

Chapter 95

2026 Regular Session

Subject Human Services Policy Bill

Bill S.F. 476

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Overview

This act contains human services policy provisions, including provisions related to direct care and treatment, Department of Health policy, aging and disability services, behavioral health, maltreatment of vulnerable adults, housing and support services, continuity of care, and other miscellaneous policy provisions.

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Article 1: Direct Care and Treatment Policy

This article modifies Direct Care and Treatment data privacy requirements, makes clarifying and technical changes, allows Direct Care and Treatment to modify employee classifications with permission from Minnesota Management and Budget, changes the procedures for medical decision-making for patients who are not competent to consent to treatment, and modifies the timeframe for committed persons to voluntarily return to a secure treatment facility. The article also allows for restrictions on patient or client access to personnel data, correspondence, and telephone calls that the head of a treatment facility or program reasonably believes will be used to harass, intimidate, or assault facility or program employees.

Section Description - Article 1: Direct Care and Treatment Policy

- 1 **Loss, damage, or destruction of property; state institutions; correctional facilities.**
Amends § 3.7381. Adds the Direct Care and Treatment executive board and makes conforming change.

- 2 **Sex offender program data; challenges.**
Amends § 13.04, subd. 4a. Adds a “delegee” of the Direct Care and Treatment data compliance official to the section governing challenges to the accuracy or completeness of data maintained by the sex offender program.

- 3 **Classification of medical data.**
Amends § 13.384, subd. 3. Adds cross-reference to exceptions for disclosure of medical data.

- 4 **Limitation on disclosure of certain personnel data.**
Amends § 13.43, subd. 5a. Prohibits the disclosure of specified personnel data of Direct Care and Treatment employees, to facility patients or clients, or other individuals that may use personnel information to harass, intimidate, or assault Direct Care and Treatment employees.

Provides an immediate effective date.

- 5 **Definitions.**
Amends § 13.46, subd. 1. Removes Direct Care and Treatment mental health services from the definition of “mental health data.”

- 6 **General.**
Amends § 13.46, subd. 2. Adds paragraph (f), allowing Direct Care and Treatment to disclose welfare system data as provided in the new subdivision 14.

Section Description - Article 1: Direct Care and Treatment Policy

- 7 **Direct Care and Treatment.**
Amends §13.46 by adding subd. 14. Allows Direct Care and Treatment to disclose welfare data to facilitate guardianship proceedings for Direct Care and Treatment clients and for reporting complaints to the Minnesota Judicial Branch or the Office of Ombudsman for Mental Health and Developmental Disabilities. Requires the consent of the client but provides two exceptions to the consent requirement.
- 8 **Rights of next of kin upon death.**
Amends § 182.6545. Updates cross-reference.
- 9 **Classification alignment for Direct Care and Treatment employees.**
Proposes coding for § 246C.051. Allows Direct Care and Treatment, with the approval of Minnesota Management and Budget, to convert employees deemed unclassified at the Department of Human Services into the classified service. This would maintain the employees' terms and conditions of employment after their transfer from the Department of Human Services to Direct Care and Treatment.
- 10 **Correspondence.**
Amends § 253B.03, subd. 2. Adds cross-reference.

Provides an immediate effective date.
- 11 **Visitors and phone calls.**
Amends § 253B.03, subd. 3. Adds cross-reference.

Provides an immediate effective date.
- 12 **Consent for medical procedure.**
Amends § 253B.03, subd. 6. Makes clarifying changes; defines terms and gives the executive medical director decision-making authority for the health care decision for a patient the executive medical director determines is not competent to consent to medical treatment, if the state-operated treatment program is unable to reasonably locate a proper relative.

Requires the executive medical director to inform the patient and allow for a review of the treatment decision, provides for procedures in the committing court when there is disagreement about a patient's medical treatment.
- 13 **Health care decisions made by executive medical director.**
Amends § 253B.03 by adding subd. 6e. Defines terms; outlines requirements for any health care decision made by the executive medical director, related to informing patients, documentation, reviews of decisions, and a periodic review of the

Section Description - Article 1: Direct Care and Treatment Policy

determination that a patient lacks capacity periodically, as medically appropriate. Provides for procedures in the committing court when there is disagreement about a patient's capacity to consent.

14 Transfer.

Amends § 253B.18, subd. 6. For a committed person who has transferred out of a secure treatment facility, modifies the timeframe for the committed person to voluntarily return to a secure treatment facility by specifying that the person may return for 90 days if due to a psychiatric medical condition, and six months for a nonpsychiatric medical condition.

Makes this section effective July 1, 2026.

15 Voluntary readmission.

Amends § 253B.18, subd. 14. Makes conforming changes to a subdivision governing voluntary readmission, based on changes to timeframes under section 10.

Makes this section effective July 1, 2026.

16 Patient access to information on facility employees.

Proposes coding for § 253B.25. Allows the head of a treatment facility or state-operated treatment program to restrict access to correspondence and telephone calls that the head of the facility reasonably believes will be used to harass, intimidate, or assault facility or program employees.

Provides an immediate effective date.

17 Limited rights.

Amends § 253D.19, subd. 1. Allows statutory rights in the Minnesota Sex Offender Program to be limited to protect staff from harassment, intimidation, or assault.

Provides an immediate effective date.

Article 2: Direct Care and Treatment

This article makes clarifying changes, delays a report due date, and extends the availability of certain Direct Care and Treatment appropriations.

Section Description - Article 2: Direct Care and Treatment

1 Other exemptions.

Amends § 15.43, subd. 3. Gives the Direct Care and Treatment executive board (instead of the commissioner of human services) authority to accept gifts for the direct benefit of patients and clients.

2 Fees for ionizing radiation-producing equipment.

Amends § 144.121, subd. 1a. Modifies Direct Care and Treatment x-ray and security screening system requirements by adding secure treatment facilities.

3 Exemption from examination requirements; operators of security screening systems.

Amends § 144.121, subd. 9. Modifies Direct Care and Treatment x-ray and security screening system requirement exemptions by adding secure treatment facilities and inserting reference to variance requirements in rules.

4 Report.

Amends Laws 2024, ch. 125, art. 4, § 12, subd. 5. Delays the due date for the summary report on the county correctional facility support pilot program until November 30, 2026.

Specifies that the section is effective retroactively from December 15, 2025.

5 Direct Care and Treatment – Operations.

Amends Laws 2024, ch. 125, art. 8, § 2, subd. 30. Extends the availability of appropriations for the county correctional facility support pilot program and the Direct Care and Treatment advisory committee until June 30, 2028.

Provides an immediate effective date.

Article 3: Department of Health Policy

This article deletes obsolete references to housing with services establishment, limits the use of restraints in assisted living facilities, prohibits nursing homes and assisted living facilities from requiring residents to have guardians or conservators as a condition of residence, modifies change of ownership provisions for home care providers and assisted living facilities, authorizes the commissioner of health to access certain records for supplemental nursing services agency enforcement, establishes a special projects grant program to improve quality of care and outcomes for home care clients, modifies requirements for training of assisted living facility personnel and for assisted living facility policies and procedures, modifies information that must be provided to prospective residents of assisted living facilities, provides for the use of person-centered strategies by assisted living facility residents for assistance with health and

safety needs, and establishes requirements for appointments to the home care and assisted living advisory council.

Section Description - Article 3: Department of Health Policy

1 Boarding care homes.

Amends § 144.56, subd. 2b. In a subdivision prohibiting the commissioner of health from adopting rules that limit care provided by certain boarding care homes, deletes an obsolete reference to registration as a housing with services establishment.

2 Postacute care discharge planning.

Amends § 144.486, subd. 2. Requires a hospital to document in a patient's discharge plan, instances when a restraint was used to manage the patient's behavior, and requires the hospital to notify a provider to which a patient is transferred of the hospital's use of a restraint. Defines restraint for this section by reference to the definition being added in chapter 144G.

Effective date: January 1, 2027.

3 Definitions.

Amends § 144.6502, subd. 1. In a section governing electronic monitoring in certain facilities, deletes from the definition of facility, obsolete language that included certain housing with services establishments in the definition; and makes technical changes to the definition.

4 Prohibited condition for admission or continued residence.

Adds § 144A.104. Prohibits a nursing home from requiring a current or prospective resident to have or obtain a guardian or conservator as a condition of admission or continued residence in the nursing home. Specifies this section does not affect sections governing appointments of guardians and conservators.

Effective date: August 1, 2026.

5 Scope.

Amends § 144A.161, subd. 1a. In a section governing relocation of nursing home and boarding care home residents, removes an obsolete reference to housing with services establishments registered under chapter 144D.

6 Changes in ownership.

Amends § 144A.472, subd. 5. Modifies change of ownership requirements for home care providers to specify that after a change of ownership the new licensee is responsible for:

- outstanding fines and fines assessed after the change of ownership; and

Section Description - Article 3: Department of Health Policy

- bringing the provider into compliance with all existing corrections and conditions.

7 Fines.

Amends § 144A.474, subd. 11. In para. (h), specifies a home care provider cannot avoid payment of an assessed fine by closing the license and in the event of a change of ownership, the new licensee is responsible for outstanding fines and fines assessed after the change of ownership.

In para. (j), modifies the process for allocating fine revenue collected from home care providers and the uses of this revenue, to require the commissioner of health to annually distribute this money via competitive grants for special projects to improve home care client quality of care and outcomes. Specifies entities eligible for grants, requires each grant to be at least \$1,000, and allows the commissioner to retain up to ten percent of the amount available for administration.

8 Membership.

Amends § 144A.4799, subd. 1. If there is a vacancy on the home care and assisted living advisory council, requires the commissioner of health to choose an applicant for that vacancy within 81 days after the position is posted by the secretary of state, if an application from a qualified applicant is received within 21 days of posting. If no applications from qualified applicants are received within 21 days of posting, the commissioner must select an applicant for appointment within 60 days after receiving an application from a qualified applicant.

9 Penalties.

Amends § 144A.72, subd. 2. Provides the commissioner may request and must be given access to relevant information and documents needed to verify a supplemental nursing services agency's compliance with the registration requirements in this section. Allows the commissioner to bring an enforcement action against a supplemental nursing services agency that fails to provide the commissioner with requested information or documents.

10 Imminent risk.

Adds subd. 26a to § 144G.08. Adds a definition of imminent risk to the chapter governing assisted living facility licensure.

Effective date: January 1, 2027.

11 Prone restraint.

Adds subd. 54a to § 144G.08. Adds a definition of prone restraint to the chapter governing assisted living facility licensure.

Section Description - Article 3: Department of Health Policy

Effective date: January 1, 2027.

12 Restraint.

Adds subd. 61a to § 144G.08. Adds a definition of restraint to the chapter governing assisted living facility licensure.

Effective date: January 1, 2027.

13 Correction orders and fines.

Adds subd. 6 to § 144G.19. Provides that after a change of ownership of an assisted living facility, the new licensee is responsible for:

- outstanding fines and fines assessed after the change of ownership; and
- bringing the facility into compliance with all existing corrections and conditions.

14 Payment of fines required.

Amends § 144G.31, subd. 6. Specifies an assisted living facility cannot avoid payment of an assessed fine by closing the license and that in the event of a change of ownership, the new licensee is responsible for any outstanding fines and fines assessed after the change of ownership.

15 Uniform checklist disclosure of services.

Amends § 144G.40, subd. 2. Amends the information included in the checklist that assisted living facilities must provide to prospective residents, to require the checklist to include notification that the facility's most recent plan of correction is available and to require provision of the website for the Department of Human Services and Board on Aging assisted living report card.

Effective date: August 1, 2027.

16 Minimum requirements.

Amends § 144G.41, subd. 1. Adds an exception to the general requirement that residents must be provided with a means to request assistance for health and safety needs, to allow a facility to use person-centered strategies and technological devices for the resident to request assistance. Adds to the minimum requirements that assisted living facilities must meet, the following requirements, effective August 1, 2027:

- a requirement that the person or persons available to respond to resident health or safety needs are trained on the topics on which unlicensed personnel at an assisted living facility must be trained;

Section Description - Article 3: Department of Health Policy

- a requirement to ensure a plan is in place for facility staff to immediately attend to resident needs in a medical emergency; and
- a requirement to ensure a plan is in place for facility staff to meet the nonemergency needs of residents due to falls.

17 Alternative to summoning device to request assistance.

Adds subd. 1c to § 144G.41. Specifies that if a resident cannot reliably use a summoning device to request assistance for health and safety needs, an assisted living facility is not required to have the resident use a summoning device and must use person-centered strategies to meet the resident's needs.

18 Policies and procedures.

Amends § 144G.41, subd. 2. Adds to the policies and procedures assisted living facilities must have in place, to require the following, effective August 1, 2027:

- emergency procedures to be initiated by facility staff when a resident experiences a medical emergency; and
- procedures to be initiated by facility staff to meet nonemergency medical needs of residents due to falls.

Requires policies and procedures to be made available to residents and resident representatives upon request. Requires policies and procedures for medical emergencies to be provided to prospective residents who receive a prospective resident assessment but before signing a contract, and to current residents upon changes to the medical emergency event policies and procedures.

19 Prohibited condition of admission or continued residence.

Adds § 144G.505. Prohibits an assisted living facility from requiring a current or prospective resident to have or obtain a guardian or conservator as a condition of admission or continued residence in the assisted living facility. Specifies this section does not affect sections governing appointments of guardians and conservators.

Effective date: August 1, 2026.

20 Unlicensed personnel.

Amends § 144G.60, subd. 4. Adds log roll techniques and spinal precautions to the topics on which unlicensed personnel providing assisted living services or performing delegated tasks must demonstrate competency by a practical skills test.

21 Training and evaluation of unlicensed personnel.

Amends § 144G.61, subd. 2. Effective August 1, 2027, adds the following to the topics that must be included in training and competency evaluations for unlicensed personnel at an assisted living facility: procedures to handle medical and nonmedical

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emergencies; recognition and response to signs of airway, breathing, and circulation concerns; recognition and response to bleeding; safe techniques for emergency movement of residents; and log roll technique and spinal precautions.

22 Training in emergency manual restraints.

Adds § 144G.65. Requires assisted living facilities to ensure staff authorized to apply manual restraints in emergency situations complete at least four hours of training before assuming the responsibility of applying manual restraints, and a two-hour refresher course annually thereafter. Lists what the training must address. Requires the assisted living facility to implement the orientation and training topics, and requires the facility to record evidence of completing the orientation and training in the employee record of each staff person who completes the orientation and training. Specifies this section does not apply to an assisted living facility that has a policy prohibiting the use of restraints.

Effective date: January 1, 2027.

23 Use of restraints.

Adds § 144G.85. Prohibits the use of restraints in assisted living facilities, except for emergency uses of manual restraints and restraints that comply with requirements for ordered treatment. Specifies residents and others may choose to use a device that constitutes a restraint in certain circumstances. Establishes documentation and notification requirements regarding uses of restraints.

Subd. 1. Use of restraints prohibited. Prohibits the use of restraints, except as provided in subdivisions 2 and 4.

Subd. 2. Exception. Allows emergency use of a manual restraint when immediate intervention is needed to protect a resident or others from imminent risk of physical harm and when the restraint is the least restrictive intervention to address the risk. Requires the restraint to be imposed for the least amount of time needed, and specifies other requirements for the use of restraints in emergencies. Specifies the prohibition on restraints does not apply if a resident or the resident's legal representative chooses to use a device that may constitute a restraint, after being informed of the facility's policy on restraints and of the risks of using the device.

Subd. 3. Documentation and notification. Requires a resident's legal representative and the health care provider, if known, to be notified within 24 hours of an emergency use of a manual restraint, and requires the notice to the legal representative to include the circumstances that prompted its use. Requires the assisted living facility to notify the commissioner and the ombudsman for long-term care within seven calendar days of an emergency use of a manual

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restraint and lists information that must be included in the form used for this notice. Requires the commissioner to monitor reported uses. Requires a copy of the form to be maintained in the resident's record and, if applicable, sent to the resident's waiver case manager and documented in the resident's support plan. Specifies a restraint used by law enforcement or emergency personnel does not require the facility to comply with this subdivision.

Subd. 4. Ordered treatment. Requires any use of a restraint, other than an emergency use of a manual restraint, to be the least restrictive option and to comply with the requirements in statute for ordered treatment.

Effective date: January 1, 2027.

24 Registration.

Amends § 157.17, subd. 2. In a subdivision requiring registration of boarding and lodging establishments or lodging establishments that provide supportive services or health supervision services, removes an obsolete paragraph governing housing with services establishments registered under chapter 144D.

25 Services that may not be provided in a boarding and lodging establishment or lodging establishment.

Amends § 157.17, subd. 5. In a subdivision prohibiting boarding and lodging establishments and lodging establishments from admitting individuals with certain needs, removes an obsolete reference to housing with services establishments registered under chapter 144D.

26 Health care provider.

Amends § 295.50, subd. 4. In a paragraph listing facilities and providers not included in the definition of health care provider for purposes of the provider tax, removes an obsolete reference to housing with services establishments, adds assisted living facilities to the facilities excluded from the definition, and updates a cross-reference and terminology regarding personal care assistance services.

27 Patient services.

Amends § 295.50, subd. 9b. In a paragraph listing services not included in the definition of patient services for purposes of the provider tax, removes an obsolete reference to housing with services establishments and adds services provided by an assisted living facility to the services excluded from the definition.

28 Special projects grant program for home care providers.

By December 31, 2028, requires the commissioner of health to distribute the balance in the account holding revenue from fines paid by home care providers, through a competitive grant program for special projects to improve quality of care and

Section Description - Article 3: Department of Health Policy

outcomes for home care clients in Minnesota, with a focus on workforce and clinical outcomes. Specifies entities eligible for grants, requires each grant to be at least \$1,000, and specifies the amount not awarded as grants by December 31, 2028, must be awarded through annual distributions beginning January 1, 2029.

Article 4: Aging and Disability Services Policy

This article contains aging and disability services policy provisions related to senior nutrition programs, the foster care licensing moratorium, positive support analyst and professional qualifications, early intensive developmental and behavioral intervention (EIDBI), MnCHOICES assessments, targeted case management, the disability waiver rate system, community first services and supports (CFSS) and elderly waiver cost reporting, nursing facility border facility rate adjustments, elderly waiver disproportionate share rate adjustments, the direct care services corps, the pediatric hospital-to-home transition pilot program, and repeal of housing stabilization services and intermediate care facility for persons with developmental disabilities (ICF/DD) historical rates.

Section Description - Article 4: Aging and Disability Services Policy

- 1 Licensing moratorium.**
Amends § 245A.03, by adding subd. 7b. Recodifies the statutory language governing the adult foster care licensing moratorium.
- 2 Licensing moratorium exceptions.**
Amends § 245A.03, by adding subd. 7c. Removes obsolete exceptions to the adult foster care licensing moratorium and recodifies the statutory language governing licensing moratorium exceptions.
- 3 Resource needs determination process.**
Amends § 245A.03, by adding subd. 7d. Recodifies language related to the licensing moratorium resource needs determination process.
- 4 Adult foster care and community residential setting license capacity.**
Amends § 245A.11, subd. 2a. Removes obsolete language.
- 5 Unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities.**
Amends § 245C.03, subd. 6. Removes references to housing stabilization services to conform with the program's repeal.

Section Description - Article 4: Aging and Disability Services Policy

- Provides an immediate effective date.
- 6 **Unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities.**
Amends § 245C.04, subd. 6. Removes references to housing stabilization services to conform with the program’s repeal.

Provides an immediate effective date.
- 7 **Unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities.**
Amends § 245C.10, subd. 6. Removes references to housing stabilization services to conform with the program’s repeal.

Provides an immediate effective date.
- 8 **Annual training.**
Amends § 245D.09, subd. 5. Allows a home and community-based services license holder to delay direct care staff annual training for up to 90 calendar days.

Provides an August 1, 2026, effective date.
- 9 **Positive support professional qualifications.**
Amends § 245D.091, subd. 2. Corrects a cross-reference.

Provides an immediate effective date.
- 10 **Positive support analyst qualifications.**
Amends § 245D.091, subd. 3. Updates terminology.

Provides an immediate effective date.
- 11 **Senior nutrition programs.**
Amends § 256.9752. Updates terminology, expands program goals, and expands allowable uses of funding for senior nutrition programs.
- 12 **Provider enrollment.**
Amends § 256B.04, subd. 21. Removes a cross-reference to housing stabilization services to conform with the program’s repeal.

Provides an immediate effective date.

Section Description - Article 4: Aging and Disability Services Policy

- 13 **Early intensive developmental and behavioral intervention benefit.**
Amends § 256B.0625, by adding subd. 77. Clarifies the early intensive developmental and behavioral intervention benefit is a covered service under MA.

Provides an immediate effective date.
- 14 **Housing access grants.**
Amends § 256B.0658. Removes references to housing stabilization services to conform with the program's repeal, adds a definition to this section that had been cross-referenced, and makes technical changes to break this section up into subdivisions.

Provides an immediate effective date.
- 15 **Provider qualifications and duties.**
Amends § 256B.0701, subd. 9. Removes references to housing stabilization services to conform with the program's repeal.

Provides an immediate effective date.
- 16 **MnCHOICES assessor qualifications, training, and certification.**
Amends § 256B.0911, subd. 13. Allows a Tribal Nation to establish its own education and experience qualifications for certified MnCHOICES assessors.

Makes this section effective January 1, 2027, or upon federal approval, whichever is later.
- 17 **Administrative activity.**
Amends § 256B.0911, subd. 32. Removes obsolete language.

Provides an immediate effective date.
- 18 **Eligibility.**
Amends § 256B.0924, subd. 3. Clarifies eligibility for targeted case management and allows Tribal agencies to assess a person's eligibility for targeted case management and to make eligibility determinations under Tribal governance codes.

Makes this section effective January 1, 2027, or upon federal approval, whichever is later.

Section Description - Article 4: Aging and Disability Services Policy

19 Provider standards.

Amends § 256B.0924, subd. 5. Makes conforming changes related to allowing Tribal governments to provide targeted case management.

Makes this section effective January 1, 2027, or upon federal approval, whichever is later.

20 Tribal case manager qualifications.

Amends § 256B.0924, by adding subd. 5a. Allows an individual to serve as a vulnerable adult and developmental disability targeted case manager if the individual is certified by a federally recognized Tribal government in Minnesota.

21 Payment for targeted case management.

Amends § 256B.0924, subd. 6. Removes obsolete language. Specifies payment requirements for case management services provided by vendors who contract with a Tribe and for services provided by a team that includes any combination of contracted vendors, county staff, and Tribal staff. Requires the recipient's Tribe to provide the nonfederal share of costs, if any, if the service is provided by a Tribal agency.

Makes this section effective January 1, 2027, or upon federal approval, whichever is later.

22 Implementation and evaluation.

Amends § 256B.0924, subd. 7. Makes conforming changes related to allowing Tribes to provide targeted case management services.

Provides an immediate effective date.

23 Definitions.

Amends § 256B.0949, subd. 2. Updates the definition of "clinical supervision" in the section of statutes governing EIDBI to include observation and direction, and family training and counseling. This update aligns the statutory definition with Minnesota's federally approved state plan amendment.

24 Agency duties.

Amends § 256B.0949, subd. 16. Limits the provision of EIDBI observation and direction services to a qualified supervising professional.

25 Site visits and sanctions.

Amends § 256B.0949, subd. 18. Allows the commissioner to sanction an EIDBI agency if the agency fails to comply with documentation requirements.

Section Description - Article 4: Aging and Disability Services Policy

26 Documentation requirements.

Amends § 256B.0949, by adding subd. 19. Establishes documentation requirements for EIDBI providers including requirements related to health records, personnel files, staff qualifications, training, supervision, and service provision.

27 Informed choice policy.

Amends § 256B.4905, subd. 2a. Lists lead agency duties in supporting individuals in making informed choices. Specifies informed choice includes the right to receive services administered or provided by an individual's Tribal Nation for individuals who are members or affiliated with a federally recognized Tribal Nation located within Minnesota. Specifies nothing in this section limits the sovereignty of Tribal Nations or the authority of Tribal governments to administer home and community-based services to their members.

Provides an immediate effective date.

28 Reporting and analysis of cost data.

Amends § 256B.4914, subd. 10a. Allows the commissioner to review disability waiver rate system provider cost report data submissions for inaccurate, inconclusive, incomplete, or otherwise deficient data and to remove a report from submitted status. Specifies timelines for providers to validate cost reports and requires the commissioner to temporarily suspend payments if a provider does not respond to the commissioner with all the requested financial documentation.

Provides a January 1, 2027, effective date.

29 Commissioner's duties; report.

Amends § 256B.493, subd. 1. Removes obsolete language.

30 Personal care provider agency; required reporting of cost data; training.

Amends § 256B.851, subd. 8. Allows the commissioner to review CFSS provider cost report data submissions for inaccurate, inconclusive, incomplete, or otherwise deficient data and to remove a report from submitted status. Specifies timelines for providers to validate cost reports and requires the commissioner to suspend payments if a provider does not respond to the commissioner with all the requested financial documentation.

Provides a January 1, 2027, effective date.

31 Covered health services.

Amends § 256L.03, subd. 1. Removes references to housing stabilization services to conform with the program's repeal.

Section Description - Article 4: Aging and Disability Services Policy

- Provides an immediate effective date.
- 32 Rate adjustments for border city facilities.**
Amends § 256B.481. Makes technical changes to align with the implementation of a new case mix classification system.

Makes this section effective January 1, 2027, and apply to rate years beginning on or after January 1, 2027.
- 33 Definitions.**
Amends § 256S.205, subd. 1. Modifies the definition of “customized living resident” and defines “residing in the facility” in the chapter of statutes governing the elderly waiver.
- 34 Rate adjustment application.**
Amends § 256S.205, subd. 2. Makes a conforming change to the information that must be provided by a facility when applying for a disproportionate share rate adjustment under the elderly waiver.
- 35 Cost reporting.**
Amends § 256S.21, subd. 3. Allows the commissioner to review elderly waiver services provider cost report data submissions for inaccurate, inconclusive, incomplete, or otherwise deficient data and to remove a report from submitted status. Makes technical and clarifying changes.

Provides a January 1, 2027, effective date.
- 36 Evaluation and report.**
Amends § Laws 2023, ch. 61, art. 1, § 67, subd. 3, as amended by Laws 2024, ch. 125, art. 8, § 10. Extends the report date for the direct care service corps legislative report from January 15, 2026, to January 15, 2028.

Provides an immediate effective date.
- 37 Central Office; Aging and Disability Services.**
Amends Laws 2023, ch. 61, art. 9, § 2, subd. 5, as amended by Laws 2024, ch. 125, art. 8, § 12. Extends the availability of an existing appropriation for the direct care services corps from June 30, 2026, to June 30, 2027.

Provides an immediate effective date.

Section Description - Article 4: Aging and Disability Services Policy

- 38 **Direction to commissioner; pediatric hospital-to-home transition pilot program.**
Amends Laws 2024, ch. 125, art. 1, § 47. Extends the due date of the pediatric hospital-to-home transition pilot project report from December 15, 2026, to December 15, 2027.
- 39 **Central office; aging and disability services.**
Amends Laws 2024, ch. 125, art. 8, § 2, subd. 4. Extends the availability of an existing appropriation for the pediatric hospital-to-home transition pilot program from June 30, 2027, to June 30, 2028.
- 40 **Grant programs; disability grants.**
Amends Laws 2024, ch. 125, art. 8, § 2, subd. 14, as amended by Laws 2025, First Special Session ch. 9, art. 12, § 29. Extends the availability of an existing appropriation for the pediatric hospital-to-home transition pilot program from June 30, 2027, to June 30, 2028.
- 41 **Revisor instruction.**
Instructs the revisor of statutes to correct cross-references related to the recodification of the adult foster care moratorium statute.
- 42 **Repealer.**
Repeals Minn. Stat. §§ 245A.03, subd. 7 (licensing moratorium); 256B.5012, subds. 4 (ICF/DD rate increases beginning July 1, 2001, and July 1, 2002), 5 (rate increases effective June 1, 2003), 6 (ICF/DD rate increases October 1, 2005, and October 1, 2006), 7 (ICF/DD rate increases effective October 1, 2007, and October 1, 2008), 8 (ICF/DD rate decreases effective July 1, 2009), 9 (ICF/DD rate increase effective July 1, 2011; Clearwater County), 10 (ICF/DD rate decrease effective July 1, 2011; exception for Clearwater County), 11 (ICF/DD rate decrease effective July 1, 2011), 12 (ICF/DD rate increase effective July 1, 2013), 14 (rate increase effective June 1, 2013), 15 (ICF/DD rate increases effective April 1, 2014), and 16 (ICF/DD rate increases effective July 1, 2014); 256B.051, subds. 1, 4, and 7; and Minn. Stat. 2025 Supplement § 256B.051, subds. 2, 3, 5, 6, 6a, 6b, 8, 9, and 10 (housing stabilization services); and Laws 2025, First Special Session ch. 3, art. 18, § 3 (Indian Health Service encounter rate).

Provides an immediate effective date.

Article 5: Behavioral Health

This article includes changes to mental health emergency and crisis services, peer recovery support services, and substance use disorder treatment and mental health treatment services

administrative and staffing requirements. The article also establishes early childhood mental health consultation grants, provides additional rights to children receiving home and community-based services under chapter 245D, places limitations on mental health professionals' affiliations with organizations or service lines receiving Medicaid reimbursement, expands utilization review to apply to all vendors of substance use disorder treatment services, and clarifies that reimbursement for improperly provided substance use disorder treatment services may be recovered under existing sanctions powers. It also makes technical changes, aligns statutes, modifies intensive nonresidential rehabilitative mental health services age categories and core team requirements, and adds requirements for substance use disorder treatment programs to assess for and provide information on tobacco and nicotine use disorder.

Section Description - Article 5: Behavioral Health

- 1 Availability of emergency services.**
Amends § 245.469, subd. 1. Prohibits emergency service providers from delaying or denying the timely provision of emergency mental health services due to a client's payor source.
- 2 Establishment and authority.**
Amends § 245.4889, subd. 1. Adds citation to children's mental health grants, for early childhood mental health consultation grants.
- 3 Early childhood mental health consultation grants.**
Proposes coding for § 245.4908. Establishes an early childhood mental health consultation grant program, to support the delivery of specialized mental health care to children five years of age or younger. Specifies eligible applicants, allowable grant activities and expenses, and requirements for collecting data and measuring outcomes, and requires an annual report to the legislature on the grant program.

Makes the section effective July 1, 2026.
- 4 Protection-related rights.**
Amends § 245D.04, subd. 3. Inserts exception language for conformity.
- 5 Rights of minor children.**
Amends § 245D.04 by adding subd. 4. Paragraph (a) defines the terms "developmentally appropriate" and "reasonably prudent parenting."

Paragraph (b) establishes that children receiving services under chapter 245D have the rights to: (1) participate in activities or events that are age-appropriate and developmentally appropriate; and (2) receive reasonable and prudent parenting.

Section Description - Article 5: Behavioral Health

- Paragraph (c) allows restrictions of protection-related rights under chapter 245D only if necessary to ensure the health, safety, and well-being of the person, or pursuant to reasonable and prudent parenting standards.
- 6 **Peer recovery support services.**
Amends § 245F.02, subd. 17. Modifies cross-reference.
- 7 **Peer recovery support services.**
Amends § 245F.08, subd. 3. Modifies cross-references.
- 8 **Recovery peer qualifications.**
Amends § 245F.15, subd. 7. Makes conforming change, removing language requiring supervision by an alcohol and drug counselor.
- 9 **Tobacco education material.**
Amends § 245G.04 by adding subd. 4. Requires substance use disorder treatment licensees to provide tobacco and nicotine educational materials to a client on the day of service initiation; specifies what the materials must include.

Makes section effective January 1, 2027.
- 10 **Service discharge summary.**
Amends § 245G.06, subd. 4. Excludes weekends and holidays from the five days within which a service discharge summary must be completed.
- 11 **Contents.**
Amends § 245G.09, subd. 3. Makes conforming change to require client records to document that a client was given tobacco education material.

Makes section effective January 1, 2027.
- 12 **Treatment coordination provider qualifications.**
Amends § 245G.11, subd. 7. Makes conforming change to treatment coordination provider qualifications, to align with the behavioral health practitioner requirement changes from 2025.

Provides an immediate effective date.
- 13 **Recovery peer qualifications.**
Amends § 245G.11, subd. 8. Makes conforming change, removing language requiring supervision by an alcohol and drug counselor.

Section Description - Article 5: Behavioral Health

- 14 **Mental health behavioral aide scope of practice.**
Amends § 245I.04, subd. 17. Removes individual behavior plan terminology.
- 15 **Standard diagnostic assessment; required elements.**
Amends § 245I.10, subd. 6. Adds tobacco and nicotine use and tobacco use disorder to standard diagnostic assessment.

Makes this section effective January 1, 2027.
- 16 **Rules for substance use disorder care.**
Amends § 254A.03, subd. 3. Removes utilization review development requirement that is obsolete.
- 17 **Client eligibility.**
Amends § 254B.04, subd. 1a. Specifies that individuals enrolled in medical assistance are eligible for room and board services from the behavioral health fund, when room and board is provided through IRTS and residential crisis services.
- 18 **Recovery community organizations.**
Amends § 254B.0501, subd. 6. Moves up date by which recovery community organizations must be certified, from June 30, 2027, to June 30, 2026.

Provides an immediate effective date.
- 19 **Utilization review requirements.**
Amends § 254B.0505, subd. 8. Expands peer recovery support services utilization review requirements to all eligible vendors except those providing only room and board.
- 20 **Withdrawal management services.**
Amends § 254B.0505 by adding subd. 9. Prohibits utilization review of withdrawal management services until five calendar days after the date of service initiation.

Makes this section effective January 1, 2027, or upon federal approval.
- 21 **Monetary recovery.**
Amends § 254B.0505 by adding subd. 10. Specifies that reimbursement for services authorized under chapter 254B that are provided in violation of the chapter may be recovered as money improperly paid, under section 256B.064, which governs medical assistance sanctions.

Section Description - Article 5: Behavioral Health

- 22 **Peer recovery support services; service requirements.**
Amends § 254B.052, subd. 1. Adds Tribally licensed substance use disorder treatment programs to peer recovery support services requirements; makes technical changes.

Provides an immediate effective date.
- 23 **Billing limits.**
Amends § 254B.052 by adding subd. 7. Limits billing for peer recovery support services to 14 hours per week per individual client (moved from different section).

Provides an immediate effective date.
- 24 **Required supervision.**
Amends § 256B.0623, subd. 6. Requires a treatment supervisor to complete an attestation at least annually, and update it upon any change in the number of the supervisor’s affiliated organizations. Specifies that the attestation must include:
- the total number of staff the supervisor supervises, not to exceed 20 full-time equivalent staff; and
 - the name and national provider identifier of each organization for which the supervisor provides supervision, not to exceed ten organizations.
- Allows the commissioner to grant exceptions to the limitations on staff and organizations.

Provides a July 1, 2026, effective date.
- 25 **Crisis intervention services.**
Amends § 256B.0624, subd. 6b. Removes paragraph (f), requiring the case manager or mobile crisis team to offer to work with a crisis intervention services recipient to develop an advanced directive. This requirement is being moved to the subdivision governing crisis stabilization services.

Makes this section effective upon federal approval.
- 26 **Crisis stabilization services.**
Amends § 256B.0624, subd. 7. Adds a clause requiring the case manager or crisis team to work with an adult recipient of crisis stabilization services to develop a health care directive or psychiatric declaration, if the adult’s mental health crisis is stabilized.

Makes this section effective upon federal approval.

Section Description - Article 5: Behavioral Health

- 27 **Certified community behavioral health clinic services.**
Amends § 256B.0625, subd. 5m. Makes technical changes; removes rate rebasing requirement for CCBHCs certified after September 30, 2020, and before January 1, 2021.
- 28 **Children’s intensive behavioral health services.**
Amends § 256B.0625, subd. 47. Updates terminology and deletes obsolete language.

Provides an immediate effective date.
- 29 **Provider standards.**
Amends § 256B.0759, subd. 3. Requires nonresidential substance use disorder treatment programs and residential treatment programs, withdrawal management programs licensed under chapter 245F, and out-of-state residential substance use disorder treatment programs that receive payment for substance use disorder treatment services under medical assistance to enroll as Minnesota Health Care Programs providers, meet the requirements established by the commissioner, and certify that the program meets the applicable American Society of Addiction Medicine (ASAM) levels of care.

Exempts programs licensed as residential treatment programs and as hospitals, that provide only ASAM level 3.7 medically monitored inpatient level of care, from the requirement to certify the ASAM 3.7 level of care. Other provided levels of care must be certified.

Allows Tribally licensed programs to participate in the substance use disorder demonstration project. Requires the commissioner to consult with Tribal Nations to discuss participation in the demonstration project.

Requires all programs enrolled in the demonstration project to provide services in accordance with section 254B.19 and offer substance use disorder treatment services with medications for opioid use disorder on site or facilitate timely access to medications for opioid use disorder off site.
- 30 **Provider payment rates.**
Amends § 256B.0759, subd. 4. Deletes obsolete payment rates language and aligns with rates under section 254B.0505, subdivision 1. Makes technical conforming changes.
- 31 **Definitions.**
Amends § 256B.0943, subd. 1. Removes “individual behavior plan” term.

Section Description - Article 5: Behavioral Health

32 Provider entity clinical infrastructure requirements.

Amends § 256B.0943, subd. 6. Requires children’s therapeutic services and supports providers to review clinical policies and procedures every two years, instead of every three years.

33 Service delivery criteria.

Amends § 256B.0943, subd. 9. For children’s therapeutic services and supports day treatment, removes allowance to provide fewer than the minimally required hours during a child’s transition period. Make clarifying change and conforming change to lower the minimum number of clients.

34 Treatment supervision limits.

Amends § 256B.0943 by adding subd. 14. Requires a treatment supervisor to complete an attestation at least annually, and update it upon any change in the number of the supervisor’s affiliated organizations. Specifies that the attestation must include:

- the total number of staff the supervisor supervises, not to exceed 20 full-time equivalent staff; and
- the name and national provider identifier of each organization for which the supervisor provides supervision, not to exceed ten organizations.

Allows the commissioner to grant exceptions to the limitations on staff and organizations.

Provides a July 1, 2026, effective date.

35 Service delivery payment requirements.

Amends § 256B.0946, subd. 4. For children’s intensive behavioral health services, makes technical change to identifying and documenting the reasons for service reduction.

36 Required service components.

Amends § 256B.0947, subd. 3a. For intensive rehabilitative mental health services medication management, removes listed allowable provider types and instead specifies that a qualified provider must provide medication management.

Makes this section effective July 1, 2027, or upon federal approval, whichever is later.

Section Description - Article 5: Behavioral Health

- 37 **Standards for intensive nonresidential rehabilitative providers.**
Amends § 256B.0947, subd. 5. Allows a treatment team to serve the full age range of age 8 to age 21, if the team demonstrates to the commissioner expertise in meeting the developmental and clinical needs of the expanded age range.

Modifies core team member requirements to include a board-certified psychiatrist with demonstrated, specified clinical experience and qualifications, rather than only a board-certified child and adolescent psychologist. Also adds a registered nurse to optional core team members.

Specifies that the changes to the core team member requirements are effective July 1, 2027, or upon federal approval, whichever is later.
- 38 **Cost-sharing.**
Amends § 256L.03, subd. 5. Specifies that co-payments, coinsurance, and deductibles do not apply to crisis stabilization services provided in a community setting.
- 39 **Direction to commissioner; certified community behavioral health clinic rebasing.**
Directs the commissioner of human services to rebase rates for CCBHCs certified on or after January 1, 2021, and before January 1, 2022, for services provided on or after January 1, 2026.
- 40 **Repealer.**
Repeals § 256B.0759, subds. 2 and 5 (substance use disorder demonstration project provider participation; federal approval), and § 254B.052, subd. 6 (peer recovery support services monetary recovery).

Article 6: Department of Human Services Housing and Support Services

This article contains provisions related to projects for assistance in transition from homelessness, housing with support for adults with serious mental illness, and Minnesota supplemental aid.

Section Description - Article 6: Department of Human Services Housing and Support Services

- 1 **Allowable grant activities.**
Amends § 245.991, subd. 3. Clarifies that allowable grant activities under the projects for assistance in transition from homelessness (PATH) program include services for

Section Description - Article 6: Department of Human Services Housing and Support Services

individuals with a substance use disorder and aligns eligible uses with the program purpose.

Provides a July 1, 2026, effective date.

2 Establishment.

Amends § 245.992, subd. 1. Makes a conforming change to the change in eligible beneficiaries under section 3.

Provides a July 1, 2026, effective date.

3 Eligible beneficiaries.

Amends § 245.992, subd. 2. Expands eligibility for housing with support for adults with serious mental illness to include individuals with a substance use disorder.

Provides a July 1, 2026, effective date.

4 Potential eligibility.

Amends § 256D.54, subd. 1. Extends the time period within which a Minnesota supplemental aid applicant or recipient must apply for any other maintenance benefits for which they may be eligible from 30 to 90 days.

Provides an immediate effective date.

Article 7: Maltreatment of Vulnerable Adults

This article updates the Minnesota Vulnerable Adults Act to comply with federal regulations for adult protective services.

Section Description - Article 7: Maltreatment of Vulnerable Adults

1 Other laws.

Amends § 144.6512, subd. 6. Makes conforming cross-reference changes related to Vulnerable Adult Act (VAA) federal compliance.

2 Responsibilities of county social services agency.

Amends § 144A.161, subd. 8. Makes conforming cross-reference changes related to VAA federal compliance.

Section Description - Article 7: Maltreatment of Vulnerable Adults

- 3 Other laws.**
Amends § 144G.92, subd. 5. Makes conforming cross-reference changes related to VAA federal compliance.
- 4 Reporting maltreatment of vulnerable adult.**
Amends § 152.137, subd. 6. Makes conforming cross-reference changes related to VAA federal compliance.
- 5 Emergency guardian.**
Amends § 524.5-311. Makes conforming cross-reference changes related to VAA federal compliance.
- 6 Emergency and temporary conservator.**
Amends § 524.5-409, subd. 2. Makes conforming cross-reference changes related to VAA federal compliance.
- 7 Adult protective services.**
Amends § 626.557, by adding subd. 1a. Specifies the Department of Human Services is the state agency responsible for supervision of adult protective services administered by county social services agencies.
- 8 Common entry point designation.**
Amends § 626.557, subd. 9. Clarifies that the common entry point must accept reports of suspected maltreatment from reporters and make required referrals for suspected maltreatment of a vulnerable adult.
- 9 Evaluation and referral of reports made to common entry point.**
Amends § 626.557, subd. 9a. Clarifies the common entry point must use referral guidelines established by the commissioner in addition to statutory referral requirements when making necessary referrals.
- 10 County social services agency; responsibilities.**
Amends § 626.557, by adding subd. 11b. Lists county social services agency responsibilities under the Vulnerable Adults Act.
- 11 County social services agency; referrals.**
Amends § 626.557, by adding subd. 11c. Lays out county social services agency duties when the common entry point refers a report to the county social services agency as the lead investigative agency or makes a referral for emergency adult protective services, or when another lead investigative agency requests adult protective services from the county social services agency. This is largely existing language that

Section Description - Article 7: Maltreatment of Vulnerable Adults

- was reorganized and moved from section 626.557, subdivision 10, paragraph (a), to this new subdivision.
- 12 **County social services agency; assessments.**
Amends § 626.557, by adding subd. 11d. Establishes county social services agency duties related to adult protective services assessments and service plans, including timelines by which an in-person assessment to initiate adult protective services must be completed as well as notification of the vulnerable adult and, if applicable, the guardian or health care agent of the vulnerable adult of the results of the assessment and service plan.
- 13 **County social services agency; investigations.**
Amends § 626.557, by adding subd. 11e. Lists the allegations that require the county social services agency to investigate for a final disposition of responsibility for maltreatment. Requires the county social services agency to conduct an investigation for final disposition of responsibility for maltreatment if the agency receives information during an assessment that indicates the presence of specified abuse, exploitation, neglect, or self-neglect.
- 14 **County social services agency; self-neglect.**
Amends § 626.557, by adding subd. 11f. Allows the county social services agency to determine that an allegation that does not result in a determination of responsibility for maltreatment is self-neglect, neglect by an unpaid caregiver that did not result in harm to the vulnerable adult, or financial exploitation by a nonfiduciary that is consistent with the choice of the adult and not criminal or another type of maltreatment. Specifies that an allegation of self-neglect is a substantiated determination if the county social services agency determines adult protective services are needed.
- 15 **County social services agency; initial contact.**
Amends § 626.557, by adding subd. 11g. Specifies county social services agency duties at initial contact with the vulnerable adult and with the individual or entity alleged responsible for maltreatment.
- 16 **County social services agency; agency authority.**
Amends § 626.557, by adding subd. 11h. Specifies county social services agency authority to enter facilities and businesses to inspect and copy records as part of an adult protective services assessment or investigation and lists interventions the county social services agency may seek to protect a vulnerable adult from serious harm from maltreatment. This language is largely existing language that was

Section Description - Article 7: Maltreatment of Vulnerable Adults

- reorganized and moved from section 626.557, subdivision 10, paragraphs (f) and (g), to this new subdivision.
- 17 **County social services agency; legal intervention.**
Amends § 626.557, by adding subd. 11i. Specifies county social services agency duties related to proceedings for court-appointed guardians or conservators. This is existing language that was moved from section 626.557, subdivision 10, the last two paragraphs, to this new subdivision.
- 18 **County social services agency; conflict of interest.**
Amends § 626.557, by adding subd. 11j. Lists situations in which a county social services agency must delegate authority as the lead investigative agency to another county social services agency to alleviate a conflict of interest. Specifies county social services agency and commissioner of human services duties in cases where a conflict of interest is identified.
- 19 **Data management.**
Amends § 626.557, subd. 12b. Updates terminology and establishes timelines for retention of data maintained by county adult protective services. Expands the list of entities with which not public data may be exchanged if the agency or authority providing the data determines that the data are pertinent and necessary to prevent further maltreatment of a vulnerable adult, to safeguard a vulnerable adult, or for a maltreatment investigation. Requires the county agency, when acting as the lead investigative agency and when aware the person deemed responsible for maltreatment is a court-appointed guardian or conservator, to share the final determination with the state judicial branch within 14 calendar days of the determination.
- 20 **Abuse.**
Amends § 626.5572, subd. 2. Expands the definition of “abuse” under the statutes governing maltreatment of vulnerable adults to include any contact with the vulnerable adult that is not therapeutic conduct and a reasonable person would consider a sexual act or any nonconsensual sexual interaction with the vulnerable adult.
- 21 **Adult protective services.**
Amends § 626.5572, by adding subd. 3a. Defines the term “adult protective services” in the statutes governing maltreatment of vulnerable adults.

Section Description - Article 7: Maltreatment of Vulnerable Adults

- 22 **Assessment.**
Amends § 626.5572, by adding subd. 3b. Defines the term “assessment” in the statutes governing maltreatment of vulnerable adults.
- 23 **Financial exploitation.**
Amends § 626.5572, subd. 9. Clarifies the definition of “financial exploitation” in the statutes governing maltreatment of vulnerable adults.
- 24 **Investigation.**
Amends § 626.5572, by adding subd. 12a. Defines the term “investigation” in the statutes governing maltreatment of vulnerable adults.
- 25 **Lead investigative agency.**
Amends § 626.5572, subd. 13. Makes technical and conforming changes to the definition of “lead investigative agency” in the statutes governing maltreatment of vulnerable adults.
- 26 **Neglect.**
Amends § 626.5572, subd. 17. Expands the definition of “self-neglect” in the statutes governing maltreatment of vulnerable adults to include neglect by a vulnerable adult of the vulnerable adult’s own financial management.
- 27 **Repealer.**
Repeals Minn. Stat. § 626.557, subd. 10 (duties of county social service agency).

Provides an immediate effective date.

Article 8: Continuity of Care

This article provides for continuity of care for persons with disabilities.

Section Description - Article 8: Continuity of Care

- 1 **Housing accounts required.**
Creates § 245D.097.
- Subd. 1. Housing accounts required.** Requires home and community-based services providers to separate a service recipient’s payments to the provider from the provider’s other revenue and to maintain accurate accounts for each

Section Description - Article 8: Continuity of Care

client that record payments to the provider and payments made from the client's resources to obtain and maintain a living unit.

Subd. 2. Use of money in the service recipient's account. Requires money in the service recipient's account to be used exclusively for expenses associated with the service recipient obtaining and maintaining a living unit in a multifamily housing building.

Subd. 3. Application. Specifies this section continues to apply when a service recipient chooses not to receive services from the license holder but continues to make payments to the license holder to obtain and maintain a living unit.

Subd. 4. Other laws. Requires the license holder to comply with requirements related to funds and property under the chapter of statutes governing human services licensing.

2 Service suspension.

Amends § 245D.10, subd. 3. Modifies the circumstances under which a home and community-based service provider may temporarily suspend services for nonpayment and adds integrated community supports to the list of other residential service settings for which the provider must inform the commissioner of service suspensions.

3 Service terminations.

Amends § 245D.10, subd. 3a. Modifies the circumstances under which a home and community-based service provider may terminate services for nonpayment and adds integrated community supports to the list of other residential service settings for which the provider must inform the commissioner of service terminations.

4 Definitions.

Amends § 256B.492, subd. 1. Modifies the definition of "community-living setting" to clarify that a community-living setting does not include a setting that is controlled by the provider of the services an individual is receiving while living in that setting.

5 Community-living settings.

Amends § 256B.492, subd. 3. Clarifies that a setting qualifies as a community-living setting if a licensed provider has a direct or indirect financial interest in the setting, but the resident of the setting is not receiving services from the provider with that interest, but is instead receiving services from some other licensed provider that has no direct or indirect financial interest in the setting.

Article 9: Miscellaneous Policy

This article contains miscellaneous policy provisions related to eligibility for fees and expenses in civil actions and contested cases involving the state, medical assistance waiver requests and state plan amendments, MA-EPD premium payments, outpatient and physician-directed clinic services, and the release of unredacted initial Optum reports, and directs the commissioner to correct a federal citation in Minnesota Rules.

Section Description - Article 9: Miscellaneous Policy

- 1 Party.**

Amends § 15.471, subd. 6. Under current law, if a party other than the state prevails in a civil action or contested case involving the state and shows the state’s position was not substantially justified, the prevailing party must be awarded fees and expenses. To be eligible for fees and expenses, under current law a party must not have annual revenue of more than \$7,000,000; this section increases the annual revenue limit to \$13,500,000. Also makes an entity licensed by the Department of Health eligible to be awarded fees and expenses for a matter that involves licensing; under current law these entities are excluded from the definition of “party.”
- 2 Entering posted land prohibited; signs.**

Amends § 97B.001, subd. 4. Permits the use of purple paint applied to trees in lieu of “No Trespass” signs.
- 3 Medicaid waiver requests and state plan amendments; notice; public comments.**

Amends § 256B.04, subd. 24. Requires the commissioner to publish on the department’s website the text of all public comments on a proposed Medicaid state plan amendment or waiver plan.

Provides an immediate effective date.
- 4 Medicaid waiver requests and state plan amendments; prohibited actions.**

Amends § 256B.04, by adding subd. 24a. Clarifies the commissioner’s authority to make changes to the medical assistance program.
- 5 Medicaid waiver requests and state plan amendments; legislative authorization.**

Amends § 256B.04, by adding subd. 24b. Requires the commissioner to notify the legislature at least 60 days prior to making certain changes to the medical assistance program. Upon notification, requires the legislative standing committees with jurisdiction over medical assistance to schedule a hearing on the proposed action within 30 days of notification. Specifies when the commissioner is prohibited from implementing the proposed action.

Section Description - Article 9: Miscellaneous Policy

6 Employed persons with disabilities.

Amends § 256B.057, subd. 9. Prohibits the commissioner from determining that “good cause” exists for nonpayment of a premium for a month for which an individual has already paid the premium. This applies to medical assistance for employed persons with disabilities, or MA-EPD.

7 Outpatient and physician-directed clinic services.

Amends § 256B.0625, subd. 4. Modifies how physicians provide services under medical assistance to require that all services provided by physician-directed clinic staff must be provided under the direction of a physician.

Makes the section effective upon federal approval.

8 Direction to the commissioner of human services; rulemaking.

Directs the commissioner to amend Minnesota Rules, part 9505.2165, subpart 4, item C, to update the definition of fraud with the correct citation to federal law. Allows the commissioner to make the change under the good cause exemption to rulemaking procedures.

9 Direction to the commissioner of human services; unredacted initial Optum reports.

Defines “initial Optum reports” for purposes of this section. Requires the commissioner of human services to immediately release the initial Optum reports to the members of the legislative committees with jurisdiction over human services policy and finance in the reports’ entirety without redactions or edits, except for redactions requested by Optum to protect proprietary information. Prohibits legislators and staff who receive initial Optum reports from disseminating or publicizing any not public data the reports contain.

10 Optum prohibited from disseminating private data.

Prohibits Optum from selling, sharing, or disseminating any private data on individuals that Optum receives under or incidental to Optum’s contract or engagement with the Department of Human Services.



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