

# Chapter 38

2025 Regular Session

**Subject** Human Services Policy Bill

**Bill** H.F. 2115

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**Date** June 6, 2025

## Overview

This act contains health and human services policy provisions related to aging and disability services, the Department of Health, direct care and treatment, behavioral health, the Department of Human Services Inspector General, assertive community treatment and intensive residential treatment services recodification and conforming changes, children’s mental health terminology, and miscellaneous other provisions.

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## Article 1: Aging and Disability Services

This article makes various changes to aging and disability services.

### Section Description - Article 1: Aging and Disability Services

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- 1 Definitions.**  
Amends § 144.0724, subd. 2. Adds definitions of “patient driven payment model” and “resource utilization group” to the section of statutes governing nursing facility resident reimbursement classification.  
  
Makes this section effective October 1, 2025, and apply to assessments conducted on or after that date.
- 2 Exceptions for replacement beds.**  
Amends § 144A.071, subd. 4a. Removes obsolete language.
- 3 Consolidation of nursing facilities.**  
Amends § 144A.071, subd. 4d. Makes technical changes to the statute governing consolidation of nursing facilities.  
  
Provides an immediate effective date.
- 4 Reuse of facilities.**  
Amends § 144A.188. Removes obsolete language.
- 5 Positive support analyst qualifications.**  
Amends § 245D.091, subd. 3. Modifies the list of positive support analyst qualifications by adding demonstrated expertise in positive support services for those who have obtained a baccalaureate degree in one of the behavioral sciences or a related field.
- 6 Prohibited condition of service provision.**  
Amends § 245D.10, by adding subd. 1a. Prohibits a 245D license holder from requiring a person to have or obtain a guardian or conservator as a condition of receiving or continuing to receive MA disability waiver services.
- 7 Rules; program standards; licenses.**  
Amends § 252.28, subd. 2. Makes a technical change.
- 8 Day services for adults with disabilities.**  
Amends § 252.41, subd. 3. Makes technical changes.

**Section Description - Article 1: Aging and Disability Services**

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- 9        **Service principles.**  
Amends § 252.42. Makes technical changes.
- 10       **Commissioner’s duties.**  
Amends § 252.43. Eliminates the needs determination process for community-based adult day services providers to align with employment first requirements and ensure services are offered in the most integrated setting possible.  
  
Provides a July 1, 2025, effective date.
- 11       **Lead agency board responsibilities.**  
Amends § 252.44. Makes technical changes.
- 12       **Vendor’s duties.**  
Amends § 252.45. Corrects cross-references.
- 13       **Day training and habilitation rates.**  
Amends § 252.46, subd. 1a. Clarifies rates for DT&H services for people receiving services in an intermediate care facility for persons with developmental disabilities (ICF/DD) to ensure rates are consistent with the historical rate and current spending authority. Requires the commissioner to consult with stakeholders prior to modifying DT&H rates.  
  
Provides a January 1, 2026, effective date.
- 14       **State medical review team.**  
Amends § 256.01, subd. 29. Directs MA providers to give the state medical review team access to the providers’ electronic health records, when available, to support the team’s work in making disability determinations for purposes of MA eligibility. Provides an immediate effective date.
- 15       **Withholding.**  
Amends § 256.9657, subd. 7a. Allows DHS to give prior notice to a provider of a withholding by email.
- 16       **Case management services.**  
Amends § 256B.092, subd. 1a. Requires developmental disability waiver case managers to have annual informed choice training and competency evaluations (codifies an existing requirement included in Laws 2021, First Special Session chapter 7, article 13, section 75).  
  
Provides an August 1, 2025, effective date.

**Section Description - Article 1: Aging and Disability Services**

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- 17      **Residential support services criteria.**  
Amends § 256B.092, subd. 11a. Corrects a cross-reference.  
  
Provides an immediate effective date.
- 18      **Case management.**  
Amends § 256B.49, subd. 13. Requires BI, CAC, and CADI waiver case managers to have annual informed choice training and competency evaluations (codifies an existing requirement included in Laws 2021, First Special Session chapter 7, article 13, section 75).  
  
Provides an August 1, 2025, effective date.
- 19      **Residential support services criteria.**  
Amends § 256B.49, subd. 29. Corrects cross-references.  
  
Makes this section effective the day following final enactment.
- 20      **Services provided by parents and spouses.**  
Amends § 256B.4911, subd. 6. For purposes of medical assistance payments under consumer-directed community supports, allows a parent to provide personal assistance services to a minor child with specified care needs when traveling temporarily out-of-state, subject to existing limitations on the number of hours of service provided.  
  
Makes this section effective August 1, 2025, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 21      **Reporting and analysis of cost data.**  
Amends § 256B.4914, subd. 10a. Delays a requirement that the commissioner of human services use cost data submitted by providers reimbursed under DWRS to determine provider compliance with direct care staff compensation requirements under DWRS.  
  
Provides an effective date retroactive to January 1, 2025.
- 22      **Direct care staff; compensation.**  
Amends § 256B.4914, subd. 10d. Delays the requirement that a provider use a certain percentage of revenue generated by DWRS rates for direct care staff compensation until January 1, 2029. Specifies the compensation encumbrance does not apply to assisted living facilities.

**Section Description - Article 1: Aging and Disability Services**

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- Provides an effective date retroactive to January 1, 2025.
- 23     **Community consultation and training.**  
Amends § 256B.4914, subd. 17. Makes technical changes and requires the commissioner to consult with the DWRS advisory committee and others to periodically review, update, and revise the format by which initiators of rate exception requests and lead agencies collect and submit specified information.  
  
Provides a July 1, 2025, effective date.
- 24     **Employer health insurance costs.**  
Amends § 256R.02, subd. 18. Makes technical changes to the definition of “employer health insurance costs” in the chapter of statutes governing nursing facility payment rates.  
  
Provides an immediate effective date.
- 25     **External fixed costs.**  
Amends § 256R.02, subd. 19. Simplifies the definition of “external fixed costs” in the chapter of statutes governing nursing facility payment rates.  
  
Makes this section effective January 1, 2026.
- 26     **Fringe benefit costs.**  
Amends § 256R.02, subd. 22. Makes a technical change to the definition of “fringe benefit costs” in the chapter of statutes governing nursing facility payment rates.  
  
Provides an immediate effective date.
- 27     **External fixed costs payment rate.**  
Amends § 256R.25. Makes a conforming cross-reference change.
- 28     **Performance-based incentive payments.**  
Amends § 256R.38. Corrects terminology.
- 29     **Planned closure rate adjustment.**  
Amends § 256R.40, subd. 5. Corrects terminology.
- 30     **Consolidation rates.**  
Creates § 256R.405. Moves the language governing the remaining facilities receiving a consolidation rate adjustment to this section.

**Section Description - Article 1: Aging and Disability Services**

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**31 Repealer.**

Repeals Minnesota Statutes, § 144A.071, subd. 4c (exceptions for replacement beds after June 30, 2003).

## **Article 2: Department of Health Policy**

This article makes various changes to Department of Health statutes.

**Section Description - Article 2: Department of Health Policy**

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**1 Resident case mix reimbursement classifications.**

Amends § 144.0724, subd. 3a. Limits the requirement that optional state assessments must be completed for nursing facility residents according to the OSA Manual Version 1.0 v.2 to assessments on or before September 30, 2025.

**2 Resident assessment schedule.**

Amends § 144.0724, subd. 4. Effective October 1, 2025, requires a significant change in status assessment to be completed for a nursing facility resident when isolation for an infectious disease ends, except a significant change in status assessment is not required if isolation was not coded on the most recent OBRA assessment. Limits the requirement that the optional state assessment must accompany all OBRA assessments to assessments on or before September 30, 2025.

**3 Request for reconsideration of resident classifications.**

Amends § 144.0724, subd. 8. Makes a conforming cross-reference change.

Makes this section effective October 1, 2025, and apply to assessments conducted on or after that date.

**4 Audit authority.**

Amends § 144.0724, subd. 9. As part of audits by the commissioner of health of the accuracy of resident assessments, limits the requirement for the commissioner to consider documentation regarding resident assessments under the time frames for coding items on the minimum data set as set out in the OSA Manual version 1.0 v.2 to audits on or before September 30, 2025.

**5 Nursing facility level of care.**

Amends § 144.0724, subd. 11. Makes a conforming cross-reference change.

**Section Description - Article 2: Department of Health Policy**

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- Makes this section effective October 1, 2025, and apply to assessments conducted on or after that date.
- 6     **Designated support person.**  
Amends § 144.651, subd. 10a. Amends the Health Care Bill of Rights to require nonacute care facilities, including nursing homes, boarding care homes, and certain other settings, to allow at least one designated support person chosen by the resident to be physically present at times of the resident's choosing while the resident resides at the facility, except in circumstances when the facility may restrict or prohibit a designated support person's presence. Specifies this provision does not apply to a patient or resident at a state-operated treatment program.
- 7     **Commissioner approval of curricula for medication administration.**  
Adds subd. 3b to § 144A.61. Requires the commissioner of health to review and approve the curricula used to train unlicensed personnel to administer medications, and to approve significant updates or amendments to the curricula.
- 8     **Approved curricula.**  
Adds subd. 3c to § 144A.61. Requires the commissioner to maintain a current list of acceptable medication administration curricula to be used for medication aide training programs for nursing home and boarding care home employees.
- 9     **Controlling person.**  
Amends § 144A.70, subd. 3. Amends the definition of controlling person for statutes governing supplemental nursing services agencies.
- 10    **Direct ownership interest.**  
Adds subd. 3a to § 144A.70. Defines direct ownership interest for statutes governing supplemental nursing services agencies.
- 11    **Indirect ownership interest.**  
Adds subd. 3b to § 144A.70. Defines indirect ownership interest for statutes governing supplemental nursing services agencies.
- 12    **Oversight.**  
Amends § 144A.70, subd. 7. Changes the frequency of surveys of supplemental nursing services agencies conducted by the commissioner of health from twice per year to every two years. (Survey frequency was changed from annual surveys to semiannual surveys in 2024 but the change to semiannual surveys was an error.)

**Section Description - Article 2: Department of Health Policy**

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- 13      **Statement of rights.**  
Amends § 144.751, subd. 1. Expands recipient rights under the section of statutes governing hospice care.
- 14      **Registered nurse.**  
Amends § 144G.08, by adding subd. 55a. Defines “registered nurse” in the chapter of statutes governing assisted living facilities.
- 15      **License required.**  
Amends § 144G.10, subd. 1. If a portion of an assisted living facility’s building houses an entity not licensed as an assisted living facility, requires the assisted living facility to ensure there is at least a vertical two-hour fire barrier between the assisted living facility portion of the building and the portion of the building used by another entity.
- 16      **Assisted living director license required.**  
Amends § 144G.10, subd. 1a. Requires an assisted living facility’s assisted living director to be affiliated as the director of record with the Board of Executives for Long Term Services and Supports.
- 17      **Protected title; restriction on use.**  
Amends § 144G.10, subd. 5. Delays from January 1, 2026, to January 1, 2027, language prohibiting a person or entity from using “assisted living” to advertise, market, or promote housing or a program unless the person or entity is licensed as an assisted living facility, and language prohibiting an assisted living facility from including “home care” or “nursing home” in its name. Also provides the restriction on the use of “home care” or “nursing home” applies to the names of all assisted living facilities, not just new assisted living facilities.
- 18      **Licensure; termination or extension of provisional licenses.**  
Amends § 144G.16, subd. 3. If the commissioner denies a provisional licensee a facility license, prohibits the owners and managerial officials of the provisional licensee from applying for an assisted living facility license for one year after the facility closes.
- 19      **Change of ownership; existing contracts.**  
Amends § 144G.19, by adding subd. 5. Following a change of ownership, requires a new licensee for an assisted living facility to honor the terms of an assisted living contract in effect at the time of the change of ownership until the end of the contract term.

**Section Description - Article 2: Department of Health Policy**

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Makes this section effective January 1, 2026, and apply to all assisted living contracts executed on or after that date.

**20 Exceptions.**

Amends § 144G.45, by adding subd. 8. Allows a specified facility that is a three-story building with Type IIIB construction located in Otter Tail County to apply for an assisted living license, and makes this subdivision expire December 31, 2025.

**21 Arbitration.**

Amends § 144G.51. Prohibits an assisted living facility from requiring any resident or the resident's representative to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility.

**22 Impermissible ground for termination.**

Amends § 144G.52, by adding subd. 5a. Prohibits an assisted living facility from terminating an assisted living contract on the ground that the resident changes from using private funds to using public funds for housing or services if certain conditions are met. Requires a resident to notify the facility of the resident's intention to apply for public assistance to pay for housing or services, or both, and to make a timely application to the appropriate government agency. Requires the facility to inform the resident at the time the resident moves into the facility and annually thereafter of the facility's policy regarding converting from private pay to public pay for housing or services, or both. Specifies a facility is not prohibited from terminating an assisted living contract for nonpayment.

Makes this section effective January 1, 2026, and apply to all assisted living contracts executed on or after that date.

**23 Nonrenewal of housing.**

Amends § 144G.53, by adding subd. 2. Prohibits an assisted living facility from declining to renew a resident's housing contract on the ground that the resident changes from using private funds to using public funds for housing if certain conditions are met. Makes technical changes to section 144G.53. Requires a resident to notify the facility of the resident's intention to apply for public assistance to pay for housing or services, or both, and to make a timely application to the appropriate government agency. Requires the facility to inform the resident at the time the resident moves into the facility and annually thereafter of the facility's policy regarding converting from private pay to public pay for housing or services, or both. Specifies a facility is not prohibited from terminating an assisted living contract for nonpayment.

**Section Description - Article 2: Department of Health Policy**

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- Makes this section effective January 1, 2026, and apply to all assisted living contracts executed on or after that date.
- 24     **Initial reviews, assessments, and monitoring.**  
Amends § 144G.70, subd. 2. Modifies requirements for comprehensive reassessments and monitoring for residents of assisted living facilities to specify reassessments and monitoring must be conducted by a registered nurse or by a licensed practical nurse to the extent permitted under the Nurse Practice Act, and to require a registered nurse to review the findings as part of the comprehensive reassessment.
- 25     **Individualized medication monitoring and reassessments.**  
Amends § 144G.71, subd. 3. Clarifies the individuals responsible for monitoring and reassessing assisted living facility resident medication management services.
- 26     **Individualized medication management plan.**  
Amends § 144G.71, subd. 5. Clarifies the individuals responsible for preparing and including in the service plan a written statement of the medication management services provided to an assisted living facility resident.
- 27     **Fire protection and physical environment.**  
Amends § 144G.81, subd. 1. Expands the fire protection and physical environment requirements in this section to all assisted living facilities with dementia care (under current law these requirements apply to assisted living facilities with dementia care that have a secured dementia care unit). Requires an assisted living facility with dementia care to conduct an assessment of safety risks and requires the facility to document in the facility's records, mitigation efforts to address identified safety risks.
- 28     **Designated support person.**  
Adds subd. 6a to § 144G.91. Amends the Assisted Living Bill of Rights to require an assisted living facility to allow at least one designated support person chosen by the resident to be physically present with the resident at times of the resident's choosing while the resident resides at the facility. Defines designated support person and lists circumstances in which an assisted living facility may restrict or prohibit a designated support person's presence.
- Provides a January 1, 2026, effective date.

**Section Description - Article 2: Department of Health Policy**

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- 29     **Administration of medications by unlicensed personnel in nursing facilities.**  
Amends § 148.235, subd. 10. Amends a subdivision establishing qualifications for graduates of foreign nursing schools to administer medications in nursing facilities, to allow them to do so after completing a medication training program for unlicensed personnel approved by the commissioner of health (current law requires them to complete a medication training program that is offered by a postsecondary educational institution and that meets certain requirements in rule).
- 30     **Revisor instruction.**  
Directs the revisor of statutes to modify the headnote to section 144G.81.
- 31     **Revisor instruction.**  
Directs the revisor of statutes to renumber specified sections of Minnesota Statutes related to supplemental nursing services agencies.
- 32     **Repealer.**  
Repeals sections 144G.9999, subdivisions 1, 2, and 3 (resident quality of care and outcomes improvement task force).

### **Article 3: Direct Care and Treatment**

This article makes numerous technical and conforming changes related to the creation of Direct Care and Treatment as a separate agency. The article also contains provisions related to inpatient criminal competency attainment examinations and programs; makes clarifying changes to crisis services provisions; and extends the 2023 change in the priority admissions (or “48-hour”) law until June 30, 2027, to allow for the continuation of the provision specifying that individuals who meet statutory criteria must be admitted to a state-operated treatment program within 48 hours of when a medically appropriate bed is available, rather than 48 hours of a commitment order.

**Section Description - Article 3: Direct Care and Treatment**

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- 1     **Investigative data.**  
Amends § 13.46, subd. 3. Adds the Direct Care and Treatment executive board and agency to data provisions.  
  
Makes this section effective July 1, 2025.

**Section Description - Article 3: Direct Care and Treatment**

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- 2 Licensing data.**  
Amends § 13.46, subd. 4. Adds the Direct Care and Treatment executive board to data provisions.  
  
Makes this section effective July 1, 2025.
- 3 Party.**  
Amends § 15.471, subd. 6. Adds Direct Care and Treatment to definition of “party.”  
  
Makes this section effective July 1, 2025.
- 4 Insurance contributions; former employees.**  
Amends § 43A.241. Strikes “executive board.”  
  
Makes this section effective July 1, 2025.
- 5 E-Health Advisory Committee.**  
Amends § 62J.495, subd. 2. Adds Direct Care and Treatment representative to the members of the e-Health Advisory Committee.  
  
Makes this section effective July 1, 2025.
- 6 Angling; residents of state institutions.**  
Amends § 97A.441, subd. 3. Clarifies provision governing angling licensure for residents of state institutions.  
  
Makes this section effective July 1, 2025.
- 7 Fees.**  
Amends § 144.53. Replaces commissioner of human services with Direct Care and Treatment executive board in hospital fees section.  
  
Makes this section effective July 1, 2025.
- 8 Definitions.**  
Amends § 144.651, subd. 2. Makes technical changes. Adds paragraph (c) to define “residential program” for purposes of the health care bill of rights.  
  
Makes this section effective July 1, 2025.
- 9 Information about rights.**  
Amends § 144.651, subd. 4. Makes technical change.

**Section Description - Article 3: Direct Care and Treatment**

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- Makes this section effective July 1, 2025.
- 10     **Grievances.**  
Amends § 144.651, subd. 20. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 11     **Isolation and restraints.**  
Amends § 144.651, subd. 31. Makes technical change.  
  
Makes this section effective July 1, 2025.
- 12     **Treatment plan.**  
Amends § 144.651, subd. 32. Makes technical change.  
  
Makes this section effective July 1, 2025.
- 13     **Fees.**  
Amends § 144.07. Replaces commissioner of human services with Direct Care and Treatment executive board in nursing home fees section.  
  
Makes this section effective July 1, 2025.
- 14     **Examination; access to medical data.**  
Amends § 146.08, subd. 4. Adds Direct Care and Treatment to unlicensed complementary and alternative health care practitioner medical data provision.  
  
Makes this section effective July 1, 2025.
- 15     **Mental examination; access to medical data.**  
Amends § 147.091, subd. 6. Adds Direct Care and Treatment to Board of Medical Practice medical data provision.  
  
Makes this section effective July 1, 2025.
- 16     **Mental examination; access to medical data.**  
Amends § 147A.13, subd. 6. Adds Direct Care and Treatment to Board of Medical Practice (physician assistant) medical data provision.  
  
Makes this section effective July 1, 2025.

**Section Description - Article 3: Direct Care and Treatment**

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- 17      **Grounds.**  
Amends § 148.10, subd. 1. Adds Direct Care and Treatment to Board of Chiropractic Examiners health data provision.  
  
Makes this section effective July 1, 2025.
- 18      **Examination; access to medical data.**  
Amends § 148.261, subd. 5. Adds Direct Care and Treatment to Board of Nursing medical data provision.  
  
Makes this section effective July 1, 2025.
- 19      **Examination; access to medical data.**  
Amends § 148.754. Adds Direct Care and Treatment to Board of Physical Therapy medical data provision.  
  
Makes this section effective July 1, 2025.
- 20      **Mental, physical, or substance use disorder examination or evaluation; access to medical data.**  
Amends § 148B.5905. Adds Direct Care and Treatment to Board of Behavioral Health and Therapy medical data provision.  
  
Makes this section effective July 1, 2025.
- 21      **Mental, physical, or chemical health evaluation.**  
Amends § 148F.09, subd. 6. Adds Direct Care and Treatment to licensed alcohol and drug counselor medical data provision.  
  
Makes this section effective July 1, 2025.
- 22      **Medical records.**  
Amends § 150A.08, subd. 6. Adds Direct Care and Treatment to Board of Dentistry medical data provision.  
  
Makes this section effective July 1, 2025.
- 23      **Mental examination; access to medical data.**  
Amends § 151.071, subd. 10. Adds Direct Care and Treatment to Board of Pharmacy medical data provision.  
  
Makes this section effective July 1, 2025.

**Section Description - Article 3: Direct Care and Treatment**

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- 24     **Access to medical data.**  
Amends § 153.21, subd. 2. Adds Direct Care and Treatment to Board of Podiatric Medicine medical data provision.  
  
Makes this section effective July 1, 2025.
- 25     **Grounds for disciplinary action.**  
Amends § 153B.70. Adds Direct Care and Treatment to orthotics, prosthetics, and pedorthics medical data provision.  
  
Makes this section effective July 1, 2025.
- 26     **Law enforcement agency; disclosure of information to public.**  
Amends § 244.052, subd. 4. Makes technical updates to predatory offender public information disclosure provisions.  
  
Makes this section effective July 1, 2025.
- 27     **Purpose and authority.**  
Amends § 245.50, subd. 2. Adds Direct Care and Treatment to provision allowing entities to contract with agencies or facilities in bordering states for behavioral health services for Minnesota residents.  
  
Makes this section effective July 1, 2025.
- 28     **Chief executive officer of Direct Care and Treatment as compact administrator.**  
Amends § 245.52. Replaces commissioner of human services with chief executive officer of Direct Care and Treatment for purposes of the interstate compact on mental health.  
  
Makes this section effective July 1, 2025.
- 29     **Access to medical data.**  
Amends § 153.21, subd. 2. Adds Direct Care and Treatment to Board of Podiatric Medicine medical data provision.  
  
Makes this section effective July 1, 2025.
- 30     **Agency.**  
Amends § 245.91, subd. 2. Adds Direct Care and Treatment to definition of “agency” in chapter 245.

**Section Description - Article 3: Direct Care and Treatment**

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- Makes this section effective July 1, 2025.
- 31     **Crisis services.**  
Amends § 246.585. Updates and clarifies state-operated crisis services technical assistance language.
- 32     **Rulemaking.**  
Amends § 246C.06, subd. 11. Provides that the Direct Care and Treatment executive board is exempt from the 18-month time limit on rulemaking.  
  
Makes this section effective retroactively from July 1, 2024.
- 33     **Admission and stay criteria; dissemination.**  
Amends § 246C.12, subd. 6. Adds paragraph (a) to require the Direct Care and Treatment executive board to establish standard admission and continued-stay criteria for state-operated services facilities.  
  
Makes this section effective July 1, 2025.
- 34     **Contract with Department of Human Services for administrative services.**  
Amends § 246C.20. Makes technical change.  
  
Makes this section effective July 1, 2025.
- 35     **Interview expenses.**  
Proposes coding for § 246C.21. Allows for reimbursement for travel expenses to and from interviews arranged by the Direct Care and Treatment executive board for certain recruited positions.  
  
Makes this section effective July 1, 2025.
- 36     **Federal grants for Minnesota Indians.**  
Proposes coding for § 246C.211. Authorizes the Direct Care and Treatment executive board to contract with specified federal agencies to receive federal grants for the welfare and relief of Minnesota Indians.  
  
Makes this section effective July 1, 2025.
- 37     **Duties of commissioner of human services.**  
Amends § 252.291, subd. 3. Makes technical updates.  
  
Makes this section effective July 1, 2025.

**Section Description - Article 3: Direct Care and Treatment**

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- 38      **Location of programs.**  
Amends § 252.50, subd. 5. Clarifies language.
- 39      **Apprehend and hold orders.**  
Amends § 253B.07, subd. 2b. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 40      **Reporting judicial commitments; private treatment program or facility.**  
Amends § 253B.09, subd. 3a. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 41      **Administrative requirements.**  
Amends § 253B.10, subd. 1. Removes 48-hour timeline for priority admissions for individuals who meet specified criteria to be admitted to state-operated direct care and treatment programs; replaces with reference to new section outlining timelines. Removes expiring exception.
- 42      **Admission timelines.**  
Proposes coding for § 253B.1005. Subdivision 1 requires priority admission state-operated direct care and treatment programs within 48 hours for individuals who meet specified criteria, unless required under subdivision 2. Subdivision 2 requires admission for individuals that meet priority criteria within 48 hours of a determination that a medically-appropriate bed is available, until June 30, 2027.  
  
Makes this section effective July 1, 2025.
- 43      **Apprehension; return to facility or program.**  
Amends § 253B.141, subd. 2. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 44      **Transfer.**  
Amends § 253B.18, subd.6. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 45      **Petition; hearing.**  
Amends § 253B.19, subd. 2. Makes technical changes.  
  
Makes this section effective July 1, 2025.

**Section Description - Article 3: Direct Care and Treatment**

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- 46     **Factors.**  
Amends § 253D.29, subd. 1. Makes technical changes.
- 47     **Voluntary readmission to a secure treatment facility.**  
Amends § 253D.29, subd. 2. Makes technical changes.
- 48     **Revocation.**  
Amends § 253D.29, subd. 3. Makes technical changes.
- 49     **Voluntary readmission.**  
Amends § 253D.30, subd. 4. Makes technical changes.
- 50     **Revocation.**  
Amends § 253D.30, subd. 5. Makes technical changes.
- 51     **Specific powers.**  
Amends § 256.01, subd. 2. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 52     **Gifts, contributions, pensions and benefits; acceptance.**  
Amends § 256.01, subd. 5. Strikes language from human services statute relating to receipt of gifts and benefits on behalf of residents in state hospitals (now under Direct Care and Treatment).  
  
Makes this section effective July 1, 2025.
- 53     **Retention rates.**  
Amends § 256.019, subd. 1. Makes technical update.  
  
Makes this section effective July 1, 2025.
- 54     **Interagency data exchange.**  
Amends § 256.0281. Adds Direct Care and Treatment to interagency data exchange agreement provision.  
  
Makes this section effective July 1, 2025.
- 55     **Scope.**  
Amends § 256.0451, subd. 1. Defines “state agency” for purposes of fair hearings section; makes conforming changes.

**Section Description - Article 3: Direct Care and Treatment**

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- Makes this section effective July 1, 2025.
- 56     **Agency appeal summary.**  
Amends § 256.0451, subd. 3. Makes clarifying change.
- 57     **Appeal request for emergency assistance or urgent matter.**  
Amends § 256.0451, subd. 6. Makes clarifying changes.  
  
Makes this section effective July 1, 2025.
- 58     **Subpoenas.**  
Amends § 256.0451, subd. 8. Makes clarifying change.  
  
Makes this section effective July 1, 2025.
- 59     **No ex parte contact.**  
Amends § 256.0451, subd. 9. Makes clarifying changes.  
  
Makes this section effective July 1, 2025.
- 60     **Inviting comment by state agency.**  
Amends § 256.0451, subd. 18. Makes clarifying changes.  
  
Makes this section effective July 1, 2025.
- 61     **Decisions.**  
Amends § 256.0451, subd. 22. Makes clarifying changes.  
  
Makes this section effective July 1, 2025.
- 62     **Refusal to accept recommended orders.**  
Amends § 256.0451, subd. 23. Makes clarifying changes.  
  
Makes this section effective July 1, 2025.
- 63     **Reconsideration.**  
Amends § 256.0451, subd. 24. Makes clarifying changes.  
  
Makes this section effective July 1, 2025.

**Section Description - Article 3: Direct Care and Treatment**

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- 64      **Report regarding programs and services for people with disabilities.**  
Amends § 256.4825. Adds Direct Care and Treatment executive board to required report.  
  
Makes this section effective July 1, 2025.
- 65      **Limitations.**  
Amends § 256.93, subd. 1. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 66      **Division of recovered amounts.**  
Amends § 256.98, subd. 7. Makes technical updates.  
  
Makes this section effective July 1, 2025.
- 67      **Admission of persons to and discharge of persons from regional treatment centers.**  
Amends § 256B.092, subd. 10. Adds Direct Care and Treatment executive board to discharge provision.  
  
Makes this section effective July 1, 2025.
- 68      **Appeals.**  
Amends § 256G.09, subd. 4. Makes technical updates.  
  
Makes this section effective July 1, 2025.
- 69      **Payment pending appeal.**  
Amends § 256G.09, subd. 5. Makes technical updates.  
  
Makes this section effective July 1, 2025.
- 70      **Background check.**  
Amends § 299F.77, subd. 2. Replaces commissioner of human services with Direct Care and Treatment executive board in fire marshal explosives provision.  
  
Makes this section effective July 1, 2025.
- 71      **Studies; reports.**  
Amends § 342.04. Adds Direct Care and Treatment to cannabis data provision.  
  
Makes this section effective July 1, 2025.

**Section Description - Article 3: Direct Care and Treatment**

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- 72      **Additional Direct Care and Treatment personnel.**  
Amends § 352.91, subd. 3f. Makes technical change.  
  
Makes this section effective July 1, 2025.
- 73      **Establishment; members.**  
Amends § 401.17, subd. 1. Replaces commissioner of human services with Direct Care and Treatment executive board for the Community Supervision Advisory Committee.  
  
Makes this section effective July 1, 2025.
- 74      **Definitions.**  
Amends § 507.071, subd. 1. Adds Direct Care and Treatment to state agency definition.  
  
Makes this section effective July 1, 2025.
- 75      **Order to competency attainment program.**  
Amends § 611.46, subd. 1. Adds paragraph (i), requiring an inpatient competency attainment or alternative program or facility to notify specified individuals and entities if the defendant is placed on a leave or elopement status, and if the defendant returns. Adds paragraph (j) requiring that defense counsel and prosecutors have access to information about a defendant's participation and treatment in a competency attainment or alternative program.
- 76      **Data access.**  
Amends § 611.55 by adding subd. 5. Requires forensic navigators to have access to all data collected, created, or maintained by a competency attainment or alternative program. Allows a program to request a copy of the court order appointing the navigator before disclosing any private information.  
  
Makes this section effective July 1, 2027.
- 77      **Membership.**  
Amends § 611.57, subd. 2. Makes technical change.  
  
Makes this section effective July 1, 2025.
- 78      **Duties.**  
Amends § 611.57, subd. 4. Adds Direct Care and Treatment to the Certification Advisory Committee.

**Section Description - Article 3: Direct Care and Treatment**

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- Makes this section effective July 1, 2025.
- 79     **Information.**  
Amends § 624.7131, subd. 1. Replaces commissioner of human services with Direct Care and Treatment executive board for commitment information provision.  
  
Makes this section effective July 1, 2025.
- 80     **Investigation.**  
Amends § 624.7131, subd. 2. Replaces commissioner of human services with Direct Care and Treatment executive board for commitment information provision.  
  
Makes this section effective July 1, 2025.
- 81     **Required information.**  
Amends § 624.7132, subd. 1. Replaces commissioner of human services with Direct Care and Treatment executive board for commitment information provision.  
  
Makes this section effective July 1, 2025.
- 82     **Investigation.**  
Amends § 624.7132, subd. 2. Replaces commissioner of human services with Direct Care and Treatment executive board for commitment information provision.  
  
Makes this section effective July 1, 2025.
- 83     **Form and contents of application.**  
Amends § 624.714, subd. 3. Replaces commissioner of human services with Direct Care and Treatment executive board for commitment information provision.  
  
Makes this section effective July 1, 2025.
- 84     **Investigation.**  
Amends § 624.714, subd. 4. Replaces commissioner of human services with Direct Care and Treatment executive board for commitment information provision.  
  
Makes this section effective July 1, 2025.
- 85     **Direct Care and Treatment and Departments of Human Services; Children, Youth, and Families; and Health licensees.**  
Amends § 631.40, subd. 3. Makes technical changes.

**Section Description - Article 3: Direct Care and Treatment**

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Makes this section effective July 1, 2025.

**86 Revisor instruction.**

Instructs revisor to renumber statutes and make necessary cross-reference changes.

Makes this section effective July 1, 2025.

**87 Repealer.**

Repeals Minnesota Statutes 2024, sections 245.4862 (direct care and treatment mental health urgent care and psychiatric consultation services); 246.015, subdivision 3 (authorization for consultative services); 246.50, subdivision 2 (commissioner definition; care of clients at state facilities); and 246B.04, subdivision 1a (executive board program evaluation); and Laws 2024, chapter 79, article 1, sections 15, 16, and 17 (Direct Care and Treatment recodification sections).

Makes this section effective July 1, 2025.

## **Article 4: Behavioral Health**

This article contains provisions modifying mental health and substance use disorder treatment services. The article modifies opioid settlement definitions and the membership and duties of the Opioids, Substance Use, and Addiction Subcabinet; modifies substance use disorder comprehensive assessment requirements; modifies mental health case management service and peer support provider requirements; makes changes throughout the Children’s Mental Health Act; modifies allowable grant activities and codifies intermediate school district behavioral health grants; modifies client rights in certain settings; modifies recovery community organization requirements; adds tardive dyskinesia training and monitoring in relevant sections of chapter 245I; prohibits duplicative claim submission; modifies requirements related to federal demonstrations; and prohibits county boards from charging for emergency services provided to individuals experiencing emotional crisis or mental illness.

**Section Description - Article 4: Behavioral Health**

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**1 Definitions.**

Amends § 3.757, subd. 1. Modifies definitions in section related to release of opioid-related claims. Adds Purdue Pharma, and aligns, expands, and clarifies definitions of “settling defendant” and “statewide opioid settlement agreement.”

**Section Description - Article 4: Behavioral Health**

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- 2      **Subcabinet membership.**  
Amends § 4.046, subd. 2. Adds four members to the Opioids, Substance Use, and Addiction Subcabinet.
- 3      **Policy and strategy development.**  
Amends § 4.046, subd. 3. Adds a duty for the Opioids, Substance Use, and Addiction Subcabinet to develop and publish a comprehensive substance use and addiction plan; specifies what the plan must include; requires all relevant state agencies to set program goals and priorities in accordance with the state plan.
- 4      **Definitions.**  
Amends § 144.651, subd. 2. Exempts IRTS and residential crisis stabilization services from specified rights listed in the health care bill of rights in section 144.651 related to:
- Grievances
  - Married residents
  - Transfers and discharges
  - Treatment plans
  - Restraints
- 5      **Comprehensive assessment charge; surcharge.**  
Amends § 169A.284. Removes the terms “chemical use” and “chemical dependency” and specifies that the assessments are “comprehensive assessments.” Adds a paragraph prohibiting a court from ordering a person convicted of certain offenses to pay the costs for a comprehensive assessment if the individual is eligible under medical assistance or the behavioral health fund.
- 6      **Case management service provider.**  
Amends § 245.462, subd. 4. For adult mental health services, adds case managers with bachelor’s degrees in fields not related to behavioral sciences to individuals who must meet additional requirements listed in statute. Adds training hours and demonstrated competencies to those requirements.
- Modifies case management associate requirements by adding a sliding scale of required annual continuing education hours and reducing supervision hours from five hours of mentoring per week to four hours of supervision per month. Changes “mentor” to “supervisor” and removes definition of “case management mentor.”

**Section Description - Article 4: Behavioral Health**

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**7 Services and programs.**

Amends § 245.4661, subd. 9. Adds to adult mental health grants for adult mobile crisis services, using grant funds to purchase and renovate vehicles for protected transport.

**8 Emergency services.**

Amends § 245.469.

**Subd. 1. Availability of emergency services.** Prohibits county boards from charging for emergency services provided to clients experiencing emotional crisis or mental illness. Specifies that emergency service providers must meet the qualifications for mobile crisis providers under medical assistance.

**Subd. 2. Specific requirements.** Adds “children” for purposes of emergency services, to align with subdivision 1.

**Subd. 3. Mental health crisis services.** Updates language to require the commissioner of human services to promote the centralized 988 Lifeline, instead of developing a central phone number for crisis services.

**9 Fees for mental health services.**

Amends § 245.481. Clarifies statutory sections for mental health services fees.

**10 Case management service provider.**

Amends § 245.4871, subd. 4. Adds language to allow a children’s mental health case manager to be a mental health practitioner under specified conditions.

Makes this section effective the day following final enactment.

**11 Clinical supervision.**

Amends § 245.4871 by adding subd. 7a. Defines “clinical supervision” for purposes of the Children’s Mental Health Act.

**12 Professional home-based family treatment.**

Amends § 245.4871, subd. 31. Updates terminology; adds service coordination requirement.

**13 Duties of county board.**

Amends § 245.4874, subd. 1. Updates terminology; modifies county screening requirement related to children in residential mental health treatment.

**Section Description - Article 4: Behavioral Health**

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- 14     **Duties of case manager.**  
Amends § 245.4881, subd. 3. Adds a written functional assessment with child and parent or legal guardian consent to the duties of a children’s mental health case manager.
- 15     **Allowable grant activities and related expenses.**  
Amends § 245.4901, subd. 3. Adds family supports to access needed mental health services for caregivers to school-linked behavioral health grant allowable grant activities.
- 16     **Intermediate school district behavioral health grant program.**  
Proposes coding for § 245.4904. Codifies the intermediate school district school-linked behavioral health grant program, originally authorized in 2017 session law. Specifies that an eligible applicant is an intermediate school district partnered with an entity or provider that meets listed criteria. Specifies allowable grant activities and related expenses, and that grants must be awarded to qualifying school units proportionately. Requires grantees to provide data to the commissioner to evaluate the grant program, and requires the commissioner to consult with grantees to develop outcome measures.
- 17     **Allowable grant activities.**  
Amends § 245.4907, subd. 3. Modifies mental health certified peer family specialist grant activities to specify that funding must be used to provide training for prospective peer specialists and for continuing education.
- 18     **Exceptions.**  
Amends § 245.50, subd. 3. Allows persons on probation or parole access to certain mental health, chemical health, or detoxification services.  
  
Makes this section effective the day following final enactment.
- 19     **Contract notice.**  
Amends § 245.50 by adding subd. 6. Requires a Minnesota behavioral health or detoxification facility or program that contracts with a border state, to provide the commissioner with a copy of the contract within 30 days of the contract’s effective date, or, if amended, within 30 days of the amendment.  
  
Makes this section effective the day following final enactment.
- 20     **Comprehensive assessment.**  
Amends § 245F.06, subd. 2. Updates cross-reference.

**Section Description - Article 4: Behavioral Health**

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**21 Comprehensive assessment.**

Amends § 245G.05, subd. 1. Expands who may conduct a substance use disorder comprehensive assessment, to include not only alcohol and drug counselors, but also mental health professionals, clinical trainees, and advanced practice registered nurses who have at least 12 hours of training in substance use disorder diagnosis and treatment. Makes conforming changes.

**22 Treatment coordination provider qualifications.**

Amends § 245G.11, subd. 7. Modifies treatment coordination provider requirements by removing the requirement to have 30 hours of classroom instruction on treatment coordination and instead requiring 15 hours of education or training on substance use disorder and co-occurring disorders that is consistent with national evidence-based practices. Modifies additional criteria to include an individual with a high school diploma or equivalent, or a mental health practitioner, and reduces supervised experience hours from 2,000 to 1,000. In paragraph (b), outlines required weekly and monthly supervision levels for treatment coordinators, depending on how many hours of supervised experience the treatment coordinator has completed.

**23 Initial training.**

Amends § 245I.05, subd. 3. Adds tardive dyskinesia to required training on psychotropic medications and medication side effects.

**24 Additional training for medication administration.**

Amends § 245I.05, subd. 5. Adds tardive dyskinesia to required training on psychotropic medications and medication side effects.

**25 Treatment supervision and direct observation of mental health rehabilitation workers and mental health behavioral aides.**

Amends § 245I.06, subd. 3. Modifies requirements for progress note approval for mental health behavioral aide or mental health rehabilitation worker direct observation observed treatment services; begins with twice per month for the first six months of employment, then as described in a supervision plan.

**26 Medication administration in residential programs.**

Amends § 245I.11, subd. 5. Adds tardive dyskinesia to required monitoring for effectiveness, side effects, and adverse reactions to medications.

**27 Client grievances.**

Amends § 245I.12, subd. 5. Adds paragraph (d) specifying that clients may voice grievances and recommend policy and service changes, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge.

**Section Description - Article 4: Behavioral Health**

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**28 Alcohol and Other Drug Abuse Section.**

Amends § 254A.03, subd. 1. Transfers the responsibility for the state's comprehensive substance use and addiction plan from the commissioner of human services to the Opioids, Substance Use, and Addiction Subcabinet.

**29 Assessments for detoxification programs.**

Amends § 254A.19, subd. 6. Strikes outdated language related to assessors.

**30 Assessments for children's residential facilities.**

Amends § 254A.19, subd. 7. Strikes language specifying who may conduct a comprehensive assessment for services in children's residential facilities.

**31 Licensure or certification required.**

Amends § 254B.05, subd. 1. Requires recovery community organizations to be certified by the Minnesota Alliance of Recovery Community Organizations or another organization identified by the commissioner, to be eligible vendors of peer recovery support services for purposes of the behavioral health fund. Allows for the commissioner to determine eligibility under specified circumstances.

Requires recovery community organizations to follow statutory requirements for the transfer of clients and records upon program closure, to be eligible vendors of substance use disorder treatment services.

For a recovery community organization that appeals a certification determination, limits the human services judge's determination of eligibility to two years, after which the organization must reapply for certification under this section.

**32 Rate requirements.**

Amends § 254B.05, subd. 5. Specifies that the requirement to complete a mental health diagnostic assessment within ten days of admission for certain clients excludes weekends and holidays.

**33 Prohibition of duplicative claim submission.**

Amends § 254B.06 by adding subd. 5. Requires time-based claim submissions to follow guidance on appropriate units of time from the Centers for Medicare and Medicaid Services' Healthcare Common Procedure Coding System and the American Medical Association's Current Procedural Terminology.

Requires more than half of the duration of a time-based code to be spent performing the eligible service; specifies what constitutes a duplicative claim submission.

**Section Description - Article 4: Behavioral Health**

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Allows a provider to round up to the next whole number of service units only when more than one and one-half times the defined value of the code has occurred and no additional time increment code exists.

Makes this section effective July 1, 2025.

**34 Federal administrative reimbursement dedicated.**

Amends § 256.01, subd. 34. Modifies the statutory appropriation of federal administrative reimbursements to DHS to include reimbursement for capacity building and implementation grant expenditures for the MA reentry demonstration program.

**35 Family peer support program providers.**

Amends § 256B.0616, subd. 4. Removes “specialist” from family peer support programs language.

**36 Certified family peer specialist training and certification.**

Amends § 256B.0616, subd. 5. Makes clarifying changes; allows the commissioner to approve the use of an existing training and certification process for certifying family peer specialists. Adds having lived experience as a youth with a mental illness to qualifications for being a certified family peer specialist. Adds paragraph (c), requiring initial training and continuing education to be delivered by the commissioner or an approved third-party organization.

**37 Provider certification and contract requirements for assertive community treatment.**

Amends § 256B.0622, subd. 3a. Adds requirement for certified ACT team to ensure that overall treatment supervision is provided by a qualified team member, and available during and after regular business hours, including on weekends and holidays.

**38 Assertive community treatment team staff requirements and roles.**

Amends § 256B.0622, subd. 7a. Allows for an ACT team leader to be a clinical trainee or mental health practitioner rather than only a mental health professional.

Makes this section effective upon federal approval.

**39 Services and duration.**

Amends § 256B.0761, subd. 4. Modifies re-entry demonstration waiver services under medical assistance by adding medications used for the treatment of opioid use disorder and nonmedication treatment services for opioid use disorder.

**Section Description - Article 4: Behavioral Health**

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- 40      **Cost-sharing.**  
Amends § 256L.03, subd. 5. Specifies that co-payments, coinsurance, and deductibles do not apply to mobile crisis intervention or crisis assessment services.  
  
Makes this section effective January 1, 2026, or upon federal approval, whichever is later.
- 41      **Revisor instruction.**  
Instructs the revisor of statutes to substitute the term “substance use disorder assessment” or similar terms for listed terms found in statutes related to assessment charges or surcharges found in chapter 169A and relevant rules.
- 42      **Revisor instruction.**  
Instructs the revisor to change the terms “sober home” and “sober homes” to “recovery residence” or “recovery residences” in statute.

**Article 5: Department of Human Services Inspector General**

This article establishes illegal remuneration policies and criminal violations for human services programs, including medical assistance and the child care assistance program (CCAP). The article also expands the health care bill of rights to include additional service types, modifies substance use disorder treatment and opioid treatment program licensing and service requirements, modifies license reissuing timelines for certain provider types and makes other changes related to the provider licensing and reporting hub, and modifies human services background study requirements by allowing electronic signatures, clarifying arrest and investigative information, and expanding limited set-asides.

**Section Description - Article 5: Department of Human Services Inspector General**

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- 1      **Administrative disqualification of child care providers caring for children receiving child care assistance.**  
Amends § 142E.51, subd. 5. Authorizes the Department of Human Services to pursue an administrative disqualification based on evidence that there has been an illegal offer, payment, solicitation, or receipt of something of value in violation of the new Minnesota anti-kickback statute or related provisions in this section of law.
- 2      **Prohibited hiring practices.**  
Amends § 142E.51, subd. 6. Makes technical changes.

**Section Description - Article 5: Department of Human Services Inspector General**

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**3 Illegal remuneration.**

Amends § 142E.51 by adding subd. 6a. Prohibits program participants from offering, providing, soliciting, or receiving money or any other thing of value in exchange for obtaining or attempting to obtain child care benefits or directing a person's child care assistance benefits to a particular provider. Establishes exceptions to this prohibition based on actions permitted under existing law. Specifies that an attempt by a person to receive an unauthorized benefit is an intentional program violation under the statute related to wrongfully obtaining assistance.

**4 Definitions.**

Amends § 144.651, subd. 2. Exempts withdrawal management programs, detoxification programs, residential substance use disorder treatment programs, intensive residential treatment services, and residential crisis stabilization services from specified rights listed in the health care bill of rights in section 144.651. Modifies definition of "patient" for purposes of the health care bill of rights to include substance use disorder treatment.

**5 Application for licensure.**

Amends § 245A.04, subd. 1. Requires a license holder train staff on the program's alcohol and drug policy before staff have direct contact with a person served by the program.

**6 Grant of license; license extension.**

Amends § 245A.04, subd. 7. Modifies license reissue requirements. Requires adult foster care, family adult day services, child foster residence setting, and community residential services license holders to apply for and be granted a new license to operate the program. Specifies that licenses may be issued each calendar year upon implementation of the provider licensing and reporting hub.

**7 Delegation of authority to agencies.**

Amends § 245A.16, subd. 1. Specifies that until the implementation of the provider licensing and reporting hub, adult foster care, family adult day services, child foster residence setting, and community residential services licenses may be issued for up to two years. Specifies that licenses may be issued each calendar year upon implementation of the provider licensing and reporting hub.

**8 Emergency overdose treatment.**

Amends § 245A.242, subd. 2. Requires a license holder to require staff to undergo training on the use of opiate antagonists before having direct contact with a person served by the program.

**Section Description - Article 5: Department of Human Services Inspector General**

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- 9        **Electronic signature.**  
Amends § 245C.05 by adding subd. 9. Allows for electronic signatures for purposes of human services background studies.
- 10       **Arrest and investigative information.**  
Amends § 245C.08, subd. 3. Updates language in list of entities from which the commissioner may review arrest and investigative information for background study purposes.
- 11       **Scope of set-aside.**  
Amends § 245C.22, subd. 5. Adds financial management services organizations, community first services and supports organizations, unlicensed home and community-based organizations, and consumer-directed community supports organizations to entities for which a disqualification set-aside may be limited to a specific individual who is receiving services.
- 12       **Community residential setting.**  
Amends § 245D.02, subd. 4a. In definition of “community residential setting,” specifies that services are provided to adults.  
  
Makes this section effective August 1, 2025.
- 13       **Comprehensive assessment.**  
Amends § 245G.05, subd. 1. Clarifies comprehensive SUD assessment requirement.
- 14       **General.**  
Amends § 245G.06, subd. 1. Reduces amount of time for an opioid treatment program to complete an individual treatment plan from 21 to 14 days from the day of service initiation.
- 15       **Documentation of treatment services.**  
Amends § 245G.06, subd. 2. Requires an alcohol and drug counselor who provides a treatment service during which a guest speaker presents information to document the name of the guest speaker, date of service, time the presentation began, time the presentation ended, and a summary of the topic presentation.
- 16       **Frequency of treatment plan reviews.**  
Amends § 245G.06, subd. 3a. Specifies that the ten-week timeframe for nonresidential opioid treatment program services treatment plan review may include a client’s previous time in another opioid treatment program, under specified circumstances.

**Section Description - Article 5: Department of Human Services Inspector General**

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**17 Additional treatment service.**

Amends § 245G.07, subd. 2. Specifies that peer recovery support services must be provided one-on-one and face-to-face, including via the Internet.

**18 Control of drugs.**

Amends § 245G.08, subd. 6. Clarifies that an SUD treatment program license holder must have policies and procedures that contain a documentation system that accounts for all schedule II to V drugs.

**19 Contents.**

Amends § 245G.09, subd. 3. Modifies client record requirements to specify timing for when a client is given listed information, educational materials, and orientation. Adds paragraph (b), stating that the license holder is not required to complete new documents or orientation for a client that transfers to another of the license holder's locations, except for specified topic areas for the new location.

**20 Individuals with temporary permit.**

Amends § 245G.11, subd. 11. Specifies services an individual with a temporary permit from the Board of Behavioral Health and Therapy may provide, to include comprehensive assessments, individual treatment plans, and service discharge summaries.

**21 Alcohol and drug counselor qualifications.**

Amends § 245G.18, subd. 2. Modifies training requirements for licensed alcohol and drug counselors providing treatment services to adolescents. Requires training or classroom instruction to be completed within six months after the counselor begins treating adolescents and requires training to be interactive. Exempts mental health professionals from the training requirement; removes requirement to have at least 150 hours of supervised experience as an adolescent counselor.

**22 Additional licensing requirements.**

Amends § 245G.19, subd. 4. Provides exception to additional licensing requirements for substance use disorder treatment license holders to provide child care for short time periods.

**23 Child care license exemption.**

Amends § 245G.19 by adding subd. 5. Exempts substance use disorder treatment license holders that supervise children for less than three hours a day while the parent is in the same building or contiguous building from child care license requirements. Requires a staff member trained in CPR and first aid to be present

**Section Description - Article 5: Department of Human Services Inspector General**

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- when the license holder is responsible for supervising a child; requires the staff member to be able to immediately contact the parent.
- 24     **Additional requirements.**  
Amends § 245G.22, subd. 1. Requires an opioid treatment program to meet statutory and regulatory requirements for dispensing by a practitioner, if not licensed by the Board of Pharmacy. Adds paragraph (b), requiring a license holder operating under the dispensing by practitioner requirements to maintain compliance documentation.
- 25     **Central registry.**  
Amends § 245G.22, subd. 14. For opioid treatment programs, removes requirement to submit a client’s government-issued photo identification and driver’s license number to the state central registry.
- 26     **Nonmedication treatment services; documentation.**  
Amends § 245G.22, subd. 15. Specifies that the ten-week timeframe for opioid treatment program therapy services may include a client’s previous time in another opioid treatment program, under specified circumstances.
- 27     **Wrongfully obtaining assistance.**  
Amends § 256.98, subd. 1. Specifies that offering, providing, soliciting, or receiving money or anything of value in violation of the new Minnesota anti-kickback statute or by submitting (or aiding in the submission of) a willful false claim for child care assistance constitutes wrongfully obtaining assistance.
- 28     **Grounds for sanctions.**  
Amends § 256B.064, subd. 1a. Authorizes the Department of Human Services to impose sanctions against a person or entity that receives payment from medical assistance if that person or entity offers, provides, solicits, or receives money or any other thing of value in violation of the new Minnesota anti-kickback law or the federal anti-kickback law. Specifies that no conviction is needed for the agency to act.
- 29     **Residential support services.**  
Amends § 256B.092, subd. 11. Removes outdated cross-reference.
- 30     **Legal representation.**  
Amends § 256B.12. Makes technical update; adds cross-reference to new illegal remunerations crime.

**Section Description - Article 5: Department of Human Services Inspector General**

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**31 Background study requirements.**

Amends § 2561.04, subd. 2c. Removes obsolete language. Exempts supportive housing and emergency shelter providers providing housing support from background study requirements in sections 299C.66 to 299C.71 and chapter 364.

**32 Illegal remuneration.**

Proposes coding for § 609.542.

**Subd. 1. Definition.** Defines the term “federal health care program” by reference to federal law.

**Subd. 2. Human services program; unauthorized remuneration.** Establishes the crime of illegal remuneration related to certain financial arrangements related to federal health care programs, behavioral health programs, and child care assistance programs. Specifies that it is a crime to solicit, receive, offer, or make a payment or provide any other thing of value when related to a referral for a service, use of a particular product or good, or applying for benefits.

**Subd. 3. Exceptions.** Establishes exceptions consistent with the exceptions in the federal anti-kickback law. Also establishes exceptions related to authorized incentives and other payments in the child care assistance program.

**Subd. 4. Penalties.** Establishes felony penalties for a violation of this section that are consistent with the penalties for the theft of public funds. If the value of the illegal remuneration exceeds \$35,000, the maximum sentence of imprisonment is 20 years. If the value is over \$5,000 but not more than \$35,000, the penalty is ten years. If the value is \$5,000 or less, the maximum sentence is five years.

**Subd. 5. Aggregation.** Allows the value of any money or other item solicited, received, offered, or paid in a six-month period to be consolidated into a single charge.

**Subd. 6. False claims.** Specifies that, in addition to the penalties under this section, a claim that includes items or services resulting from a violation of this section constitutes a false claim.

Makes this section effective August 1, 2025, and for crimes committed on or after that date.

**33 Effective date.**

Amends the effective date of Laws 2023, chapter 70, article 7, section 34 (changes to background study 15-year disqualifications for drug offenses) to make it effective the day following final enactment.

**Section Description - Article 5: Department of Human Services Inspector General**

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**34 Repealer.**

Para. (a) repeals § 245A.11, subd. 8 (community residential setting license provider standards).

Para. (b) repeals section 245A.042, subdivisions 2, 3, and 4 (Home and Community-based Services; Additional Standards and Procedures: Modified application procedures; Implementation; and Stakeholder consultation).

Makes paragraph (a) effective August 1, 2025.

## **Article 6: Assertive Community Treatment and Intensive Residential Treatment Services Recodification**

In Minnesota Laws 2024, chapter 27, the legislature instructed the revisor of statutes and nonpartisan staff to prepare legislation to recodify Minnesota Statutes, section 256B.0622, to separate assertive community treatment (ACT) and intensive residential treatment services (IRTS) into different sections of statute.

This article recodifies section 256B.0622, which outlines medical assistance coverage of ACT and IRTS. It removes IRTS from the section, so that the section governs only ACT services. ACT provides intensive community-based treatment and rehabilitative mental health services to individuals with a serious mental illness. The article then creates section 256B.0632, moving all IRTS provisions from 256B.0622 into the new section, and repeals a subdivision of section 256B.0622 (provider entity licensure and contract requirements for intensive residential treatment services). IRTS are medically monitored services for adults with mental illness, provided in nonhospital residential facilities of five to 16 beds.

## **Article 7: Assertive Community Treatment and Intensive Residential Treatment Services Recodification Conforming Changes**

This article contains conforming changes made necessary by the recodification in article 6.

## **Article 8: Children’s Mental Health Terminology**

This article updates terminology throughout health and human services statutes by deleting the terms “emotional disturbance” and “severe emotional disturbance” and replacing them with “mental illness” and “serious mental illness.” The article also removes the term “out-of-home placement” and replaces it with “residential treatment and therapeutic foster care” throughout

the children’s mental health act, sections 245.487 to 245.4887. Conforming changes related to the terminology updates are made throughout the article.

## Article 9: Miscellaneous

This article clarifies notice to the public of federal approval of legislative enactments. Often, when the legislature enacts changes to medical assistance or directs the commissioner of human services to make changes to medical assistance, those provisions include effective dates contingent upon federal approval. Without notice from the commissioner, legislative staff cannot know which of these provisions become effective, and when. This article also makes changes to health care provider claims filing and repeals Minnesota Rules relating to MA payments for clinic services.

### Section Description - Article 9: Miscellaneous

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- 1 Claims filing.**  
Amends § 62Q.75, subd. 3. Modifies the timeline for health care provider claims filing if a health plan or third-party administrator makes any adjustment or recoupment of payment.
- 2 Notification of federal approval; report.**  
Amends § 256.01, by adding subd. 44. Requires the commissioner of human services to establish and maintain a public list of which enacted provisions contain an effective date contingent upon federal approval and when federal approval is obtained for any such provision. Requires the commissioner to post regular status updates on all provisions of Minnesota Statutes and Laws of Minnesota enacted with an effective date contingent on federal approval on the department’s website and to update the information monthly. Provides a December 1, 2025, effective date.
- 3 Repealer.**  
Repeals Minn. Rules, part 9505.0250, subparts 1, 2, and 3 (MA payment clinic services), effective the day following final enactment.



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