilitate the custody, supervision, and transport of individuals transferred between
 129.8 the Department of Corrections and ~~the Department of Direct Care and Treatment~~; and

129.9 (5) effectively monitor and supervise individuals who are under the authority of the
 129.10 Department of Corrections, ~~the Department of Direct Care and Treatment~~, and the supervisory
 129.11 authorities listed in section 13.84, subdivision 1.

129.12 (c) The state-operated services treatment facility or a designee must make a good faith
 129.13 effort to obtain written authorization from the patient before releasing information from the
 129.14 patient's medical record.

129.15 (d) If the patient refuses or is unable to give informed consent to authorize the release
 129.16 of information required under this subdivision, the chief executive officer ~~for state-operated~~
 129.17 ~~services~~ or a designee shall provide the appropriate and necessary medical and other records.
 129.18 The chief executive officer or a designee shall comply with the minimum necessary privacy
 129.19 requirements.

129.20 (e) The executive board may have access to the National Crime Information Center
 129.21 (NCIC) database through the Department of Public Safety in support of the public safety
 129.22 functions described in paragraph (b).

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

129.24 Sec. 16. Minnesota Statutes 2022, section 246.234, as amended by Laws 2024, chapter
 129.25 79, article 1, section 11, is amended to read:

129.26 **246.234 RECIPROCAL EXCHANGE OF CERTAIN PERSONS.**

129.27 The executive board is ~~hereby~~ authorized with the approval of the governor to enter into
 129.28 reciprocal agreements with duly authorized authorities of ~~any other~~ another state or states
 129.29 regarding the mutual exchange, return, and transportation of persons with a mental illness
 129.30 or developmental disability who are within the confines of one state but have legal residence
 129.31 or legal settlement for the purposes of relief in another state. ~~Such agreements~~ Any agreement

130.1 entered into under this subdivision must not contain provisions conflicting any provision
 130.2 that conflicts with any law of this state law.

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

130.4 Sec. 17. Minnesota Statutes 2022, section 246.36, as amended by Laws 2024, chapter 79,
 130.5 article 1, section 14, is amended to read:

130.6 **246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.**

130.7 For the purpose of carrying out a duty, the executive board ~~shall have authority to~~ may
 130.8 accept uncompensated and voluntary services and ~~to~~ may enter into contracts or agreements
 130.9 with private or public agencies, organizations, or persons for uncompensated and voluntary
 130.10 services as the executive board deems practicable. Uncompensated and voluntary services
 130.11 do not include services mandated by licensure and certification requirements for health care
 130.12 facilities. The volunteer agencies, organizations, or persons who provide services to residents
 130.13 of state facilities operated under the authority of the executive board are not subject to the
 130.14 procurement requirements of chapters 16A and 16C. ~~The agencies, organizations, or persons~~
 130.15 ~~may purchase supplies, services, and equipment to be used in providing services to residents~~
 130.16 ~~of state facilities through the Department of Administration.~~

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

130.18 Sec. 18. Minnesota Statutes 2023 Supplement, section 246C.01, is amended to read:

130.19 **246C.01 TITLE.**

130.20 This chapter may be cited as the "~~Department of~~ Direct Care and Treatment Act."

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

130.22 Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.02, as amended by Laws
 130.23 2024, chapter 79, article 1, section 19, is amended to read:

130.24 **~~246C.02 DEPARTMENT OF DIRECT CARE AND TREATMENT;~~**
 130.25 **ESTABLISHMENT.**

130.26 Subdivision 1. **Establishment.** ~~The Department of~~ Direct Care and Treatment is created
 130.27 as an agency headed by an executive board. ~~An executive board shall head the Department~~
 130.28 ~~of Direct Care and Treatment.~~

131.1 ~~Subd. 2. **Mission.** (a) The executive board shall develop and maintain direct care and~~
 131.2 ~~treatment in a manner consistent with applicable law, including chapters 13, 245, 246, 246B,~~
 131.3 ~~252, 253, 253B, 253C, 253D, 254A, 254B, and 256.~~

131.4 ~~(b) The executive board shall provide direct care and treatment services in coordination~~
 131.5 ~~with the commissioner of human services, counties, and other vendors.~~

131.6 **Subd. 3. Direct care and treatment services.** Direct Care and Treatment services shall
 131.7 provide direct care and treatment services that include specialized inpatient programs at
 131.8 secure treatment facilities, community preparation services, regional treatment centers,
 131.9 enterprise services, consultative services, aftercare services, community-based services and
 131.10 programs, transition services, nursing home services, and other services consistent with the
 131.11 mission of the Department of Direct Care and Treatment state law, including this chapter
 131.12 and chapters 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256. Direct
 131.13 Care and Treatment shall provide direct care and treatment services in coordination with
 131.14 the commissioner of human services, counties, and other vendors.

131.15 **Subd. 4. Statewide services.** (a) The administrative structure of state-operated services
 131.16 must be statewide in character.

131.17 (b) The state-operated services staff may deliver services at any location throughout the
 131.18 state.

131.19 **Subd. 5. Department of Human Services as state agency.** The commissioner of human
 131.20 services continues to constitute the "state agency" as defined by the Social Security Act of
 131.21 the United States and the laws of this state for all purposes relating to mental health and
 131.22 mental hygiene.

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

131.24 **Sec. 20.** Minnesota Statutes 2023 Supplement, section 246C.04, as amended by Laws
 131.25 2024, chapter 79, article 1, section 21, is amended to read:

131.26 **246C.04 TRANSFER OF DUTIES.**

131.27 **Subdivision 1. Transfer of duties.** (a) Section 15.039 applies to the transfer of ~~duties~~
 131.28 responsibilities from the Department of Human Services to Direct Care and Treatment
 131.29 required by this chapter.

131.30 (b) The commissioner of administration, with the governor's approval, shall issue
 131.31 reorganization orders under section 16B.37 as necessary to carry out the transfer of duties
 131.32 required by ~~section 246C.03~~ this chapter. The provision of section 16B.37, subdivision 1,

132.1 stating that transfers under section 16B.37 may only be to an agency that has existed for at
132.2 least one year does not apply to transfers to an agency created by this chapter.

132.3 ~~(c) The initial salary for the health systems chief executive officer of the Department of~~
132.4 ~~Direct Care and Treatment is the same as the salary for the health systems chief executive~~
132.5 ~~officer of direct care and treatment at the Department of Human Services immediately before~~
132.6 ~~July 1, 2024.~~

132.7 Subd. 2. **Transfer of custody of civilly committed persons.** The commissioner of
132.8 human services shall continue to exercise all authority and responsibility for and retain
132.9 custody of persons subject to civil commitment under chapter 253B or 253D until July 1,
132.10 2025. Effective July 1, 2025, custody of persons subject to civil commitment under chapter
132.11 253B or 253D and in the custody of the commissioner of human services as of that date is
132.12 hereby transferred to the executive board without any further act or proceeding. Authority
132.13 and responsibility for the commitment of such persons is transferred to the executive board
132.14 July 1, 2025.

132.15 Subd. 3. **Control of direct care and treatment.** The commissioner of human services
132.16 shall continue to exercise all authorities and responsibilities under this chapter and chapters
132.17 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, with reference to
132.18 any state-operated service, program, or facility subject to transfer under this act until July
132.19 1, 2025. Effective July 1, 2025, the powers and duties vested in or imposed upon the
132.20 commissioner of human services with reference to any state-operated service, program, or
132.21 facility are hereby transferred to, vested in, and imposed upon the executive board according
132.22 to this chapter and applicable state law. Effective July 1, 2025, the executive board ~~is hereby~~
132.23 ~~charged with and~~ has the exclusive power of administration and management of all state
132.24 hospitals for persons with a developmental disability, mental illness, or substance use
132.25 disorder. Effective July 1, 2025, the executive board has the power and authority to determine
132.26 all matters relating to the development of all of the foregoing institutions and of such other
132.27 institutions vested in the executive board. Effective July 1, 2025, the powers, functions, and
132.28 authority vested in the commissioner of human services relative to such state institutions
132.29 are ~~hereby~~ transferred to the executive board according to this chapter and applicable state
132.30 law.

132.31 Subd. 4. **Appropriations.** There is hereby appropriated to such persons or institutions
132.32 as are entitled to such sums as are provided for in this section, from the fund or account in
132.33 the state treasury to which the money was credited, an amount sufficient to make such
132.34 payment.

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

133.2 Sec. 21. Minnesota Statutes 2023 Supplement, section 246C.05, as amended by Laws
133.3 2024, chapter 79, article 1, section 22, is amended to read:

133.4 **246C.05 EMPLOYEE PROTECTIONS FOR ESTABLISHING THE NEW**
133.5 **~~DEPARTMENT OF DIRECT CARE AND TREATMENT.~~**

133.6 (a) Personnel whose duties relate to the functions assigned to the executive board in
133.7 ~~section 246C.03~~ this chapter are transferred to the Department of Direct Care and Treatment
133.8 effective 30 days after approval by the commissioner of management and budget.

133.9 (b) Before the executive board is appointed, personnel whose duties relate to the functions
133.10 in this ~~section~~ chapter may be transferred beginning July 1, 2024, with 30 days' notice from
133.11 the commissioner of management and budget.

133.12 (c) The following protections shall apply to employees who are transferred from the
133.13 Department of Human Services to ~~the Department of~~ Direct Care and Treatment:

133.14 (1) No transferred employee shall have their employment status and job classification
133.15 altered as a result of the transfer.

133.16 (2) Transferred employees who were represented by an exclusive representative prior
133.17 to the transfer shall continue to be represented by the same exclusive representative after
133.18 the transfer.

133.19 (3) The applicable collective bargaining agreements with exclusive representatives shall
133.20 continue in full force and effect for such transferred employees after the transfer.

133.21 (4) The state shall have the obligation to meet and negotiate with the exclusive
133.22 representatives of the transferred employees about any proposed changes affecting or relating
133.23 to the transferred employees' terms and conditions of employment to the extent such changes
133.24 are not addressed in the applicable collective bargaining agreement.

133.25 (5) When an employee in a temporary unclassified position is transferred to ~~the~~
133.26 ~~Department of~~ Direct Care and Treatment, the total length of time that the employee has
133.27 served in the appointment shall include all time served in the appointment at the transferring
133.28 agency and the time served in the appointment at ~~the Department of~~ Direct Care and
133.29 Treatment. An employee in a temporary unclassified position who was hired by a transferring
133.30 agency through an open competitive selection process in accordance with a policy enacted
133.31 by Minnesota Management and Budget shall be considered to have been hired through such
133.32 process after the transfer.

134.1 (6) In the event that the state transfers ownership or control of any of the facilities,
 134.2 services, or operations of ~~the Department of~~ Direct Care and Treatment to another entity,
 134.3 whether private or public, by subcontracting, sale, assignment, lease, or other transfer, the
 134.4 state shall require as a written condition of such transfer of ownership or control the following
 134.5 provisions:

134.6 (i) Employees who perform work in transferred facilities, services, or operations must
 134.7 be offered employment with the entity acquiring ownership or control before the entity
 134.8 offers employment to any individual who was not employed by the transferring agency at
 134.9 the time of the transfer.

134.10 (ii) The wage and benefit standards of such transferred employees must not be reduced
 134.11 by the entity acquiring ownership or control through the expiration of the collective
 134.12 bargaining agreement in effect at the time of the transfer or for a period of two years after
 134.13 the transfer, whichever is longer.

134.14 (d) There is no liability on the part of, and no cause of action arises against, the state of
 134.15 Minnesota or its officers or agents for any action or inaction of any entity acquiring ownership
 134.16 or control of any facilities, services, or operations of ~~the Department of~~ Direct Care and
 134.17 Treatment.

134.18 (e) This section expires upon the completion of the transfer of duties to the executive
 134.19 board under ~~section 246C.03~~ this chapter. The commissioner of human services shall notify
 134.20 the revisor of statutes when the transfer of duties is complete.

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

134.22 **Sec. 22. [246C.07] POWERS AND DUTIES OF EXECUTIVE BOARD.**

134.23 Subdivision 1. Generally. (a) The executive board must operate the agency according
 134.24 to this chapter and applicable state and federal law. The overall management and control
 134.25 of the agency is vested in the executive board in accordance with this chapter.

134.26 (b) The executive board must appoint a chief executive officer according to section
 134.27 246C.08. The chief executive officer is responsible for the administrative and operational
 134.28 duties of Direct Care and Treatment in accordance with this chapter.

134.29 (c) The executive board may delegate duties imposed by this chapter and under applicable
 134.30 state and federal law as deemed appropriate by the board and in accordance with this chapter.
 134.31 Any delegation of a specified statutory duty or power to an employee of Direct Care and
 134.32 Treatment other than the chief executive officer must be made by written order and filed

135.1 with the secretary of state. Only the chief executive officer shall have the powers and duties
135.2 of the executive board as specified in section 246C.08.

135.3 Subd. 2. **Principles.** The executive board, in undertaking its duties and responsibilities
135.4 and within Direct Care and Treatment resources, shall act according to the following
135.5 principles:

135.6 (1) prevent the waste or unnecessary spending of public money;

135.7 (2) use innovative fiscal and human resource practices to manage the state's resources
135.8 and operate the agency as efficiently as possible;

135.9 (3) coordinate Direct Care and Treatment activities wherever appropriate with the
135.10 activities of other governmental agencies;

135.11 (4) use technology where appropriate to increase agency productivity, improve customer
135.12 service, increase public access to information about government, and increase public
135.13 participation in the business of government; and

135.14 (5) utilize constructive and cooperative labor management practices to the extent
135.15 otherwise required by chapter 43A or 179A.

135.16 Subd. 3. **Powers and duties.** (a) The executive board has the power and duty to:

135.17 (1) set the overall strategic direction for Direct Care and Treatment, ensuring that Direct
135.18 Care and Treatment delivers exceptional care and supports the well-being of all individuals
135.19 served by Direct Care and Treatment;

135.20 (2) establish policies and procedures to govern the operation of the facilities, programs,
135.21 and services under the direct authority of Direct Care and Treatment;

135.22 (3) employ personnel and delegate duties and responsibilities to personnel as deemed
135.23 appropriate by the executive board, subject to chapters 43A and 179A and in accordance
135.24 with this chapter;

135.25 (4) review and approve the operating budget proposal for Direct Care and Treatment;

135.26 (5) accept and use gifts, grants, or contributions from any nonstate source or refuse to
135.27 accept any gift, grant, or contribution if acceptance would not be in the best interest of the
135.28 state;

135.29 (6) deposit all money received as gifts, grants, or contributions pursuant to section
135.30 246C.091, subdivision 1;

136.1 (7) expend or use any gift, grant, or contribution as nearly in accordance with the
136.2 conditions of the gift, grant, or contribution identified by the donor for a certain institution
136.3 or purpose, compatible with the best interests of the individuals under the jurisdiction of
136.4 the executive board and of the state;

136.5 (8) comply with all conditions and requirements necessary to receive federal aid or block
136.6 grants with respect to the establishment, construction, maintenance, equipment, or operation
136.7 of adequate facilities and services consistent with the mission of Direct Care and Treatment;

136.8 (9) enter into information-sharing agreements with federal and state agencies and other
136.9 entities, provided the agreements include adequate protections with respect to the
136.10 confidentiality and integrity of the information to be shared and comply with all applicable
136.11 state and federal laws, regulations, and rules;

136.12 (10) enter into interagency or service level agreements with a state department listed in
136.13 section 15.01; a multimember state agency described in section 15.012, paragraph (a); or
136.14 the Department of Information Technology Services;

136.15 (11) enter into contractual agreements with federally recognized Indian Tribes with a
136.16 reservation in Minnesota;

136.17 (12) enter into contracts with public and private agencies, private and nonprofit
136.18 organizations, and individuals using appropriated money;

136.19 (13) establish and maintain any administrative units reasonably necessary for the
136.20 performance of administrative functions common to all programs or divisions of Direct
136.21 Care and Treatment;

136.22 (14) authorize the method of payment to or from Direct Care and Treatment as part of
136.23 programs administered by Direct Care and Treatment, including authorization of the receipt
136.24 or disbursement of money held by Direct Care and Treatment in a fiduciary capacity as part
136.25 of the programs administered by Direct Care and Treatment;

136.26 (15) inform Tribal Nations and county agencies, on a timely basis, of changes in statute,
136.27 rule, federal law, regulation, and policy necessary to Tribal or county agency administration
136.28 of Direct Care and Treatment programs and services;

136.29 (16) report to the legislature on the performance of Direct Care and Treatment operations
136.30 and the accomplishment of Direct Care and Treatment goals in its biennial budget in
136.31 accordance with section 16A.10, subdivision 1;

136.32 (17) recommend to the legislature appropriate changes in law necessary to carry out the
136.33 principles and improve the performance of Direct Care and Treatment; and

137.1 (18) exercise all powers reasonably necessary to implement and administer the
137.2 requirements of this chapter and applicable state and federal law.

137.3 (b) The specific enumeration of powers and duties as set forth in this section shall not
137.4 be construed as a limitation upon the general transfer of Direct Care and Treatment facilities,
137.5 programs, and services from the Department of Human Services to Direct Care and Treatment
137.6 under this chapter.

137.7 Subd. 4. **Creation of bylaws.** The board may establish bylaws governing its operations
137.8 and the operations of Direct Care and Treatment in accordance with this chapter.

137.9 Subd. 5. **Performance of chief executive officer.** The governor may request that the
137.10 executive board review the performance of the chief executive officer at any time. Within
137.11 14 days of receipt of the request, the board must meet and conduct a performance review
137.12 as specifically requested by the governor. During the performance review, a representative
137.13 of the governor must be included as a voting member of the board for the purpose of the
137.14 board's discussions and decisions regarding the governor's request. The board must establish
137.15 a performance improvement plan as necessary or take disciplinary or other corrective action,
137.16 including dismissal. The executive board must report to the governor on action taken by
137.17 the board, including an explanation if no action is deemed necessary.

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

137.19 Sec. 23. **[246C.08] CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES.**

137.20 Subdivision 1. **Service.** (a) The Direct Care and Treatment chief executive officer is
137.21 appointed by the executive board, in consultation with the governor, and serves at the
137.22 pleasure of the executive board, with the advice and consent of the senate.

137.23 (b) The chief executive officer shall serve in the unclassified service in accordance with
137.24 section 43A.08. The Compensation Council under section 15A.082 shall establish the salary
137.25 of the chief executive officer.

137.26 Subd. 2. **Powers and duties.** (a) The chief executive officer's primary duty is to assist
137.27 the executive board. The chief executive officer is responsible for the administrative and
137.28 operational management of the agency.

137.29 (b) The chief executive officer shall have all the powers of the executive board unless
137.30 the executive board directs otherwise. The chief executive officer shall have the authority
137.31 to speak for the executive board and Direct Care and Treatment within and outside the
137.32 agency.

138.1 (c) In the event that a vacancy occurs for any reason within the chief executive officer
138.2 position, the executive medical director appointed under section 246.018 shall immediately
138.3 become the temporary chief executive officer until the executive board appoints a new chief
138.4 executive officer. During this period, the executive medical director shall have all the powers
138.5 and authority delegated to the chief executive officer by the board and specified in this
138.6 chapter.

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

138.8 Sec. 24. **[246C.091] DIRECT CARE AND TREATMENT ACCOUNTS.**

138.9 Subdivision 1. **Gifts, grants, and contributions account.** (a) A gifts, grants, and
138.10 contributions account is created in the special revenue fund in the state treasury. All money
138.11 received by the executive board as a gift, grant, or contribution must be deposited in the
138.12 gifts, grants, and contributions account. Beginning July 1, 2025, except as provided in
138.13 paragraph (b), money in the account is annually appropriated to the Direct Care and
138.14 Treatment executive board to accomplish the purposes of this chapter. Gifts, grants, or
138.15 contributions received by the executive board exceeding current agency needs must be
138.16 invested by the State Board of Investment in accordance with section 11A.24. Disbursements
138.17 from the gifts, grants, and contributions account must be made in the manner provided for
138.18 the issuance of other state payments.

138.19 (b) If the gift or contribution is designated for a certain person, institution, or purpose,
138.20 the Direct Care and Treatment executive board must use the gift or contribution as specified
138.21 in accordance with the conditions of the gift or contribution if compatible with the best
138.22 interests of the person and the state. If a gift or contribution is accepted for the use and
138.23 benefit of a person with a developmental disability, including those within a state hospital,
138.24 research relating to persons with a developmental disability must be considered an appropriate
138.25 use of the gift or contribution. Such money must not be used for any structures or installations
138.26 which by their nature would require state expenditures for their operation or maintenance
138.27 without specific legislative enactment.

138.28 Subd. 2. **Facilities management account.** A facilities management account is created
138.29 in the special revenue fund of the state treasury. Beginning July 1, 2025, money in the
138.30 account is appropriated to the Direct Care and Treatment executive board and may be used
138.31 to maintain buildings, acquire facilities, renovate existing buildings, or acquire land for the
138.32 design and construction of buildings for Direct Care and Treatment use. Money received
138.33 for maintaining state property under control of the executive board may be deposited into
138.34 this account.

139.1 Subd. 3. Direct Care and Treatment systems account. (a) The Direct Care and
 139.2 Treatment systems account is created in the special revenue fund of the state treasury.
 139.3 Beginning July 1, 2025, money in the account is appropriated to the Direct Care and
 139.4 Treatment executive board and may be used for security systems and information technology
 139.5 projects, services, and support under the control of the executive board.

139.6 (b) The commissioner of human services shall transfer all money allocated to the Direct
 139.7 Care and Treatment systems projects under section 256.014 to the Direct Care and Treatment
 139.8 systems account by June 30, 2026.

139.9 Subd. 4. Cemetery maintenance account. The cemetery maintenance account is created
 139.10 in the special revenue fund of the state treasury. Money in the account is appropriated to
 139.11 the executive board for the maintenance of cemeteries under control of the executive board.
 139.12 Money allocated to Direct Care and Treatment cemeteries may be transferred to this account.

139.13 EFFECTIVE DATE. This section is effective July 1, 2024.

139.14 Sec. 25. Minnesota Statutes 2022, section 256.88, is amended to read:

139.15 **256.88 SOCIAL WELFARE FUND ESTABLISHED.**

139.16 Except as otherwise expressly provided, all moneys and funds held by the commissioner
 139.17 of human services, the Direct Care and Treatment executive board, and the local social
 139.18 services agencies of the several counties in trust or for the benefit of children with a disability
 139.19 and children who are dependent, neglected, or delinquent, children born to mothers who
 139.20 were not married to the children's fathers at the times of the conception nor at the births of
 139.21 the children, persons determined to have developmental disability, mental illness, or substance
 139.22 use disorder, or other wards or beneficiaries, under any law, shall be kept in a single fund
 139.23 to be known as the "social welfare fund" which shall be deposited at interest, held, or
 139.24 disbursed as provided in sections 256.89 to 256.92.

139.25 EFFECTIVE DATE. This section is effective July 1, 2024.

139.26 Sec. 26. Minnesota Statutes 2022, section 256.89, is amended to read:

139.27 **256.89 FUND DEPOSITED IN STATE TREASURY.**

139.28 The social welfare fund and all accretions thereto shall be deposited in the state treasury,
 139.29 as a separate and distinct fund, to the credit of the commissioner of human services and the
 139.30 Direct Care and Treatment executive board as ~~trustee~~ trustees for ~~the~~ their respective
 139.31 beneficiaries thereof in proportion to ~~their~~ the beneficiaries' several interests. The
 139.32 commissioner of management and budget shall be responsible only to the commissioner of

140.1 human services and the Direct Care and Treatment executive board for the sum total of the
140.2 fund, and shall have no duties nor direct obligations toward the beneficiaries thereof
140.3 individually. Subject to the applicable rules of the commissioner of human services or the
140.4 Direct Care and Treatment executive board, money so received by a local social services
140.5 agency may be deposited by the executive secretary of the local social services agency in
140.6 a local bank carrying federal deposit insurance, designated by the local social services
140.7 agency for this purpose. The amount of such deposit in each such bank at any one time shall
140.8 not exceed the amount protected by federal deposit insurance.

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

140.10 Sec. 27. Minnesota Statutes 2022, section 256.90, is amended to read:

140.11 **256.90 SOCIAL WELFARE FUND; USE; DISPOSITION; DEPOSITORIES.**

140.12 The commissioner of human services, in consultation with the Direct Care and Treatment
140.13 executive board, at least 30 days before the first day of January and the first day of July in
140.14 each year shall file with the commissioner of management and budget an estimate of the
140.15 amount of the social welfare fund to be held in the treasury during the succeeding six-month
140.16 period, subject to current disbursement. Such portion of the remainder thereof as may be at
140.17 any time designated by the request of the commissioner of human services may be invested
140.18 by the commissioner of management and budget in bonds in which the permanent trust
140.19 funds of the state of Minnesota may be invested, upon approval by the State Board of
140.20 Investment. The portion of such remainder not so invested shall be placed by the
140.21 commissioner of management and budget at interest for the period of six months, or when
140.22 directed by the commissioner of human services, for the period of 12 months thereafter at
140.23 the highest rate of interest obtainable in a bank, or banks, designated by the board of deposit
140.24 as a suitable depository therefor. All the provisions of law relative to the designation and
140.25 qualification of depositories of other state funds shall be applicable to sections 256.88 to
140.26 256.92, except as herein otherwise provided. Any bond given, or collateral assigned or both,
140.27 to secure a deposit hereunder may be continuous in character to provide for the repayment
140.28 of any moneys belonging to the fund theretofore or thereafter at any time deposited in such
140.29 bank until its designation as such depository is revoked and the security thereof shall be not
140.30 impaired by any subsequent agreement or understanding as to the rate of interest to be paid
140.31 upon such deposit, or as to time for its repayment. The amount of money belonging to the
140.32 fund deposited in any bank, including other state deposits, shall not at any time exceed the
140.33 amount of the capital stock thereof. In the event of the closing of the bank any sum deposited
140.34 therein shall immediately become due and payable.

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

141.2 Sec. 28. Minnesota Statutes 2022, section 256.91, is amended to read:

141.3 **256.91 PURPOSES.**

141.4 From that part of the social welfare fund held in the state treasury subject to disbursement
 141.5 as provided in section 256.90 the commissioner of human services or the Direct Care and
 141.6 Treatment executive board at any time may pay out such amounts as the commissioner or
 141.7 executive board deems proper for the support, maintenance, or other legal benefit of any of
 141.8 the children with a disability and children who are dependent, neglected, or delinquent,
 141.9 children born to mothers who were not married to the children's fathers at the times of the
 141.10 conception nor at the births of the children, persons with developmental disability, substance
 141.11 use disorder, or mental illness, or other wards or persons entitled thereto, not exceeding in
 141.12 the aggregate to or for any person the principal amount previously received for the benefit
 141.13 of the person, together with the increase in it from an equitable apportionment of interest
 141.14 realized from the social welfare fund.

141.15 When any such person dies or is finally discharged from the guardianship, care, custody,
 141.16 and control of the commissioner of human services or the Direct Care and Treatment
 141.17 executive board, the amount then remaining subject to use for the benefit of the person shall
 141.18 be paid as soon as may be from the social welfare fund to the persons thereto entitled by
 141.19 law.

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

141.21 Sec. 29. Minnesota Statutes 2022, section 256.92, is amended to read:

141.22 **256.92 COMMISSIONER OF HUMAN SERVICES AND DIRECT CARE AND**
 141.23 **TREATMENT, ACCOUNTS.**

141.24 It shall be the duty of the commissioner of human services, the Direct Care and Treatment
 141.25 executive board, and of the local social services agencies of the several counties of this state
 141.26 to cause to be deposited with the commissioner of management and budget all moneys and
 141.27 funds in their possession or under their control and designated by section 256.91 as and for
 141.28 the social welfare fund; and all such moneys and funds shall be so deposited in the state
 141.29 treasury as soon as received. The commissioner of human services, in consultation with the
 141.30 Direct Care and Treatment executive board, shall keep books of account or other records
 141.31 showing separately the principal amount received and deposited in the social welfare fund
 141.32 for the benefit of any person, together with the name of such person, and the name and
 141.33 address, if known to the commissioner of human services or the Direct Care and Treatment

142.1 executive board, of the person from whom such money was received; and, at least once
142.2 every two years, the amount of interest, if any, which the money has earned in the social
142.3 welfare fund shall be apportioned thereto and posted in the books of account or records to
142.4 the credit of such beneficiary.

142.5 The provisions of sections 256.88 to 256.92 shall not apply to any fund or money now
142.6 or hereafter deposited or otherwise disposed of pursuant to the lawful orders, decrees,
142.7 judgments, or other directions of any district court having jurisdiction thereof.

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

142.9 Sec. 30. Laws 2023, chapter 61, article 8, section 1, the effective date, is amended to read:

142.10 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

142.11 Sec. 31. Laws 2023, chapter 61, article 8, section 2, the effective date, is amended to read:

142.12 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

142.13 Sec. 32. Laws 2023, chapter 61, article 8, section 3, the effective date, is amended to read:

142.14 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

142.15 Sec. 33. Laws 2023, chapter 61, article 8, section 8, the effective date, is amended to read:

142.16 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

142.17 Sec. 34. Laws 2024, chapter 79, article 1, section 18, is amended to read:

142.18 Sec. 18. **246C.015 DEFINITIONS.**

142.19 Subdivision 1. **Scope.** For purposes of this chapter, the following terms have the meanings
142.20 given.

142.21 Subd. 2. **Chief executive officer.** "Chief executive officer" means the ~~Department of~~
142.22 Direct Care and Treatment chief executive officer appointed according to section 246C.08.

142.23 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of human services.

142.24 Subd. 4. **Community preparation services.** "Community preparation services" means
142.25 specialized inpatient or outpatient services operated outside of a secure environment but
142.26 administered by a secure treatment facility.

143.1 Subd. 5. **County of financial responsibility.** "County of financial responsibility" has
143.2 the meaning given in section 256G.02, subdivision 4.

143.3 Subd. 5a. **Direct Care and Treatment.** "Direct Care and Treatment" means the agency
143.4 of Direct Care and Treatment established under this chapter.

143.5 Subd. 6. **Executive board.** "Executive board" means the ~~Department of~~ Direct Care and
143.6 Treatment executive board established under section 246C.06.

143.7 Subd. 7. **Executive medical director.** "Executive medical director" means the licensed
143.8 physician serving as executive medical director in the ~~Department of~~ Direct Care and
143.9 Treatment under section 246C.09.

143.10 Subd. 8. **Head of the facility or head of the program.** "Head of the facility" or "head
143.11 of the program" means the person who is charged with overall responsibility for the
143.12 professional program of care and treatment of the facility or program.

143.13 Subd. 9. **Indian.** "Indian" has the meaning given in section 260.755, subdivision 7.

143.14 Subd. 10. **Secure treatment facility.** "Secure treatment facility" means a facility as
143.15 defined in section 253B.02, subdivision 18a, or 253D.02, subdivision 13.

143.16 Subd. 11. **Tobacco; tobacco-related device.** "Tobacco" and "tobacco-related device"
143.17 have the meanings given in section 609.685, subdivision 1.

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

143.19 Sec. 35. Laws 2024, chapter 79, article 1, section 23, is amended to read:

143.20 Sec. 23. **246C.06 EXECUTIVE BOARD; POWERS AND DUTIES MEMBERSHIP;**
143.21 **GOVERNANCE.**

143.22 Subdivision 1. **Establishment.** The Direct Care and Treatment executive board ~~of the~~
143.23 ~~Department of Direct Care and Treatment~~ is established.

143.24 Subd. 2. **Membership of the executive board.** ~~The executive board shall consist of no~~
143.25 ~~more than five members, all appointed by the governor.~~ (a) The Direct Care and Treatment
143.26 executive board consists of nine members with seven voting members and two nonvoting
143.27 members. The seven voting members must include six members appointed by the governor
143.28 with the advice and consent of the senate in accordance with paragraph (b) and the
143.29 commissioner of human services or a designee. The two nonvoting members must be
143.30 appointed in accordance with paragraph (c). Section 15.0597 applies to all executive board
143.31 appointments except for the commissioner of human services.

144.1 (b) The executive board voting members appointed by the governor must meet the
144.2 following qualifications:

144.3 (1) one member must be a licensed physician who is a psychiatrist or has experience in
144.4 servicing behavioral health patients;

144.5 (2) two members must have experience serving on a hospital or nonprofit board; and

144.6 (3) three members must have experience working: (i) in the delivery of behavioral health
144.7 services or care coordination or in traditional healing practices; (ii) as a licensed health care
144.8 professional; (iii) within health care administration; or (iv) with residential services.

144.9 (c) The executive board nonvoting members must be appointed as follows:

144.10 (1) one member appointed by the Association of Counties; and

144.11 (2) one member who has an active role as a union representative representing staff at

144.12 Direct Care and Treatment appointed by joint representatives of the following unions:

144.13 American Federation of State, County and Municipal Employees (AFSCME); Minnesota

144.14 Association of Professional Employees (MAPE); Minnesota Nurses Association (MNA);

144.15 Middle Management Association (MMA); and State Residential Schools Education

144.16 Association (SRSEA).

144.17 (d) Membership on the board must include representation from outside the seven-county
144.18 metropolitan area, as defined in section 473.121, subdivision 2.

144.19 (e) A voting member of the executive board must not be or must not have been within
144.20 one year prior to appointment: (1) an employee of Direct Care and Treatment; (2) an
144.21 employee of a county, including a county commissioner; (3) an active employee or
144.22 representative of a labor union that represents employees of Direct Care and Treatment; or
144.23 (4) a member of the state legislature. This paragraph does not apply to the nonvoting members
144.24 or the commissioner of human services or designee.

144.25 ~~Subd. 3. **Qualifications of members Procedures.** An executive board member's~~
144.26 ~~qualifications must be appropriate for overseeing a complex behavioral health system, such~~
144.27 ~~as experience serving on a hospital or nonprofit board, serving as a public sector labor union~~
144.28 ~~representative, delivering behavioral health services or care coordination, or working as a~~
144.29 ~~licensed health care provider in an allied health profession or in health care administration.~~
144.30 Except as otherwise provided in this section, the membership terms and removal and filling
144.31 of vacancies for the executive board are governed by section 15.0575.

144.32 ~~Subd. 4. **Accepting contributions or gifts Compensation.** (a) The executive board has~~
144.33 ~~the power and authority to accept, on behalf of the state, contributions and gifts of money~~

145.1 ~~and personal property for the use and benefit of the residents of the public institutions under~~
145.2 ~~the executive board's control. All money and securities received must be deposited in the~~
145.3 ~~state treasury subject to the order of the executive board. Notwithstanding section 15.0575,~~
145.4 ~~subdivision 3, paragraph (a), the nonvoting members of the executive board must not receive~~
145.5 ~~daily compensation for executive board activities. Nonvoting members of the executive~~
145.6 ~~board may receive expenses in the same manner and amount as authorized by the~~
145.7 ~~commissioner's plan adopted under section 43A.18, subdivision 2. Nonvoting members~~
145.8 ~~who, as a result of time spent attending board meetings, incur child care expenses that would~~
145.9 ~~not otherwise have been incurred may be reimbursed for those expenses upon board~~
145.10 ~~authorization.~~

145.11 ~~(b) If the gift or contribution is designated by the donor for a certain institution or purpose,~~
145.12 ~~the executive board shall expend or use the money as nearly in accordance with the conditions~~
145.13 ~~of the gift or contribution, compatible with the best interests of the individuals under the~~
145.14 ~~jurisdiction of the executive board and the state. Notwithstanding section 15.0575, subdivision~~
145.15 ~~3, paragraph (a), the Compensation Council under section 15A.082 must determine the~~
145.16 ~~compensation for voting members of the executive board per day spent on executive board~~
145.17 ~~activities authorized by the executive board. Voting members of the executive board may~~
145.18 ~~also receive the expenses in the same manner and amount as authorized by the commissioner's~~
145.19 ~~plan adopted under section 43A.18, subdivision 2. Voting members who, as a result of time~~
145.20 ~~spent attending board meetings, incur child care expenses that would not otherwise have~~
145.21 ~~been incurred may be reimbursed for those expenses upon board authorization.~~

145.22 ~~(c) The commissioner of management and budget must publish the daily compensation~~
145.23 ~~rate for voting members of the executive board determined under paragraph (b) on the~~
145.24 ~~Department of Management and Budget's website.~~

145.25 ~~(d) Voting members of the executive board must adopt internal standards prescribing~~
145.26 ~~what constitutes a day spent on board activities for the purposes of making payments~~
145.27 ~~authorized under paragraph (b).~~

145.28 ~~(e) All other requirements under section 15.0575, subdivision 3, apply to the~~
145.29 ~~compensation of executive board members.~~

145.30 ~~Subd. 5. **Federal aid or block grants Acting chair; officers.** The executive board may~~
145.31 ~~comply with all conditions and requirements necessary to receive federal aid or block grants~~
145.32 ~~with respect to the establishment, constructions, maintenance, equipment, or operation of~~
145.33 ~~adequate facilities and services consistent with the mission of the Department of Direct~~

146.1 ~~Care and Treatment.~~ (a) The governor shall designate one member from the voting
146.2 membership appointed by the governor as acting chair of the executive board.

146.3 (b) At the first meeting of the executive board, the executive board must elect a chair
146.4 from among the voting membership appointed by the governor.

146.5 (c) The executive board must annually elect a chair from among the voting membership
146.6 appointed by the governor.

146.7 (d) The executive board must elect officers from among the voting membership appointed
146.8 by the governor. The elected officers shall serve for one year.

146.9 Subd. 6. ~~Operation of a communication systems account~~ Terms. (a) ~~The executive~~
146.10 ~~board may operate a communications systems account established in Laws 1993, First~~
146.11 ~~Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared~~
146.12 ~~communication costs necessary for the operation of the regional treatment centers the~~
146.13 ~~executive board supervises. Except for the commissioner of human services, executive~~
146.14 board members must not serve more than two consecutive terms unless service beyond two
146.15 consecutive terms is approved by the majority of voting members. The commissioner of
146.16 human services or a designee shall serve until replaced by the governor.

146.17 ~~(b) Each account must be used to manage shared communication costs necessary for the~~
146.18 ~~operations of the regional treatment centers the executive board supervises. The executive~~
146.19 ~~board may distribute the costs of operating and maintaining communication systems to~~
146.20 ~~participants in a manner that reflects actual usage. Costs may include acquisition, licensing,~~
146.21 ~~insurance, maintenance, repair, staff time, and other costs as determined by the executive~~
146.22 ~~board. An executive board member may resign at any time by giving written notice to the~~
146.23 executive board.

146.24 ~~(c) Nonprofit organizations and state, county, and local government agencies involved~~
146.25 ~~in the operation of regional treatment centers the executive board supervises may participate~~
146.26 ~~in the use of the executive board's communication technology and share in the cost of~~
146.27 ~~operation. The initial term of the member appointed under subdivision 2, paragraph (b),~~
146.28 clause (1), is two years. The initial term of the members appointed under subdivision 2,
146.29 paragraph (b), clause (2), is three years. The initial term of the members appointed under
146.30 subdivision 2, paragraph (b), clause (3), and the members appointed under subdivision 2,
146.31 paragraph (c), is four years.

146.32 ~~(d) The executive board may accept on behalf of the state any gift, bequest, devise,~~
146.33 ~~personal property of any kind, or money tendered to the state for any lawful purpose~~
146.34 ~~pertaining to the communication activities under this section. Any money received for this~~

147.1 ~~purpose must be deposited into the executive board's communication systems account.~~
147.2 ~~Money collected by the executive board for the use of communication systems must be~~
147.3 ~~deposited into the state communication systems account and is appropriated to the executive~~
147.4 ~~board for purposes of this section.~~ After the initial term, the term length of all appointed
147.5 executive board members is four years.

147.6 Subd. 7. **Conflicts of interest.** Executive board members must recuse themselves from
147.7 discussion of and voting on an official matter if the executive board member has a conflict
147.8 of interest. A conflict of interest means an association, including a financial or personal
147.9 association, that has the potential to bias or have the appearance of biasing an executive
147.10 board member's decision in matters related to Direct Care and Treatment or the conduct of
147.11 activities under this chapter.

147.12 Subd. 8. **Meetings.** The executive board must meet at least four times per fiscal year at
147.13 a place and time determined by the executive board.

147.14 Subd. 9. **Quorum.** A majority of the voting members of the executive board constitutes
147.15 a quorum. The affirmative vote of a majority of the voting members of the executive board
147.16 is necessary and sufficient for action taken by the executive board.

147.17 Subd. 10. **Immunity; indemnification.** (a) Members of the executive board are immune
147.18 from civil liability for any act or omission occurring within the scope of the performance
147.19 of their duties under this chapter.

147.20 (b) When performing executive board duties or actions, members of the executive board
147.21 are employees of the state for purposes of indemnification under section 3.736, subdivision
147.22 9.

147.23 Subd. 11. **Rulemaking.** (a) The executive board is authorized to adopt, amend, and
147.24 repeal rules in accordance with chapter 14 to the extent necessary to implement this chapter
147.25 or any responsibilities of Direct Care and Treatment specified in state law.

147.26 (b) Until July 1, 2027, the executive board may adopt rules using the expedited
147.27 rulemaking process in section 14.389.

147.28 (c) In accordance with section 15.039, all orders, rules, delegations, permits, and other
147.29 privileges issued or granted by the Department of Human Services with respect to any
147.30 function of Direct Care and Treatment and in effect at the time of the establishment of Direct
147.31 Care and Treatment shall continue in effect as if such establishment had not occurred. The
147.32 executive board may amend or repeal rules applicable to Direct Care and Treatment that
147.33 were established by the Department of Human Services in accordance with chapter 14.

148.1 (d) The executive board must not adopt rules that go into effect or enforce rules prior
148.2 to July 1, 2025.

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

148.4 Sec. 36. Laws 2024, chapter 79, article 1, section 24, is amended to read:

148.5 Sec. 24. **246C.10 FORENSIC SERVICES.**

148.6 Subdivision 1. **Maintenance of forensic services.** (a) The executive board shall create
148.7 and maintain forensic services programs.

148.8 (b) The executive board must provide forensic services in coordination with counties
148.9 and other vendors.

148.10 (c) Forensic services must include specialized inpatient programs at secure treatment
148.11 facilities, consultive services, aftercare services, community-based services and programs,
148.12 transition services, nursing home services, or other services consistent with the mission of
148.13 ~~the Department of~~ Direct Care and Treatment.

148.14 (d) The executive board ~~shall~~ may adopt rules to carry out the provision of this section
148.15 and to govern the operation of the services and programs under the direct administrative
148.16 authority of the executive board.

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

148.18 Sec. 37. Laws 2024, chapter 79, article 1, section 25, subdivision 3, is amended to read:

148.19 Subd. 3. **Comprehensive system of services.** The establishment of state-operated,
148.20 community-based programs must be within the context of a comprehensive definition of
148.21 the role of state-operated services in the state. The role of state-operated services must be
148.22 defined within the context of a comprehensive system of services for persons with
148.23 developmental disability.

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

148.25 Sec. 38. Laws 2024, chapter 79, article 10, section 1, is amended to read:

148.26 Section 1. **REVISOR INSTRUCTION.**

148.27 The revisor of statutes shall renumber each provision of Minnesota Statutes listed in
148.28 column A as amended in this act to the number listed in column B.

149.1	Column A	Column B
149.2	245.036	246C.16, subdivision 1
149.3	245.037	246C.16, subdivision 2
149.4	245.041	246C.15
149.5	245.474, subdivision 1	246C.12, subdivision 1
149.6	245.474, subdivision 2	246C.12, subdivision 2
149.7	245.474, subdivision 3	246C.12, subdivision 3
149.8	245.474, subdivision 4	246C.12, subdivision 4
149.9	246.0135, paragraph (a)	246C.18, subdivision 2, paragraph (a)
149.10	246.0135, paragraph (b)	246C.18, subdivision 2, paragraph (b)
149.11	246.0135, paragraph (c)	246C.18, subdivision 2, paragraph (c)
149.12	246.0135, paragraph (d)	246C.18, subdivision 3
149.13	246.018, subdivision 1	246C.09, subdivision 1
149.14	246.018, subdivision 2	246C.09, subdivision 2
149.15	246.018, subdivision 3	246C.09, subdivision 3
149.16	246.018, subdivision 4	246C.09, subdivision 4
149.17		246C.06, subdivision 7
149.18	246.12	<u>246C.07, subdivision 7</u>
149.19	246.128	246C.18, subdivision 1
149.20	246.129	246C.18, subdivision 4
149.21	246.14	246C.16, subdivision 3
149.22	246.23, subdivision 2	246.555, subdivision 1
149.23	246.23, subdivision 3	246.555, subdivision 2
149.24	246.23, subdivision 4	246.555, subdivision 3
149.25	246.23, subdivision 5	246.555, subdivision 4
149.26	246.23, subdivision 6	246.555, subdivision 5
149.27		246C.06, subdivision 8
149.28	246.234	<u>246C.07, subdivision 5</u>
149.29	246.24	246C.16, subdivision 4
149.30	246.27	246C.19
149.31		246C.06, subdivision 9
149.32	246.36	<u>246C.07, subdivision 6</u>
149.33	246.41, subdivision 1	246C.06, subdivision 10, paragraph
149.34		(a)
149.35	246.41, subdivision 2	246C.06, subdivision 10, paragraph
149.36		(b)
149.37	246.41, subdivision 3	246C.06, subdivision 10, paragraph
149.38		(c)
149.39	246.70	246C.18, subdivision 5
149.40	246B.02	246C.13

150.1	251.012, subdivision 1	246.575, subdivision 1
150.2	251.012, subdivision 2	246.575, subdivision 2
150.3	251.012, subdivision 3	246.575, subdivision 3
150.4	251.012, subdivision 4	246.575, subdivision 4
150.5	251.041	176.87
150.6	251.042	176.871
150.7	251.043, subdivision 1	176.872, subdivision 1
150.8	251.043, subdivision 1a	176.872, subdivision 2
150.9	251.043, subdivision 1b	176.872, subdivision 3
150.10	251.043, subdivision 2	176.872, subdivision 4
150.11	251.043, subdivision 3	176.872, subdivision 5
150.12	251.044	176.873
150.13	251.051	176.874
150.14	251.052	176.875
150.15	251.053	176.876
150.16	251.15, subdivision 1	176.872, subdivision 6, paragraph (a)
150.17	251.15, subdivision 2	176.872, subdivision 6, paragraph (b)
150.18	251.17	246C.14
150.19	252.50, subdivision 2	246C.16, subdivision 5
150.20	252.50, subdivision 4	246C.10, subdivision 2
150.21	252.50, subdivision 6	246.65
150.22	252.50, subdivision 7	246.585
150.23	252.50, subdivision 8	246.588
150.24	252.50, subdivision 10	246.611
150.25	253.015, subdivision 1	253B.10, subdivision 6
150.26	253.016	246.554
150.27	253.017, subdivision 1	246.591
150.28	253.017, subdivision 2	246C.10, subdivision 3
150.29	253.017, subdivision 3	246C.10, subdivision 4
150.30	253.13	253.245
150.31	253C.01, subdivision 1	245A.27, subdivision 1
150.32	253C.01, subdivision 2	245A.27, subdivision 2
150.33	253C.01, subdivision 3	245A.27, subdivision 3
150.34	256.0121, subdivision 1	246.595, subdivision 1
150.35	256.0121, subdivision 2	246.595, subdivision 2
150.36	256.0121, subdivision 3	246.595, subdivision 3

151.1 Sec. 39. Laws 2024, chapter 79, article 10, section 6, is amended to read:

151.2 Sec. 6. **EFFECTIVE DATE.**

151.3 ~~(a) Article 1, section 23, is effective July 1, 2024.~~ This act is effective July 1, 2024.

151.4 ~~(b) Article 1, sections 1 to 22 and 24 to 31, and articles 2 to 10 are effective January 1,~~
151.5 ~~2025.~~

151.6 Sec. 40. **DIRECT CARE AND TREATMENT ADVISORY COMMITTEE.**

151.7 (a) The Direct Care and Treatment executive board under Minnesota Statutes, section
151.8 246C.07, shall establish an advisory committee to provide state legislators, counties, union
151.9 representatives, the National Alliance on Mental Illness Minnesota, people being served by
151.10 direct care and treatment programs, and other stakeholders the opportunity to advise the
151.11 executive board regarding the operation of Direct Care and Treatment.

151.12 (b) The members of the advisory committee must be appointed as follows:

151.13 (1) one member appointed by the speaker of the house;

151.14 (2) one member appointed by the minority leader of the house of representatives;

151.15 (3) two members appointed by the senate Committee on Committees, one member
151.16 representing the majority caucus and one member representing the minority caucus;

151.17 (4) one member appointed by the Association of Minnesota Counties;

151.18 (5) one member appointed by joint representatives of the American Federation of State
151.19 and Municipal Employees, the Minnesota Association of Professional Employees, the
151.20 Minnesota Nurses Association, the Middle Management Association, and the State
151.21 Residential Schools Education Association;

151.22 (6) one member appointed by the National Alliance on Mental Illness Minnesota; and

151.23 (7) two members representing people with lived experience being served by state-operated
151.24 treatment programs or their families, appointed by the governor.

151.25 (c) Appointing authorities under paragraph (b) shall make appointments by January 1,
151.26 2026.

151.27 (d) The first meeting of the advisory committee must be held no later than January 15,
151.28 2026. The members of the advisory committee shall elect a chair from among their
151.29 membership at the first meeting. The advisory committee shall meet as frequently as it
151.30 determines necessary.

152.1 (e) The executive board shall regularly consult with the advisory committee.

152.2 (f) The advisory committee under this section expires December 31, 2027.

152.3 **Sec. 41. INITIAL APPOINTMENTS AND COMPENSATION OF THE DIRECT**
152.4 **CARE AND TREATMENT EXECUTIVE BOARD AND CHIEF EXECUTIVE**
152.5 **OFFICER.**

152.6 Subdivision 1. **Executive board.** (a) The initial appointments of the members of the
152.7 Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06,
152.8 must be made by January 1, 2025.

152.9 (b) Prior to the first Compensation Council determination of the daily compensation rate
152.10 for voting members of the executive board under Minnesota Statutes, section 246C.06,
152.11 subdivision 4, paragraph (b), voting members of the executive board must be paid the per
152.12 diem rate provided for in Minnesota Statutes, section 15.0575, subdivision 3, paragraph (a).

152.13 (c) The executive board is exempt from Minnesota Statutes, section 13D.01, until the
152.14 authority and responsibilities for Direct Care and Treatment are transferred to the executive
152.15 board in accordance with Minnesota Statutes, section 246C.04.

152.16 Subd. 2. **Chief executive officer.** (a) The Direct Care and Treatment executive board
152.17 must appoint as the initial chief executive officer for Direct Care and Treatment under
152.18 Minnesota Statutes, section 246C.07, the chief executive officer of the direct care and
152.19 treatment division of the Department of Human Services holding that position at the time
152.20 the initial appointment is made by the board. The initial appointment of the chief executive
152.21 officer must be made by the executive board by July 1, 2025. The initial appointment of
152.22 the chief executive officer is subject to confirmation by the senate.

152.23 (b) In its report issued April 1, 2025, the Compensation Council under Minnesota Statutes,
152.24 section 15A.082, must establish the salary of the chief executive officer at an amount equal
152.25 to or greater than the amount paid to the chief executive officer of the direct care and
152.26 treatment division of the Department of Human Services as of the date of initial appointment.
152.27 The salary of the chief executive officer shall become effective July 1, 2025, pursuant to
152.28 Minnesota Statutes, section 15A.082, subdivision 3. Notwithstanding Minnesota Statutes,
152.29 sections 15A.082 and 246C.08, subdivision 1, if the initial appointment of the chief executive
152.30 officer occurs prior to the effective date of the salary specified by the Compensation Council
152.31 in its April 1, 2025, report, the salary of the chief executive officer must equal the amount
152.32 paid to the chief executive officer of the direct care and treatment division of the Department
152.33 of Human Services as of the date of initial appointment.

153.1 Subd. 3. **Commissioner of human services to consult.** In preparing the budget estimates
153.2 required under Minnesota Statutes, section 16A.10, for the direct care and treatment division
153.3 for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative
153.4 session that involve direct care and treatment operations, the commissioner of human services
153.5 must consult with the Direct Care and Treatment executive board before submitting the
153.6 budget estimates or legislative proposals. If the executive board is not appointed by the date
153.7 the budget estimates must be submitted to the commissioner of management and budget,
153.8 the commissioner of human services must provide the executive board with a summary of
153.9 the budget estimates that were submitted.

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

153.11 Sec. 42. **REVISOR INSTRUCTION.**

153.12 The revisor of statutes shall change the term "Department of Human Services" to "Direct
153.13 Care and Treatment" wherever the term appears in respect to the governmental entity with
153.14 programmatic direction and fiscal control over state-operated services, programs, or facilities
153.15 under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary
153.16 changes to sentence structure to preserve the meaning of the text.

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

153.18 Sec. 43. **REVISOR INSTRUCTION.**

153.19 The revisor of statutes shall change the term "Department of Direct Care and Treatment"
153.20 to "Direct Care and Treatment" wherever the term appears in respect to the governmental
153.21 entity with programmatic direction and fiscal control over state-operated services, programs,
153.22 or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and
153.23 other necessary changes to sentence structure to preserve the meaning of the text.

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

153.25 Sec. 44. **REVISOR INSTRUCTION.**

153.26 The revisor of statutes, in consultation with the House Research Department; the Office
153.27 of Senate Counsel, Research, and Fiscal Analysis; the Department of Human Services; and
153.28 Direct Care and Treatment, shall make necessary cross-reference changes to conform with
153.29 this act. The revisor may make technical and other necessary changes to sentence structure
153.30 to preserve the meaning of the text. The revisor may alter the coding in this act to incorporate
153.31 statutory changes made by other law in the 2024 regular legislative session.

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

154.2 Sec. 45. **REPEALER.**

154.3 (a) Minnesota Statutes 2022, sections 246.41; and 253C.01, are repealed.

154.4 (b) Minnesota Statutes 2023 Supplement, section 246C.03, is repealed.

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

154.6 **ARTICLE 6**

154.7 **MISCELLANEOUS**

154.8 Section 1. **FREE COMMUNICATION SERVICES.**

154.9 Subdivision 1. **Free communication services.** (a) A facility must provide patients and
154.10 clients with voice communication services. A facility may supplement voice communication
154.11 services with other communication services, including but not limited to video
154.12 communication and email or electronic messaging services. A facility must continue to
154.13 offer the services the facility offered as of January 1, 2024.

154.14 (b) To the extent that voice or other communication services are provided, which must
154.15 not be limited beyond program participation and routine facility policies and procedures,
154.16 neither the individual initiating the communication nor the individual receiving the
154.17 communication must be charged for the service.

154.18 Subd. 2. **Communication services restrictions.** Nothing in this section allows a patient
154.19 or client to violate an active protection order, harassment restraining order, or other no-contact
154.20 order or directive. Nothing in this section entitles a civilly committed person to
154.21 communication services restricted or limited under Minnesota Statutes, section 253B.03,
154.22 subdivision 3, or 253D.19.

154.23 Subd. 3. **Revenue prohibited.** Direct Care and Treatment must not receive revenue
154.24 from the provision of voice communication services or any other communication services
154.25 under this section.

154.26 Subd. 4. **Visitation programs.** (a) Facilities shall maintain in-person visits for patients
154.27 or clients. Communication services, including video calls, must not be used to replace a
154.28 facility's in-person visitation program or be counted toward a patient's or client's in-person
154.29 visitation limit.

154.30 (b) Notwithstanding paragraph (a), the Direct Care and Treatment executive board may
154.31 waive the in-person visitation program requirement under this subdivision if there is:

155.1 (1) a declared emergency under Minnesota Statutes, section 12.31; or

155.2 (2) a local-, state-, or federal-declared natural disaster.

155.3 Subd. 5. **Reporting.** (a) By January 15, 2026, the Direct Care and Treatment executive
155.4 board must report the information described in paragraph (b) to the chairs and ranking
155.5 minority members of the legislative committees having jurisdiction over human services
155.6 policy and finance.

155.7 (b) The Direct Care and Treatment executive board must include the following
155.8 information covering fiscal year 2024:

155.9 (1) the status of all the agency's communication contracts; efforts to renegotiate the
155.10 agency's communication contracts, including the rates the agency is paying or charging
155.11 confined people or community members for any and all services in the contracts; and plans
155.12 to consolidate the agency's communication contracts to maximize purchasing power;

155.13 (2) a complete and detailed accounting of how appropriated funds for communication
155.14 services are spent, including spending on expenses previously covered by commissions;
155.15 and

155.16 (3) summary data on usage of all communication services, including monthly call and
155.17 message volume.

155.18 Subd. 6. **Definitions.** For the purposes of this section, the following terms have the
155.19 meanings given:

155.20 (1) "voice communications" means real-time, audio-only communication services,
155.21 namely phone calls made over wireline telephony, voice over Internet protocol, or any other
155.22 technology infrastructure;

155.23 (2) "other communication services" means communication services other than voice
155.24 communications, including but not limited to video calls and electronic messages; and

155.25 (3) "facility" means any facility, setting, or program owned, operated, or under the
155.26 programmatic or fiscal control of Direct Care and Treatment.

155.27 Subd. 7. **Expiration.** Subdivisions 1 to 4 expire June 30, 2026. Subdivisions 5 and 6
155.28 expire upon submission by the Direct Care and Treatment executive board of the report to
155.29 the legislature required under subdivision 5.

156.1 **Sec. 2. COMMUNITY CARE HUB PLANNING GRANT.**

156.2 **Subdivision 1. Establishment.** The commissioner of health shall establish a single grant
156.3 to develop and design programs to expand and strengthen the community care hub model,
156.4 which organizes and supports a network of health and social care service providers to address
156.5 health-related social needs.

156.6 **Subd. 2. Definitions.** (a) For purposes of this section, the following terms have the
156.7 meanings given.

156.8 (b) "Community-based organization" means a public or private nonprofit organization
156.9 of demonstrated effectiveness that is representative of a community or significant segments
156.10 of a community and provides educational or related services to individuals in the community.

156.11 (c) "Community care hub" means a nonprofit organization that provides a centralized
156.12 administrative and operational interface between health care institutions and a network of
156.13 community-based organizations that provide health promotion and social care services.

156.14 (d) "Health-related social needs" means the individual-level, adverse social conditions
156.15 that can negatively impact a person's health or health care, such as poor health literacy, food
156.16 insecurity, housing instability, and lack of access to transportation.

156.17 (e) "Social care services" means culturally informed services to address health-related
156.18 social needs and community-informed health promotion programs.

156.19 **Subd. 3. Eligible applicants.** To be eligible for the single grant available under this
156.20 section, a grant applicant must:

156.21 (1) be recognized as a selected community care hub by the federal Administration for
156.22 Community Living and the Centers for Disease Control and Prevention;

156.23 (2) hold contracts with health plans within Minnesota that allow the applicant to provide
156.24 social care services to a plan's covered member population; and

156.25 (3) demonstrate active engagement in providing, coordinating, and aiding health care
156.26 and social care services at the community level.

156.27 **Subd. 4. Eligible uses.** The grantee must use awarded funding to develop and design
156.28 programs that support the development of a social care network that provides services to
156.29 address health-related social needs. Activities eligible for funding under this section include
156.30 but are not limited to education activities, feasibility studies, program design, and pilots.

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

157.1 **Sec. 3. DIRECTION TO COMMISSIONER; FEDERAL WAIVERS FOR**
157.2 **HEALTH-RELATED SOCIAL NEEDS.**

157.3 (a) The commissioner of human services shall develop a strategy to implement
157.4 interventions to address unmet health-related social needs, including but not limited to
157.5 nutrition support, housing support, case management, and violence prevention. In developing
157.6 such a strategy, the commissioner shall consider whether services could be reimbursed
157.7 under section 1115 of the Social Security Act, other federal waivers, or existing state
157.8 authority.

157.9 (b) The commissioner shall collaborate with the commissioner of health, communities
157.10 most impacted by health disparities, and other external partners providing services in
157.11 nutrition, housing, case management, and violence prevention to medical assistance recipients
157.12 on specific interventions to include in the proposed strategy.

157.13 (c) By March 1, 2025, the commissioner shall provide the strategy developed under this
157.14 section to the chairs and ranking minority members of the legislative committees with
157.15 jurisdiction over health care finance and must include:

157.16 (1) a proposed timeline for implementation;

157.17 (2) an estimate of the administrative and programmatic costs associated with
157.18 implementing and evaluating any proposed federal waivers; and

157.19 (3) any statutory changes necessary to seek ongoing state funding and federal authority
157.20 for the proposed strategies.

157.21 (d) The commissioner may perform the steps necessary to develop a federal waiver or
157.22 other strategies identified in paragraph (c) in preparation for enactment of the strategies.

157.23 (e) The commissioner is exempt from the requirements of Minnesota Statutes, chapter
157.24 16C, when entering into a new contract or amending an existing contract to complete the
157.25 work under this section.

157.26 **EFFECTIVE DATE.** This section is effective the day following final enactment.

157.27 **Sec. 4. WORKING GROUP ON SIMPLIFYING SUPPORTIVE HOUSING**
157.28 **RESOURCES.**

157.29 Subdivision 1. **Establishment.** A working group on simplifying supportive housing
157.30 resources is established to streamline access, eligibility, and administration of state-funded
157.31 supportive housing resources for people experiencing homelessness.

158.1 Subd. 2. **Membership.** (a) The working group must prioritize membership from
158.2 individuals and organizations that use or administer state-funded supportive housing resources
158.3 and must include the following:

158.4 (1) the commissioner of the Minnesota Housing Finance Agency or designee;

158.5 (2) the commissioner of human services or designee;

158.6 (3) two representatives with lived experience from the Minnesota Coalition for the
158.7 Homeless;

158.8 (4) one representative from Hearth Connection;

158.9 (5) one representative from the Metropolitan Urban Indian Directors network;

158.10 (6) one representative from the Minnesota Housing Stability Coalition;

158.11 (7) five representatives from organizations providing or administering state-funded
158.12 supportive housing resources to people experiencing homelessness, including organizations
158.13 that provide services to youth experiencing homelessness, veterans experiencing
158.14 homelessness, populations that disproportionately experience homelessness, and a provider
158.15 that participates in a coordinated entry system and demonstrates statewide geographic
158.16 representation;

158.17 (8) one representative from the Minnesota Tribal Collaborative;

158.18 (9) one representative from Hennepin County;

158.19 (10) one representative from St. Louis County;

158.20 (11) two members from the house of representatives, one appointed by the speaker of
158.21 the house and one appointed by the minority leader; and

158.22 (12) two members from the senate appointed by the senate committee on committees,
158.23 one representing the majority caucus and one representing the minority caucus.

158.24 (b) The members listed in paragraph (a), clauses (3) to (10), must be appointed by the
158.25 commissioner of human services in collaboration with the commissioner of the Minnesota
158.26 Housing Finance Agency.

158.27 (c) All appointing authorities must make their appointments to the working group by
158.28 August 1, 2024.

158.29 Subd. 3. **Duties.** (a) The working group must study supportive housing resources to
158.30 streamline access, eligibility, and administration of state-funded supportive housing resources
158.31 for people experiencing homelessness, including the following programs:

- 159.1 (1) the housing support program;
159.2 (2) long-term homeless supportive services;
159.3 (3) housing with supports for adults with serious mental illness;
159.4 (4) the housing trust fund; and
159.5 (5) other capital and operating funds administered by the Minnesota Housing Finance
159.6 Agency.

159.7 (b) In studying supportive housing resources, the working group must identify the
159.8 processes, procedures, and technological or personnel resources that would be necessary to
159.9 enable the state, county or Tribal agencies, and providers responsible for administering
159.10 public supportive housing funds to meet the following goals:

- 159.11 (1) reduce administrative complexities;
159.12 (2) enhance equity and accessibility, including coordinated entry;
159.13 (3) streamline and simplify eligibility criteria, paperwork, and funding distribution; and
159.14 (4) accelerate the transition of individuals from homelessness to sustainable long-term
159.15 solutions.

159.16 Subd. 4. **Compensation.** Notwithstanding Minnesota Statutes, section 15.059, subdivision
159.17 3, members of the working group shall not be compensated, except for the members with
159.18 lived experience of homelessness.

159.19 Subd. 5. **Meetings; facilitation.** (a) The commissioner of human services may contract
159.20 with a third-party vendor to facilitate the working group and convene the first meeting by
159.21 January 15, 2025.

159.22 (b) The working group must meet at regular intervals as often as necessary to fulfill the
159.23 duties under subdivision 3.

159.24 (c) Meetings of the working group are subject to the Minnesota Open Meeting Law
159.25 under Minnesota Statutes, chapter 13D.

159.26 Subd. 6. **Consultation.** The working group must consult with other individuals and
159.27 organizations that have expertise and experience in providing supportive services that may
159.28 assist the working group in fulfilling its responsibilities, including entities engaging in
159.29 additional input from those with lived experience of homelessness and administrators of
159.30 state-funded supportive housing not included on the working group.

160.1 Subd. 7. **Report required.** The working group shall submit a final report by January
160.2 15, 2026, to the chairs and ranking minority members of the legislative committees with
160.3 jurisdiction over housing and homelessness finance and policy detailing the recommendations
160.4 to streamline access, eligibility, and administration of state-funded supportive housing
160.5 resources for people experiencing homelessness. The report shall include draft legislation
160.6 required to implement the proposed legislation.

160.7 Subd. 8. **Expiration.** The working group expires January 15, 2026.

160.8 **EFFECTIVE DATE.** This section is effective the day following final enactment.

160.9 **Sec. 5. HOMELESSNESS PRIORITY; HOMELESSNESS REPORT.**

160.10 The governor and lieutenant governor and the legislature find that addressing
160.11 homelessness is a pressing public need. The Department of Human Services administers
160.12 programs to provide shelter, support services, and housing stability to low-income
160.13 Minnesotans and people experiencing homelessness. No later than January 15, 2025, the
160.14 commissioner, in cooperation with the commissioner of the Minnesota Housing Finance
160.15 Agency and other relevant departments, must report to the chairs and ranking minority
160.16 members of the legislative committees with jurisdiction over human services policy and
160.17 finance on the departments' activities to reduce homelessness.

160.18 **Sec. 6. DIRECTION TO COMMISSIONER; TARGETED CASE MANAGEMENT**
160.19 **REDESIGN.**

160.20 The commissioner of human services must consult with members of the Minnesota
160.21 Association of County Social Service Administrators to improve case management
160.22 information systems and identify the necessary changes needed to comply with regulations
160.23 related to federal certified public expenditures. The changes must facilitate transition to use
160.24 of a 15-minute unit rate or improved financial reporting for fee-for-service targeted case
160.25 management services provided by counties. The Social Service Information System and
160.26 adjacent systems must be modified to support any increase in the intensity of time reporting
160.27 requirements prior to any implementation of proposed changes to targeted case management
160.28 rate setting, reimbursement, and reconciliation processes.

160.29 **Sec. 7. REVISOR INSTRUCTION.**

160.30 The revisor of statutes shall renumber each section of Minnesota Statutes listed in column
160.31 A with the number listed in column B. The revisor shall also make necessary cross-reference
160.32 changes consistent with the renumbering:

161.1	<u>Column A</u>	<u>Column B</u>
161.2	<u>256E.33</u>	<u>256K.48</u>
161.3	<u>256E.36</u>	<u>256K.49</u>

ARTICLE 7

HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT

161.6 Section 1. [256.044] HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT.

161.7 Subdivision 1. **Human services response contingency account.** A human services
 161.8 response contingency account is created in the special revenue fund in the state treasury.
 161.9 Money in the human services response contingency account does not cancel and is
 161.10 appropriated to the commissioner of human services for the purposes specified in this section.

161.11 Subd. 2. **Definition.** For purposes of this section, "human services response" means
 161.12 activities deemed necessary by the commissioner of human services to respond to emerging
 161.13 or immediate needs related to supporting the health, welfare, or safety of people.

161.14 Subd. 3. **Use of money.** (a) The commissioner may make expenditures from the human
 161.15 services response contingency account to respond to needs as defined in subdivision 2 and
 161.16 for which no other funding or insufficient funding is available.

161.17 (b) When the commissioner determines that a human services response is needed, the
 161.18 commissioner may make expenditures from the human services response contingency
 161.19 account for the following uses to implement the human services response:

161.20 (1) services, supplies, and equipment to support the health, welfare, or safety of people;

161.21 (2) training and coordination with service providers, Tribal Nations, and local government
 161.22 entities;

161.23 (3) communication with and outreach to impacted people;

161.24 (4) informational technology; and

161.25 (5) staffing.

161.26 (c) The commissioner may transfer money within the Department of Human Services
 161.27 and to the Department of Children, Youth, and Families for eligible uses under paragraph
 161.28 (b) as necessary to implement a human services response.

161.29 (d) Notwithstanding any other law or rule to the contrary, when implementing a human
 161.30 services response, the commissioner may allocate funds from the human services response
 161.31 contingency account to programs, providers, and organizations for eligible uses under

162.1 paragraph (b) through one or more fiscal agents chosen by the commissioner. In contracting
162.2 with a fiscal agent, the commissioner may use a sole-source contract and is not subject to
162.3 the solicitation requirements of chapter 16B or 16C.

162.4 (e) Programs, providers, and organizations receiving funds from the human services
162.5 response contingency account under paragraph (d) must describe how the money will be
162.6 used. If a program, provider, or organization receiving money from the human services
162.7 response contingency account receives money from a nonstate source other than a local unit
162.8 of government or Tribe for the same human services response, the entity must notify the
162.9 commissioner of the amount received from the nonstate source. If the commissioner
162.10 determines that the total amount received under this section and from the nonstate source
162.11 exceeds the entity's total costs for the human services response, the entity must pay the
162.12 commissioner the amount that exceeds the costs up to the amount of funding provided to
162.13 the entity under this section. All money paid to the commissioner under this paragraph must
162.14 be deposited in the human services response contingency account.

162.15 Subd. 4. **Assistance from other sources.** (a) As a condition of making expenditures
162.16 from the human services response contingency account, the commissioner must seek any
162.17 appropriate assistance from other available sources, including the federal government, to
162.18 assist with costs attributable to the human services response.

162.19 (b) If the commissioner recovers eligible costs for the human services response from a
162.20 nonstate source after making expenditures from the human services response contingency
162.21 account, the commissioner shall reimburse the human services response contingency account
162.22 for those costs up to the amount recovered for eligible costs from the nonstate source.

162.23 Subd. 5. **Reporting.** The commissioner must develop required reporting for entities
162.24 receiving human services response contingency account money. Entities receiving money
162.25 from the commissioner of human services from the human services response contingency
162.26 account must submit reports to the commissioner of human services with detailed information
162.27 in a manner determined by the commissioner, including but not limited to:

162.28 (1) amounts expended by category of expenditure;

162.29 (2) outcomes achieved, including estimated individuals served;

162.30 (3) documentation necessary to verify that funds were spent in compliance with this
162.31 section;

162.32 (4) expenditure reports for the purpose of requesting reimbursement from other available
162.33 sources; and

164.1	<u>(a) Carryforward Authority.</u>		
164.2	<u>Notwithstanding Minnesota Statutes, section</u>		
164.3	<u>16A.28, subdivision 3, \$912,000 in fiscal year</u>		
164.4	<u>2025 is available until June 30, 2027.</u>		
164.5	<u>(b) Base Level Adjustment.</u> The general fund		
164.6	<u>base is increased by \$327,000 in fiscal year</u>		
164.7	<u>2026 and \$327,000 in fiscal year 2027.</u>		
164.8	<u>Subd. 3. Central Office; Health Care</u>	<u>-0-</u>	<u>2,035,000</u>
164.9	<u>(a) Health-Related Social Needs 1115</u>		
164.10	<u>Waiver.</u> \$500,000 is for a contract to develop		
164.11	<u>a 1115 waiver related to nutrition supports as</u>		
164.12	<u>a covered service under medical assistance.</u>		
164.13	<u>This is a onetime appropriation.</u>		
164.14	<u>Notwithstanding Minnesota Statutes, section</u>		
164.15	<u>16A.28, subdivision 3, this appropriation is</u>		
164.16	<u>available until June 30, 2027.</u>		
164.17	<u>(b) Carryforward Authority.</u>		
164.18	<u>Notwithstanding Minnesota Statutes, section</u>		
164.19	<u>16A.28, subdivision 3, \$327,000 in fiscal year</u>		
164.20	<u>2025 is available until June 30, 2026, and</u>		
164.21	<u>\$543,000 in fiscal year 2025 is available until</u>		
164.22	<u>June 30, 2027.</u>		
164.23	<u>(c) Base Level Adjustment.</u> The general fund		
164.24	<u>base is increased by \$786,000 in fiscal year</u>		
164.25	<u>2026 and increased by \$790,000 in fiscal year</u>		
164.26	<u>2027.</u>		
164.27	<u>Subd. 4. Central Office; Aging and Disability</u>		
164.28	<u>Services</u>	<u>(2,664,000)</u>	<u>4,164,000</u>
164.29	<u>(a) Tribal Vulnerable Adult and</u>		
164.30	<u>Developmental Disabilities Targeted Case</u>		
164.31	<u>Management Medical Assistance Benefit.</u>		
164.32	<u>\$200,000 in fiscal year 2025 is for a contract</u>		
164.33	<u>to develop a Tribal vulnerable adult and</u>		
164.34	<u>developmental disabilities targeted case</u>		

165.1 management medical assistance benefit under
165.2 Minnesota Statutes, section 256B.0924. This
165.3 is a onetime appropriation. Notwithstanding
165.4 Minnesota Statutes, section 16A.28,
165.5 subdivision 3, this appropriation is available
165.6 until June 30, 2027.

165.7 **(b) Disability Services Person-Centered**
165.8 **Engagement and Navigation Study.**
165.9 \$600,000 in fiscal year 2025 is for the
165.10 disability services person-centered engagement
165.11 and navigation study. This is a onetime
165.12 appropriation. Notwithstanding Minnesota
165.13 Statutes, section 16A.28, subdivision 3, this
165.14 appropriation is available until June 30, 2026.

165.15 **(c) Pediatric Hospital-to-Home Transition**
165.16 **Pilot Program Administration.** \$300,000 in
165.17 fiscal year 2025 is for a contract related to the
165.18 pediatric hospital-to-home transition pilot
165.19 program. This is a onetime appropriation.
165.20 Notwithstanding Minnesota Statutes, section
165.21 16A.28, subdivision 3, this appropriation is
165.22 available until June 30, 2027.

165.23 **(d) Reimbursement for Community-First**
165.24 **Services and Supports Workers Report.**
165.25 \$250,000 in fiscal year 2025 is for a contract
165.26 related to the reimbursement for
165.27 community-first services and supports workers
165.28 report. This is a onetime appropriation.
165.29 Notwithstanding Minnesota Statutes, section
165.30 16A.28, subdivision 3, this appropriation is
165.31 available until June 30, 2026.

165.32 **(e) Carryforward Authority.**
165.33 Notwithstanding Minnesota Statutes, section
165.34 16A.28, subdivision 3, \$758,000 in fiscal year
165.35 2025 is available until June 30, 2026, and

166.1 \$2,687,000 in fiscal year 2025 is available
166.2 until June 30, 2027.

166.3 (f) **Base Level Adjustment.** The general fund
166.4 base is increased by \$340,000 in fiscal year
166.5 2026 and increased by \$340,000 in fiscal year
166.6 2027.

166.7 Subd. 5. **Central Office; Behavioral Health,**
166.8 **Housing, and Deaf and Hard-of-Hearing**
166.9 **Services**

-0-

3,304,000

166.10 (a) **Medical Assistance Reentry**
166.11 **Demonstration.** \$600,000 in fiscal year 2025
166.12 is for engagement with people with lived
166.13 experience, families, and community partners
166.14 on the development and implementation of
166.15 the medical assistance reentry demonstration
166.16 benefit under Minnesota Statutes, section
166.17 256B.0761. This is a onetime appropriation.
166.18 Notwithstanding Minnesota Statutes, section
166.19 16A.28, subdivision 3, this appropriation is
166.20 available until June 30, 2027.

166.21 (b) **Working Group on Simplifying Housing**
166.22 **Support Resources.** \$400,000 in fiscal year
166.23 2025 is for administration of a working group
166.24 to streamline access, eligibility, and
166.25 administration of state-funded supportive
166.26 housing resources for people experiencing
166.27 homelessness. This is a onetime appropriation.
166.28 Notwithstanding Minnesota Statutes, section
166.29 16A.28, subdivision 3, this appropriation is
166.30 available until June 30, 2026.

166.31 (c) **Carryforward Authority.**
166.32 Notwithstanding Minnesota Statutes, section
166.33 16A.28, subdivision 3, \$34,000 in fiscal year
166.34 2025 is available until June 30, 2026.

167.1 (d) Base Level Adjustment. The general fund
 167.2 base is increased by \$2,271,000 in fiscal year
 167.3 2026 and increased by \$2,271,000 in fiscal
 167.4 year 2027.

167.5	<u>Subd. 6. Forecasted Programs; Medical</u>		
167.6	<u>Assistance</u>	<u>-0-</u>	<u>5,533,000</u>

167.7	<u>Subd. 7. Forecasted Programs; Alternative Care</u>	<u>-0-</u>	<u>49,000</u>
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167.8	<u>Subd. 8. Forecasted Programs; Behavioral</u>		
167.9	<u>Health Fund</u>	<u>-0-</u>	<u>274,000</u>

167.10	<u>Subd. 9. Grant Programs; Child and Economic</u>		
167.11	<u>Support Grants</u>	<u>-0-</u>	<u>5,050,000</u>

167.12 (a) Homeless Shelter Services. \$50,000 in
 167.13 fiscal year 2025 is for a payment to Churches
 167.14 United for the Homeless in Moorhead to hire
 167.15 staff or contract for assistance to secure public
 167.16 funding for Churches United's existing
 167.17 services, including the provision of safe shelter
 167.18 for individuals experiencing homelessness,
 167.19 supportive housing, nutrition support, nursing
 167.20 services, family services, and case
 167.21 management. This is a onetime appropriation.

167.22 (b) American Indian Food Sovereignty.
 167.23 \$1,000,000 in fiscal year 2025 is for the
 167.24 American Indian food sovereignty funding
 167.25 program under Minnesota Statutes, section
 167.26 256E.342. This is a onetime appropriation.
 167.27 Notwithstanding Minnesota Statutes, section
 167.28 16A.28, subdivision 3, this appropriation is
 167.29 available until June 30, 2026.

167.30 (c) Minnesota Food Shelf. \$2,000,000 in
 167.31 fiscal year 2025 is for the Minnesota food
 167.32 shelf program under Minnesota Statutes,
 167.33 section 256E.34. This is a onetime
 167.34 appropriation.

168.1 (d) **Emergency Food Assistance Program.**
 168.2 \$2,000,000 in fiscal year 2025 is for contracts
 168.3 with Minnesota's regional food banks that the
 168.4 commissioner contracts with for the purposes
 168.5 of the Emergency Food Assistance Program
 168.6 (TEFAP). The commissioner shall distribute
 168.7 the food bank funding under this paragraph in
 168.8 accordance with the federal TEFAP formula
 168.9 and guidelines of the United States
 168.10 Department of Agriculture. Funding must be
 168.11 used by all regional food banks to purchase
 168.12 food that will be distributed free of charge to
 168.13 TEFAP partner agencies. Funding must also
 168.14 cover the handling and delivery fees typically
 168.15 paid by food shelves to food banks to ensure
 168.16 that costs associated with funding under this
 168.17 paragraph are not incurred at the local level.
 168.18 This is a onetime appropriation.

168.19 **Subd. 10. Grant Programs; Refugee Services** -0- 4,000,000

168.20 **Human Services Response Contingency**
 168.21 **Account.** (a) \$4,000,000 in fiscal year 2025
 168.22 is for the human services response contingency
 168.23 account under Minnesota Statutes, section
 168.24 256.044. This is a onetime appropriation.

168.25 (b) The commissioner of management and
 168.26 budget shall transfer \$4,000,000 in fiscal year
 168.27 2025 from the general fund to the human
 168.28 services response contingency account
 168.29 established under Minnesota Statutes, section
 168.30 256.044. This is a onetime transfer.

168.31 **Subd. 11. Grant Programs; Health Care Grants** -0- 1,000,000

168.32 **County Correctional Facility Mental Health**
 168.33 **Medication Pilot Program.** \$1,000,000 in
 168.34 fiscal year 2025 is for the county correctional

169.1 facility mental health medication pilot
 169.2 program. This is a onetime appropriation.
 169.3 Notwithstanding Minnesota Statutes, section
 169.4 16A.28, subdivision 3, this appropriation is
 169.5 available until June 30, 2026.

169.6	<u>Subd. 12. Grant Programs; Other Long Term</u>		
169.7	<u>Care Grants</u>	<u>(2,500,000)</u>	<u>1,962,000</u>

169.8 **(a) Health Awareness Hub Pilot Project.**
 169.9 \$281,000 in fiscal year 2025 is for a payment
 169.10 to the Organization for Liberians in Minnesota
 169.11 for a health awareness hub pilot project. The
 169.12 pilot project must seek to address health care
 169.13 education and the physical and mental
 169.14 wellness needs of elderly individuals within
 169.15 the African immigrant community by offering
 169.16 culturally relevant support, resources, and
 169.17 preventive care education from medical
 169.18 practitioners who have a similar background,
 169.19 and by making appropriate referrals to
 169.20 culturally competent programs, supports, and
 169.21 medical care. Within six months of the
 169.22 conclusion of the pilot project, the
 169.23 Organization for Liberians in Minnesota must
 169.24 provide the commissioner with an evaluation
 169.25 of the project as determined by the
 169.26 commissioner. This is a onetime appropriation.

169.27 **(b) Chapter 245D Compliance Support.**
 169.28 \$219,000 in fiscal year 2025 is for a payment
 169.29 to Black Business Enterprises Fund to support
 169.30 minority providers licensed under Minnesota
 169.31 Statutes, chapter 245D, as intensive support
 169.32 services providers to build skills and the
 169.33 infrastructure needed to increase the quality
 169.34 of services provided to the people the
 169.35 providers serve while complying with the

170.1 requirements of Minnesota Statutes, chapter
170.2 245D, and to enable the providers to accept
170.3 clients with high behavioral needs. This is a
170.4 onetime appropriation.

170.5 **(c) Customized Living Technical Assistance.**

170.6 \$350,000 is for a payment to Propel
170.7 Nonprofits for a culturally specific outreach
170.8 and education campaign toward existing
170.9 customized living providers that might more
170.10 appropriately serve their clients under a
170.11 different home and community-based services
170.12 program or license. This is a onetime
170.13 appropriation.

170.14 **(d) Linguistically and Culturally Specific**

170.15 **Training Pilot Project. \$650,000 in fiscal**
170.16 year 2025 is for a payment to Isuroon to
170.17 collaborate with the commissioner of human
170.18 services to develop and implement a pilot
170.19 program to provide: (1) linguistically and
170.20 culturally specific in-person training to
170.21 bilingual individuals, particularly bilingual
170.22 women, from diverse ethnic backgrounds; and
170.23 (2) technical assistance to providers to ensure
170.24 successful implementation of the pilot
170.25 program, including training, resources, and
170.26 ongoing support. Within six months of the
170.27 conclusion of the pilot project, Isuroon must
170.28 provide the commissioner with an evaluation
170.29 of the project as determined by the
170.30 commissioner. This is a onetime appropriation.

170.31 **(e) Long-Term Services and Supports Loan**

170.32 **Program. (1) \$462,000 in fiscal year 2025 is**
170.33 from the general fund for the long-term
170.34 services and supports loan program established
170.35 under Minnesota Statutes, section 256R.55.

171.1 The base for this appropriation is \$822,000 in
171.2 fiscal year 2026 and \$0 in fiscal year 2027.

171.3 (2) The commissioner of management and
171.4 budget shall transfer \$462,000 in fiscal year
171.5 2025 from the general fund to the long-term
171.6 services and supports loan account established
171.7 under Minnesota Statutes, section 256R.55.

171.8 The base for this transfer is \$822,000 in fiscal
171.9 year 2026 and \$0 in fiscal year 2027.

171.10 (f) **Base Level Adjustment.** The general fund
171.11 base is decreased by \$1,202,000 in fiscal year
171.12 2026 and decreased by \$2,024,000 in fiscal
171.13 year 2027.

171.14 Subd. 13. **Grant Programs; Aging and Adult**
171.15 **Services Grants**

-0-

4,500,000

171.16 (a) **Caregiver Respite Services Grants.**
171.17 \$2,000,000 in fiscal year 2025 is for caregiver
171.18 respite services grants under Minnesota
171.19 Statutes, section 256.9756. This is a onetime
171.20 appropriation. Notwithstanding Minnesota
171.21 Statutes, section 16A.28, subdivision 3, this
171.22 appropriation is available until June 30, 2027.

171.23 (b) **Caregiver Support Programs.**
171.24 \$2,500,000 in fiscal year 2025 is for the
171.25 Minnesota Board on Aging for the purposes
171.26 of the caregiver support programs under
171.27 Minnesota Statutes, section 256.9755.
171.28 Programs receiving funding under this
171.29 paragraph must include an ALS-specific
171.30 respite service in their caregiver support
171.31 program. This is a onetime appropriation.
171.32 Notwithstanding Minnesota Statutes, section
171.33 16A.28, subdivision 3, this appropriation is
171.34 available until June 30, 2027.

172.1	<u>Subd. 14. Grant Programs; Disabilities Grants</u>	<u>1,650,000</u>	<u>9,574,000</u>
172.2	<u>(a) Capital Improvement for Accessibility.</u>		
172.3	<u>\$400,000 in fiscal year 2025 is for a payment</u>		
172.4	<u>to Anoka County to make capital</u>		
172.5	<u>improvements to existing space in the Anoka</u>		
172.6	<u>County Human Services building in the city</u>		
172.7	<u>of Blaine, including making bathrooms fully</u>		
172.8	<u>compliant with the Americans with Disabilities</u>		
172.9	<u>Act with adult changing tables and ensuring</u>		
172.10	<u>barrier-free access for the purposes of</u>		
172.11	<u>improving and expanding the services an</u>		
172.12	<u>existing building tenant can provide to adults</u>		
172.13	<u>with developmental disabilities. This is a</u>		
172.14	<u>onetime appropriation.</u>		
172.15	<u>(b) Dakota County Disability Services</u>		
172.16	<u>Workforce Shortage Pilot Project. \$500,000</u>		
172.17	<u>in fiscal year 2025 is for a grant to Dakota</u>		
172.18	<u>County for innovative solutions to the</u>		
172.19	<u>disability services workforce shortage. Up to</u>		
172.20	<u>\$250,000 of this amount must be used to</u>		
172.21	<u>develop and test an online application for</u>		
172.22	<u>matching requests for services from people</u>		
172.23	<u>with disabilities to available staff, and up to</u>		
172.24	<u>\$250,000 of this amount must be used to</u>		
172.25	<u>develop a communities-for-all program that</u>		
172.26	<u>engages businesses, community organizations,</u>		
172.27	<u>neighbors, and informal support systems to</u>		
172.28	<u>promote community inclusion of people with</u>		
172.29	<u>disabilities. By October 1, 2026, the</u>		
172.30	<u>commissioner shall report the outcomes and</u>		
172.31	<u>recommendations of these pilot projects to the</u>		
172.32	<u>chairs and ranking minority members of the</u>		
172.33	<u>legislative committees with jurisdiction over</u>		
172.34	<u>human services finance and policy. This is a</u>		
172.35	<u>onetime appropriation. Notwithstanding</u>		

- 173.1 Minnesota Statutes, section 16A.28,
173.2 subdivision 3, this appropriation is available
173.3 until June 30, 2027.
- 173.4 **(c) Pediatric Hospital-to-Home Transition**
173.5 **Pilot Program. \$1,040,000 in fiscal year 2025**
173.6 **is for the pediatric hospital-to-home pilot**
173.7 **program. This is a onetime appropriation.**
173.8 Notwithstanding Minnesota Statutes, section
173.9 16A.28, subdivision 3, this appropriation is
173.10 available until June 30, 2027.
- 173.11 **(d) Artists With Disabilities Support.**
173.12 **\$690,000 in fiscal year 2025 is for a payment**
173.13 **to a nonprofit organization licensed under**
173.14 **Minnesota Statutes, chapter 245D, located on**
173.15 **Minnehaha Avenue West in Saint Paul, and**
173.16 **that supports artists with disabilities in creating**
173.17 **visual and performing art that challenges**
173.18 **society's views of persons with disabilities.**
173.19 **This is a onetime appropriation.**
173.20 Notwithstanding Minnesota Statutes, section
173.21 16A.28, subdivision 3, this appropriation is
173.22 available until June 30, 2027.
- 173.23 **(e) Emergency Relief Grants for Rural**
173.24 **EIDBI Providers. \$600,000 in fiscal year**
173.25 **2025 is for emergency relief grants for EIDBI**
173.26 **providers. This is a onetime appropriation.**
173.27 Notwithstanding Minnesota Statutes, section
173.28 16A.28, subdivision 3, this appropriation is
173.29 available until June 30, 2027.
- 173.30 **(f) Self-Advocacy Grants for Persons with**
173.31 **Intellectual and Developmental Disabilities.**
173.32 **\$250,000 in fiscal year 2025 is for**
173.33 **self-advocacy grants under Minnesota Statutes,**
173.34 **section 256.477, subdivision 1, paragraph (a),**

174.1 clauses (5) to (7), and for administrative costs.

174.2 This is onetime appropriation.

174.3 **(g) Electronic Visit Verification**

174.4 **Implementation Grants. \$864,000 in fiscal**

174.5 year 2025 is for electronic visit verification

174.6 implementation grants. This is a onetime

174.7 appropriation. Notwithstanding Minnesota

174.8 Statutes, section 16A.28, subdivision 3, this

174.9 appropriation is available until June 30, 2027.

174.10 **(h) Aging and Disability Services for**

174.11 **Immigrant and Refugee Communities.**

174.12 \$250,000 in fiscal year 2025 is for a payment

174.13 to SEWA-AIFW to address aging, disability,

174.14 and mental health needs for immigrant and

174.15 refugee communities. This is a onetime

174.16 appropriation.

174.17 **(i) License Transition Support for Small**

174.18 **Disability Waiver Providers. \$3,150,000 in**

174.19 fiscal year 2025 is for license transition

174.20 payments to small disability waiver providers.

174.21 This is a onetime appropriation.

174.22 Notwithstanding Minnesota Statutes, section

174.23 16A.28, subdivision 3, this appropriation is

174.24 available until June 30, 2027.

174.25 **(j) Own home services provider**

174.26 **capacity-building grants. \$1,519,000 in fiscal**

174.27 year 2025 is for the own home services

174.28 provider capacity-building grant program.

174.29 Notwithstanding Minnesota Statutes, section

174.30 16A.28, subdivision 3, this appropriation is

174.31 available until June 30, 2027. This is a onetime

174.32 appropriation.

174.33 **(k) Continuation of Centers for**

174.34 **Independent Living HCBS Access Grants.**

175.1 \$311,000 in fiscal year 2024 is for continued
 175.2 funding of grants awarded under Laws 2021,
 175.3 First Special Session chapter 7, article 17,
 175.4 section 19, as amended by Laws 2022, chapter
 175.5 98, article 15, section 15. This is a onetime
 175.6 appropriation and is available until June 30,
 175.7 2025.

175.8 **(l) Base Level Adjustment.** The general fund
 175.9 base is increased by \$811,000 in fiscal year
 175.10 2026 and increased by \$811,000 in fiscal year
 175.11 2027.

175.12 Subd. 15. **Grant Programs; Adult Mental Health**
 175.13 **Grants**

(8,900,000)

2,364,000

175.14 **(a) Locked Intensive Residential Treatment**
 175.15 **Services.** \$1,000,000 in fiscal year 2025 is for
 175.16 start-up funds to intensive residential treatment
 175.17 services providers to provide treatment in
 175.18 locked facilities for patients meeting medical
 175.19 necessity criteria and who may also be referred
 175.20 for competency attainment or a competency
 175.21 examination under Minnesota Statutes,
 175.22 sections 611.40 to 611.59. This is a onetime
 175.23 appropriation. Notwithstanding Minnesota
 175.24 Statutes, section 16A.28, subdivision 3, this
 175.25 appropriation is available until June 30, 2027.

175.26 **(b) Engagement Services Pilot Grants.**
 175.27 \$1,500,000 in fiscal year 2025 is for
 175.28 engagement services pilot grants. Of this
 175.29 amount, \$250,000 in fiscal year 2025 is for an
 175.30 engagement services pilot grant to Otter Tail
 175.31 County. This is a onetime appropriation.
 175.32 Notwithstanding Minnesota Statutes, section
 175.33 16A.28, subdivision 3, this appropriation is
 175.34 available until June 30, 2026.

176.1 **(c) Mental Health Innovation Grant**
 176.2 **Program.** \$1,321,000 in fiscal year 2025 is
 176.3 for the mental health innovation grant program
 176.4 under Minnesota Statutes, section 245.4662.
 176.5 This is a onetime appropriation.
 176.6 Notwithstanding Minnesota Statutes, section
 176.7 16A.28, subdivision 3, this appropriation is
 176.8 available until June 30, 2026.

176.9 **(d) Behavioral Health Services For**
 176.10 **Immigrant And Refugee Communities.**
 176.11 \$354,000 in fiscal year 2025 is for a payment
 176.12 to African Immigrant Community Services to
 176.13 provide culturally and linguistically
 176.14 appropriate services to new Americans with
 176.15 disabilities, mental health needs, and substance
 176.16 use disorders and to connect such individuals
 176.17 with appropriate alternative service providers
 176.18 to ensure continuity of care. This is a onetime
 176.19 appropriation. Notwithstanding Minnesota
 176.20 Statutes, section 16A.28, subdivision 3, this
 176.21 appropriation is available until June 30, 2027.

176.22 **(e) Base Level Adjustment.** The general fund
 176.23 base is decreased by \$1,811,000 in fiscal year
 176.24 2026 and decreased by \$1,811,000 in fiscal
 176.25 year 2027.

176.26 **Subd. 16. Grant Programs; Child Mental Health**
 176.27 **Grants**

-0-

500,000

176.28 **Youth Peer Recovery Support Services Pilot**
 176.29 **Project.** \$500,000 in fiscal year 2025 is for a
 176.30 grant to Hennepin County to conduct a
 176.31 two-year pilot project to provide peer recovery
 176.32 support services under Minnesota Statutes,
 176.33 section 245G.07, subdivision 2, clause (8), to
 176.34 youth between 13 and 18 years of age. The
 176.35 pilot project must be conducted in partnership

177.1 with a community organization that provides
 177.2 culturally specific peer recovery support
 177.3 services to East African individuals and that
 177.4 is working to expand peer recovery support
 177.5 services for youth in Hennepin County. At the
 177.6 conclusion of the pilot project, Hennepin
 177.7 County must submit a report to the chairs and
 177.8 ranking minority members of the legislative
 177.9 committees with jurisdiction over health and
 177.10 human services detailing the implementation,
 177.11 operation, and outcomes of the pilot project
 177.12 and providing recommendations on expanding
 177.13 youth peer recovery support services
 177.14 statewide. This is a onetime appropriation.
 177.15 Notwithstanding Minnesota Statutes, section
 177.16 16A.28, subdivision 3, this appropriation is
 177.17 available until June 30, 2026.

177.18	<u>Subd. 17. Grant Programs; Chemical</u>		
177.19	<u>Dependency Treatment Support Grants</u>	<u>(500,000)</u>	<u>2,500,000</u>

177.20 **Medical Assistance Reentry Demonstration**
 177.21 **Grants.** \$2,500,000 in fiscal year 2025 is for
 177.22 capacity building and implementation grants
 177.23 for the medical assistance reentry
 177.24 demonstration under Minnesota Statutes,
 177.25 section 256B.0761. This is a onetime
 177.26 appropriation. Notwithstanding Minnesota
 177.27 Statutes, section 16A.28, subdivision 3, this
 177.28 appropriation is available until June 30, 2027.

177.29	<u>Subd. 18. Direct Care and Treatment - Mental</u>		
177.30	<u>Health and Substance Abuse</u>	<u>-0-</u>	<u>977,000</u>

177.31	<u>Subd. 19. Direct Care and Treatment - Forensic</u>		
177.32	<u>Services</u>	<u>-0-</u>	<u>7,752,000</u>

177.33 **(a) Employee incentives.** \$1,000,000 in fiscal
 177.34 year 2025 is for incentives related to the
 177.35 transition of CARE St. Peter to the forensic

178.1 mental health program. This is a onetime
178.2 appropriation.

178.3 (b) Base Level Adjustment. The general fund
178.4 base is increased by \$6,612,000 in fiscal year
178.5 2026 and increased by \$6,612,000 in fiscal
178.6 year 2027.

178.7 Subd. 20. Direct Care and Treatment -
178.8 Operations

-0-

6,094,000

178.9 (a) Free Communication Services for
178.10 Patients and Clients. \$1,368,000 in fiscal
178.11 year 2025 is for free communication services
178.12 under article 6, section 1. This is a onetime
178.13 appropriation. Notwithstanding Minnesota
178.14 Statutes, section 16A.28, subdivision 3, this
178.15 appropriation is available until June 30, 2026.

178.16 (b) Direct Care and Treatment Capacity;
178.17 Miller Building. \$1,796,000 in fiscal year
178.18 2025 is to design a replacement facility for the
178.19 Miller Building on the Anoka Metro Regional
178.20 Treatment Center campus. This is a onetime
178.21 appropriation. Notwithstanding Minnesota
178.22 Statutes, section 16A.28, subdivision 3, this
178.23 appropriation is available until June 30, 2027.

178.24 (c) Direct Care and Treatment County
178.25 Correctional Facility Support Pilot
178.26 Program. \$2,387,000 in fiscal year 2025 is
178.27 to establish a two-year county correctional
178.28 facility support pilot program. The pilot
178.29 program must: (1) provide education and
178.30 support to counties and county correctional
178.31 facilities on protocols and best practices for
178.32 the provision of involuntary medications for
178.33 mental health treatment; (2) provide technical
178.34 assistance to expand access to injectable
178.35 psychotropic medications in county

179.1 correctional facilities; and (3) survey county
 179.2 correctional facilities and their contracted
 179.3 medical providers on their capacity to provide
 179.4 injectable psychotropic medications, including
 179.5 involuntary administration of medications,
 179.6 and barriers to providing these services. This
 179.7 is a onetime appropriation. Notwithstanding
 179.8 Minnesota Statutes, section 16A.28,
 179.9 subdivision 3, this appropriation is available
 179.10 until June 30, 2026.

179.11 **(d) Advisory Committee for Direct Care**
 179.12 **and Treatment.** \$482,000 in fiscal year 2025
 179.13 is for the administration of the advisory
 179.14 committee for the operation of Direct Care
 179.15 and Treatment. This is a onetime
 179.16 appropriation. Notwithstanding Minnesota
 179.17 Statutes, section 16A.28, subdivision 3, this
 179.18 appropriation is available until June 30, 2027.

179.19 **(e) Base Level Adjustment.** The general fund
 179.20 base is increased by \$31,000 in fiscal year
 179.21 2026 and increased by \$0 in fiscal year 2027.

179.22 **Subd. 21. Grant Administration Costs**
 179.23 Notwithstanding Minnesota Statutes, section
 179.24 16B.98, subdivision 14, the commissioner of
 179.25 human services must not use any of the grant
 179.26 amounts appropriated under this section for
 179.27 administrative costs.

179.28 **EFFECTIVE DATE.** This section is effective the day following final enactment.

179.29 **Sec. 3. COMMISSIONER OF HEALTH**

179.30	<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>-0-</u>	<u>\$</u>	<u>1,087,000</u>
179.31	<u>Appropriations by Fund</u>				
179.32		<u>2024</u>		<u>2025</u>	

180.1	<u>General</u>	<u>-0-</u>	<u>554,000</u>
180.2	<u>State Government</u>		
180.3	<u>Special Revenue</u>	<u>-0-</u>	<u>533,000</u>

180.4 The amounts that may be spent for each
 180.5 purpose are specified in the following
 180.6 subdivisions.

180.7	<u>Subd. 2. Health Improvement</u>	<u>-0-</u>	<u>554,000</u>
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180.8 **(a) Community Care Hub Grant. \$500,000**
 180.9 in fiscal year 2025 is from the general fund
 180.10 for the community care hub planning grant.
 180.11 This is a onetime appropriation.
 180.12 Notwithstanding Minnesota Statutes, section
 180.13 16A.28, subdivision 3, this appropriation is
 180.14 available until June 30, 2026.

180.15 **(b) Cannabis education program grants. To**
 180.16 achieve the net reduction in the general fund
 180.17 base of \$3,650,000 in fiscal year 2026 and
 180.18 \$3,650,000 in fiscal year 2027 for cannabis
 180.19 education grants under Minnesota Statutes,
 180.20 section 144.197, subdivision 4, the
 180.21 commissioner must not reduce the grant
 180.22 amounts distributed to Tribal health
 180.23 departments.

180.24 **(c) Carryforward Authority.**
 180.25 Notwithstanding Minnesota Statutes, section
 180.26 16A.28, subdivision 3, \$54,000 in fiscal year
 180.27 2025 is available until June 30, 2026, for
 180.28 administration expenses related to the
 180.29 community care hub grant.

180.30 **(d) Base Level Adjustment.** The general fund
 180.31 base is decreased by \$3,650,000 in fiscal year
 180.32 2026 and decreased by \$3,650,000 in fiscal
 180.33 year 2027.

181.1	<u>Subd. 3. Health Protection</u>		<u>-0-</u>	<u>533,000</u>
181.2	<u>This appropriation is from the state</u>			
181.3	<u>government special revenue fund.</u>			
181.4	<u>Base Level Adjustments.</u> The state			
181.5	<u>government special revenue base is increased</u>			
181.6	<u>by \$525,000 in fiscal year 2026 and increased</u>			
181.7	<u>by \$525,000 in fiscal year 2027.</u>			
181.8	<u>Subd. 4. Grantee Evaluation Requirement</u>			
181.9	<u>For all new grants for which money is</u>			
181.10	<u>appropriated in this act, the commissioner of</u>			
181.11	<u>health must comply with the grantee</u>			
181.12	<u>evaluation requirements under Minnesota</u>			
181.13	<u>Statutes, section 16B.98, subdivision 12.</u>			
181.14	Sec. 4. <u>COUNCIL ON DISABILITY</u>	<u>\$</u>	<u>-0-</u> <u>\$</u>	<u>400,000</u>
181.15	<u>\$400,000 in fiscal year 2025 is for the</u>			
181.16	<u>Legislative Task Force on Guardianship.</u>			
181.17	<u>Notwithstanding Minnesota Statutes, section</u>			
181.18	<u>16A.28, subdivision 3, this appropriation is</u>			
181.19	<u>available until June 30, 2027. This is a onetime</u>			
181.20	<u>appropriation.</u>			
181.21	Sec. 5. <u>DEPARTMENT OF CORRECTIONS</u>	<u>\$</u>	<u>-0-</u> <u>\$</u>	<u>1,649,000</u>
181.22	<u>Medical Assistance Reentry Demonstration.</u>			
181.23	<u>\$1,649,000 in fiscal year 2025 is from the</u>			
181.24	<u>general fund for planning and implementation</u>			
181.25	<u>of the medical assistance reentry</u>			
181.26	<u>demonstration. The base for this appropriation</u>			
181.27	<u>is \$1,924,000 in fiscal year 2026 and</u>			
181.28	<u>\$2,364,000 in fiscal year 2027.</u>			
181.29	Sec. 6. <u>DEPARTMENT OF EMPLOYMENT</u>			
181.30	<u>AND ECONOMIC DEVELOPMENT</u>	<u>\$</u>	<u>-0-</u> <u>\$</u>	<u>5,000,000</u>
181.31	<u>Cedar Riverside Recreation Center.</u>			
181.32	<u>\$5,000,000 in fiscal year 2025 is for a payment</u>			
181.33	<u>to the Minneapolis Park and Recreation Board</u>			

182.1 for the design, development, and construction
 182.2 of the new Cedar Riverside Recreation Center
 182.3 to serve the largest immigrant population
 182.4 center in the state. This is a onetime
 182.5 appropriation available until June 30, 2028.

182.6 Sec. 7. Laws 2021, First Special Session chapter 7, article 17, section 19, as amended by
 182.7 Laws 2022, chapter 98, article 15, section 15, is amended to read:

182.8 **Sec. 19. CENTERS FOR INDEPENDENT LIVING HCBS ACCESS GRANT.**

182.9 (a) This act includes \$1,200,000 in fiscal year 2022 and \$1,200,000 in fiscal year 2023
 182.10 for grants to expand services to support people with disabilities from underserved
 182.11 communities who are ineligible for medical assistance to live in their own homes and
 182.12 communities by providing accessibility modifications, independent living services, and
 182.13 public health program facilitation. The commissioner of human services must award the
 182.14 grants in equal amounts to grantees. To be eligible, a grantee must be an organization defined
 182.15 in Minnesota Statutes, section 268A.01, subdivision 8. Any unexpended amount in fiscal
 182.16 year 2022 is available through June 30, 2023. The general fund base included in this act for
 182.17 this purpose is \$0 in fiscal year 2024 and \$0 in fiscal year 2025.

182.18 (b) All grant activities must be completed by ~~March 31, 2024~~ June 30, 2025.

182.19 (c) This section expires June 30, ~~2024~~ 2025.

182.20 **EFFECTIVE DATE.** This section is effective retroactively from March 31, 2024.

182.21 Sec. 8. Laws 2023, chapter 53, article 21, section 6, is amended to read:

182.22 **Sec. 6. TRANSFERS.**

182.23 (a) In the biennium ending on June 30, 2025, the commissioner of management and
 182.24 budget must transfer ~~\$400,000,000~~ \$390,000,000 from the general fund to the Minnesota
 182.25 forward fund account established in Minnesota Statutes, section 116J.8752, subdivision 2.
 182.26 The base for this transfer is \$0.

182.27 (b) In the biennium ending on June 30, 2025, the commissioner of management and
 182.28 budget shall transfer \$25,000,000 from the general fund to the Minnesota climate innovation
 182.29 authority account established in Minnesota Statutes, section 216C.441, subdivision 11. The
 182.30 base for this transfer is \$0.

183.1 (c) In the biennium ending on June 30, 2025, the commissioner of management and
183.2 budget must transfer \$75,000,000 from the general fund to the state competitiveness fund
183.3 account established in Minnesota Statutes, section 216C.391, subdivision 2. Notwithstanding
183.4 Minnesota Statutes, section 216C.391, subdivision 2, the commissioner of commerce must
183.5 use this transfer for grants to eligible entities for projects receiving federal loans or tax
183.6 credits where the benefits are in disadvantaged communities. The base for this transfer is
183.7 \$0. Up to three percent of money transferred under this paragraph is for administrative costs.

183.8 (d) ~~In the biennium ending on June 30, 2027,~~ The commissioners of management and
183.9 budget, in consultation with the commissioners of employment and economic development
183.10 and commerce, may transfer money between the Minnesota forward fund account, the
183.11 Minnesota climate innovation authority account, and the state competitiveness fund account.
183.12 The commissioner of management and budget must notify the Legislative Advisory
183.13 Commission within 15 days of making transfers under this paragraph.

183.14 (e) The commissioner of management and budget may transfer money from the Minnesota
183.15 forward fund account, the Minnesota climate innovation authority account, and the state
183.16 competitiveness fund account to the human services response contingency account established
183.17 under Minnesota Statutes, section 256.044, as necessary to respond to emergent state needs.
183.18 The commissioner of management and budget must notify the Legislative Advisory
183.19 Commission within 15 days of making transfers under this paragraph.

183.20 (f) The commissioner of management and budget may transfer money from the Minnesota
183.21 forward fund account, the Minnesota climate innovation authority account, and the state
183.22 competitiveness fund account to other state agencies to maximize federal funding
183.23 opportunities. Money transferred under this paragraph is appropriated to the agency that
183.24 receives the money and is available until June 30, 2027. Any money that remains unspent
183.25 is canceled to the general fund. The commissioner of management and budget must notify
183.26 the Legislative Advisory Commission 15 days prior to making transfers under this paragraph.

183.27 (g) The total amount transferred under paragraphs (e) and (f) shall not exceed
183.28 \$100,000,000.

183.29 Sec. 9. Laws 2023, chapter 53, article 21, section 7, is amended to read:

183.30 Sec. 7. **APPROPRIATIONS.**

183.31 (a) \$50,000,000 in fiscal year 2024 is appropriated from the Minnesota forward fund
183.32 account to the commissioner of employment and economic development for providing
183.33 businesses with matching funds required by federal programs. Money awarded under this

184.1 program is made retroactive to February 1, 2023, for applications and projects. The
184.2 commissioner may use up to two percent of this appropriation for administration. This is a
184.3 onetime appropriation and is available until June 30, 2027. Any funds that remain unspent
184.4 are canceled to the general fund.

184.5 (b) \$100,000,000 in fiscal year 2024 is appropriated from the Minnesota forward fund
184.6 account to the commissioner of employment and economic development to match existing
184.7 federal funds made available in the Consolidated Appropriations Act, Public Law 117-328.
184.8 This appropriation must be used to (1) construct and operate a bioindustrial manufacturing
184.9 pilot innovation facility, biorefinery, or commercial campus utilizing agricultural feedstocks
184.10 or (2) for a Minnesota aerospace center for research, development, and testing, or both (1)
184.11 and (2). This appropriation is not subject to the requirements of Minnesota Statutes,
184.12 116J.8752, subdivision 5. The commissioner may use up to two percent of this appropriation
184.13 for administration. This is a onetime appropriation and is available until June 30, 2027. Any
184.14 funds that remain unspent are canceled to the general fund.

184.15 (c) ~~\$250,000,000~~ \$240,000,000 in fiscal year 2024 is appropriated from the Minnesota
184.16 forward fund account to the commissioner of employment and economic development to
184.17 match federal funds made available in the Chips and Science Act, Public Law 117-167.
184.18 Money awarded under this program is made retroactive to February 1, 2023, for applications
184.19 and projects. This appropriation is not subject to Minnesota Statutes, section 116J.8752,
184.20 subdivision 5. The commissioner may use up two percent for administration. This is a
184.21 onetime appropriation and is available until June 30, 2027. Any funds that remain unspent
184.22 are canceled to the general fund.

184.23 (d) The commissioner may use the appropriation under paragraph (c) to allocate up to
184.24 15 percent of the total project cost with a maximum of \$75,000,000 per project for the
184.25 purpose of constructing, modernizing, or expanding commercial facilities on the front- and
184.26 back-end fabrication of leading-edge, current-generation, and mature-node semiconductors;
184.27 funding semiconductor materials and manufacturing equipment facilities; and for research
184.28 and development facilities.

184.29 (e) The commissioner may use the appropriation under paragraph (c) to award:

184.30 (1) grants to institutions of higher education for developing and deploying training
184.31 programs and to build pipelines to serve the needs of industry; and

184.32 (2) grants to increase the capacity of institutions of higher education to serve industrial
184.33 requirements for research and development that coincide with current and future requirements
184.34 of projects eligible under this section. Grant money may be used to construct and equip

185.1 facilities that serve the purpose of the industry. The maximum grant award per institution
 185.2 of higher education under this section is \$5,000,000 and may not represent more than 50
 185.3 percent of the total project funding from other sources. Use of this funding must be supported
 185.4 by businesses receiving funds under clause (1).

185.5 (f) Money appropriated in paragraphs (a), (b), and (c) may be transferred between
 185.6 appropriations within the Minnesota forward fund account by the commissioner of
 185.7 employment and economic development with approval of the commissioner of management
 185.8 and budget. The commissioner must notify the Legislative Advisory Commission at least
 185.9 15 days prior to changing appropriations under this paragraph.

185.10 Sec. 10. Laws 2023, chapter 61, article 1, section 67, subdivision 3, is amended to read:

185.11 Subd. 3. **Evaluation and report.** (a) The Metropolitan Center for Independent Living
 185.12 must contract with a third party to evaluate the pilot project's impact on health care costs,
 185.13 retention of personal care assistants, and patients' and providers' satisfaction of care. The
 185.14 evaluation must include the number of participants, the hours of care provided by participants,
 185.15 and the retention of participants from semester to semester.

185.16 (b) By January 15, ~~2025~~ 2026, the Metropolitan Center for Independent Living must
 185.17 report the findings under paragraph (a) to the chairs and ranking minority members of the
 185.18 legislative committees with jurisdiction over human services finance and policy.

185.19 **EFFECTIVE DATE.** This section is effective the day following final enactment.

185.20 Sec. 11. Laws 2023, chapter 61, article 4, section 11, the effective date, is amended to
 185.21 read:

185.22 **EFFECTIVE DATE.** This section is effective January 1, ~~2024~~ 2026, or upon federal
 185.23 approval, whichever is later. The commissioner shall notify the revisor of statutes when
 185.24 federal approval is obtained.

185.25 Sec. 12. Laws 2023, chapter 61, article 9, section 2, subdivision 5, is amended to read:

185.26 Subd. 5. Central Office; Aging and Disability		
185.27 Services	40,115,000	11,995,000

185.28 (a) **Employment Supports Alignment Study.**
 185.29 \$50,000 in fiscal year 2024 and \$200,000 in
 185.30 fiscal year 2025 are to conduct an interagency
 185.31 employment supports alignment study. The

186.1 base for this appropriation is \$150,000 in fiscal
186.2 year 2026 and \$100,000 in fiscal year 2027.

186.3 **(b) Case Management Training**

186.4 **Curriculum.** \$377,000 in fiscal year 2024 and
186.5 \$377,000 in fiscal year 2025 are to develop
186.6 and implement a curriculum and training plan
186.7 to ensure all lead agency assessors and case
186.8 managers have the knowledge and skills
186.9 necessary to fulfill support planning and
186.10 coordination responsibilities for individuals
186.11 who use home and community-based disability
186.12 services and live in own-home settings. This
186.13 is a onetime appropriation.

186.14 **(c) Office of Ombudsperson for Long-Term**

186.15 **Care.** \$875,000 in fiscal year 2024 and
186.16 \$875,000 in fiscal year 2025 are for additional
186.17 staff and associated direct costs in the Office
186.18 of Ombudsperson for Long-Term Care.

186.19 **(d) Direct Care Services Corps Pilot Project.**

186.20 \$500,000 in fiscal year 2024 is from the
186.21 general fund for a grant to the Metropolitan
186.22 Center for Independent Living for the direct
186.23 care services corps pilot project. Up to \$25,000
186.24 may be used by the Metropolitan Center for
186.25 Independent Living for administrative costs.
186.26 This is a onetime appropriation and is
186.27 available until June 30, 2026.

186.28 **(e) Research on Access to Long-Term Care**

186.29 **Services and Financing.** Any unexpended
186.30 amount of the fiscal year 2023 appropriation
186.31 referenced in Laws 2021, First Special Session
186.32 chapter 7, article 17, section 16, estimated to
186.33 be \$300,000, is canceled. The amount canceled
186.34 is appropriated in fiscal year 2024 for the same
186.35 purpose.

187.1 **(f) Native American Elder Coordinator.**
 187.2 \$441,000 in fiscal year 2024 and \$441,000 in
 187.3 fiscal year 2025 are for the Native American
 187.4 elder coordinator position under Minnesota
 187.5 Statutes, section 256.975, subdivision 6.

187.6 **(g) Grant Administration Carryforward.**

187.7 (1) Of this amount, \$8,154,000 in fiscal year
 187.8 2024 is available until June 30, 2027.

187.9 (2) Of this amount, \$1,071,000 in fiscal year
 187.10 2025 is available until June 30, 2027.

187.11 (3) Of this amount, \$19,000,000 in fiscal year
 187.12 2024 is available until June 30, 2029.

187.13 **(h) Base Level Adjustment.** The general fund
 187.14 base is increased by \$8,189,000 in fiscal year
 187.15 2026 and increased by \$8,093,000 in fiscal
 187.16 year 2027.

187.17 **EFFECTIVE DATE.** This section is effective the day following final enactment.

187.18 Sec. 13. Laws 2023, chapter 61, article 9, section 2, subdivision 14, is amended to read:

187.19 Subd. 14. Grant Programs; Aging and Adult		
187.20 Services Grants	164,626,000	34,795,000

187.21 **(a) Vulnerable Adult Act Redesign Phase**
 187.22 **Two.** \$17,129,000 in fiscal year 2024 is for
 187.23 adult protection grants to counties and Tribes
 187.24 under Minnesota Statutes, section 256M.42.
 187.25 Notwithstanding Minnesota Statutes, section
 187.26 16A.28, this appropriation is available until
 187.27 June 30, 2027. The base for this appropriation
 187.28 is \$866,000 in fiscal year 2026 and \$867,000
 187.29 in fiscal year 2027.

187.30 **(b) Caregiver Respite Services Grants.**
 187.31 \$1,800,000 in fiscal year 2025 is for caregiver
 187.32 respite services grants under Minnesota

188.1 Statutes, section 256.9756. This is a onetime
188.2 appropriation.

188.3 **(c) Live Well at Home Grants.** \$4,575,000
188.4 in fiscal year 2024 is for live well at home
188.5 grants under Minnesota Statutes, section
188.6 256.9754, subdivision 3f. This is a onetime
188.7 appropriation and is available until June 30,
188.8 2025.

188.9 **(d) Senior Nutrition Program.** \$10,552,000
188.10 in fiscal year 2024 is for the senior nutrition
188.11 program. Notwithstanding Minnesota Statutes,
188.12 section 16A.28, this appropriation is available
188.13 until June 30, 2027. This is a onetime
188.14 appropriation.

188.15 **(e) Age-Friendly Community Grants.**
188.16 \$3,000,000 in fiscal year 2024 is for the
188.17 continuation of age-friendly community grants
188.18 under Laws 2021, First Special Session
188.19 chapter 7, article 17, section 8, subdivision 1.
188.20 Notwithstanding Minnesota Statutes, section
188.21 16A.28, this is a onetime appropriation and is
188.22 available until June 30, 2027.

188.23 **(f) Age-Friendly Technical Assistance**
188.24 **Grants.** \$1,725,000 in fiscal year 2024 is for
188.25 the continuation of age-friendly technical
188.26 assistance grants under Laws 2021, First
188.27 Special Session chapter 7, article 17, section
188.28 8, subdivision 2. Notwithstanding Minnesota
188.29 Statutes, section 16A.28, this is a onetime
188.30 appropriation and is available until June 30,
188.31 2027.

188.32 **(g) ~~Financially Distressed Nursing Facility~~**
188.33 **Long-Term Services and Supports Loan**
188.34 **Program.** \$93,200,000 in fiscal year 2024 is

189.1 for the ~~financially distressed nursing facility~~
 189.2 long-term services and supports loan program
 189.3 under Minnesota Statutes, section 256R.55,
 189.4 and is available as provided therein.

189.5 (h) **Base Level Adjustment.** The general fund
 189.6 base is \$33,861,000 in fiscal year 2026 and
 189.7 \$33,862,000 in fiscal year 2027.

189.8 Sec. 14. Laws 2023, chapter 61, article 9, section 2, subdivision 16, as amended by Laws
 189.9 2023, chapter 70, article 15, section 8, is amended to read:

189.10 Subd. 16. Grant Programs; Disabilities Grants	113,684,000	30,377,000
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189.11 (a) **Temporary Grants for Small**
 189.12 **Customized Living Providers.** \$5,450,000
 189.13 in fiscal year 2024 is for grants to assist small
 189.14 customized living providers to transition to
 189.15 community residential services licensure or
 189.16 integrated community supports licensure.
 189.17 Notwithstanding Minnesota Statutes, section
 189.18 16A.28, this appropriation is available until
 189.19 June 30, 2027. This is a onetime appropriation.

189.20 (b) **Lead Agency Capacity Building Grants.**
 189.21 \$444,000 in fiscal year 2024 and \$2,396,000
 189.22 in fiscal year 2025 are for grants to assist
 189.23 organizations, counties, and Tribes to build
 189.24 capacity for employment opportunities for
 189.25 people with disabilities. The base for this
 189.26 appropriation is \$2,413,000 in fiscal year 2026
 189.27 and \$2,411,000 in fiscal year 2027.

189.28 (c) **Employment and Technical Assistance**
 189.29 **Center Grants.** \$450,000 in fiscal year 2024
 189.30 and \$1,800,000 in fiscal year 2025 are for
 189.31 employment and technical assistance grants
 189.32 to assist organizations and employers in
 189.33 promoting a more inclusive workplace for
 189.34 people with disabilities.

190.1 **(d) Case Management Training Grants.**
190.2 \$37,000 in fiscal year 2024 and \$123,000 in
190.3 fiscal year 2025 are for grants to provide case
190.4 management training to organizations and
190.5 employers to support the state's disability
190.6 employment supports system. The base for
190.7 this appropriation is \$45,000 in fiscal year
190.8 2026 and \$45,000 in fiscal year 2027.

190.9 **(e) Self-Directed Bargaining Agreement;**
190.10 **Electronic Visit Verification Stipends.**
190.11 \$6,095,000 in fiscal year 2024 is for onetime
190.12 stipends of \$200 to bargaining members to
190.13 offset the potential costs related to people
190.14 using individual devices to access the
190.15 electronic visit verification system. Of this
190.16 amount, \$5,600,000 is for stipends and
190.17 \$495,000 is for administration. This is a
190.18 onetime appropriation and is available until
190.19 June 30, 2025.

190.20 **(f) Self-Directed Collective Bargaining**
190.21 **Agreement; Temporary Rate Increase**
190.22 **Memorandum of Understanding.** \$1,600,000
190.23 in fiscal year 2024 is for onetime stipends for
190.24 individual providers covered by the SEIU
190.25 collective bargaining agreement based on the
190.26 memorandum of understanding related to the
190.27 temporary rate increase in effect between
190.28 December 1, 2020, and February 7, 2021. Of
190.29 this amount, \$1,400,000 of the appropriation
190.30 is for stipends and \$200,000 is for
190.31 administration. This is a onetime
190.32 appropriation.

190.33 **(g) Self-Directed Collective Bargaining**
190.34 **Agreement; Retention Bonuses.** \$50,750,000
190.35 in fiscal year 2024 is for onetime retention

191.1 bonuses covered by the SEIU collective
191.2 bargaining agreement. Of this amount,
191.3 \$50,000,000 is for retention bonuses and
191.4 \$750,000 is for administration of the bonuses.
191.5 This is a onetime appropriation and is
191.6 available until June 30, 2025.

191.7 **(h) Self-Directed Bargaining Agreement;**
191.8 **Training Stipends.** \$2,100,000 in fiscal year
191.9 2024 and \$100,000 in fiscal year 2025 are for
191.10 onetime stipends of \$500 for collective
191.11 bargaining unit members who complete
191.12 designated, voluntary trainings made available
191.13 through or recommended by the State Provider
191.14 Cooperation Committee. Of this amount,
191.15 \$2,000,000 in fiscal year 2024 is for stipends,
191.16 and \$100,000 in fiscal year 2024 and \$100,000
191.17 in fiscal year 2025 are for administration. This
191.18 is a onetime appropriation.

191.19 **(i) Self-Directed Bargaining Agreement;**
191.20 **Orientation Program.** \$2,000,000 in fiscal
191.21 year 2024 and \$2,000,000 in fiscal year 2025
191.22 are for onetime \$100 payments to collective
191.23 bargaining unit members who complete
191.24 voluntary orientation requirements. Of this
191.25 amount, \$1,500,000 in fiscal year 2024 and
191.26 \$1,500,000 in fiscal year 2025 are for the
191.27 onetime \$100 payments, and \$500,000 in
191.28 fiscal year 2024 and \$500,000 in fiscal year
191.29 2025 are for orientation-related costs. This is
191.30 a onetime appropriation.

191.31 **(j) Self-Directed Bargaining Agreement;**
191.32 **Home Care Orientation Trust.** \$1,000,000
191.33 in fiscal year 2024 is for the Home Care
191.34 Orientation Trust under Minnesota Statutes,
191.35 section 179A.54, subdivision 11. The

192.1 commissioner shall disburse the appropriation
192.2 to the board of trustees of the Home Care
192.3 Orientation Trust for deposit into an account
192.4 designated by the board of trustees outside the
192.5 state treasury and state's accounting system.

192.6 This is a onetime appropriation and is
192.7 available until June 30, 2025.

192.8 **(k) HIV/AIDS Supportive Services.**

192.9 \$12,100,000 in fiscal year 2024 is for grants
192.10 to community-based HIV/AIDS supportive
192.11 services providers as defined in Minnesota
192.12 Statutes, section 256.01, subdivision 19, and
192.13 for payment of allowed health care costs as
192.14 defined in Minnesota Statutes, section
192.15 256.9365. This is a onetime appropriation and
192.16 is available until June 30, 2025.

192.17 **(l) Motion Analysis Advancements Clinical**

192.18 **Study and Patient Care.** \$400,000 is fiscal
192.19 year 2024 is for a grant to the Mayo Clinic
192.20 Motion Analysis Laboratory and Limb Lab
192.21 for continued research in motion analysis
192.22 advancements and patient care. This is a
192.23 onetime appropriation and is available through
192.24 June 30, 2025.

192.25 **(m) Grant to Family Voices in Minnesota.**

192.26 \$75,000 in fiscal year 2024 and \$75,000 in
192.27 fiscal year 2025 are for a grant to Family
192.28 Voices in Minnesota under Minnesota
192.29 Statutes, section 256.4776.

192.30 **(n) Parent-to-Parent Programs.**

192.31 (1) \$550,000 in fiscal year 2024 and \$550,000
192.32 in fiscal year 2025 are for grants to
192.33 organizations that provide services to
192.34 underserved communities with a high

193.1 prevalence of autism spectrum disorder. This
193.2 is a onetime appropriation and is available
193.3 until June 30, 2025.

193.4 (2) The commissioner shall give priority to
193.5 organizations that provide culturally specific
193.6 and culturally responsive services.

193.7 (3) Eligible organizations must:

193.8 (i) conduct outreach and provide support to
193.9 newly identified parents or guardians of a child
193.10 with special health care needs;

193.11 (ii) provide training to educate parents and
193.12 guardians in ways to support their child and
193.13 navigate the health, education, and human
193.14 services systems;

193.15 (iii) facilitate ongoing peer support for parents
193.16 and guardians from trained volunteer support
193.17 parents; and

193.18 (iv) communicate regularly with other
193.19 parent-to-parent programs and national
193.20 organizations to ensure that best practices are
193.21 implemented.

193.22 (4) Grant recipients must use grant money for
193.23 the activities identified in clause (3).

193.24 (5) For purposes of this paragraph, "special
193.25 health care needs" means disabilities, chronic
193.26 illnesses or conditions, health-related
193.27 educational or behavioral problems, or the risk
193.28 of developing disabilities, illnesses, conditions,
193.29 or problems.

193.30 (6) Each grant recipient must report to the
193.31 commissioner of human services annually by
193.32 January 15 with measurable outcomes from
193.33 programs and services funded by this

194.1 appropriation the previous year including the
194.2 number of families served and the number of
194.3 volunteer support parents trained by the
194.4 organization's parent-to-parent program.

194.5 **(o) Self-Advocacy Grants for Persons with**
194.6 **Intellectual and Developmental Disabilities.**

194.7 \$323,000 in fiscal year 2024 and \$323,000 in
194.8 fiscal year 2025 are for self-advocacy grants
194.9 under Minnesota Statutes, section 256.477.

194.10 This is a onetime appropriation. Of these
194.11 amounts, \$218,000 in fiscal year 2024 and
194.12 \$218,000 in fiscal year 2025 are for the
194.13 activities under Minnesota Statutes, section
194.14 256.477, subdivision 1, paragraph (a), clauses
194.15 (5) to (7), and for administrative costs, and
194.16 \$105,000 in fiscal year 2024 and \$105,000 in
194.17 fiscal year 2025 are for the activities under
194.18 Minnesota Statutes, section 256.477,
194.19 subdivision 2.

194.20 **(p) Technology for Home Grants.** \$300,000
194.21 in fiscal year 2024 and \$300,000 in fiscal year
194.22 2025 are for technology for home grants under
194.23 Minnesota Statutes, section 256.4773.

194.24 **(q) Community Residential Setting**
194.25 **Transition.** \$500,000 in fiscal year 2024 is
194.26 for a grant to Hennepin County to expedite
194.27 approval of community residential setting
194.28 licenses subject to the corporate foster care
194.29 moratorium exception under Minnesota
194.30 Statutes, section 245A.03, subdivision 7,
194.31 paragraph (a), clause (5).

194.32 **(r) Base Level Adjustment.** The general fund
194.33 base is \$27,343,000 in fiscal year 2026 and
194.34 \$27,016,000 in fiscal year 2027.

195.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.

195.2 Sec. 15. Laws 2023, chapter 61, article 9, section 2, subdivision 18, is amended to read:

195.3 Subd. 18. **Grant Programs; Chemical**
195.4 **Dependency Treatment Support Grants**

195.5 Appropriations by Fund

195.6	General	54,691,000	5,342,000
195.7	Lottery Prize	1,733,000	1,733,000

195.8 (a) **Culturally Specific Recovery**
195.9 **Community Organization Start-Up Grants.**

195.10 \$4,000,000 in fiscal year 2024 is for culturally
195.11 specific recovery community organization
195.12 start-up grants. Notwithstanding Minnesota
195.13 Statutes, section 16A.28, this appropriation is
195.14 available until June 30, 2027. This is a onetime
195.15 appropriation.

195.16 (b) **Safe Recovery Sites.** \$14,537,000 in fiscal
195.17 year 2024 is from the general fund for start-up
195.18 and capacity-building grants for organizations
195.19 to establish safe recovery sites.
195.20 Notwithstanding Minnesota Statutes, section
195.21 16A.28, this appropriation is onetime and is
195.22 available until June 30, 2029.

195.23 (c) **Technical Assistance for Culturally**
195.24 **Specific Organizations; Culturally Specific**
195.25 **Services Grants.** \$4,000,000 in fiscal year
195.26 2024 is for grants to culturally specific
195.27 providers for technical assistance navigating
195.28 culturally specific and responsive substance
195.29 use and recovery programs. Notwithstanding
195.30 Minnesota Statutes, section 16A.28, this
195.31 appropriation is available until June 30, 2027.

195.32 (d) **Technical Assistance for Culturally**
195.33 **Specific Organizations; Culturally Specific**
195.34 **Grant Development Training.** \$400,000 in

196.1 fiscal year 2024 is for grants for up to four
196.2 trainings for community members and
196.3 culturally specific providers for grant writing
196.4 training for substance use and recovery-related
196.5 grants. Notwithstanding Minnesota Statutes,
196.6 section 16A.28, this is a onetime appropriation
196.7 and is available until June 30, 2027.

196.8 **(e) Harm Reduction Supplies for Tribal and**
196.9 **Culturally Specific Programs.** \$7,597,000
196.10 in fiscal year 2024 is from the general fund to
196.11 provide sole source grants to culturally
196.12 specific communities to purchase syringes,
196.13 testing supplies, and opiate antagonists.
196.14 Notwithstanding Minnesota Statutes, section
196.15 16A.28, this appropriation is available until
196.16 June 30, 2027. This is a onetime appropriation.

196.17 **(f) Families and Family Treatment**
196.18 **Capacity-Building and Start-Up Grants.**
196.19 \$10,000,000 in fiscal year 2024 is from the
196.20 general fund for start-up and capacity-building
196.21 grants for family substance use disorder
196.22 treatment programs. Notwithstanding
196.23 Minnesota Statutes, section 16A.28, this
196.24 appropriation is available until June 30, 2029.
196.25 This is a onetime appropriation.

196.26 **(g) Start-Up and Capacity Building Grants**
196.27 **for Withdrawal Management.** ~~\$500,000~~ \$0
196.28 in fiscal year 2024 and \$1,000,000 in fiscal
196.29 year 2025 are for start-up and capacity
196.30 building grants for withdrawal management.

196.31 **(h) Recovery Community Organization**
196.32 **Grants.** \$4,300,000 in fiscal year 2024 is from
196.33 the general fund for grants to recovery
196.34 community organizations, as defined in
196.35 Minnesota Statutes, section 254B.01,

197.1 subdivision 8, that are current grantees as of
197.2 June 30, 2023. This is a onetime appropriation
197.3 and is available until June 30, 2025.

197.4 **(i) Opioid Overdose Prevention Grants.**

197.5 (1) \$125,000 in fiscal year 2024 and \$125,000
197.6 in fiscal year 2025 are from the general fund
197.7 for a grant to Ka Joog, a nonprofit organization
197.8 in Minneapolis, Minnesota, to be used for
197.9 collaborative outreach, education, and training
197.10 on opioid use and overdose, and distribution
197.11 of opiate antagonist kits in East African and
197.12 Somali communities in Minnesota. This is a
197.13 onetime appropriation.

197.14 (2) \$125,000 in fiscal year 2024 and \$125,000
197.15 in fiscal year 2025 are from the general fund
197.16 for a grant to the Steve Rummeler Hope
197.17 Network to be used for statewide outreach,
197.18 education, and training on opioid use and
197.19 overdose, and distribution of opiate antagonist
197.20 kits. This is a onetime appropriation.

197.21 (3) \$250,000 in fiscal year 2024 and \$250,000
197.22 in fiscal year 2025 are from the general fund
197.23 for a grant to African Career Education and
197.24 Resource, Inc. to be used for collaborative
197.25 outreach, education, and training on opioid
197.26 use and overdose, and distribution of opiate
197.27 antagonist kits. This is a onetime
197.28 appropriation.

197.29 **(j) Problem Gambling.** \$225,000 in fiscal
197.30 year 2024 and \$225,000 in fiscal year 2025
197.31 are from the lottery prize fund for a grant to a
197.32 state affiliate recognized by the National
197.33 Council on Problem Gambling. The affiliate
197.34 must provide services to increase public

198.1 awareness of problem gambling, education,
198.2 training for individuals and organizations that
198.3 provide effective treatment services to problem
198.4 gamblers and their families, and research
198.5 related to problem gambling.

198.6 **(k) Project ECHO.** \$1,310,000 in fiscal year
198.7 2024 and \$1,295,000 in fiscal year 2025 are
198.8 from the general fund for a grant to Hennepin
198.9 Healthcare to expand the Project ECHO
198.10 program. The grant must be used to establish
198.11 at least four substance use disorder-focused
198.12 Project ECHO programs at Hennepin
198.13 Healthcare, expanding the grantee's capacity
198.14 to improve health and substance use disorder
198.15 outcomes for diverse populations of
198.16 individuals enrolled in medical assistance,
198.17 including but not limited to immigrants,
198.18 individuals who are homeless, individuals
198.19 seeking maternal and perinatal care, and other
198.20 underserved populations. The Project ECHO
198.21 programs funded under this section must be
198.22 culturally responsive, and the grantee must
198.23 contract with culturally and linguistically
198.24 appropriate substance use disorder service
198.25 providers who have expertise in focus areas,
198.26 based on the populations served. Grant funds
198.27 may be used for program administration,
198.28 equipment, provider reimbursement, and
198.29 staffing hours. This is a onetime appropriation
198.30 and is available until June 30, 2027.

198.31 **(l) White Earth Nation Substance Use**
198.32 **Disorder Digital Therapy Tool.** \$3,000,000
198.33 in fiscal year 2024 is from the general fund
198.34 for a grant to the White Earth Nation to
198.35 develop an individualized Native American

199.1 centric digital therapy tool with Pathfinder
 199.2 Solutions. This is a onetime appropriation.
 199.3 The grant must be used to:
 199.4 (1) develop a mobile application that is
 199.5 culturally tailored to connecting substance use
 199.6 disorder resources with White Earth Nation
 199.7 members;
 199.8 (2) convene a planning circle with White Earth
 199.9 Nation members to design the tool;
 199.10 (3) provide and expand White Earth
 199.11 Nation-specific substance use disorder
 199.12 services; and
 199.13 (4) partner with an academic research
 199.14 institution to evaluate the efficacy of the
 199.15 program.

199.16 (m) **Wellness in the Woods.** \$300,000 in
 199.17 fiscal year 2024 and \$300,000 in fiscal year
 199.18 2025 are from the general fund for a grant to
 199.19 Wellness in the Woods for daily peer support
 199.20 and special sessions for individuals who are
 199.21 in substance use disorder recovery, are
 199.22 transitioning out of incarceration, or who have
 199.23 experienced trauma. These are onetime
 199.24 appropriations.

199.25 (n) **Base Level Adjustment.** The general fund
 199.26 base is \$3,247,000 in fiscal year 2026 and
 199.27 \$3,247,000 in fiscal year 2027.

199.28 **EFFECTIVE DATE.** This section is effective the day following final enactment.

199.29 Sec. 16. Laws 2023, chapter 70, article 20, section 2, subdivision 29, is amended to read:

199.30 Subd. 29. Grant Programs; Adult Mental Health		
199.31 Grants	132,327,000	121,270,000

199.32 (a) **Mobile crisis grants to Tribal Nations.**
 199.33 \$1,000,000 in fiscal year 2024 and \$1,000,000

200.1 in fiscal year 2025 are for mobile crisis grants
200.2 under Minnesota Statutes ~~section~~ sections
200.3 245.4661, subdivision 9, paragraph (b), clause
200.4 (15), and 245.4889, subdivision 1, paragraph
200.5 (b), clause (4), to Tribal Nations.

200.6 **(b) Mental health provider supervision**
200.7 **grant program.** \$1,500,000 in fiscal year
200.8 2024 and \$1,500,000 in fiscal year 2025 are
200.9 for the mental health provider supervision
200.10 grant program under Minnesota Statutes,
200.11 section 245.4663.

200.12 **(c) Minnesota State University, Mankato**
200.13 **community behavioral health center.**
200.14 \$750,000 in fiscal year 2024 and \$750,000 in
200.15 fiscal year 2025 are for a grant to the Center
200.16 for Rural Behavioral Health at Minnesota State
200.17 University, Mankato to establish a community
200.18 behavioral health center and training clinic.
200.19 The community behavioral health center must
200.20 provide comprehensive, culturally specific,
200.21 trauma-informed, practice- and
200.22 evidence-based, person- and family-centered
200.23 mental health and substance use disorder
200.24 treatment services in Blue Earth County and
200.25 the surrounding region to individuals of all
200.26 ages, regardless of an individual's ability to
200.27 pay or place of residence. The community
200.28 behavioral health center and training clinic
200.29 must also provide training and workforce
200.30 development opportunities to students enrolled
200.31 in the university's training programs in the
200.32 fields of social work, counseling and student
200.33 personnel, alcohol and drug studies,
200.34 psychology, and nursing. Upon request, the
200.35 commissioner must make information

201.1 regarding the use of this grant funding
201.2 available to the chairs and ranking minority
201.3 members of the legislative committees with
201.4 jurisdiction over behavioral health. This is a
201.5 onetime appropriation and is available until
201.6 June 30, 2027.

201.7 **(d) White Earth Nation; adult mental health**
201.8 **initiative.** \$300,000 in fiscal year 2024 and
201.9 \$300,000 in fiscal year 2025 are for adult
201.10 mental health initiative grants to the White
201.11 Earth Nation. This is a onetime appropriation.

201.12 **(e) Mobile crisis grants.** \$8,472,000 in fiscal
201.13 year 2024 and \$8,380,000 in fiscal year 2025
201.14 are for the mobile crisis grants under
201.15 Minnesota Statutes, ~~section~~ sections 245.4661,
201.16 subdivision 9, paragraph (b), clause (15), and
201.17 245.4889, subdivision 1, paragraph (b), clause
201.18 (4). This is a onetime appropriation and is
201.19 available until June 30, 2027.

201.20 **(f) Base level adjustment.** The general fund
201.21 base is \$121,980,000 in fiscal year 2026 and
201.22 \$121,980,000 in fiscal year 2027.

201.23 **Sec. 17. REIMBURSEMENT TO BELTRAMI COUNTY AND TODD COUNTY**
201.24 **FOR CERTAIN COST OF CARE PAYMENTS.**

201.25 This act includes \$336,680 in fiscal year 2025 for reimbursement of prior payments by
201.26 Beltrami County and the forgiveness of existing Beltrami County debt under article 4,
201.27 section 8, paragraph (a), and \$387,000 in fiscal year 2025 for reimbursement of prior
201.28 payments by Todd County and the forgiveness of existing Todd County debt under article
201.29 4, section 8, paragraph (b).

201.30 **EFFECTIVE DATE.** This section is effective the day following final enactment.

202.1 Sec. 18. **REVIVAL AND REENACTMENT.**

202.2 Minnesota Statutes 2022, section 256B.051, subdivision 7, is revived and reenacted
 202.3 effective retroactively from August 1, 2023. Any time frames within or dependent on the
 202.4 subdivision are based on the original effective date in Laws 2017, First Special Session
 202.5 chapter 6, article 2, section 10.

202.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

202.7 Sec. 19. **APPROPRIATIONS GIVEN EFFECT ONCE.**

202.8 If an appropriation or transfer in this article is enacted more than once during the 2024
 202.9 legislative session, the appropriation or transfer must be given effect once.

202.10 Sec. 20. **DIRECTION TO COMMISSIONER OF MANAGEMENT AND BUDGET;**
 202.11 **DIRECT CARE AND TREATMENT BUDGET.**

202.12 The commissioner of management and budget must identify any unexpended
 202.13 appropriations and all base funding for the Direct Care and Treatment Division of the
 202.14 Department of Human Services and allocate the identified unexpended appropriations and
 202.15 base funding to Direct Care and Treatment when establishing the 2026-2027 biennial budget.

202.16 Sec. 21. **REPEALER.**

202.17 Laws 2023, chapter 25, section 190, subdivision 10, is repealed.

202.18 **EFFECTIVE DATE.** This section is effective the day following final enactment.

202.19 Sec. 22. **EXPIRATION OF UNCODIFIED LANGUAGE.**

202.20 All uncodified language contained in this article expires on June 30, 2025, unless a
 202.21 different expiration date is explicit.

202.22 Sec. 23. **EFFECTIVE DATE.**

202.23 This article is effective July 1, 2024, unless a different effective date is specified."

202.24 Delete the title and insert:

202.25 "A bill for an act

202.26 relating to human services; modifying provisions governing disability services,
 202.27 aging services, substance use disorder services, and priority admissions and civil
 202.28 commitment; establishing the Direct Care and Treatment executive board, the
 202.29 human services response contingency account, the Homelessness and Housing
 202.30 Support Office, task forces, and working groups; requiring studies and reports;
 202.31 providing for rulemaking; appropriating money; amending Minnesota Statutes

203.1 2022, sections 13.46, subdivisions 1, as amended, 10, as amended; 144G.41,
 203.2 subdivision 1, by adding subdivisions; 144G.63, subdivisions 1, 4; 144G.64;
 203.3 145.61, subdivision 5; 151.065, subdivision 7; 245.821, subdivision 1; 245.825,
 203.4 subdivision 1; 245A.11, subdivision 2a; 245I.23, subdivision 19a; 246.018,
 203.5 subdivision 3, as amended; 246.129, as amended; 246.13, subdivision 2, as
 203.6 amended; 246.234, as amended; 246.36, as amended; 246.511, as amended; 252.27,
 203.7 subdivision 2b; 252.282, subdivision 1, by adding a subdivision; 254B.01, by
 203.8 adding subdivisions; 256.88; 256.89; 256.90; 256.91; 256.92; 256.9755,
 203.9 subdivisions 2, 3; 256B.02, subdivision 11; 256B.076, by adding a subdivision;
 203.10 256B.0911, subdivisions 12, 17, 20; 256B.0913, subdivision 5a; 256B.0924,
 203.11 subdivision 3; 256B.434, by adding a subdivision; 256B.49, subdivision 16, by
 203.12 adding a subdivision; 256B.4911, by adding subdivisions; 256B.4912, subdivision
 203.13 1; 256B.69, subdivision 4; 256B.77, subdivision 7a; 256S.07, subdivision 1;
 203.14 256S.205, subdivisions 2, 3, 5, by adding a subdivision; 447.42, subdivision 1;
 203.15 604A.04, subdivision 3; Minnesota Statutes 2023 Supplement, sections 10.65,
 203.16 subdivision 2; 13.46, subdivision 2, as amended; 15.01; 15.06, subdivision 1, as
 203.17 amended; 15A.0815, subdivision 2; 15A.082, subdivisions 1, 3, 7; 43A.08,
 203.18 subdivisions 1, 1a; 245.91, subdivision 4; 245A.03, subdivision 7, as amended;
 203.19 245G.07, subdivision 2; 245I.04, subdivision 19; 246.54, subdivisions 1a, 1b;
 203.20 246C.01; 246C.02, as amended; 246C.04, as amended; 246C.05, as amended;
 203.21 253B.10, subdivision 1, as amended; 254B.05, subdivisions 1, 5, as amended;
 203.22 254B.19, subdivision 1; 256.043, subdivision 3; 256.4764, subdivision 3; 256.9756,
 203.23 subdivisions 1, 2; 256B.0622, subdivision 8; 256B.0911, subdivision 13;
 203.24 256B.0913, subdivision 5, as amended; 256B.092, subdivision 1a; 256B.0949,
 203.25 subdivision 15; 256B.49, subdivision 13; 256B.766; 256R.55; 270B.14, subdivision
 203.26 1; Laws 2021, First Special Session chapter 7, article 13, section 68; article 17,
 203.27 section 19, as amended; Laws 2023, chapter 53, article 21, sections 6; 7; Laws
 203.28 2023, chapter 61, article 1, sections 60, subdivisions 1, 2; 67, subdivision 3; article
 203.29 4, section 11; article 8, sections 1; 2; 3; 8; article 9, section 2, subdivisions 5, 14,
 203.30 16, as amended, 18; Laws 2023, chapter 70, article 20, section 2, subdivision 29;
 203.31 Laws 2024, chapter 79, article 1, sections 18; 23; 24; 25, subdivision 3; article 10,
 203.32 sections 1; 6; proposing coding for new law in Minnesota Statutes, chapters 144G;
 203.33 246C; 254B; 256; 256B; 256S; repealing Minnesota Statutes 2022, sections 246.41;
 203.34 252.27, subdivisions 1a, 2, 3, 4a, 5, 6; 253C.01; 256.043, subdivision 4; 256B.0916,
 203.35 subdivision 10; Minnesota Statutes 2023 Supplement, sections 246C.03; 252.27,
 203.36 subdivision 2a; Laws 2023, chapter 25, section 190, subdivision 10; Laws 2024,
 203.37 chapter 79, article 4, section 1, subdivision 3."