

1.1 ..... moves to amend H.F. No. 4354 as follows:

1.2 Page 1, after line 11, insert:

1.3 **"ARTICLE 1**  
1.4 **DIRECT CARE AND TREATMENT POLICY"**

1.5 Page 16, after line 10, insert:

1.6 **"ARTICLE 2**  
1.7 **DEPARTMENT OF HUMAN SERVICES AGING AND DISABILITY SERVICES**

1.8 Section 1. Minnesota Statutes 2024, section 245A.03, subdivision 7, is amended to read:

1.9 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license  
1.10 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, which  
1.11 does not include child foster residence settings with residential program certifications for  
1.12 compliance with the Family First Prevention Services Act under section 245A.25, subdivision  
1.13 1, paragraph (a), or adult foster care licensed under Minnesota Rules, parts 9555.5105 to  
1.14 9555.6265, under this chapter for a physical location that will not be the primary residence  
1.15 of the license holder for the entire period of licensure. If a child foster residence setting that  
1.16 was previously exempt from the licensing moratorium under this paragraph has its Family  
1.17 First Prevention Services Act certification rescinded under section 245A.25, subdivision 9,  
1.18 or if a family adult foster care home license is issued during this moratorium, and the license  
1.19 holder changes the license holder's primary residence away from the physical location of  
1.20 the foster care license, the commissioner shall revoke the license according to section  
1.21 245A.07. The commissioner shall not issue an initial license for a community residential  
1.22 setting licensed under chapter 245D. When approving an exception under this paragraph,  
1.23 the commissioner shall consider the resource need determination process in paragraph (h),  
1.24 the availability of foster care licensed beds in the geographic area in which the licensee

2.1 seeks to operate, the results of a person's choices during their annual assessment and service  
2.2 plan review, and the recommendation of the local county board. The determination by the  
2.3 commissioner is final and not subject to appeal. Exceptions to the moratorium include:

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

2.6 ~~(2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or~~  
2.7 ~~community residential setting licenses replacing adult foster care licenses in existence on~~  
2.8 ~~December 31, 2013, and determined to be needed by the commissioner under paragraph~~  
2.9 ~~(b);~~

2.10 ~~(3)~~ (2) new foster care licenses or community residential setting licenses determined to  
2.11 be needed by the commissioner under paragraph (b) for the closure of a nursing facility,  
2.12 ICF/DD, or regional treatment center; restructuring of state-operated services that limits  
2.13 the capacity of state-operated facilities; or allowing movement to the community for people  
2.14 who no longer require the level of care provided in state-operated facilities as provided  
2.15 under section 256B.092, subdivision 13, or 256B.49, subdivision 24; or

2.16 ~~(4)~~ (3) new foster care licenses or community residential setting licenses determined to  
2.17 be needed by the commissioner under paragraph (b) for persons requiring hospital-level  
2.18 care; ~~or.~~

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

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

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

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

3.5 (e) A resource need determination process, managed at the state level, using the available  
3.6 data required by section 144A.351, and other data and information must be used to determine  
3.7 where the reduced capacity determined under section 256B.493 will be implemented. The  
3.8 commissioner shall consult with the stakeholders described in section 144A.351, and employ  
3.9 a variety of methods to improve the state's capacity to meet the informed decisions of those  
3.10 people who want to move out of corporate foster care or community residential settings,  
3.11 long-term service needs within budgetary limits, including seeking proposals from service  
3.12 providers or lead agencies to change service type, capacity, or location to improve services,  
3.13 increase the independence of residents, and better meet needs identified by the long-term  
3.14 services and supports reports and statewide data and information.

3.15 (f) At the time of application and reapplication for licensure, the applicant and the license  
3.16 holder that are subject to the moratorium or an exclusion established in paragraph (a) are  
3.17 required to inform the commissioner whether the physical location where the foster care  
3.18 will be provided is or will be the primary residence of the license holder for the entire period  
3.19 of licensure. If the primary residence of the applicant or license holder changes, the applicant  
3.20 or license holder must notify the commissioner immediately. The commissioner shall print  
3.21 on the foster care license certificate whether or not the physical location is the primary  
3.22 residence of the license holder.

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

3.29 (h) The commissioner may adjust capacity to address needs identified in section  
3.30 144A.351. Under this authority, the commissioner may approve new licensed settings or  
3.31 delicense existing settings. Delicensing of settings will be accomplished through a process  
3.32 identified in section 256B.493.

3.33 (i) The commissioner must notify a license holder when its corporate foster care or  
3.34 community residential setting licensed beds are reduced under this section. The notice of

4.1 reduction of licensed beds must be in writing and delivered to the license holder by certified  
4.2 mail or personal service. The notice must state why the licensed beds are reduced and must  
4.3 inform the license holder of its right to request reconsideration by the commissioner. The  
4.4 license holder's request for reconsideration must be in writing. If mailed, the request for  
4.5 reconsideration must be postmarked and sent to the commissioner within 20 calendar days  
4.6 after the license holder's receipt of the notice of reduction of licensed beds. If a request for  
4.7 reconsideration is made by personal service, it must be received by the commissioner within  
4.8 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

4.9 (j) The commissioner shall not issue an initial license for children's residential treatment  
4.10 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter  
4.11 for a program that Centers for Medicare and Medicaid Services would consider an institution  
4.12 for mental diseases. Facilities that serve only private pay clients are exempt from the  
4.13 moratorium described in this paragraph. The commissioner has the authority to manage  
4.14 existing statewide capacity for children's residential treatment services subject to the  
4.15 moratorium under this paragraph and may issue an initial license for such facilities if the  
4.16 initial license would not increase the statewide capacity for children's residential treatment  
4.17 services subject to the moratorium under this paragraph.

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

4.19 Sec. 2. Minnesota Statutes 2025 Supplement, section 245D.091, subdivision 2, is amended  
4.20 to read:

4.21 Subd. 2. **Positive support professional qualifications.** A positive support professional  
4.22 providing positive support services as identified in section 245D.03, subdivision 1, paragraph  
4.23 (c), clause (1), item (i), must have competencies in the following areas as required under  
4.24 the brain injury, community access for disability inclusion, community alternative care, and  
4.25 developmental disabilities waiver plans or successor plans:

4.26 (1) ethical considerations;

4.27 (2) functional assessment;

4.28 (3) functional analysis;

4.29 (4) measurement of behavior and interpretation of data;

4.30 (5) selecting intervention outcomes and strategies;

4.31 (6) behavior reduction and elimination strategies that promote least restrictive approved  
4.32 alternatives;

- 5.1 (7) data collection;
- 5.2 (8) staff and caregiver training;
- 5.3 (9) support plan monitoring;
- 5.4 (10) co-occurring mental disorders or neurocognitive disorder;
- 5.5 (11) demonstrated expertise with populations being served; and
- 5.6 (12) must be a:
- 5.7 (i) psychologist licensed under sections 148.88 to 148.98, who has stated to the Board  
5.8 of Psychology competencies in the above identified areas;
- 5.9 (ii) clinical social worker licensed as an independent clinical social worker under chapter  
5.10 148E, or a person with a master's degree in social work from an accredited college or  
5.11 university, with at least 4,000 hours of post-master's supervised experience in the delivery  
5.12 of clinical services in the areas identified in clauses (1) to (11);
- 5.13 (iii) physician licensed under chapter 147 and certified by the American Board of  
5.14 Psychiatry and Neurology or eligible for board certification in psychiatry with competencies  
5.15 in the areas identified in clauses (1) to (11);
- 5.16 (iv) licensed professional clinical counselor licensed under sections ~~148B.29 to 148B.39~~  
5.17 148B.5301 and 148B.532 with at least 4,000 hours of post-master's supervised experience  
5.18 in the delivery of clinical services who has demonstrated competencies in the areas identified  
5.19 in clauses (1) to (11);
- 5.20 (v) person with a master's degree from an accredited college or university in one of the  
5.21 behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised  
5.22 experience in the delivery of clinical services with demonstrated competencies in the areas  
5.23 identified in clauses (1) to (11);
- 5.24 (vi) person with a master's degree or PhD in one of the behavioral sciences or related  
5.25 fields with demonstrated expertise in positive support services, as determined by the person's  
5.26 needs as outlined in the person's assessment summary;
- 5.27 (vii) registered nurse who is licensed under sections 148.171 to 148.285, and who is  
5.28 certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and  
5.29 mental health nursing by a national nurse certification organization, or who has a master's  
5.30 degree in nursing or one of the behavioral sciences or related fields from an accredited  
5.31 college or university or its equivalent, with at least 4,000 hours of post-master's supervised  
5.32 experience in the delivery of clinical services; or

6.1 (viii) person who has completed a competency-based training program as determined  
6.2 by the commissioner.

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

6.4 Sec. 3. Minnesota Statutes 2025 Supplement, section 245D.091, subdivision 3, is amended  
6.5 to read:

6.6 Subd. 3. **Positive support analyst qualifications.** (a) A positive support analyst providing  
6.7 positive support services as identified in section 245D.03, subdivision 1, paragraph (c),  
6.8 clause (1), item (i), must satisfy one of the following requirements as required under the  
6.9 brain injury, community access for disability inclusion, community alternative care, and  
6.10 developmental disabilities waiver plans or successor plans:

6.11 (1) have obtained a baccalaureate degree, master's degree, or PhD in either a social  
6.12 services discipline or nursing;

6.13 (2) meet the qualifications of a mental health practitioner as defined in section 245.462,  
6.14 subdivision 17;

6.15 (3) be a ~~board-certified~~ licensed behavior analyst or a board-certified assistant behavior  
6.16 analyst certified by the Behavior Analyst Certification Board, Incorporated; or

6.17 (4) have completed a competency-based training program as determined by the  
6.18 commissioner.

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

6.20 (1) either have two years of supervised experience conducting functional behavior  
6.21 assessments and designing, implementing, and evaluating effectiveness of positive practices  
6.22 behavior support strategies for people who exhibit challenging behaviors as well as  
6.23 co-occurring mental disorders and neurocognitive disorder, or for those who have obtained  
6.24 a baccalaureate degree in one of the behavioral sciences or related fields, demonstrated  
6.25 expertise in positive support services;

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

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

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

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

6.30 (iv) 20 hours of instruction preparing written intervention strategies, designing data  
6.31 collection protocols, training other staff to implement positive practice strategies,

7.1 summarizing and reporting program evaluation data, analyzing program evaluation data to  
7.2 identify design flaws in behavioral interventions or failures in implementation fidelity, and  
7.3 recommending enhancements based on evaluation data; and

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

7.5 (3) be determined by a positive support professional to have the training and prerequisite  
7.6 skills required to provide positive practice strategies as well as behavior reduction approved  
7.7 and permitted intervention to the person who receives positive support; and

7.8 (4) be under the direct supervision of a positive support professional.

7.9 (c) Meeting the qualifications for a positive support professional under subdivision 2  
7.10 shall substitute for meeting the qualifications listed in paragraph (b).

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

7.12 Sec. 4. Minnesota Statutes 2024, section 256B.0625, is amended by adding a subdivision  
7.13 to read:

7.14 **Subd. 77. Early intensive developmental and behavioral intervention benefit.** Medical  
7.15 assistance covers early intensive developmental and behavioral intervention services  
7.16 according to section 256B.0949.

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

7.18 Sec. 5. Minnesota Statutes 2025 Supplement, section 256B.0911, subdivision 13, is  
7.19 amended to read:

7.20 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The  
7.21 commissioner shall develop and implement a curriculum and an assessor certification  
7.22 process.

7.23 (b) MnCHOICES certified assessors must have received training and certification specific  
7.24 to assessment and consultation for long-term care services in the state and either:

7.25 (1) have at least an associate's degree in human services, or other closely related field;

7.26 (2) have at least an associate's degree in nursing with a public health nursing certificate,  
7.27 or other closely related field; or

7.28 (3) be a registered nurse.

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

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

8.5 (e) A Tribal Nation may establish the Tribal Nation's own education and experience  
8.6 qualifications for certified assessors.

8.7 **EFFECTIVE DATE.** This section is effective January 1, 2027, or upon federal approval,  
8.8 whichever is later.

8.9 Sec. 6. Minnesota Statutes 2024, section 256B.0911, subdivision 32, is amended to read:

8.10 Subd. 32. **Administrative activity.** (a) The commissioner shall:

8.11 (1) streamline the processes, including timelines for when assessments need to be  
8.12 completed;

8.13 (2) provide the services in this section; and

8.14 (3) implement integrated solutions to automate the business processes to the extent  
8.15 necessary for support plan approval, reimbursement, program planning, evaluation, and  
8.16 policy development.

8.17 (b) The commissioner shall work with lead agencies responsible for conducting long-term  
8.18 care consultation services to:

8.19 ~~(1) modify the MnCHOICES application and assessment policies to create efficiencies~~  
8.20 ~~while ensuring federal compliance with medical assistance and long-term services and~~  
8.21 ~~supports eligibility criteria; and.~~

8.22 ~~(2) develop a set of measurable benchmarks sufficient to demonstrate quarterly~~  
8.23 ~~improvement in the average time per assessment and other mutually agreed upon measures~~  
8.24 ~~of increasing efficiency.~~

8.25 ~~(c) The commissioner shall collect data on the benchmarks developed under paragraph~~  
8.26 ~~(b) and provide to the lead agencies an annual trend analysis of the data in order to~~  
8.27 ~~demonstrate the commissioner's compliance with the requirements of this subdivision.~~

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

9.1 Sec. 7. Minnesota Statutes 2024, section 256B.0924, subdivision 3, is amended to read:

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

9.4 (a) The person must be assessed and determined by the local county or Tribal agency  
9.5 to:

9.6 (1) be age 18 or older;

9.7 (2) be receiving medical assistance;

9.8 (3) have significant functional limitations; and

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

9.11 (b) Except as permitted under paragraph (c), the person must be: (i) a vulnerable adult  
9.12 in need of adult protection as defined in section 626.5572, ~~or is;~~ (ii) an adult with a  
9.13 developmental disability as defined in section 252A.02, subdivision 2, ~~or;~~ (iii) an adult with  
9.14 a related condition as defined in section 256B.02, subdivision 11, and who is not receiving  
9.15 home and community-based waiver services; ~~or is~~ (iv) an adult who lacks a permanent  
9.16 residence and who has been without a permanent residence for at least one year or on at  
9.17 least four occasions in the last three years.

9.18 (c) Tribal agencies may make a determination of eligibility under Tribal governance  
9.19 codes for adult protection or policy procedures consistent with section 626.5572 when  
9.20 determining whether a person is a vulnerable adult in need of adult protection or an adult  
9.21 with developmental disabilities or a related condition.

9.22 **EFFECTIVE DATE.** This section is effective January 1, 2027, or upon federal approval,  
9.23 whichever is later.

9.24 Sec. 8. Minnesota Statutes 2024, section 256B.0924, subdivision 5, is amended to read:

9.25 Subd. 5. **Provider standards.** County boards ~~or~~ providers who contract with the county,  
9.26 or Tribal government contracted providers are eligible to receive medical assistance  
9.27 reimbursement for adult targeted case management services. To qualify as a provider of  
9.28 targeted case management services the vendor must:

9.29 (1) have demonstrated the capacity and experience to provide the activities of case  
9.30 management services defined in subdivision 4;

9.31 (2) be able to coordinate and link community resources needed by the recipient;

10.1 (3) have the administrative capacity and experience to serve the eligible population in  
10.2 providing services and to ensure quality of services under state and federal requirements;

10.3 (4) have a financial management system that provides accurate documentation of services  
10.4 and costs under state and federal requirements;

10.5 (5) have the capacity to document and maintain individual case records complying with  
10.6 state and federal requirements;

10.7 (6) coordinate with county social ~~service~~ services or Tribal human services agencies  
10.8 responsible for planning for community social services under chapters 256E and 256F;  
10.9 conducting adult protective investigations under section 626.557, and conducting prepetition  
10.10 screenings for commitments under section 253B.07;

10.11 (7) coordinate with health care providers to ensure access to necessary health care  
10.12 services;

10.13 (8) have a procedure in place that notifies the recipient and the recipient's legal  
10.14 representative of any conflict of interest if the contracted targeted case management service  
10.15 provider also provides the recipient's services and supports and provides information on all  
10.16 potential conflicts of interest and obtains the recipient's informed consent and provides the  
10.17 recipient with alternatives; and

10.18 (9) have demonstrated the capacity to achieve the following performance outcomes:  
10.19 access, quality, and consumer satisfaction.

10.20 **EFFECTIVE DATE.** This section is effective January 1, 2027, or upon federal approval,  
10.21 whichever is later.

10.22 Sec. 9. Minnesota Statutes 2024, section 256B.0924, is amended by adding a subdivision  
10.23 to read:

10.24 **Subd. 5a. Tribal case manager qualifications.** An individual is authorized to serve as  
10.25 a vulnerable adult and developmental disability targeted case manager if the individual is  
10.26 certified by a federally recognized Tribal government in Minnesota pursuant to section  
10.27 256B.02, subdivision 7, paragraph (c).

10.28 Sec. 10. Minnesota Statutes 2025 Supplement, section 256B.0924, subdivision 6, is  
10.29 amended to read:

10.30 **Subd. 6. Payment for targeted case management.** (a) Medical assistance and  
10.31 MinnesotaCare payment for targeted case management shall be made on a monthly basis.

11.1 In order to receive payment for an eligible adult, the provider must document at least one  
11.2 contact per month and not more than two consecutive months without a face-to-face contact  
11.3 either in person or by interactive video that meets the requirements in section 256B.0625,  
11.4 subdivision 20b, with the adult or the adult's legal representative, family, primary caregiver,  
11.5 or other relevant persons identified as necessary to the development or implementation of  
11.6 the goals of the personal service plan.

11.7 (b) Except as provided under paragraph (m), payment for targeted case management  
11.8 provided by county staff under this subdivision shall be based on the monthly rate  
11.9 methodology under section 256B.094, subdivision 6, paragraph (b), calculated as one  
11.10 combined average rate together with adult mental health case management under section  
11.11 256B.0625, subdivision 20, ~~except for calendar year 2002. In calendar year 2002, the rate~~  
11.12 ~~for case management under this section shall be the same as the rate for adult mental health~~  
11.13 ~~case management in effect as of December 31, 2001.~~ Billing and payment must identify the  
11.14 recipient's primary population group to allow tracking of revenues.

11.15 (c) Payment for targeted case management provided by county-contracted vendors shall  
11.16 be based on a monthly rate calculated in accordance with section 256B.076, subdivision 2.  
11.17 Payment for case management provided by vendors who contract with a Tribe must be made  
11.18 in accordance with Indian health service facility requirements. If a Tribe chooses to contract  
11.19 with a vendor receiving payment not through an Indian health service facility, the rate must  
11.20 be based on a monthly rate negotiated by the Tribe. The rate must not exceed the rate charged  
11.21 by the vendor for the same service to other payers. If the service is provided by a team of  
11.22 contracted vendors, the team shall determine how to distribute the rate among its members.  
11.23 No reimbursement received by contracted vendors shall be returned to the county or Tribe,  
11.24 except to reimburse the county or Tribe for advance funding provided by the county or  
11.25 Tribe to the vendor.

11.26 (d) If the service is provided by a team that includes any combination of contracted  
11.27 vendors ~~and~~, county staff, and Tribal staff, the costs for county staff participation on the  
11.28 team shall be included in the rate for county-provided services. In this case, the contracted  
11.29 vendor and the county and Tribal case managers may each receive separate payment for  
11.30 services provided by each entity in the same month. In order to prevent duplication of  
11.31 services, ~~the county~~ each entity must document, ~~in the recipient's file,~~ the need for team  
11.32 targeted case management and a description of the different roles of ~~the team members~~ staff.

11.33 (e) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for  
11.34 targeted case management shall be provided by the recipient's county of responsibility, as  
11.35 defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds

12.1 used to match other federal funds. If the service is provided by a Tribal agency, the recipient's  
12.2 Tribe must provide the nonfederal share of costs, if any.

12.3 (f) The commissioner may suspend, reduce, or terminate reimbursement to a provider  
12.4 that does not meet the reporting or other requirements of this section. The county of  
12.5 responsibility, as defined in sections 256G.01 to 256G.12, or Tribe when applicable, is  
12.6 responsible for any federal disallowances. The county may share this responsibility with  
12.7 its contracted vendors.

12.8 (g) The commissioner shall set aside five percent of the federal funds received under  
12.9 this section for use in reimbursing the state for costs of developing and implementing this  
12.10 section.

12.11 (h) Payments to counties and Tribes for targeted case management expenditures under  
12.12 this section shall only be made from federal earnings from services provided under this  
12.13 section. Payments to contracted vendors shall include both the federal earnings and the  
12.14 county share.

12.15 (i) Notwithstanding section 256B.041, county or Tribal payments for the cost of case  
12.16 management services provided by county or Tribal staff shall not be made to the  
12.17 commissioner of management and budget. For the purposes of targeted case management  
12.18 services provided by county or Tribal staff under this section, the centralized disbursement  
12.19 of payments to counties or Tribes under section 256B.041 consists only of federal earnings  
12.20 from services provided under this section.

12.21 (j) If the recipient is a resident of a nursing facility, intermediate care facility, or hospital,  
12.22 and the recipient's institutional care is paid by medical assistance, payment for targeted case  
12.23 management services under this subdivision is limited to the lesser of:

12.24 (1) the last 180 days of the recipient's residency in that facility; or

12.25 (2) the limits and conditions which apply to federal Medicaid funding for this service.

12.26 (k) Payment for targeted case management services under this subdivision shall not  
12.27 duplicate payments made under other program authorities for the same purpose.

12.28 (l) Any growth in targeted case management services and cost increases under this  
12.29 section shall be the responsibility of the counties or Tribes.

12.30 (m) The commissioner may make payments for Tribes according to section 256B.0625,  
12.31 subdivision 34, or other relevant federally approved rate setting methodologies for vulnerable  
12.32 adult and developmental disability targeted case management provided by Indian health  
12.33 services and facilities operated by a Tribe or Tribal organization.

13.1 **EFFECTIVE DATE.** This section is effective January 1, 2027, or upon federal approval,  
13.2 whichever is later.

13.3 Sec. 11. Minnesota Statutes 2024, section 256B.0924, subdivision 7, is amended to read:

13.4 Subd. 7. **Implementation and evaluation.** The commissioner of human services in  
13.5 consultation with county boards and Tribal Nations shall establish a program to accomplish  
13.6 the provisions of subdivisions 1 to 6. The commissioner in consultation with county boards  
13.7 and Tribal Nations shall establish performance measures to evaluate the effectiveness of  
13.8 the targeted case management services. If a county or Tribe fails to meet agreed-upon  
13.9 performance measures, the commissioner may authorize contracted providers other than  
13.10 the county or Tribe. Providers contracted by the commissioner shall also be subject to the  
13.11 standards in subdivision 6.

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

13.13 Sec. 12. Minnesota Statutes 2025 Supplement, section 256B.0949, subdivision 2, is  
13.14 amended to read:

13.15 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this  
13.16 subdivision.

13.17 (b) "Advanced certification" means a person who has completed advanced certification  
13.18 in an approved modality under subdivision 13, paragraph (b).

13.19 (c) "Agency" means the legal entity that is enrolled with Minnesota health care programs  
13.20 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide  
13.21 EIDBI services and that has the legal responsibility to ensure that its employees carry out  
13.22 the responsibilities defined in this section. Agency includes a licensed individual professional  
13.23 who practices independently and acts as an agency.

13.24 (d) "Autism spectrum disorder or a related condition" or "ASD or a related condition"  
13.25 means either autism spectrum disorder (ASD) as defined in the current version of the  
13.26 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found  
13.27 to be closely related to ASD, as identified under the current version of the DSM, and meets  
13.28 all of the following criteria:

13.29 (1) is severe and chronic;

13.30 (2) results in impairment of adaptive behavior and function similar to that of a person  
13.31 with ASD;

- 14.1 (3) requires treatment or services similar to those required for a person with ASD; and
- 14.2 (4) results in substantial functional limitations in three core developmental deficits of
- 14.3 ASD: social or interpersonal interaction; functional communication, including nonverbal
- 14.4 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
- 14.5 hyporeactivity to sensory input; and may include deficits or a high level of support in one
- 14.6 or more of the following domains:
- 14.7 (i) behavioral challenges and self-regulation;
- 14.8 (ii) cognition;
- 14.9 (iii) learning and play;
- 14.10 (iv) self-care; or
- 14.11 (v) safety.
- 14.12 (e) "Behavior analyst" means an individual licensed under sections 148.9981 to 148.9995
- 14.13 as a behavior analyst.
- 14.14 (f) "Clinical supervision" means the overall responsibility for the control and direction
- 14.15 of EIDBI service delivery, including ~~individual treatment planning~~, staff supervision,
- 14.16 including observation and direction; individual treatment plan development and progress
- 14.17 monitoring; family training and counseling; and ~~treatment review~~ coordinated care
- 14.18 conference coordination for each person. Clinical supervision is provided by a qualified
- 14.19 supervising professional (QSP) who takes full professional responsibility for the service
- 14.20 provided by each supervisee and the clinical effectiveness of all interventions.
- 14.21 (g) "Commissioner" means the commissioner of human services, unless otherwise
- 14.22 specified.
- 14.23 (h) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
- 14.24 evaluation of a person to determine medical necessity for EIDBI services based on the
- 14.25 requirements in subdivision 5.
- 14.26 (i) "Department" means the Department of Human Services, unless otherwise specified.
- 14.27 (j) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
- 14.28 benefit" means a variety of individualized, intensive treatment modalities approved and
- 14.29 published by the commissioner that are based in behavioral and developmental science
- 14.30 consistent with best practices on effectiveness.
- 14.31 (k) "Employee of an agency" or "employee" means any individual who is employed
- 14.32 temporarily, part time, or full time by the agency that is submitting claims or billing for the

15.1 work, services, supervision, or treatment performed by the individual. Employee does not  
15.2 include an independent contractor, billing agency, or consultant who is not providing EIDBI  
15.3 services. Employee does not include an individual who performs work, provides services,  
15.4 supervises, or provides treatment for less than 80 hours in a 12-month period.

15.5 (l) "Generalizable goals" means results or gains that are observed during a variety of  
15.6 activities over time with different people, such as providers, family members, other adults,  
15.7 and people, and in different environments including, but not limited to, clinics, homes,  
15.8 schools, and the community.

15.9 (m) "Incident" means when any of the following occur:

15.10 (1) an illness, accident, or injury that requires first aid treatment;

15.11 (2) a bump or blow to the head; or

15.12 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,  
15.13 including a person leaving the agency unattended.

15.14 (n) "Individual treatment plan" or "ITP" means the person-centered, individualized  
15.15 written plan of care that integrates and coordinates person and family information from the  
15.16 CMDE for a person who meets medical necessity for the EIDBI benefit. An individual  
15.17 treatment plan must meet the standards in subdivision 6.

15.18 (o) "Legal representative" means the parent of a child who is under 18 years of age, a  
15.19 court-appointed guardian, or other representative with legal authority to make decisions  
15.20 about service for a person. For the purpose of this subdivision, "other representative with  
15.21 legal authority to make decisions" includes a health care agent or an attorney-in-fact  
15.22 authorized through a health care directive or power of attorney.

15.23 (p) "Mental health professional" means a staff person who is qualified according to  
15.24 section 245I.04, subdivision 2.

15.25 (q) "Person" means an individual under 21 years of age.

15.26 (r) "Person-centered" means a service that both responds to the identified needs, interests,  
15.27 values, preferences, and desired outcomes of the person or the person's legal representative  
15.28 and respects the person's history, dignity, and cultural background and allows inclusion and  
15.29 participation in the person's community.

15.30 (s) "Qualified EIDBI provider" means an individual who is a QSP or a level I, level II,  
15.31 or level III treatment provider.

16.1 Sec. 13. Minnesota Statutes 2025 Supplement, section 256B.0949, subdivision 16, is  
16.2 amended to read:

16.3 Subd. 16. **Agency duties.** (a) An agency delivering an EIDBI service under this section  
16.4 must:

16.5 (1) enroll as a medical assistance Minnesota health care program provider according to  
16.6 Minnesota Rules, part 9505.0195, and section 256B.04, subdivision 21, and meet all  
16.7 applicable provider standards and requirements;

16.8 (2) designate an individual as the agency's compliance officer who must perform the  
16.9 duties described in section 256B.04, subdivision 21, paragraph (g);

16.10 (3) demonstrate compliance with federal and state laws for the delivery of and billing  
16.11 for EIDBI service;

16.12 (4) verify and maintain records of a service provided to the person or the person's legal  
16.13 representative as required under Minnesota Rules, parts 9505.2175 and 9505.2197;

16.14 (5) demonstrate that while enrolled or seeking enrollment as a Minnesota health care  
16.15 program provider the agency did not have a lead agency contract or provider agreement  
16.16 discontinued because of a conviction of fraud; or did not have an owner, board member, or  
16.17 manager fail a state or federal criminal background check or appear on the list of excluded  
16.18 individuals or entities maintained by the federal Department of Human Services Office of  
16.19 Inspector General;

16.20 (6) have established business practices including written policies and procedures, internal  
16.21 controls, and a system that demonstrates the organization's ability to deliver quality EIDBI  
16.22 services, appropriately submit claims, conduct required staff training, document staff  
16.23 qualifications, document service activities, and document service quality;

16.24 (7) have an office located in Minnesota or a border state;

16.25 (8) initiate a background study as required under subdivision 16a;

16.26 (9) report maltreatment according to section 626.557 and chapter 260E;

16.27 (10) comply with any data requests consistent with the Minnesota Government Data  
16.28 Practices Act, sections 256B.064 and 256B.27;

16.29 (11) provide training for all agency staff on the requirements and responsibilities listed  
16.30 in the Maltreatment of Minors Act, chapter 260E, and the Vulnerable Adult Protection Act,  
16.31 section 626.557, including mandated and voluntary reporting, nonretaliation, and the agency's  
16.32 policy for all staff on how to report suspected abuse and neglect;

17.1 (12) have a written policy to resolve issues collaboratively with the person and the  
17.2 person's legal representative when possible. The policy must include a timeline for when  
17.3 the person and the person's legal representative will be notified about issues that arise in  
17.4 the provision of services;

17.5 (13) provide the person's legal representative with prompt notification if the person is  
17.6 injured while being served by the agency. An incident report must be completed by the  
17.7 agency staff member in charge of the person. A copy of all incident and injury reports must  
17.8 remain on file at the agency for at least five years from the report of the incident;

17.9 (14) before starting a service, provide the person or the person's legal representative a  
17.10 description of the treatment modality that the person shall receive, including the staffing  
17.11 certification levels and training of the staff who shall provide a treatment;

17.12 (15) provide clinical supervision for a minimum of one hour for every 16 hours of direct  
17.13 treatment per person, unless otherwise authorized in the person's individual treatment plan;  
17.14 and

17.15 (16) provide the required EIDBI intervention observation and direction by a QSP or  
17.16 Level I provider at least once per month. Notwithstanding subdivision 13, paragraph (I),  
17.17 required EIDBI intervention observation and direction under this clause may be conducted  
17.18 via telehealth provided that no more than two consecutive monthly required EIDBI  
17.19 intervention observation and direction sessions under this clause are conducted via telehealth.

17.20 (b) Upon request of the commissioner, an agency delivering services under this section  
17.21 must:

17.22 (1) identify the agency's controlling individuals, as defined under section 245A.02,  
17.23 subdivision 5a;

17.24 (2) provide disclosures of the use of billing agencies and other consultants who do not  
17.25 provide EIDBI services; and

17.26 (3) provide copies of any contracts with consultants or independent contractors who do  
17.27 not provide EIDBI services, including hours contracted and responsibilities.

17.28 (c) When delivering the ITP, and annually thereafter, an agency must provide the person  
17.29 or the person's legal representative with:

17.30 (1) a written copy and a verbal explanation of the person's or person's legal  
17.31 representative's rights and the agency's responsibilities;

18.1 (2) documentation in the person's file the date that the person or the person's legal  
18.2 representative received a copy and explanation of the person's or person's legal  
18.3 representative's rights and the agency's responsibilities; and

18.4 (3) reasonable accommodations to provide the information in another format or language  
18.5 as needed to facilitate understanding of the person's or person's legal representative's rights  
18.6 and the agency's responsibilities.

18.7 Sec. 14. Minnesota Statutes 2024, section 256B.0949, is amended by adding a subdivision  
18.8 to read:

18.9 Subd. 19. Documentation requirements. (a) CMDE and EIDBI providers must ensure  
18.10 that all documentation, including but not limited to health service records and personnel  
18.11 files, complies with this subdivision, subdivision 16, and Minnesota Rules, parts 9505.2175  
18.12 and 9505.2197. Documentation must be complete, legible, accurate, and readily accessible.

18.13 (b) All documentation must:

18.14 (1) be legible and understandable to individuals outside service delivery;

18.15 (2) include the participant's name on each health record page and the provider's name  
18.16 on each personnel file page;

18.17 (3) be signed and dated by the provider completing the documentation, with the provider's  
18.18 full name, title, and credentials;

18.19 (4) be entered within 72 hours of service, and contain a record and explanation of any  
18.20 delays in entry;

18.21 (5) clearly reflect clinical decision-making and support medical necessity;

18.22 (6) be securely stored in accordance with the Health Insurance Portability and  
18.23 Accountability Act (HIPAA), Public Law 104-191;

18.24 (7) be stored in accordance with state and federal document retention laws;

18.25 (8) be available for review or audit;

18.26 (9) include a record of caregiver involvement where applicable; and

18.27 (10) include a record of supervision and oversight for staff providing services requiring  
18.28 supervision under EIDBI policy.

18.29 (c) Each EIDBI service occurrence must be documented in a progress note in a manner  
18.30 and with the information determined by the commissioner.

- 19.1 (d) All providers must maintain current personnel records for each employee in a manner  
19.2 determined by the commissioner that include:
- 19.3 (1) the employee's name, contact information, and hire date;  
19.4 (2) the employee's completed employment application and acknowledgment of duties;  
19.5 (3) the job description for the employee's job with the effective date;  
19.6 (4) verification of the employee's qualifications, including but not limited to education,  
19.7 licenses, certifications, enrollment attestation, degrees, transcripts, and experience;  
19.8 (5) a background check pursuant to chapter 245C;  
19.9 (6) orientation and required training the employee attended, including but not limited  
19.10 to training on mandated reporting, cultural responsiveness, and EIDBI competencies;  
19.11 (7) the dates of the employee's first supervised and unsupervised client contact following  
19.12 employment;  
19.13 (8) documentation of supervision received by the employee, including but not limited  
19.14 to the supervisor's name and credentials, dates of supervision, and supervision content;  
19.15 (9) the employee's CPR and emergency response training, if required; and  
19.16 (10) the employee's annual performance evaluations.

19.17 Sec. 15. Minnesota Statutes 2024, section 256B.4905, subdivision 2a, is amended to read:

19.18 Subd. 2a. **Informed choice policy.** (a) It is the policy of this state that all adults who  
19.19 have disabilities and, with support from their families or legal representatives, that all  
19.20 children who have disabilities:

19.21 (1) may make informed choices to select and utilize disability services and supports;  
19.22 and

19.23 (2) are offered an informed decision-making process sufficient to make informed choices.

19.24 (b) It is the policy of this state that disability waivers services support the presumption  
19.25 that adults who have disabilities and, with support from their families or legal representatives,  
19.26 all children who have disabilities may make informed choices; and that all adults who have  
19.27 disabilities and all families of children who have disabilities and are accessing waiver  
19.28 services under sections 256B.092 and 256B.49 are provided an informed decision-making  
19.29 process that satisfies the requirements of subdivision 3a.

19.30 (c) Lead agencies must support individuals in making informed choices by:

20.1 (1) providing complete and accurate information about available home and  
20.2 community-based services and settings;

20.3 (2) providing the information in a manner that is culturally and linguistically appropriate;  
20.4 and

20.5 (3) facilitating access to services that reflect the individual's preferences and assessed  
20.6 needs.

20.7 (d) For individuals who are members of or affiliated with a federally recognized Tribal  
20.8 Nation located within Minnesota, informed choice includes the right to receive services  
20.9 administered or provided by the individual's Tribal Nation. Lead agencies must:

20.10 (1) inform individuals of services offered by Tribal Nations enrolled as Minnesota health  
20.11 care providers;

20.12 (2) directly coordinate with the individual's Tribal Nation human services agency when  
20.13 the individual seeks or may be eligible for services administered or provided by that Tribal  
20.14 Nation; and

20.15 (3) ensure that service planning and delivery respects the individual's rights as both a  
20.16 member of a sovereign Tribal Nation and a resident of Minnesota.

20.17 (e) County lead agencies and Tribal Nation human services agencies must establish and  
20.18 maintain procedures to share updated contact information, coordinate case management,  
20.19 and provide timely referrals necessary to ensure that informed choice is fully exercised.

20.20 (f) Nothing in this section limits the sovereignty of Tribal Nations or the authority of  
20.21 Tribal governments to administer home and community-based services to their members.

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

20.23 Sec. 16. Minnesota Statutes 2025 Supplement, section 256B.4914, subdivision 10a, is  
20.24 amended to read:

20.25 Subd. 10a. **Reporting and analysis of cost data.** (a) The commissioner must ensure  
20.26 that wage values and component values in subdivisions 5 to 9 reflect the cost to provide the  
20.27 service. As determined by the commissioner, in consultation with community partners  
20.28 identified in subdivision 17, a provider enrolled to provide services with rates determined  
20.29 under this section must submit requested cost data to the commissioner to support research  
20.30 on the cost of providing services that have rates determined by the disability waiver rates  
20.31 system. Requested cost data may include, but is not limited to:

20.32 (1) worker wage costs;

- 21.1 (2) benefits paid;
- 21.2 (3) supervisor wage costs;
- 21.3 (4) executive wage costs;
- 21.4 (5) vacation, sick, and training time paid;
- 21.5 (6) taxes, workers' compensation, and unemployment insurance costs paid;
- 21.6 (7) administrative costs paid;
- 21.7 (8) program costs paid;
- 21.8 (9) transportation costs paid;
- 21.9 (10) vacancy rates; and
- 21.10 (11) other data relating to costs required to provide services requested by the
- 21.11 commissioner.
- 21.12 (b) At least once in any five-year period, a provider must submit cost data for a fiscal
- 21.13 year that ended not more than 18 months prior to the submission date. The commissioner
- 21.14 shall provide each provider a 90-day notice prior to its submission due date. The
- 21.15 commissioner may review report submissions for inaccurate, inconclusive, incomplete, or
- 21.16 otherwise deficient data and may remove the report from submitted status for further
- 21.17 verification. If a provider fails to submit required reporting data, the commissioner shall
- 21.18 provide notice to providers that have not provided required data 30 days after the required
- 21.19 submission date, and a second notice for providers who have not provided required data 60
- 21.20 days after the required submission date. The commissioner shall temporarily suspend
- 21.21 payments to the provider if cost data is not received 90 days after the required submission
- 21.22 date. Withheld payments shall be made once data is received and reviewed for compliance
- 21.23 by the commissioner.
- 21.24 (c) The commissioner shall conduct a random validation of data submitted under
- 21.25 paragraph (a) to ensure data accuracy. Providers selected to validate cost reports must
- 21.26 respond to the commissioner within 30 days with the requested financial documentation. If
- 21.27 a provider fails to respond to the commissioner with all the requested information within
- 21.28 30 days, the commissioner must temporarily suspend payments. The commissioner must
- 21.29 resume payments once the requested documentation is received. If a provider is unable to
- 21.30 validate the provider's costs with supporting documentation, the commissioner must require
- 21.31 the provider to participate in the random validation the next year that the commissioner

22.1 selects providers to report their costs. The commissioner shall analyze cost documentation  
22.2 in paragraph (a) and provide recommendations for adjustments to cost components.

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

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

22.11 **EFFECTIVE DATE.** This section is effective January 1, 2027.

22.12 Sec. 17. Minnesota Statutes 2024, section 256B.5012, subdivision 21, is amended to read:

22.13 Subd. 21. **ICF/DD rate increases after January 1, 2025.** Beginning January 1, 2025,  
22.14 and every year thereafter, the minimum daily operating rates under this section must be  
22.15 updated for the percentage change in the Consumer Price Index (CPI-U) from the previous  
22.16 July 1 to the data available 12 months and one day prior.

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

22.18 Sec. 18. Minnesota Statutes 2024, section 256B.851, subdivision 8, is amended to read:

22.19 Subd. 8. **Personal care provider agency; required reporting of cost data; training.** (a)  
22.20 As determined by the commissioner and in consultation with stakeholders, agencies enrolled  
22.21 to provide services with rates determined under this section must submit requested cost data  
22.22 to the commissioner. The commissioner may request cost data, including but not limited  
22.23 to:

22.24 (1) worker wage costs;

22.25 (2) benefits paid;

22.26 (3) supervisor wage costs;

22.27 (4) executive wage costs;

22.28 (5) vacation, sick, and training time paid;

22.29 (6) taxes, workers' compensation, and unemployment insurance costs paid;

22.30 (7) administrative costs paid;

23.1 (8) program costs paid;

23.2 (9) transportation costs paid;

23.3 (10) staff vacancy rates; and

23.4 (11) other data relating to costs required to provide services requested by the

23.5 commissioner.

23.6 (b) At least once in any three-year period, a provider must submit the required cost data

23.7 for a fiscal year that ended not more than 18 months prior to the submission date. The

23.8 commissioner must provide each provider a 90-day notice prior to its submission due date.

23.9 The commissioner may review report submissions for inaccurate, inconclusive, incomplete,

23.10 or otherwise deficient data and may remove the report from submitted status for further

23.11 verification. If a provider fails to submit required cost data, the commissioner must provide

23.12 notice to a provider that has not provided required cost data 30 days after the required

23.13 submission date and a second notice to a provider that has not provided required cost data

23.14 60 days after the required submission date. The commissioner must temporarily suspend

23.15 payments to a provider if the commissioner has not received required cost data 90 days after

23.16 the required submission date. The commissioner must make withheld payments when the

23.17 required cost data is received and reviewed for compliance by the commissioner.

23.18 (c) The commissioner must conduct a random validation of data submitted under this

23.19 subdivision to ensure data accuracy. A provider selected to validate the provider's cost

23.20 reports must respond to the commissioner within 30 days with the requested financial

23.21 documentation. If a provider fails to respond to the commissioner with the requested

23.22 information within 30 days, the commissioner must temporarily suspend payments. The

23.23 commissioner must resume payments once the requested documentation is received. If a

23.24 provider is unable to validate the provider's costs with supporting documentation, the

23.25 commissioner must require the provider to participate in the random validation the next

23.26 year that the commissioner selects providers to report their costs. The commissioner shall

23.27 analyze cost documentation in paragraph (a) and provide recommendations for adjustments

23.28 to cost components.

23.29 (d) The commissioner, in consultation with stakeholders, must develop and implement

23.30 a process for providing training and technical assistance necessary to support provider

23.31 submission of cost data required under this subdivision.

23.32 **EFFECTIVE DATE.** This section is effective January 1, 2027.

24.1 Sec. 19. Minnesota Statutes 2024, section 256S.21, subdivision 3, is amended to read:

24.2 Subd. 3. **Cost reporting.** (a) As determined by the commissioner, in consultation with  
 24.3 stakeholders, a provider enrolled to provide services with rates determined under this chapter  
 24.4 must submit requested cost data to the commissioner to support evaluation of the rate  
 24.5 methodologies in this chapter. Requested cost data may include but are not limited to:

24.6 (1) worker wage costs;

24.7 (2) benefits paid;

24.8 (3) supervisor wage costs;

24.9 (4) executive wage costs;

24.10 (5) vacation, sick, and training time paid;

24.11 (6) taxes, workers' compensation, and unemployment insurance costs paid;

24.12 (7) administrative costs paid;

24.13 (8) program costs paid;

24.14 (9) transportation costs paid;

24.15 (10) vacancy rates; and

24.16 (11) other data relating to costs required to provide services requested by the  
 24.17 commissioner.

24.18 (b) At least once in any five-year period, a provider must submit the required cost data  
 24.19 for a fiscal year that ended not more than 18 months prior to the submission date. The  
 24.20 commissioner ~~shall~~ must provide each provider a 90-day notice prior to the provider's  
 24.21 submission due date. The commissioner may review report submissions for inaccurate,  
 24.22 inconclusive, incomplete, or otherwise deficient data and may remove the report from  
 24.23 submitted status for further verification. If by 30 days after the required submission date a  
 24.24 provider fails to submit required reporting data, the commissioner ~~shall~~ must provide notice  
 24.25 to the provider; ~~and~~. If by 60 days after the required submission date a provider has not  
 24.26 provided the required data, the commissioner ~~shall~~ must provide a second notice. The  
 24.27 commissioner ~~shall~~ must temporarily suspend payments to ~~the~~ a provider if the commissioner  
 24.28 has not received the required cost data ~~is not received~~ 90 days after the required submission  
 24.29 date or 90 days after the Department of Human Services requests updated data. The  
 24.30 commissioner must make withheld payments ~~must be made once data is received~~ when the  
 24.31 required cost data is received and reviewed for compliance by the commissioner.

25.1 (c) The commissioner shall coordinate the cost reporting activities required under this  
25.2 section with the cost reporting activities directed under section 256B.4914, subdivision 10a.

25.3 (d) The commissioner shall analyze cost documentation in paragraph (a) and, in  
25.4 consultation with stakeholders, may submit recommendations on rate methodologies in this  
25.5 chapter, including ways to monitor and enforce the spending requirements directed in section  
25.6 ~~256S.2101, subdivision 3,~~ 256S.211, subdivision 4, through the reports directed by  
25.7 subdivision 2.

25.8 **EFFECTIVE DATE.** This section is effective January 1, 2027.

25.9 Sec. 20. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
25.10 to read:

25.11 **Subd. 1a. Adult protective services.** Adult protective services must receive referrals  
25.12 from the common entry point and carry out lead investigative agency duties to investigate  
25.13 for a determination of responsibility for maltreatment. When the county social services  
25.14 agency is the lead investigative agency, or when the Department of Human Services or  
25.15 Department of Health in the role of the lead investigative agency request adult protective  
25.16 services, adult protective services must conduct assessments, develop services plans, and  
25.17 implement interventions to safeguard adults who are vulnerable and suspected of experiencing  
25.18 maltreatment. Adult protective services must conclude services following final determination  
25.19 of maltreatment and the adult is assessed as safe. The Department of Human Services is the  
25.20 state agency responsible for supervision of adult protective services administered by county  
25.21 social services agencies.

25.22 Sec. 21. Minnesota Statutes 2024, section 626.557, subdivision 9, is amended to read:

25.23 **Subd. 9. Common entry point designation.** (a) The commissioner of human services  
25.24 shall establish a common entry point. The common entry point is the unit responsible for  
25.25 receiving the report of suspected maltreatment under this section.

25.26 (b) The common entry point must be available 24 hours per day to take calls and accept  
25.27 reports from reporters of suspected maltreatment and make required referrals for suspected  
25.28 maltreatment of a vulnerable adult. The common entry point shall use a standard intake  
25.29 form that includes:

25.30 (1) the time and date of the report;

25.31 (2) the name, relationship, and identifying and contact information for the person believed  
25.32 to be a vulnerable adult and the individual or facility alleged responsible for maltreatment;

- 26.1 (3) the name, relationship, and contact information for the:
- 26.2 (i) reporter;
- 26.3 (ii) initial reporter, witnesses, and persons who may have knowledge about the
- 26.4 maltreatment; and
- 26.5 (iii) legal surrogate and persons who may provide support to the vulnerable adult;
- 26.6 (4) the basis of vulnerability for the vulnerable adult;
- 26.7 (5) the time, date, and location of the incident;
- 26.8 (6) the immediate safety risk to the vulnerable adult;
- 26.9 (7) a description of the suspected maltreatment;
- 26.10 (8) the impact of the suspected maltreatment on the vulnerable adult;
- 26.11 (9) whether a facility was involved and, if so, which agency licenses the facility;
- 26.12 (10) the actions taken to protect the vulnerable adult;
- 26.13 (11) the required notifications and referrals made by the common entry point; and
- 26.14 (12) whether the reporter wishes to receive notification of the disposition.
- 26.15 (c) The common entry point is not required to complete each item on the form prior to
- 26.16 dispatching the report to the appropriate lead investigative agency.
- 26.17 (d) The common entry point shall immediately report to a law enforcement agency any
- 26.18 incident in which there is reason to believe a crime has been committed.
- 26.19 (e) If a report is initially made to a law enforcement agency or a lead investigative agency,
- 26.20 those agencies shall take the report on the appropriate common entry point intake forms
- 26.21 and immediately forward a copy to the common entry point.
- 26.22 (f) The common entry point staff must receive training on how to screen and dispatch
- 26.23 reports efficiently and in accordance with this section.
- 26.24 (g) The commissioner of human services shall maintain a centralized database for the
- 26.25 collection of common entry point data, lead investigative agency data including maltreatment
- 26.26 report disposition, and appeals data. The common entry point shall have access to the
- 26.27 centralized database and must log the reports into the database.
- 26.28 (h) When appropriate, the common entry point staff must refer calls that do not allege
- 26.29 the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might
- 26.30 resolve the reporter's concerns.

27.1 (i) A common entry point must be operated in a manner that enables the commissioner  
27.2 of human services to:

27.3 (1) track critical steps in the reporting, evaluation, referral, response, disposition, and  
27.4 investigative process to ensure compliance with all requirements for all reports;

27.5 (2) maintain data to facilitate the production of aggregate statistical reports for monitoring  
27.6 patterns of abuse, neglect, or exploitation;

27.7 (3) serve as a resource for the evaluation, management, and planning of preventative  
27.8 and remedial services for vulnerable adults who have been subject to abuse, neglect, or  
27.9 exploitation;

27.10 (4) set standards, priorities, and policies to maximize the efficiency and effectiveness  
27.11 of the common entry point; and

27.12 (5) track and manage consumer complaints related to the common entry point.

27.13 (j) The commissioners of human services and health shall collaborate on the creation of  
27.14 a system for referring reports to the lead investigative agencies. This system shall enable  
27.15 the commissioner of human services to track critical steps in the reporting, evaluation,  
27.16 referral, response, disposition, investigation, notification, determination, and appeal processes.

27.17 Sec. 22. Minnesota Statutes 2024, section 626.557, subdivision 9a, is amended to read:

27.18 Subd. 9a. **Evaluation and referral of reports made to common entry point.** (a) The  
27.19 common entry point must screen the reports of alleged or suspected maltreatment for  
27.20 immediate risk and make all necessary referrals ~~as follows~~ using the referral guidelines  
27.21 established by the commissioner and the following:

27.22 (1) if the common entry point determines that there is an immediate need for emergency  
27.23 adult protective services, the common entry point agency shall immediately notify the  
27.24 appropriate county agency;

27.25 (2) if the report contains suspected criminal activity against a vulnerable adult, the  
27.26 common entry point shall immediately notify the appropriate law enforcement agency;

27.27 (3) the common entry point shall refer all reports of alleged or suspected maltreatment  
27.28 to the appropriate lead investigative agency as soon as possible, but in any event no longer  
27.29 than two working days;

27.30 (4) if the report contains information about a suspicious death, the common entry point  
27.31 shall immediately notify the appropriate law enforcement agencies, the local medical  
27.32 examiner, and the ombudsman for mental health and developmental disabilities established

28.1 under section 245.92. Law enforcement agencies shall coordinate with the local medical  
28.2 examiner and the ombudsman as provided by law; and

28.3 (5) for reports involving multiple locations or changing circumstances, the common  
28.4 entry point shall determine the county agency responsible for emergency adult protective  
28.5 services and the county responsible as the lead investigative agency, ~~using referral guidelines~~  
28.6 ~~established by the commissioner.~~

28.7 (b) If the lead investigative agency receiving a report believes the report was referred  
28.8 by the common entry point in error, the lead investigative agency shall immediately notify  
28.9 the common entry point of the error, including the basis for the lead investigative agency's  
28.10 belief that the referral was made in error. The common entry point shall review the  
28.11 information submitted by the lead investigative agency and immediately refer the report to  
28.12 the appropriate lead investigative agency using the referral guidelines established by the  
28.13 commissioner.

28.14 Sec. 23. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
28.15 to read:

28.16 Subd. 11b. County social services agency; responsibilities. The county social services  
28.17 agency is responsible for supervision of:

28.18 (1) intake decisions for initial disposition of the report;

28.19 (2) agency prioritization used to screen out an adult meeting eligibility for adult protective  
28.20 services as vulnerable and maltreated;

28.21 (3) safety, assessment, and services plans;

28.22 (4) protective service interventions;

28.23 (5) use of guardianship and other involuntary interventions;

28.24 (6) final determination for maltreatment; and

28.25 (7) case closure decisions.

28.26 Sec. 24. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
28.27 to read:

28.28 Subd. 11c. County social services agency; referrals. (a) When the common entry point  
28.29 refers a report to the county social services agency as the lead investigative agency or makes  
28.30 a referral to the county social services agency for emergency adult protective services, or  
28.31 when another lead investigative agency requests adult protective services from the county

29.1 social services agency for an adult referred to that lead investigative agency by the common  
29.2 entry point, the county social services agency must use the data report system and  
29.3 standardized decision and assessment tools provided by the commissioner of human services.  
29.4 The information entered by the county social services agency into the data system and  
29.5 standardized tools must be accessible to the Department of Human Services for the  
29.6 department to meet federal requirements, evaluate consistent application of policy, review  
29.7 quality of services and outcomes for adults, and meet requirements for background studies  
29.8 and disqualification of individuals determined responsible for vulnerable adult maltreatment  
29.9 under chapter 245C.

29.10 (b) The county social services agency must screen the report using the standardized tools  
29.11 provided by the commissioner to determine:

29.12 (1) whether the referred adult meets adult protective services eligibility as potentially  
29.13 vulnerable and maltreated under this section; and

29.14 (2) the response time required to initiate adult protective services.

29.15 (c) For reports referred by the common entry point for emergency adult protective  
29.16 services, the county social services agency must immediately screen the report to determine  
29.17 whether the adult should be accepted for emergency adult protective services. If the adult  
29.18 is accepted for emergency adult protective services, the county social services agency must  
29.19 immediately offer protective services to prevent further maltreatment and safeguard the  
29.20 welfare of the vulnerable adult. Assessment of adults accepted by the county social services  
29.21 agency for emergency protective services must be conducted in person by the agency or a  
29.22 designee within 24 hours of the agency receiving the referral. When sexual or physical  
29.23 abuse is suspected, the county social services agency must immediately arrange for and  
29.24 make available to the vulnerable adult appropriate medical examination and services.

29.25 (d) For reports referred by the common entry point to the county as lead investigative  
29.26 agency, the county social services agency must screen the report and make an initial  
29.27 determination within seven calendar days following receipt of the report from the common  
29.28 entry point on whether the adult should be accepted for adult protective services.

29.29 (e) For referrals made for adult protective services by the Department of Human Services  
29.30 or the Department of Health in the applicable department's role as the lead investigative  
29.31 agency responsible for reports made under this section, the county social services agency  
29.32 must screen the report and determine within seven calendar days following receipt of referral  
29.33 whether the adult should be accepted for adult protective services.

30.1 (f) If an adult meets eligibility requirements but is not accepted for adult protective  
30.2 services based on local agency prioritization, the agency must document the reason for the  
30.3 screening decision in the standardized tool provided by the commissioner.

30.4 Sec. 25. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
30.5 to read:

30.6 Subd. 11d. **County social services agency; assessments.** (a) For adults accepted into  
30.7 adult protective services, the county social services agency must decide, prior to initiation  
30.8 of assessment activities, if the agency must also conduct an investigation for final disposition  
30.9 for responsibility of maltreatment in addition to the assessment for adult protective services.

30.10 (b) The county social services agency must conduct assessments concurrently with  
30.11 investigations when: (1) the county is both the lead investigative agency and responsible  
30.12 for making a final determination of responsibility for maltreatment; or (2) another lead  
30.13 investigative agency responsible for the final determination of maltreatment requests  
30.14 assistance from the county social services agency.

30.15 (c) The county social services agency must conduct an in-person assessment to initiate  
30.16 adult protective services:

30.17 (1) within 24 hours of accepting a referral for emergency protective services;

30.18 (2) within 24 hours of making an initial disposition that the adult is in immediate need  
30.19 of protection, unless an in-person response would endanger the safety of the adult; or

30.20 (3) within 72 hours but in no instance later than seven calendar days from the first  
30.21 business day after receiving the report for adults accepted for adult protective services.

30.22 (d) The county social services agency must use the standardized decision, assessment,  
30.23 and service planning tools provided by the commissioner with all vulnerable adults accepted  
30.24 for adult protective services. The county social services agency must involve the vulnerable  
30.25 adult in the assessment and service plan. The county social services agency must document  
30.26 and update assessment and service plans consistent with significant changes in the vulnerable  
30.27 adult's health and safety.

30.28 (e) The county social services agency must notify the vulnerable adult and, if applicable,  
30.29 the guardian or health care agent of the vulnerable adult of the results of the assessment and  
30.30 service plan, including but not limited to recommendations for protective services intervention  
30.31 to stop or prevent maltreatment and to protect the vulnerable adult's health, safety, and  
30.32 comfort. When necessary to prevent further maltreatment or safeguard the vulnerable adult,

31.1 the county social services agency may share the results of the assessment with the vulnerable  
31.2 adult's primary supports.

31.3 Sec. 26. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
31.4 to read:

31.5 Subd. 11e. **County social services agency; investigations.** (a) The county social services  
31.6 agency must investigate for a final disposition of responsibility for maltreatment for an  
31.7 allegation of:

31.8 (1) abuse;

31.9 (2) financial abuse by a fiduciary;

31.10 (3) financial exploitation involving a nonfiduciary that may be criminal or that involved  
31.11 force, coercion, harassment, deception, fraud, undue influence, or a scam;

31.12 (4) financial exploitation that involved another type of maltreatment;

31.13 (5) caregiver neglect by a paid caregiver or personal care assistance provider under  
31.14 chapter 256B;

31.15 (6) caregiver neglect by an unpaid caregiver that resulted in intentional harm to the  
31.16 vulnerable adult or involved another type of maltreatment; and

31.17 (7) a situation for which the county social services agency finds that a determination of  
31.18 responsibility of maltreatment may safeguard a vulnerable adult or prevent further  
31.19 maltreatment.

31.20 (b) The county social services agency must conduct an investigation for final disposition  
31.21 of responsibility for maltreatment if the agency receives information during an assessment  
31.22 that indicates the presence of any scenario listed in paragraph (a) or subdivision 11f.

31.23 Sec. 27. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
31.24 to read:

31.25 Subd. 11f. **County social services agency; self-neglect.** (a) The county social services  
31.26 agency may determine that an allegation that does not result in a determination of  
31.27 responsibility for maltreatment is:

31.28 (1) self-neglect;

31.29 (2) neglect by an unpaid caregiver that did not result in intentional harm to the vulnerable  
31.30 adult and did not involve another type of alleged maltreatment; or

32.1 (3) financial exploitation by a nonfiduciary that is consistent with the choice of the adult  
32.2 and not criminal or involving force, coercion, harassment, deception, fraud, undue influence,  
32.3 a scam, or another type of alleged maltreatment.

32.4 (b) An allegation of self-neglect is a substantiated determination if the county social  
32.5 services agency determines that adult protective services are needed.

32.6 Sec. 28. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
32.7 to read:

32.8 Subd. 11g. **County social services agency; initial contact.** (a) At the initial contact  
32.9 with the vulnerable adult accepted by the county social services agency, the agency must  
32.10 provide the vulnerable adult with information about the process for adult protective services  
32.11 and the vulnerable adult's rights as an adult protective client.

32.12 (b) At initial contact, the county social services agency must inform the individual or  
32.13 entity alleged responsible for maltreatment of the allegation in a manner consistent with  
32.14 requirements under this section to protect the identity of the reporter. The interview with  
32.15 the individual or entity alleged responsible for maltreatment may be postponed at the request  
32.16 of a law enforcement agency or if the interview may endanger the safety of the vulnerable  
32.17 adult.

32.18 Sec. 29. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
32.19 to read:

32.20 Subd. 11h. **County social services agency; agency authority.** (a) A county social  
32.21 services agency may enter all facilities and business premises of a licensed provider to  
32.22 inspect and copy records as part of an adult protective services assessment or investigation.  
32.23 The licensed provider must provide the county social services agency access to not public  
32.24 data as defined in section 13.02, subdivision 8a, and medical records under sections 144.291  
32.25 to 144.298 that are maintained at the facilities and business premises to the extent that the  
32.26 data and records are necessary to conduct the agency's investigation. The licensed provider  
32.27 must provide the county social services agency access to all available sources of information  
32.28 at the facilities and business premises, not only written records.

32.29 (b) When necessary in order to protect a vulnerable adult from serious harm from  
32.30 maltreatment, the county social services agency may seek any of the following protective  
32.31 services interventions:

32.32 (1) emergency protective services;

- 33.1 (2) participation of law enforcement or emergency medical services;
- 33.2 (3) authority from a court to remove an adult from the situation in which maltreatment
- 33.3 occurred;
- 33.4 (4) a restraining order or court order for removal of the perpetrator from the residence
- 33.5 of the vulnerable adult pursuant to section 518.01;
- 33.6 (5) a referral for a financial transaction hold under chapter 45A or a protective
- 33.7 arrangement under this chapter or chapter 524;
- 33.8 (6) a referral for a representative payee;
- 33.9 (7) a referral to the prosecuting attorney for possible criminal prosecution of the
- 33.10 perpetrator under chapter 609;
- 33.11 (8) the appointment or replacement of a guardian or conservator pursuant to sections
- 33.12 524.5-101 to 524.5-502, or guardianship or conservatorship pursuant to chapter 252A when
- 33.13 maltreatment has been substantiated and when less restrictive interventions are not sufficient
- 33.14 to stop or reduce the risk of serious harm from maltreatment; and
- 33.15 (9) other interventions recommended by a multidisciplinary team under this section.
- 33.16 (c) The county social services agency may seek the protective services interventions
- 33.17 under paragraph (b) regardless of the vulnerable adult's voluntary or involuntary participation.
- 33.18 (d) The county social services agency may offer voluntary service interventions to
- 33.19 support the vulnerable adult or primary supports to stop, reduce the risk for, or prevent
- 33.20 subsequent maltreatment.
- 33.21 Sec. 30. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision
- 33.22 to read:
- 33.23 Subd. 11i. **County social services agency; legal intervention.** (a) In proceedings under
- 33.24 sections 524.5-101 to 524.5-502, if a suitable relative or other person is not available to
- 33.25 petition for guardianship or conservatorship, a county employee must present the petition
- 33.26 with representation by the county attorney. The county must contract with or arrange for a
- 33.27 suitable person or organization to provide ongoing guardianship services. If the county
- 33.28 presents evidence to the court exercising probate jurisdiction that the county has made
- 33.29 diligent effort and no other suitable person can be found, a county employee may serve as
- 33.30 guardian or conservator.
- 33.31 (b) The county must not retaliate against the employee for any action taken on behalf
- 33.32 of the person subject to guardianship or conservatorship, even if the action is adverse to the

34.1 county's interests. Any person retaliated against in violation of this subdivision shall have  
34.2 a cause of action against the county and is entitled to reasonable attorney fees and costs of  
34.3 the action if the action is upheld by the court.

34.4 (c) The expenses of a legal intervention must be paid by the county in the case of indigent  
34.5 persons under section 524.5-502 and chapter 563.

34.6 Sec. 31. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
34.7 to read:

34.8 Subd. 11j. **County social services agency; conflict of interest.** (a) A county that  
34.9 identifies a potential conflict of interest under paragraph (c) related to an investigation,  
34.10 assessment, or protective services intervention must coordinate with another county social  
34.11 services agency to delegate the initial county's authority as the lead investigative agency to  
34.12 remediate the potential conflict. County social services agencies must cooperate and accept  
34.13 jurisdiction when an initial county social services agency identifies a potential conflict of  
34.14 interest and requests the other county's assistance.

34.15 (b) The initial county must notify the commissioner of human services when no other  
34.16 county is available to accept delegation of adult protective services duties. If the  
34.17 commissioner is notified that no other county is available, the commissioner may use the  
34.18 authority under subdivision 9a to determine the county social services agency responsible  
34.19 as lead investigative agency and for adult protective services.

34.20 (c) A county social services agency employee or designee must not have:

34.21 (1) a personal or family relationship with a party in the investigation or assessment;

34.22 (2) a dual relationship, as defined in Code of Federal Regulations, title 45, section  
34.23 1324.401, with the vulnerable adult;

34.24 (3) a personal financial interest or financial relationship with a provider receiving referrals  
34.25 from the employee; or

34.26 (4) any other appearance of conflict of interest as determined by the county social services  
34.27 agency.

34.28 Sec. 32. Minnesota Statutes 2024, section 626.557, subdivision 12b, is amended to read:

34.29 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a  
34.30 lead investigative agency, the county social ~~service~~ services agency shall maintain appropriate  
34.31 records. Data collected by the county social ~~service~~ services agency under this section while

35.1 providing adult protective services are welfare data under section 13.46. Investigative data  
35.2 collected under this section are confidential data on individuals or protected nonpublic data  
35.3 as defined under section 13.02. Notwithstanding section 13.46, subdivision 1, paragraph  
35.4 (a), data under this paragraph that are inactive investigative data on an individual who is a  
35.5 vendor of services are private data on individuals, as defined in section 13.02. The identity  
35.6 of the reporter may only be disclosed as provided in paragraph (c).

35.7 Data maintained by the common entry point are confidential data on individuals or  
35.8 protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the  
35.9 common entry point shall maintain data for three calendar years after date of receipt and  
35.10 then destroy the data unless otherwise directed by federal requirements.

35.11 (b) The commissioners of health and human services shall prepare an investigation  
35.12 memorandum for each report alleging maltreatment investigated under this section. County  
35.13 social ~~service~~ services agencies must maintain private data on individuals but are not required  
35.14 to prepare an investigation memorandum. During an investigation by the commissioner of  
35.15 health or the commissioner of human services, data collected under this section are  
35.16 confidential data on individuals or protected nonpublic data as defined in section 13.02.  
35.17 Upon completion of the investigation, the data are classified as provided in clauses (1) to  
35.18 (3) and paragraph (c).

35.19 (1) The investigation memorandum must contain the following data, which are public:

35.20 (i) the name of the facility investigated;

35.21 (ii) a statement of the nature of the alleged maltreatment;

35.22 (iii) pertinent information obtained from medical or other records reviewed;

35.23 (iv) the identity of the investigator;

35.24 (v) a summary of the investigation's findings;

35.25 (vi) statement of whether the report was found to be substantiated, inconclusive, false,  
35.26 or that no determination will be made;

35.27 (vii) a statement of any action taken by the facility;

35.28 (viii) a statement of any action taken by the lead investigative agency; and

35.29 (ix) when a lead investigative agency's determination has substantiated maltreatment, a  
35.30 statement of whether an individual, individuals, or a facility were responsible for the  
35.31 substantiated maltreatment, if known.

36.1 The investigation memorandum must be written in a manner which protects the identity  
36.2 of the reporter and of the vulnerable adult and may not contain the names or, to the extent  
36.3 possible, data on individuals or private data listed in clause (2).

36.4 (2) Data on individuals collected and maintained in the investigation memorandum are  
36.5 private data, including:

36.6 (i) the name of the vulnerable adult;

36.7 (ii) the identity of the individual alleged to be the perpetrator;

36.8 (iii) the identity of the individual substantiated as the perpetrator; and

36.9 (iv) the identity of all individuals interviewed as part of the investigation.

36.10 (3) Other data on individuals maintained as part of an investigation under this section  
36.11 are private data on individuals upon completion of the investigation.

36.12 (c) The name of the reporter must be confidential. The subject of the report may compel  
36.13 disclosure of the name of the reporter only with the consent of the reporter or upon a written  
36.14 finding by a court that the report was false and there is evidence that the report was made  
36.15 in bad faith. This subdivision does not alter disclosure responsibilities or obligations under  
36.16 the Rules of Criminal Procedure, except that where the identity of the reporter is relevant  
36.17 to a criminal prosecution, the district court shall do an in-camera review prior to determining  
36.18 whether to order disclosure of the identity of the reporter.

36.19 (d) Notwithstanding section 138.163, data maintained under this section by the  
36.20 commissioners of health and human services and county adult protective services must be  
36.21 maintained under the following schedule and then destroyed unless otherwise directed by  
36.22 federal requirements:

36.23 (1) data from reports determined to be false, maintained for three years after the finding  
36.24 was made for reports under the jurisdiction of the Department of Human Services or the  
36.25 Department of Health and five years after the finding was made for reports under the  
36.26 jurisdiction of county adult protective services;

36.27 (2) data from reports determined to be inconclusive, maintained for four years after the  
36.28 finding was made for reports under the jurisdiction of the Department of Human Services  
36.29 or the Department of Health and five years after the finding was made for reports under the  
36.30 jurisdiction of county adult protective services;

36.31 (3) data from reports determined to be substantiated, maintained for seven years after  
36.32 the finding was made; and

37.1 (4) data from reports which were not investigated by a lead investigative agency and for  
 37.2 which there is no final disposition, maintained for three years from the date of the report  
 37.3 for reports under the jurisdiction of the Department of Human Services or the Department  
 37.4 of Health and five years from the date of the report for reports under the jurisdiction of  
 37.5 county adult protective services.

37.6 (e) The commissioners of health and human services shall annually publish on their  
 37.7 websites the number and type of reports of alleged maltreatment involving licensed facilities  
 37.8 reported under this section, the number of those requiring investigation under this section,  
 37.9 and the resolution of those investigations.

37.10 ~~(f) Each lead investigative agency must have a record retention policy.~~

37.11 ~~(g)~~ (f) Lead investigative agencies, county agencies responsible for adult protective  
 37.12 services, prosecuting authorities, and law enforcement agencies may exchange not public  
 37.13 data, as defined in section 13.02, with a tribal agency, facility, service provider, vulnerable  
 37.14 adult, primary support person for a vulnerable adult, emergency management service,  
 37.15 financial institution, medical examiner, state licensing board, federal or state agency, the  
 37.16 ombudsman for long-term care, or the ombudsman for mental health and developmental  
 37.17 disabilities, if the agency or authority providing the data determines that the data are pertinent  
 37.18 and necessary to prevent further maltreatment of a vulnerable adult, to safeguard a vulnerable  
 37.19 adult, or for an investigation under this section. Data collected under this section must be  
 37.20 made available to prosecuting authorities and law enforcement officials, local county  
 37.21 agencies, the commissioner of human services as the state Medicaid agency, and licensing  
 37.22 agencies investigating the alleged maltreatment under this section. The lead investigative  
 37.23 agency shall exchange not public data with the vulnerable adult maltreatment review panel  
 37.24 established in section 256.021 if the data are pertinent and necessary for a review requested  
 37.25 under that section. Notwithstanding section 138.17, upon completion of the review, not  
 37.26 public data received by the review panel must be destroyed.

37.27 ~~(h)~~ (g) Each lead investigative agency shall keep records of the length of time it takes  
 37.28 to complete its investigations.

37.29 ~~(i)~~ (h) A lead investigative agency may notify other affected parties and their authorized  
 37.30 representative if the lead investigative agency has reason to believe maltreatment has occurred  
 37.31 and determines the information will safeguard the well-being of the affected parties or dispel  
 37.32 widespread rumor or unrest in the affected facility.

37.33 ~~(j)~~ (i) Under any notification provision of this section, where federal law specifically  
 37.34 prohibits the disclosure of patient identifying information, a lead investigative agency may

38.1 not provide any notice unless the vulnerable adult has consented to disclosure in a manner  
38.2 which conforms to federal requirements.

38.3 (j) When a county agency acting as the lead investigative agency is aware the person  
38.4 determined responsible for maltreatment is a guardian or conservator appointed under  
38.5 chapter 524, the county agency must share the final determination with the Minnesota  
38.6 Judicial Branch within 14 calendar days of the determination.

38.7 Sec. 33. Minnesota Statutes 2024, section 626.5572, subdivision 2, is amended to read:

38.8 Subd. 2. **Abuse.** "Abuse" means:

38.9 (a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate,  
38.10 or aiding and abetting a violation of:

38.11 (1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

38.12 (2) the use of drugs to injure or facilitate crime as defined in section 609.235;

38.13 (3) the solicitation, inducement, and promotion of prostitution as defined in section  
38.14 609.322; and

38.15 (4) criminal sexual conduct in the first through fifth degrees as defined in sections  
38.16 609.342 to 609.3451.

38.17 A violation includes any action that meets the elements of the crime, regardless of  
38.18 whether there is a criminal proceeding or conviction.

38.19 (b) Conduct which is not an accident or therapeutic conduct as defined in this section,  
38.20 which produces or could reasonably be expected to produce physical pain or injury or  
38.21 emotional distress including, but not limited to, the following:

38.22 (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable  
38.23 adult;

38.24 (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable  
38.25 adult or the treatment of a vulnerable adult which would be considered by a reasonable  
38.26 person to be disparaging, derogatory, humiliating, harassing, or threatening; or

38.27 (3) use of any aversive or deprivation procedure, unreasonable confinement, or  
38.28 involuntary seclusion, including the forced separation of the vulnerable adult from other  
38.29 persons against the will of the vulnerable adult or the legal representative of the vulnerable  
38.30 adult unless authorized under applicable licensing requirements or Minnesota Rules, chapter  
38.31 9544.

39.1 (c) Any contact with the vulnerable adult that is not therapeutic conduct and a reasonable  
39.2 person would consider a sexual act or any nonconsensual sexual interaction with the  
39.3 vulnerable adult, including but not limited to:

39.4 (1) making, viewing, or sharing sexual images or videos with or of the vulnerable adult;  
39.5 and

39.6 (2) using oral, written, gestured, or electronic communication that is sexually harassing,  
39.7 including but not limited to unwelcome sexual advances or requests for sexual favors.

39.8 ~~(e)~~ (d) Any sexual contact or penetration as defined in section 609.341, between a facility  
39.9 staff person or a person providing services in the facility and a resident, patient, or client  
39.10 of that facility.

39.11 ~~(d)~~ (e) The act of forcing, compelling, coercing, or enticing a vulnerable adult against  
39.12 the vulnerable adult's will to perform services for the advantage of another.

39.13 ~~(e)~~ (f) For purposes of this section, a vulnerable adult is not abused for the sole reason  
39.14 that the vulnerable adult or a person with authority to make health care decisions for the  
39.15 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section  
39.16 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority  
39.17 and within the boundary of reasonable medical practice, to any therapeutic conduct, including  
39.18 any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition  
39.19 of the vulnerable adult or, where permitted under law, to provide nutrition and hydration  
39.20 parenterally or through intubation. This paragraph does not enlarge or diminish rights  
39.21 otherwise held under law by:

39.22 (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an  
39.23 involved family member, to consent to or refuse consent for therapeutic conduct; or

39.24 (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

39.25 ~~(f)~~ (g) For purposes of this section, a vulnerable adult is not abused for the sole reason  
39.26 that the vulnerable adult, a person with authority to make health care decisions for the  
39.27 vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or  
39.28 prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of  
39.29 medical care, provided that this is consistent with the prior practice or belief of the vulnerable  
39.30 adult or with the expressed intentions of the vulnerable adult.

39.31 ~~(g)~~ (h) For purposes of this section, a vulnerable adult is not abused for the sole reason  
39.32 that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional  
39.33 dysfunction or undue influence, engages in consensual sexual contact with:

40.1 (1) a person, including a facility staff person, when a consensual sexual personal  
40.2 relationship existed prior to the caregiving relationship; or

40.3 (2) a personal care attendant, regardless of whether the consensual sexual personal  
40.4 relationship existed prior to the caregiving relationship.

40.5 Sec. 34. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision  
40.6 to read:

40.7 Subd. 3a. **Adult protective services.** "Adult protective services" means an adult  
40.8 protection program administered by a county social services agency under the authority of  
40.9 the agency's governing body or delegated to a Tribal government by the commissioner of  
40.10 human services to support adults referred for maltreatment to live safely and with dignity.

40.11 Sec. 35. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision  
40.12 to read:

40.13 Subd. 3b. **Assessment.** "Assessment" means a structured process conducted by a county  
40.14 social services agency to review the safety, strengths, and needs of an adult referred as  
40.15 vulnerable and maltreated and accepted by the agency for adult protective services and to  
40.16 develop a service plan to stop, prevent, and reduce risk of maltreatment for the adult using  
40.17 standardized tools provided by the Department of Human Services.

40.18 Sec. 36. Minnesota Statutes 2024, section 626.5572, subdivision 9, is amended to read:

40.19 Subd. 9. **Financial exploitation.** "Financial exploitation" means:

40.20 (a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent  
40.21 regulations, contractual obligations, documented consent by a competent person, or the  
40.22 obligations of a responsible party under section 144.6501, a person:

40.23 (1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable  
40.24 adult which results or is likely to result in detriment to the vulnerable adult; or

40.25 (2) fails to use the financial resources of the vulnerable adult to provide food, clothing,  
40.26 shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the  
40.27 failure results or is likely to result in detriment to the vulnerable adult.

40.28 (b) In the absence of legal authority a person:

40.29 (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

41.1 (2) obtains for the actor or another the performance of services by ~~a third person~~ the  
41.2 vulnerable adult for the wrongful profit or advantage of the actor or another to the detriment  
41.3 of the vulnerable adult;

41.4 (3) acquires possession or control of, or an interest in, funds or property of a vulnerable  
41.5 adult through the use of undue influence, harassment, duress, deception, or fraud; or

41.6 (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's  
41.7 will to perform services for the profit or advantage of another.

41.8 (c) Nothing in this definition requires a facility or caregiver to provide financial  
41.9 management or supervise financial management for a vulnerable adult except as otherwise  
41.10 required by law.

41.11 Sec. 37. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision  
41.12 to read:

41.13 Subd. 12a. **Investigation.** "Investigation" means activities for fact gathering conducted  
41.14 by the lead investigative agency to make a final determination of maltreatment.

41.15 Sec. 38. Minnesota Statutes 2025 Supplement, section 626.5572, subdivision 13, is amended  
41.16 to read:

41.17 Subd. 13. **Lead investigative agency.** "Lead investigative agency" is the primary  
41.18 administrative agency responsible for investigating reports made under section 626.557.

41.19 (a) The Department of Health is the lead investigative agency for facilities or services  
41.20 licensed or required to be licensed as hospitals, home care providers, nursing homes, boarding  
41.21 care homes, hospice providers, residential facilities that are also federally certified as  
41.22 intermediate care facilities that serve people with developmental disabilities, or any other  
41.23 facility or service not listed in this subdivision that is licensed or required to be licensed by  
41.24 the Department of Health for the care of vulnerable adults. "Home care provider" has the  
41.25 meaning provided in section 144A.43, subdivision 4, and applies when care or services are  
41.26 delivered in the vulnerable adult's home.

41.27 (b) The Department of Human Services is the lead investigative agency for facilities or  
41.28 services licensed or required to be licensed as adult day care, adult foster care, community  
41.29 residential settings, programs for people with disabilities, EIDBI agencies, family adult day  
41.30 services, mental health programs, mental health clinics, substance use disorder programs,  
41.31 the Minnesota Sex Offender Program, or any other facility or service not listed in this  
41.32 subdivision that is licensed or required to be licensed by the Department of Human Services.

42.1 The Department of Human Services is also the lead investigative agency for unlicensed  
42.2 EIDBI agencies under section 256B.0949.

42.3 (c) The county social ~~service~~ services agency adult protective services or ~~its~~ the agency's  
42.4 designee or a federally recognized Indian Tribe that entered into a contractual agreement  
42.5 with the commissioner of human services to operate adult protective services is the lead  
42.6 investigative agency for all other reports, including but not limited to reports involving  
42.7 vulnerable adults receiving services from a personal care provider organization under section  
42.8 256B.0659 or 256B.85.

42.9 Sec. 39. Minnesota Statutes 2024, section 626.5572, subdivision 17, is amended to read:

42.10 Subd. 17. **Neglect.** (a) "Neglect" means neglect by a caregiver or self-neglect.

42.11 (b) "Caregiver neglect" means the failure or omission by a caregiver to supply a  
42.12 vulnerable adult with care or services, including but not limited to, food, clothing, shelter,  
42.13 health care, or supervision which is:

42.14 (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or  
42.15 mental health or safety, considering the physical and mental capacity or dysfunction of the  
42.16 vulnerable adult; and

42.17 (2) which is not the result of an accident or therapeutic conduct.

42.18 (c) "Self-neglect" means neglect by a vulnerable adult of the vulnerable adult's own  
42.19 food, clothing, shelter, health care, financial management, or other services that are not the  
42.20 responsibility of a caregiver which a reasonable person would deem essential to obtain or  
42.21 maintain the vulnerable adult's health, safety, or comfort.

42.22 (d) For purposes of this section, a vulnerable adult is not neglected for the sole reason  
42.23 that:

42.24 (1) the vulnerable adult or a person with authority to make health care decisions for the  
42.25 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections  
42.26 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with  
42.27 that authority and within the boundary of reasonable medical practice, to any therapeutic  
42.28 conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical  
42.29 or mental condition of the vulnerable adult, or, where permitted under law, to provide  
42.30 nutrition and hydration parenterally or through intubation; this paragraph does not enlarge  
42.31 or diminish rights otherwise held under law by:

- 43.1 (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an  
43.2 involved family member, to consent to or refuse consent for therapeutic conduct; or
- 43.3 (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; ~~or~~
- 43.4 (2) the vulnerable adult, a person with authority to make health care decisions for the  
43.5 vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or  
43.6 prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of  
43.7 medical care, provided that this is consistent with the prior practice or belief of the vulnerable  
43.8 adult or with the expressed intentions of the vulnerable adult;
- 43.9 (3) the vulnerable adult, who is not impaired in judgment or capacity by mental or  
43.10 emotional dysfunction or undue influence, engages in consensual sexual contact with:
- 43.11 (i) a person including a facility staff person when a consensual sexual personal  
43.12 relationship existed prior to the caregiving relationship; or
- 43.13 (ii) a personal care attendant, regardless of whether the consensual sexual personal  
43.14 relationship existed prior to the caregiving relationship; ~~or~~
- 43.15 (4) an individual makes an error in the provision of therapeutic conduct to a vulnerable  
43.16 adult which does not result in injury or harm which reasonably requires medical or mental  
43.17 health care; or
- 43.18 (5) an individual makes an error in the provision of therapeutic conduct to a vulnerable  
43.19 adult that results in injury or harm, which reasonably requires the care of a physician, and:
- 43.20 (i) the necessary care is provided in a timely fashion as dictated by the condition of the  
43.21 vulnerable adult;
- 43.22 (ii) if after receiving care, the health status of the vulnerable adult can be reasonably  
43.23 expected, as determined by the attending physician, to be restored to the vulnerable adult's  
43.24 preexisting condition;
- 43.25 (iii) the error is not part of a pattern of errors by the individual;
- 43.26 (iv) if in a facility, the error is immediately reported as required under section 626.557,  
43.27 and recorded internally in the facility;
- 43.28 (v) if in a facility, the facility identifies and takes corrective action and implements  
43.29 measures designed to reduce the risk of further occurrence of this error and similar errors;  
43.30 and

44.1 (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently  
44.2 documented for review and evaluation by the facility and any applicable licensing,  
44.3 certification, and ombudsman agency.

44.4 (e) Nothing in this definition requires a caregiver, if regulated, to provide services in  
44.5 excess of those required by the caregiver's license, certification, registration, or other  
44.6 regulation.

44.7 (f) If the findings of an investigation by a lead investigative agency result in a  
44.8 determination of substantiated maltreatment for the sole reason that the actions required of  
44.9 a facility under paragraph (d), clause (5), item (iv), (v), or (vi), were not taken, then the  
44.10 facility is subject to a correction order. An individual will not be found to have neglected  
44.11 or maltreated the vulnerable adult based solely on the facility's not having taken the actions  
44.12 required under paragraph (d), clause (5), item (iv), (v), or (vi). This must not alter the lead  
44.13 investigative agency's determination of mitigating factors under section 626.557, subdivision  
44.14 9c, paragraph (f).

44.15 Sec. 40. **REPEALER.**

44.16 Minnesota Statutes 2024, sections 256B.5012, subdivisions 4, 5, 6, 7, 8, 9, 10, 11, 12,  
44.17 14, 15, and 16; and 626.557, subdivision 10, are repealed.

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

44.19 Amend the title accordingly