

Subject Human services omnibus finance bill

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Overview

This bill contains provisions related to community supports, behavioral health, continuing care for older adults, child and adult protection, economic assistance, DHS licensing and operations, preventing homelessness, direct care and treatment, forecast adjustments, and appropriations.

Article 1: Community Supports and Behavioral Health Policy

This article makes technical, clarifying, and policy changes to various community supports programs including mental health treatment services for children and adults, certified community behavioral health clinics, the corporate foster care moratorium, integrated community supports, mental health uniform service standards, substance use disorder treatment, assertive community treatment, telehealth services, personal care assistance, long-term care assessment and support planning, intensive treatment in foster care, early intensive developmental and behavioral interventions, and long-term homeless supportive services.

Section	Description - Article 1: Community Supports and Behavioral Health Policy
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1	Definitions.
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	Amends § 62A.673, subd. 2. Modifies the definition of “health care provider” for purposes of the Minnesota Telehealth Act, by updating cross references and adding mental health clinical trainees.
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	Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
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2	Other professionals.
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	Amends § 148F.11, subd. 1. Strikes cross-reference and makes clarifying change.
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	Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
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3	Diagnostic assessment.
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	Amends § 245.467, subd. 2. Makes clarifying changes.
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	Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
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4	Individual treatment plans.
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	Amends § 245.467, subd. 3. Makes clarifying changes.
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	Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
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5	Individual treatment plan.
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	Amends § 245.4871, subd. 21. Adds paragraph (b), exempting licensed children’s residential facilities from existing individual treatment plan requirements and providing new requirements for those facilities.
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	Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
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Section	Description - Article 1: Community Supports and Behavioral Health Policy
6	<p>Diagnostic assessment.</p> <p>Amends § 245.4876, subd. 2. Makes clarifying changes; adds diagnostic assessment requirements for licensed children's residential facilities.</p> <p>Makes this section effective July 1, 2022, or upon federal approval, whichever is later.</p>
7	<p>Individual treatment plans.</p> <p>Amends § 245.4876, subd. 3. Makes clarifying changes; exempts licensed children's residential facilities from existing individual treatment plan requirements and specifies requirements for those facilities.</p> <p>Makes this section effective July 1, 2022, or upon federal approval, whichever is later.</p>
8	<p>Certified community behavioral health clinics.</p> <p>Amends § 245.735, subd. 3. Makes technical changes.</p> <p>Makes this section effective July 1, 2022, or upon federal approval, whichever is later.</p>
9	<p>Licensing moratorium.</p> <p>Amends § 245A.03, subd. 7. Modifies the corporate foster care moratorium by removing an obsolete exception to the moratorium.</p> <p>Provides an immediate effective date.</p>
10	<p>Integrated community supports; setting capacity report.</p> <p>Amends § 245D.12. Adds to the information that must be provided in an integrated community support setting capacity report by including information on the total number of people who could reside in the living units in certain multifamily housing buildings and receive integrated community supports.</p> <p>Provides an immediate effective date.</p>
11	<p>Level of care assessment.</p> <p>Amends § 245I.02, subd. 19. Allows a level of care assessment to be completed using another decision support tool authorized by the commissioner.</p>

Section	Description - Article 1: Community Supports and Behavioral Health Policy
12	<p>Staff person.</p> <p>Amends § 245I.02, subd. 36. Modifies definition of “staff person” to include a person who does not provide direct contact services to clients, but does have physical access to clients.</p>
13	<p>Volunteers.</p> <p>Amends § 245I.03, subd. 9. Clarifies that a license holder must only have policies and procedures for using volunteers if the license holder uses volunteers.</p> <p>Makes this section effective July 1, 2022, or upon federal approval, whichever is later.</p>
14	<p>Mental health practitioner qualifications.</p> <p>Amends § 245I.04, subd. 4. Adds language allowing social work, psychology, or counseling clinical trainees to qualify as mental health practitioners.</p> <p>Makes this section effective July 1, 2022, or upon federal approval, whichever is later.</p>
15	<p>Initial training.</p> <p>Amends § 245I.05, subd. 3. Makes technical change.</p> <p>Makes this section effective July 1, 2022, or upon federal approval, whichever is later.</p>
16	<p>Progress notes.</p> <p>Amends § 245I.08, subd. 4. Removes requirement for printed name of the staff person to be included in a progress note.</p> <p>Makes this section effective July 1, 2022, or upon federal approval, whichever is later.</p>
17	<p>Record retention.</p> <p>Amends § 245I.09, subd. 2. Requires a license holder to retain records for a minimum of five years when the license holder closes a program, rather than when the license holder ceases to provide services to a client.</p> <p>Makes this section effective July 1, 2022, or upon federal approval, whichever is later.</p>
18	<p>Generally.</p> <p>Amends § 245I.10, subd. 2. Modifies cross-reference.</p>

Section	Description - Article 1: Community Supports and Behavioral Health Policy
	Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
19	Standard diagnostic assessment; required elements. Amends § 245I.10, subd. 6. Makes technical change. Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
20	Treatment supervision specified. Amends § 245I.20, subd. 5. Makes clarifying change to require documentation of a case review.
21	Additional policy and procedure requirements. Amends § 245I.23, subd. 22. Modifies cross-references. Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
22	Rate requirements. Amends § 254B.05, subd. 5. Modifies cross-references. Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
23	Definitions. Amends § 256B.0622, subd. 2. Makes clarifying changes to assertive community treatment crisis assessment and intervention definition. Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
24	Telehealth services. Amends § 256B.0625, subd. 3b. Modifies cross-references and makes clarifying changes. Modifies paragraph (d) to specify that telehealth visits via telephone may satisfy face-to-face reimbursement requirements when services are provided under certain payment methods, from July 1, 2021, to July 1, 2023, or until the federal COVID-19 public health emergency ends, whichever is earlier. Makes this section effective July 1, 2022, or upon federal approval, whichever is later, except that the amendments to paragraph (d) are effective retroactively from July 1, 2021.

Section	Description - Article 1: Community Supports and Behavioral Health Policy
25	<p>Personal care assistance choice option; qualifications; duties.</p> <p>Amends § 256B.0659, subd. 19. Removes obsolete language and makes technical changes.</p>
26	<p>Dialectical behavioral therapy.</p> <p>Amends § 256B.0671, subd. 6. Removes age eligibility requirement for dialectical behavioral therapy covered by medical assistance in intensive mental health outpatient treatment.</p> <p>Makes this section effective July 1, 2022, or upon federal approval, whichever is later.</p>
27	<p>Assessment and support planning.</p> <p>Amends § 256B.0911, subd. 3a. Makes technical changes and removes certain limitations on remote long-term care consultation services reassessments.</p>
28	<p>Required covered service components.</p> <p>Amends § 256B.0946, subd. 1. Modifies cross-reference.</p> <p>Makes this section effective July 1, 2022, or upon federal approval, whichever is later.</p>
29	<p>Definitions.</p> <p>Amends § 256B.0947, subd. 2. Removes paragraph from “transition services” definition for purposes of intensive rehabilitative mental health services.</p>
30	<p>Service standards.</p> <p>Amends § 256B.0947, subd. 6. Modifies required updates for level of care assessments and function assessments from every 90 days to every six months; removes language requiring individual treatment plan review at least every 90 days.</p> <p>Makes this section effective July 1, 2022, or upon federal approval, whichever is later.</p>
31	<p>Definitions.</p> <p>Amends § 256B.0949, subd. 2. Adds a definition for “advanced certification” under the early intensive developmental and behavioral interventions (EIDBI) program.</p>
32	<p>Covered services.</p> <p>Amends § 256B.0949, subd. 13. Requires EIDBI providers with advanced certification overseeing implementation to document required qualifications for the treatment model used in a manner determined by the commissioner. Clarifies the meaning of</p>

Section Description - Article 1: Community Supports and Behavioral Health Policy

intervention with a higher provider ratio. Makes qualified supervision professional attendance at a coordinated care conference optional. Removes the limitation that telehealth services must be provided by a licensed health care provider.

33 Implementation.

Amends § 256K.26, subd. 2. Includes Tribes in the development of application requirements for long-term homeless supportive services.

34 Outcomes.

Amends § 256K.26, subd. 6. Clarifies that Tribes may provide long-term homeless supportive services. Updates terminology.

35 Eligible services.

Amends § 256K.26, subd. 7. Clarifies that Tribes may provide long-term homeless supportive services.

36 Qualified professional.

Amends § 256P.01, subd. 6a. Makes a conforming cross-reference change.

Makes this section effective July 1, 2022, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

37 Account creation.

Amends § 256Q.06, by adding subd. 6. If an eligible individual is unable to establish his or her own Achieving a Better Life Experience (ABLE) account, allows an ABLE account to be established on behalf of the eligible individual by the eligible individual's agent under power of attorney or, if none, by the eligible individual's conservator or legal guardian, spouse, parent, sibling, or grandparent or a representative payee appointed for the eligible individual by the SSA, in that order. This change aligns Minnesota's ABLE statute with final federal IRS rules.

Provides an immediate effective date.

38 Waivers and modifications; federal funding extension.

Amends Laws 2020, First Special Session ch. 7, § 1, subd. 1, as amended by Laws 2021, First Special Session ch. 7, art. 2, § 71. Makes a technical change.

39 Revisor instruction.

Instructs the revisor to change the term "chemical dependency" to "substance use disorder" throughout chapters 245G, 253B, 254A, and 254B and make any related grammatical changes.

Section	Description - Article 1: Community Supports and Behavioral Health Policy
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40	Repealer.
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Repeals sections 254A.04 (Alcohol and Other Drug Abuse Advisory Council, expired June 30, 2018) and 254B.14 (chemical dependency continuum of care pilot projects).

Article 2: Community Supports

This article makes various changes to home and community-based services related to expanding access to shared services and providing for appeals of service terminations for persons living in own-home settings, modifies home care services by including care coordination and care evaluation services, modifies the PCA program by allowing MA reimbursement for personal care assistants to drive participants, increases the limit on hours of personal assistance services that can be provided by parents of minor children and by spouses under consumer-directed community supports (CDCS) and community first services and supports (CFSS), modifies PCA payment rates, modifies the moratorium exceptions on the development of housing support beds, modifies the membership of the Task Force on Subminimum Wages, modifies the base wage index calculation for employment exploration services staff under the Disability Waiver Rate System (DWRS), directs the commissioner of human services to develop recommendations to establish life-sharing services as a covered MA waiver service, establishes a Task Force on Disability Services Accessibility, and requires an intermediate care facilities for persons with developmental disabilities (ICF/DD) MA payment rate study.

Section	Description - Article 2: Community Supports
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1	Service termination.
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Amends § 245D.10, subd. 3a. Broadens service providers and recipients that are subject to service termination requirements under the chapter of statutes governing home and community-based services standards.

2	Department of Human Services systemic critical incident review team.
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Amends § 256.01 by adding subd. 12b. Paragraphs (a) and (b) allow the commissioner to establish a systemic critical incident review team to review critical incidents related to vulnerable adults in facilities or services for which the Department of Human Services is the lead investigative agency; specify duties of the review team and requirements for the critical incident review process, including data collection, systemic mapping of the critical incident, and analysis of the case for systemic influences; and require the critical incident review team to aggregate data collected for purposes of data analysis and make recommendations to decrease the number and severity of critical incidents or improve the quality of the home and community-based system.

Section Description - Article 2: Community Supports

Paragraphs (c), (d), and (e) specify case selection committee requirements and data and disclosure prohibitions.

Paragraph (f) requires the commissioner to prepare an annual public report containing specified information related to cases reviewed and recommendations made to the commissioner regarding systemic changes that could be made to decrease the number and severity of critical incidents or improve the quality of home and community-based services.

3 State agency hearings.

Amends § 256.045, subd. 3. Provides for appeals of home and community-based service terminations for persons living in own-home settings.

4 Definitions.

Amends § 256B.0651, subd. 1. Adds definitions of “care coordination” and “care evaluation” to the statutes governing MA home care services.

Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

5 Services covered.

Amends § 256B.0651, subd. 2. Adds care coordination and care evaluation to the list of covered services under MA home care services.

Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

6 Limits on services without authorization.

Amends § 256B.0651, subd. 11. Establishes limits on care evaluation and care coordination services.

Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

7 Noncovered home health agency services.

Amends § 256B.0653, subd. 6. Makes an exception allowing care evaluation to be eligible for payment under MA home health agency services.

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- Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 8 Definitions.**
- Amends § 256B.0659, subd. 1. Specifies traveling includes driving and accompanying the recipient according to the recipient's care plan in the definition of "instrumental activities of daily living" under the PCA program. Makes technical changes to the definition of "behavior."
- Provides an effective date of within 90 days of federal approval. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 9 Documentation of PCA services provided.**
- Amends § 256B.0659, subd. 12. Modifies the list of items that must be included on the PCA time sheet to include documentation of travel including start and stop times, the origination site, and the destination site.
- Provides an effective date of within 90 days of federal approval. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 10 PCA choice option; qualifications; duties.**
- Amends § 256B.0659, subd. 19. Removes obsolete language and modifies the duties the responsible party must perform to include ensuring that a PCA driving a recipient has a valid driver's license and the vehicle used is registered and insured according to Minnesota law.
- Provides an effective date of within 90 days of federal approval. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 11 PCA provider agency; general duties.**
- Amends § 256B.0659, subd. 24. Modifies the duties of a PCA provider agency to include ensuring that any PCA driving a recipient has a valid driver's license and that the vehicle used is registered and insured according to Minnesota law.
- Provides an effective date of within 90 days of federal approval. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

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12 Services provided by parents and spouses.

Amends § 256B.4911, by adding subd. 6. Paragraph (a) limits MA payments under consumer-directed community supports (CDCS) for personal assistance services provided by a parent to the parent's minor child or by a spouse. Lists the programs to which this limit applies.

Paragraph (b) defines "parent" for purposes of this subdivision.

Paragraph (c) specifies the maximum number of hours parents may provide personal assistance services to a minor child in a seven-day period if multiple parents are providing services.

Paragraph (d) specifies the maximum number of hours a parent may provide services to a minor child in a seven-day period if only one parent is providing services.

Paragraph (e) specifies the maximum number of hours of service a spouse may provide in a seven-day period.

Paragraph (f) prohibits this subdivision from being construed as permitting an increase in the total authorized CDCS budget for an individual.

Provides a July 1, 2022, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to inform the revisor of statutes when federal approval is obtained.

13 Unit-based services with programming; component values and calculation of payment rates.

Amends § 256B.4914, subd. 8, as amended by Laws 2022, ch. 33, § 1. Modifies shared services for individualized home supports with training and individualized home supports with family training under the Disability Waiver Rate System (DWRS).

Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

14 Unit-based services without programming; component values and calculation of payment rates.

Amends § 256B.4914, subd. 9, as amended by Laws 2022, ch. 33, § 1. Modifies shared services for individualized home supports without training under DWRS.

Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

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15 Community first services and supports; covered services.

Amends § 256B.85, subd. 7. Modifies the list of covered services under community first services and supports (CFSS) by removing the existing limits on the number of hours of service a parent can provide to a minor child. Increased limits on the number of hours of service a parent can provide to a minor child are specified in the new subdivision 7b.

Provides a July 1, 2022, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to inform the revisor of statutes when federal approval is obtained.

16 Services provided by parents and spouses.

Amends § 256B.85, by adding subd. 7b. Paragraph (a) specifies the services and supports to which this subdivision applies.

Paragraph (b) specifies the maximum number of hours parents may provide personal assistance services to a minor child in a seven-day period if multiple parents are providing services.

Paragraph (c) specifies the maximum number of hours a parent may provide services to a minor child in a seven-day period if only one parent is providing services.

Paragraph (d) specifies the maximum number of hours of service a spouse may provide in a seven-day period.

Paragraph (e) prohibits this subdivision from being construed as permitting an increase in either the total authorized CFSS budget for an individual or the total number of authorized service units.

Paragraph (f) prohibits a parent or spouse from receiving a wage that exceeds the current rate for a CFSS support worker, including the wage, benefits, and payroll taxes.

Provides a July 1, 2022, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to inform the revisor of statutes when federal approval is obtained.

17 Determination of CFSS service authorization amount.

Amends § 256B.85, subd. 8. Makes a conforming cross-reference change.

Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to inform the revisor of statutes when federal approval is obtained.

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18 Payment rates; component values.

Amends § 256B.851, subd. 5. Modifies the implementation components for PCA services, CFSS, enhanced rate PCA services, enhanced rate CFSS, qualified professional services, and CFSS worker training and development under the PCA/CFSS payment rate methodology.

Provides a January 1, 2023, effective date, or 60 days following federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

19 Moratorium on development of housing support beds.

Amends § 256I.04, subd. 3. Modifies the housing support bed moratorium exceptions by expanding the exception for supportive housing units in the metro area for homeless adults with mental illness, a history of substance abuse, or HIV/AIDS to allow for more supportive housing units and to include additional counties (Carver, Scott, and Washington counties). Removes language requiring 70 percent of the supportive housing units to serve homeless adults who are about to be, or within the last six months have been, discharged from a regional treatment center, a state-contracted psychiatric bed in a community hospital, or a residential mental health or chemical dependency treatment program. Removes obsolete language.

Adds paragraph (c), which requires the appropriation for the housing support bed moratorium exceptions to include administrative funding equal to the cost of two FTEs to process eligibility and requires the commissioner to disburse administrative funding to the fiscal agent for counties.

20 Authorization of elderly waiver services and service rates.

Amends § 256S.16, by adding subd. 2. Requires the commissioner to provide a rate system for shared homemaker services and shared chore services, based on rates under the elderly waiver. Specifies rate limits for services shared by two and three persons. Specifies these rates only apply when all of the criteria for shared services have been met.

21 Case mix classifications.

Amends § 256S.18, subd. 1. Makes a conforming cross-reference change.

Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

22 Membership.

Amends Laws 2021, First Special Session ch. 7, art. 17, § 14, subd. 3. Increases task force membership from 16 to 20 members. Adds a member who is a person with

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disabilities who at the time of appointment is being paid a subminimum wage and adds three members who are parents or guardians of persons with disabilities.

Provides an immediate effective date. Requires the commissioner of human services to make the additional appointment required under this section within 30 days following final enactment.

23 Base wage index; calculations.

Amends Laws 2022, ch. 33, § 1, subd. 5a. Modifies the base wage index calculation for employment exploration services staff under DWRS.

Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

24 Respite services; component values and calculation of payment rates.

Amends Laws 2022, ch. 33, § 1, subd. 9a. Includes in the respite services payment rate calculation night supervision provided in a shared manner.

Provides a January 1, 2023, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

25 Workforce incentive fund grants.

Establishes workforce incentive fund grants for behavioral health, housing, disability, and home and community-based older adult providers to assist with recruiting and retaining direct support and frontline workers.

Subd. 1. Grant program established. Requires the commissioner of human services to establish grants for behavioral health, housing, disability, and home and community-based older adult providers to assist with recruiting and retaining direct support and frontline workers.

Subd. 2. Definitions. Defines terms for purposes of this section including “commissioner,” “eligible worker,” and “eligible employer.”

Subd. 3. Allowable uses of grant money. Lists allowable uses of funds under the workforce incentive fund grant program. Requires the commissioner to: (1) develop a grant cycle distribution plan that allows for equitable distribution of funding among eligible employer types; and (2) make efforts to prioritize Black, Indigenous, and people of color-owned and small to midsize eligible employers.

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Subd. 4. Attestation. Requires an eligible employer to attest to certain conditions as a condition of obtaining a workforce incentive grant payment.

Subd. 5. Audits and recoupment. Allows the commissioner to perform an audit up to six years after a grant is awarded under this section to ensure the grantee used funds solely for allowed purposes, was truthful when making attestations, and complied with the conditions of receiving a workforce incentive grant. Allows the commissioner to treat any amount used for a purpose not authorized under this section as an overpayment and requires the commissioner to recover overpayments.

Subd. 6. Self-directed services workforce. Specifies that grants paid to employees providing covered services under the quality self-directed services workforce provision do not constitute a change in term or condition and are not subject to the state's obligation to meet and negotiate under the chapter of statutes governing public employment labor relations.

Subd. 7. Grants not to be considered income. Excludes the workforce incentive grants from being counted as income for income tax purposes. Prohibits grants awarded under this section from being considered income, assets, or personal property for purposes of determining eligibility for various economic assistance and health care programs.

Provides a July 1, 2022, effective date.

26 Direct Care Services Corps pilot project.

Subd. 1. Establishment. Requires HealthForce Minnesota at Winona State University to develop a pilot project establishing the Minnesota Direct Care Service Corps and financial incentives and minimum work requirements for the project. Requires the financial incentives to increase with each semester that the student participates in the Minnesota Direct Care Service Corps.

Subd. 2. Pilot sites. Specifies where the pilot sites must be located within the state and specifies the duties of pilot sites.

Subd. 3. Evaluation and report. Requires HealthForce Minnesota to evaluate the pilot project's impact on health care costs, retention of PCAs, and patients' and providers' satisfaction. Specifies additional information that must be included in the evaluation. Requires HealthForce Minnesota to report the evaluation findings to the legislative committees with jurisdiction over human services policy and finance by January 4, 2024.

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27 Direction to the commissioner of human services; life-sharing services.

This section directs the commissioner of human services to develop recommendations for establishing life sharing as a covered MA waiver service.

Subd. 1. Recommendation required. Requires the commissioner of human services to develop recommendations for life sharing as a covered MA waiver service.

Subd. 2. Definition. Defines “life sharing.”

Subd. 3. Stakeholder engagement and consultation. Paragraph (a) requires the commissioner to solicit participation in the development of life-sharing MA service through a stakeholder engagement process that results in the inclusion of a diverse group of stakeholders from listed groups.

Paragraph (b) requires the commissioner to seek input into and assistance with the development of recommendations for establishing the life-sharing service from interested stakeholders.

Paragraph (c) requires the commissioner to provide a method to cofacilitate public meetings with interested stakeholders. Requires the first meeting to occur before January 31, 2023, and requires the commissioner to host monthly meetings through October 31, 2023. Requires all meetings to be accessible to all stakeholders, recorded, and posted online within one week of the meeting date.

Subd. 4. Required topics to be discussed during the development of the recommendations. Lists topics that must be discussed during the development of the recommendations on developing life sharing as a covered MA waiver service.

Subd. 5. Report to the legislature. By December 31, 2023, requires the commissioner to provide the legislative committees with jurisdiction over direct care services a report that includes the commissioner’s recommendations and any draft legislation necessary to define and implement life-sharing services.

28 Disability services accessibility task force and pilot projects.

Subd. 1. Establishment; purpose. Establishes the Task Force on Disability Services Accessibility to evaluate the accessibility of current state and county disability services and to develop and evaluate plans to address barriers to accessibility.

Subd. 2. Definitions. For purposes of this section, defines the terms “accessible,” “commissioner,” “disability services,” “lead agency,” and “task force.”

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Subd. 3. Membership. Lists the 24 members of the task force. Requires task force membership to reflect geographic parity throughout the state and to include representation from Black and Indigenous communities and communities of color. Specifies that the membership terms, compensation, expense reimbursement, and removal and filling of vacancies of task force members are subject to the statutory provisions governing advisory councils and committees.

Subd. 4. Appointment deadline; first meeting; chair. Requires appointing authorities to make selections by January 1, 2023; requires the commissioner of human services to convene the first meeting of the task force by February 15, 2023; and requires the task force to select a chair from among its members at its first meeting.

Subd. 5. Goals. Lists the goals of the task force.

Subd. 6. Duties; plan and recommendations. Paragraphs (a) and (b) list duties of the task force, including developing a plan to conduct an accessibility assessment of disability services provided by lead agencies and DHS; and list the information that must be included in the assessment and, for purposes of the assessment, list the activities that are included in disability services.

Paragraph (c) requires the task force to collaborate with certain other entities to develop recommendations from the findings of the assessment and to create changes to county and state services to improve outcomes for people with disabilities. Lists the items that must be included in the recommendations.

Paragraph (d) requires the task force to oversee preparation of a report outlining the findings from the accessibility assessment and the recommendations developed as a result of the assessment.

Subd. 7. Pilot projects. Paragraphs (a) and (b) require the commissioner to: (1) establish pilot projects with multiple methods of reducing accessibility barriers in disability services; and (2) select six lead agencies to conduct pilot projects through a competitive bidding process.

Paragraph (c) requires the application to include a proposal for how the county will implement any pilot project for at least five percent of the county's total disability services case load.

Paragraph (d) requires selected counties to use a process to facilitate communication between counties and applicants and reduce incidences of appeal prior to issuing disability service decisions that deny or reduce services or eligibility and to provide recipients with a preview of the service decision. Requires the process to be accessible to recipients.

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Paragraph (e) specifies requirements the preview process must meet.

Paragraph (f) requires counties to issue a notice of action within ten days of the final communication of the preview process. Allows counties to change a decision denying or reducing services or eligibility between the preview and the decision based on discussions or information from the preview process. Allows the recipient to request an appeal at any time.

Paragraph (g) requires selected counties to streamline MA service eligibility for people with disabilities by using less frequent disability service needs assessments to save costs and reduce administrative work needed to redetermine service eligibility. Requires the commissioner to seek federal approval for the pilot project if necessary.

Paragraph (h) requires the commissioner to establish criteria for lead agencies participating in the pilot project to use less frequent assessments for disability services for qualifying individuals.

Paragraph (i) prohibits a change to less frequent assessments from precluding an individual from requesting an assessment earlier than the next scheduled assessment. Requires lead agencies to assess service eligibility at least every three years.

Paragraph (j) requires selected lead agencies to hire or contract with a community program and train and implement a team of peer system navigators to assist recipients with navigating county processes. Requires navigators to be people with disabilities or parents or guardians receiving the same type of services in similar settings. Requires the county to communicate with navigators and pair navigators with participants.

Paragraph (k) requires the peer navigator process to be accessible to recipients. Requires counties to pay peer navigators and provide benefit counseling to navigators to ensure their own services and supports are not at risk.

Paragraph (l) requires selected lead agencies to make options available for disability service recipients to use electronic communications for interactions with the lead agency regarding services.

Subd. 8. Pilot projects; funding and timing. Requires each county selected to receive grant funding to implement, operate, and report on the pilot project. Requires the amount of grant funding to be proportionate to the disability service case load for the selected county. Requires counties to: (1) implement pilot projects no later than July 1, 2023, and to continue projects for at least 18

Section Description - Article 2: Community Supports

months; and (2) report on the pilot projects to the task force at six, 12, and 18 months into the pilot projects.

Subd. 9. Report. Requires the task force to submit a report by August 1, 2025, with recommendations to the legislative committees with jurisdiction over health and human services. Requires the report to include any changes to statutes, laws, or rules required to implement the recommendations of the task force and to include a recommendation concerning continuing the task force beyond its scheduled expiration.

Subd. 10. Administrative support. Requires the commissioner of human services to provide meeting space and administrative services to the task force.

Subd. 11. Expiration. Provides that the task force expires on March 31, 2026.

29 Direction to commissioner; shared services.

Paragraph (a) requires the commissioner of human services to seek any necessary changes to HCBS waiver plans regarding shared services by December 1, 2022.

Paragraph (b) requires the commissioner to develop or provide certain guidance regarding shared services.

Paragraph (c) requires the commissioner to seek and utilize stakeholder input for any proposed changes to waiver plans and shared services guidance.

30 Direction to commissioner; disability waiver shared services rates.

Requires the commissioner of human services to provide a rate system for shared homemaker services and shared chore services provided under the MA disability waivers. Sets rate limits for two and three persons sharing services. Specifies these rates apply only when all of the criteria for the shared service have been met.

31 Direction to commissioner; intermediate care facilities for persons with disabilities rate study.

Requires the commissioner of human services to study MA payment rates for ICFs/DD; make recommendations on establishing a new payment rate methodology for these facilities; and submit a report to the legislature by February 15, 2023, that includes recommendations and any draft legislation necessary to implement the recommendations.

Article 3: Behavioral Health

This article contains numerous provisions related to implementing the change from the “rule 25” county assessment and placing authority model to direct access for substance use disorder (SUD) comprehensive assessment and treatment services. It also establishes a children’s mental health community of practice, modifies requirements for children’s residential treatment, establishes children’s residential crisis stabilization standards, codifies certain mental health grant programs, expands intensive treatment in foster care, and increases the adult day treatment reimbursement rate. The article includes several provisions aimed at improving behavioral health service access, and makes further changes related to behavioral health homes, certified community behavioral health clinics (CCBHCs), intensive residential treatment services (IRTS) locked facilities, the Opiate Epidemic Response Advisory Council, and opioid treatment programs.

Section	Description - Article 3: Behavioral Health
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| 1 | Benefits.
Amends § 62N.25, subd. 5. Updates cross-reference for comprehensive assessments. Makes this section effective July 1, 2022. |
| 2 | Chemical dependency.
Amends § 62Q.1055. Updates cross-reference for comprehensive assessments, makes technical change. Makes this section effective July 1, 2022. |
| 3 | Alcoholism, mental health, and chemical dependency services.
Amends § 62Q.47. Updates cross-reference for comprehensive assessments, makes technical changes. Makes this section effective July 1, 2022. |
| 4 | Assessment report.
Amends § 169A.70, subd. 3. Updates cross-reference for comprehensive assessments. Makes this section effective July 1, 2022. |
| 5 | Assessor standards; rules; assessment time limits.
Amends § 169A.70, subd. 4. Updates cross-reference for staff qualifications for comprehensive assessments. Removes language related to independent assessors. Makes this section effective July 1, 2022. |
| 6 | Children’s mental health community of practice.
Proposes coding for § 245.4866. Requires the commissioner of human services to establish a children’s mental health community of practice, in consultation with subject matter experts, to improve child and adolescent mental illness treatment outcomes and reduce disparities. Requires the community of practice to use evidence-based and best practices through peer-to-peer and person-to-provider |

Section Description - Article 3: Behavioral Health

- sharing. Lists participants that must be included in the community of practice; outlines meeting requirements; lists duties of the community of practice.
- 7 Assessment requirements.**
Amends § 245.4882 by adding subd. 2a. Adds requirement for children's residential treatment providers to complete a diagnostic assessment within 10 days of a child's admission; provides an exception to the requirement. Specifies screenings a provider must complete within 10 days.
- 8 Crisis admissions and stabilization.**
Amends § 245.4882 by adding subd. 6. Provides that a mental health professional, physician assessing a child in an emergency department, or a member of a mobile crisis team may refer a child for residential treatment services for crisis stabilization. Requires a provider making a referral to conduct an assessment of the child.
- 9 Admission criteria.**
Amends § 245.4885, subd. 1. Specifies that for admission to residential treatment facilities, an emergency includes a situation in which a child is referred to residential treatment for crisis stabilization services. Exempts a child admitted in an emergency from undergoing a separate assessment under this section.
- 10 Establishment and authority.**
Amends § 245.4889, subd. 1. Modifies respite care services grant items to include children in out-of-home placement who are at risk of a placement change or higher level of care, and cites to subdivision with allowable activities.

Adds to list of children's mental health grant items, intensive developmentally appropriate and culturally informed interventions related to youth mood disorders and a youth mood disorder public awareness campaign.
- 11 Covered respite care services.**
Amends § 245.4889 by adding subd. 4. Lists respite care services, activities, and expenses that are covered under children's mental health grants for respite care services. Makes this section effective July 1, 2022.
- 12 Cultural and ethnic minority infrastructure grant program.**
Proposes coding for § 245.4903. Requires the commissioner of human services to establish a cultural and ethnic minority infrastructure grant program, to ensure that behavioral health supports and services are culturally specific and culturally responsive.

Outlines grant applicant eligibility and allowable grant activities; requires the commissioner to assist grantees with meeting third-party credentialing requirements;

Section Description - Article 3: Behavioral Health

requires grantees to obtain all available third-party reimbursement sources; specifies that grantees must serve individuals from cultural and ethnic minority communities regardless of health coverage or ability to pay for services.

Requires grantees to provide regular data to the commissioner, to evaluate grant program effectiveness; lists evaluation criteria.

13 Emerging mood disorder grant program.

Proposes coding for § 245.4904. Codifies the emerging mood disorder grant program, to fund evidence-informed interventions for youth and young adults at risk of developing or experiencing an emerging mood disorder and a public awareness campaign on youth and young adult mood disorders; lists required grant program activities; specifies eligibility requirements and program outcome evaluation criteria.

14 First episode of psychosis grant program.

Proposes coding for § 245.4905. Codifies the first episode of psychosis grant program, to fund evidence-based interventions for youth at risk of developing or experiencing a first episode of psychosis and a public awareness campaign on the signs and symptoms of psychosis; lists required grant program activities; specifies eligibility requirements and program outcome evaluation criteria; requires the commissioner to comply with all requirements necessary to receive federal aid or grants.

15 Total funds available; allocation.

Amends § 245.713, subd. 2. Eliminates requests for proposals requirements for American Indian Tribes receiving federal block grant allocations. Makes this section effective July 1, 2022.

16 Projects for assistance in transition from homelessness program.

Proposes coding for § 245.991. Establishes the projects for assistance in transition from homelessness program (PATH) in statute, to prevent or end homelessness for people with serious mental illness and substance use disorders. Lists project activities, eligibility requirements, and outcome evaluation criteria. Requires the commissioner to comply with all requirements necessary to receive federal aid or grants.

17 Housing with support for behavioral health.

Proposes coding for § 245.992. Establishes the housing with support for behavioral health program in statute, to prevent or end homelessness for people with serious mental illness and substance use disorders and increase the availability of housing with support. Lists program activities, eligibility requirements, and outcome evaluation criteria.

Section Description - Article 3: Behavioral Health

18 Change of ownership process.

Amends § 245A.043, subd. 3. Updates cross-reference.

19 Children's residential facility crisis stabilization services.

Proposes coding for § 245A.26. Establishes licensing requirements for children's residential facilities providing crisis stabilization services.

Subd. 1. Definitions. Provides definitions for "clinical trainee," "license holder," and "mental health professional."

Subd. 2. Scope and applicability. Establishes additional licensing requirements; specifies license holders that may be licensed to provide children's residential crisis services; exempts license holders from completing certain assessments and plans for a child who receives services for 35 days or fewer.

Subd. 3. Eligibility for services. Specifies eligibility requirements for individuals under 19 years of age to receive children's residential crisis stabilization services.

Subd. 4. Required services; providers. Lists the crisis stabilization services a license holder must offer and have the capacity to directly provide in order to be licensed under this section. Requires services to be provided by a qualified staff person.

Subd. 5. Assessment and treatment planning. Requires an assessment and documentation of a child's immediate needs within 24 hours of a child's admission for residential crisis stabilization. Requires completion of a crisis treatment plan within 24 hours of a child's admission; specifies plan completion and review requirements.

Subd. 6. Staffing requirements. Requires that facility staff members have access to a mental health professional or clinical trainee within 30 minutes, either in person or by phone. Requires the license holder to maintain a current, readily available schedule of available mental health professionals or clinical trainees.

20 Application.

Amends § 245F.03. Removes reference to rules governing lead agency placement authority. Makes this section effective July 1, 2022.

21 Assessment summary.

Amends § 245G.05, subd. 2. Adds comprehensive assessment level of care requirements and removes and replaces a reference to the rule that identified dimensions of care placement criteria for SUD treatment. Makes this section effective July 1, 2022.

Section Description - Article 3: Behavioral Health

22 Definitions.

Amends § 245G.22, subd. 2. Removes definition of “placing authority.” Makes this section effective July 1, 2022.

23 Nonmedication treatment services; documentation.

Amends § 245G.22, subd. 15. Modifies licensing standards and required documentation of counseling services offered (and provided or not provided), for opioid treatment programs, related to changes in the rate structure.

24 Additional requirements for locked program facility.

Amends § 245I.23 by adding subd. 19a. Specifies additional requirements for IRTS facilities that prohibit clients from leaving by locking doors or by other permissible methods. Includes requirements related to building and fire codes, Department of Health licensing, policies and procedures describing court orders, documentation of court orders, and client information.

25 Rules for substance use disorder care.

Amends § 254A.03, subd. 3. Removes requirement for the commissioner to establish rule criteria for determining the appropriate level of care for SUD treatment; removes outdated language; removes references to placing authority rules. Makes this section effective July 1, 2022.

26 Persons arrested outside of county of residence.

Amends § 254A.19, subd. 1. Removes reference to placing authority rules; removes requirement for a person’s county of residence to complete an SUD assessment, instead requiring the county where the person is detained to facilitate access to a qualified assessor. Makes this section effective July 1, 2022.

27 Comprehensive assessments.

Amends § 254A.19, subd. 3. Removes references and language related to placing authority and rule 25 assessments for SUD treatment; requires an eligible vendor of a comprehensive assessment to provide information on medical assistance and the behavioral health fund to individuals seeking assessments. Makes this section effective July 1, 2022.

28 Civil commitments.

Amends § 254A.19, subd. 4. Removes references related to placing authority and rule 25 assessments for SUD treatment; replaces with comprehensive assessment for determining the level of care. Makes this section effective July 1, 2022.

Section Description - Article 3: Behavioral Health

- 29 Assessments for detoxification programs.**
Amends § 254A.19 by adding subd. 6. Specifies that for detoxification programs, “chemical use assessment” means a comprehensive assessment and assessment summary; specifies who qualifies as an assessor. Makes this section effective July 1, 2022.
- 30 Assessments for children’s residential facilities.**
Amends § 254A.19 by adding subd. 7. Specifies that for children’s residential programs, “chemical use assessment” means a comprehensive assessment and assessment summary; specifies who qualifies as an assessor. Makes this section effective July 1, 2022.
- 31 Behavioral health fund.**
Amends § 254B.01 by adding subd. 2a. Defines “behavioral health fund.” Makes this section effective July 1, 2022.
- 32 Client.**
Amends § 254B.01 by adding subd. 2b. Defines “client.” Makes this section effective July 1, 2022.
- 33 Co-payment.**
Amends § 254B.01 by adding subd. 2c. Defines “co-payment.” Makes this section effective July 1, 2022.
- 34 Department.**
Amends § 254B.01 by adding subd. 4c. Defines “department.” Makes this section effective July 1, 2022.
- 35 Drug and alcohol abuse normative evaluation system or DAANES.**
Amends § 254B.01 by adding subd. 4d. Defines “drug and alcohol abuse normative evaluation system” or “DAANES.” Makes this section effective July 1, 2022.
- 36 Local agency.**
Amends § 254B.01, subd. 5. Modifies definition of “local agency” by removing a reference to placement authority and replacing it with the agency’s responsibility for making behavioral health fund financial eligibility determinations. Makes this section effective July 1, 2022.
- 37 Minor child.**
Amends § 254B.01 by adding subd. 6a. Defines “minor child.” Makes this section effective July 1, 2022.

Section Description - Article 3: Behavioral Health

- 38 **Policy holder.**
Amends § 254B.01 by adding subd. 6b. Defines “policy holder.” Makes this section effective July 1, 2022.
- 39 **Responsible relative.**
Amends § 254B.01 by adding subd. 9. Defines “responsible relative.” Makes this section effective July 1, 2022.
- 40 **Third-party payment source.**
Amends § 254B.01 by adding subd. 10. Defines “third-party payment source.” Makes this section effective July 1, 2022.
- 41 **Vendor.**
Amends § 254B.01 by adding subd. 11. Defines “vendor.” Makes this section effective July 1, 2022.
- 42 **American Society of Addiction Medicine criteria or ASAM criteria.**
Amends § 254B.01 by adding subd. 12. Defines “American Society of Addiction Medicine criteria” or “ASAM criteria.” Makes this section effective July 1, 2022.
- 43 **Skilled treatment services.**
Amends § 254B.01 by adding subd. 13. Defines “skilled treatment services.” Makes this section effective July 1, 2022.
- 44 **Local agency duties.**
Amends § 254B.03, subd. 1. Removes local agency responsibility for providing services that meet placement criteria; clarifies local agency responsibility for determining financial eligibility for SUD services; removes references to placement authority and rule 25 assessments. Makes this section effective July 1, 2022.
- 45 **Behavioral health fund payment.**
Amends § 254B.03, subd. 2. Removes language giving a county the authority to provide chemical dependency services using its own resources. Makes this section effective July 1, 2022.
- 46 **Division of costs.**
Amends § 254B.03, subd. 4. Updates cross-reference.
- 47 **Rules; appeal.**
Amends § 254B.03, subd. 5. Removes language related to appeals of county placement determinations. Makes this section effective July 1, 2022.

Section Description - Article 3: Behavioral Health

48 Client eligibility.

Amends § 254B.04, subd. 1. Lists eligibility criteria for a client's SUD treatment to be paid with funds from the behavioral health fund; lists circumstances under which a client is not eligible to have SUD treatment services paid for by funds from the behavioral health fund. Makes this section effective July 1, 2022.

49 Eligibility for room and board services for persons in outpatient substance use disorder treatment.

Amends § 254B.04, subd. 2a. Removes references to placement requirements and rule 25 assessments for room and board services in outpatient SUD treatment; clarifies that a person must score at level 4 on assessment dimensions, including readiness to change. Makes this section effective July 1, 2022.

50 Assessment criteria and risk descriptions.

Amends § 254B.04 by adding subd. 4. Codifies required SUD assessment criteria dimensions and risk descriptions. Makes this section effective July 1, 2022.

51 Scope and applicability.

Amends § 254B.04 by adding subd. 5. Specifies that section 254B.04 governs the administration of the behavioral health fund, establishes client eligibility criteria, and determines a client's obligation to pay for SUD treatment services. Makes this section effective July 1, 2022.

52 Local agency responsibility to provide services.

Amends § 254B.04 by adding subd. 6. Allows a local agency to employ individuals for administrative activities and to facilitate access to SUD treatment services. Makes this section effective July 1, 2022.

53 Local agency to determine client financial eligibility.

Amends § 254B.04 by adding subd. 7. Requires the local agency to determine a client's financial eligibility for the behavioral health fund; requires the agency to pay for eligible clients; specifies how the agency must determine client eligibility; specifies third-party payment requirements. Makes this section effective July 1, 2022.

54 Client fees.

Amends § 254B.04 by adding subd. 8. Specifies that a client whose income is within current household size and income guidelines will not pay a fee. Makes this section effective July 1, 2022.

Section Description - Article 3: Behavioral Health

55 Vendor must participate in DAANES.

Amends § 254B.04 by adding subd. 9. Requires a vendor to participate in DAANES or submit the information required in DAANES to the commissioner, to be eligible for behavioral health fund payment. Makes this section effective July 1, 2022.

56 Room and board provider requirements.

Amends § 254B.05, subd. 1a. Adds programs providing children's residential crisis stabilization and admissions to eligible vendors of room and board.

57 Regional treatment centers.

Amends § 254B.05, subd. 4. Updates cross-reference.

58 Rate requirements.

Amends § 254B.05, subd. 5. Updates cross-reference to licensed outpatient treatment services; adds ASAM 1.0 outpatient and ASAM 2.1 Intensive Outpatient definitions as SUD treatment services eligible for payment under chapter 254B; updates terminology from "medication-assisted therapy services" to "substance use disorder treatment with medication for opioid use disorders." Makes this section effective July 1, 2022, or upon federal approval, whichever is later.

59 Establishment of the advisory council.

Amends § 256.042, subd. 1. Adds requirement for the Opiate Epidemic Response Advisory Council (OERAC) to review reports, data, and performance measures submitted by municipalities that receive direct settlement agreement payments; adds requirement for OERAC to consult with relevant stakeholders to review and provide recommendations for revisions to required reporting.

Adds municipality projects funded by settlement monies to be considered for promising practice review; defines municipality for purposes of the paragraph.

60 Membership.

Amends § 256.042, subd. 2. Increases OERAC membership to 30, from 19; increases number of representatives from Minnesota Tribal Nations and the urban American Indian population. Adds requirement that at least one-half of the OERAC appointees have lived experience with opiate addiction.

61 Grants.

Amends § 256.042, subd. 4. Adds requirement that at least 40 percent of OERAC grants be awarded to projects that include a focus on addressing the opiate crisis in Black and Indigenous communities and communities of color.

Section Description - Article 3: Behavioral Health

62 Reports.

Amends § 256.042, subd. 5. Adds requirement for OERAC report to include municipality projects funded by settlement monies; requires municipalities receiving direct payments for settlement agreements to annually report how the funds were used on opiate remediation; specifies report requirements.

63 Certified community behavioral health clinic services.

Amends § 256B.0625, subd. 5m. Specifies that MA covers services provided by not-for-profit CCBHCs; modifies reimbursement from a per-visit model using the prospective payment rate to a per-day model using a provider-specific daily bundled rate and makes corresponding changes.

64 Payments.

Amends § 256B.0757, subd. 5. Requires the commissioner of human services to establish a single statewide reimbursement rate for behavioral health home services; requires the commissioner to include input from stakeholders when setting the rate, and specifies that the rate will be adjusted annually by the Medicare Economic Index. Makes this section effective July 1, 2022.

65 Provider payment rates.

Amends § 256B.0759, subd. 4. Updates cross-references.

66 Sleeping hours.

Amends § 256B.0941 by adding subd. 2a. Specifies that psychiatric residential treatment facilities must provide at least one staff person for every six residents during sleeping hours. Requires a provider to adjust staffing levels based on the residents' clinical needs.

67 Per diem rate.

Amends § 256B.0941, subd. 3. Adds paragraph (g), requiring the commissioner to consult with providers and stakeholders to develop an assessment tool that identifies when a child would require specialized care planning.

68 Start-up grants.

Amends § 256B.0941 by adding subd. 5. Establishes start-up grants for prospective psychiatric residential treatment facility sites; specifies allowable grant uses.

69 Required covered service components.

Amends § 256B.0946, subd. 1. Expands and renames intensive treatment in foster care services to allow children residing with legal guardians to access children's

Section Description - Article 3: Behavioral Health

- intensive behavioral health services. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 70 **Definitions.**
Amends § 256B.0946, subd. 1a. Adds definitions of “at risk of out-of-home placement.” Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 71 **Determination of client eligibility.**
Amends § 256B.0946, subd. 2. Makes changes related to the expansion of children’s intensive behavioral health services. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 72 **Eligible mental health services providers.**
Amends § 256B.0946, subd. 3. Makes changes related to the expansion of children’s intensive behavioral health services. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 73 **Service delivery payment requirements.**
Amends § 256B.0946, subd. 4. Makes changes related to the expansion of children’s intensive behavioral health services. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 74 **Excluded services.**
Amends § 256B.0946, subd. 6. Makes changes related to the expansion of children’s intensive behavioral health treatment services. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 75 **Medical assistance payment and rate setting.**
Amends § 256B.0946, subd. 7. Makes changes related to the expansion of children’s intensive behavioral health treatment services. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 76 **Definitions.**
Amends § 256B.0947, subd. 2. Modifies age range for intensive nonresidential rehabilitative mental health services, for federal compliance.
- 77 **Client eligibility.**
Amends § 256B.0947, subd. 3. Modifies age range for intensive nonresidential rehabilitative mental health services, for federal compliance.

Section Description - Article 3: Behavioral Health

- 78 **Standards for intensive nonresidential rehabilitative providers.**
Amends § 256B.0947, subd. 5. Modifies age range for intensive nonresidential rehabilitative mental health services, for federal compliance.
- 79 **EIDBI provider qualifications.**
Amends § 256B.0949, subd. 15. Expands early intensive developmental and behavioral intervention level II and III provider qualifications to allow individuals certified by a Tribal Nation to meet certain qualification requirements. Makes this section effective January 1, 2022, or upon federal approval, whichever is later.
- 80 **Vendor payments for drug dependent persons.**
Amends § 256D.09, subd. 2a. Removes reference to rule 25 assessments and replaces with reference to section for qualified assessor for comprehensive assessments.
- 81 **Alcohol and drug dependency.**
Amends § 256L.03, subd. 2. Updates statute for change to comprehensive assessment direct access and removes local agency placing authority requirements.
- 82 **Chemical dependency assessments.**
Amends § 256L.12, subd. 8. Removes managed care plan placement responsibility language and removes reference to rules related to placement criteria.
- 83 **Investigation.**
Amends § 260B.157, subd. 1. Updates juvenile assessment requirements to account for change to comprehensive assessments; removes references to rule 25 assessments in rules.
- 84 **Juvenile treatment screening team.**
Amends § 260B.157, subd. 3. Updates cross-reference.
- 85 **Juvenile treatment screening team.**
Amends § 260C.157, subd. 3. Updates cross-references.
- 86 **General duties.**
Amends § 260E.20, subd. 1. Updates language and cross-references related to direct access for comprehensive assessments.
- 87 **Establishment of team.**
Amends § 299A.299, subd. 1. Updates cross-reference.

Section Description - Article 3: Behavioral Health

88 Eligibility.

Amends Laws 2021, First Special Session ch. 7, art. 17, § 1, subd. 2. Modifies eligibility for the transition to community initiative by removing the requirement that a person must be on the waiting list for Anoka Metro Regional Treatment Center; allows a person to be eligible if the person is in a community hospital.

89 Expand mobile crisis.

Amends Laws 2021, First Special Session ch. 7, art. 17, § 11. Expands mobile crisis services grants to include children's mobile crisis services; increases general fund base in fiscal years 2024 and 2025; removes section expiration and related provisions.

90 Adult and children's mobile transition units.

Amends Laws 2021, First Special Session ch. 7, art. 17, § 12. Expands mobile transition units eligibility to adults transitioning between levels of care or care settings; makes clarifying changes.

91 Rate increase for mental health adult day treatment.

Directs the commissioner to increase the reimbursement rate for adult day treatment by 50 percent over the rate in effect on June 30, 2022. Makes this section effective January 1, 2023, or 60 days following federal approval, whichever is later.

92 Direction to the commissioner.

Requires the commissioner to update the behavioral health fund room and board schedule to include programs providing children's mental health crisis admissions and stabilization.

93 Direction to the commissioner; behavioral health fund allocation.

Directs the commissioner to make recommendations on an updated allocation to local agencies from the behavioral health fund, in consultation with counties and Tribes. Requires the commissioner to submit recommendations to the legislature by January 1, 2024.

94 Direction to the commissioner; medication-assisted therapy services payment methodology.

Directs the commissioner to revise the payment methodology for medication-assisted therapy services in opioid treatment programs; specifies requirements for the revised payment methodology; requires the commissioner to seek all necessary waivers and authorizations to implement the revised payment methodology.

Section	Description - Article 3: Behavioral Health
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95	Revisor instruction.
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Instructs the revisor to change the terms “medication-assisted treatment” and “medication-assisted therapy” to “substance use disorder treatment with medications for opioid use disorder” throughout statutes and rules.

Also instructs the revisor to change the term “intensive treatment in foster care” to “children’s intensive behavioral health services” throughout statutes and rules.

96	Repealer.
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Repeals statutes and rules related to county placement authority and rule 25 assessments.

Article 4: Continuing Care for Older Adults Policy

This article establishes remote adult day services licensure requirements and modifies nursing facility rates statutes.

Section	Description - Article 4: Continuing Care for Older Adults Policy
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1	Attendance records for publicly funded services.
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Amends § 245A.14, subd. 14. Removes obsolete language and specifies documentation requirements for adult day services programs designated for remote adult day services.

Provides a January 1, 2023, effective date.

2	Remote adult day services.
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Creates § 245A.70. Defines “adult day care,” “adult day services,” “remote adult day services,” and “live two-way communication.”

3	Applicability and scope.
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Creates § 245A.71.

Subd. 1. Licensing requirements. Requires adult day care centers and adult day services centers to be licensed under the chapter of statutes governing human services licensing.

Subd. 2. Standards for licensure. Requires license holders seeking to provide remote adult day services to submit a request in the manner prescribed by the commissioner. Prohibits remote adult day services from being delivered until approved by the commissioner. Specifies the designation to provide remote

Section Description - Article 4: Continuing Care for Older Adults Policy

services is voluntary for license holders and requires such designation to be printed on the center's license and identified on the commissioner's public website.

Subd. 3. Federal requirements. Requires adult day care centers and adult day services centers that provide remote adult day services to MA waiver participants to comply with federally approved waiver plans.

Subd. 4. Service limitations. Requires remote services to be provided during the days and hours of in-person services specified on the center license.

4 Record requirements.

Creates § 245A.72. Requires adult day care centers and adult day services centers providing remote services to comply with adult day services participant records requirements. Requires the center to document how remote services will help a participant reach the short- and long-term objectives in the participant's plan of care.

5 Remote adult day services staff.

Creates § 245A.73.

Subd. 1. Staff ratios. Paragraph (a) requires a staff person who provides remote adult day services without two-way interactive video to only provide services to one participant at a time.

Paragraph (b) limits a staff person who provides remote adult day services through two-way interactive video to providing services to no more than eight participants at one time.

Subd. 2. Staff training. Requires adult day services centers to document staff training regarding the provision of remote services in the staff person's record. Requires the training to be provided prior to a staff person delivering remote adult day services without supervision. Lists items the training must include.

6 Individual service planning.

Creates § 245A.74.

Subd. 1. Eligibility. Paragraph (a) specifies a person must be eligible for and receiving in-person adult day services to receive remote adult day services from the same provider and requires the same provider to deliver both in-person adult day services and remote adult day services to a participant.

Paragraph (b) requires the license holder to update the participant's plan of care.

Section Description - Article 4: Continuing Care for Older Adults Policy

Paragraph (c) requires the license holder to document in the participant's plan of care the participant's proposed schedule and frequency for receiving both in-person and remote services. Lists other items related to remote services the license holder must document in the participant's plan of care.

Subd. 2. Participant daily service limitations. Specifies adult day services daily limits for both in-person and remote services.

Subd. 3. Minimum in-person requirement. Requires a participant who receives remote services to receive services in-person as assigned in the participant's plan of care at least quarterly.

7 Service and program requirements.

Creates § 245A.75. Requires remote adult day services to be in the scope of adult day services service and program requirements.

Provides a January 1, 2023, effective date.

8 Administrative costs.

Amends § 256R.02, subd. 4. Modifies the definition of "administrative costs" under the chapter of statutes governing nursing facility rates.

9 Direct care costs.

Amends § 256R.02, subd. 17. Modifies the definition of "direct care costs" under the chapter of statutes governing nursing facility rates.

10 Employer health insurance costs.

Amends § 256R.02, subd. 18. Modifies the definition of "employer health insurance costs" under the chapter of statutes governing nursing facility rates.

11 External fixed costs.

Amends § 256R.02, subd. 19. Modifies the definition of "external fixed costs" under the chapter of statutes governing nursing facility rates to remove a cross-reference that is repealed in this bill.

12 Fringe benefit costs.

Amends § 256R.02, subd. 22. Modifies the definition of "fringe benefit costs" under the chapter of statutes governing nursing facility rates to include child care costs.

13 Maintenance and plant operations costs.

Amends § 256R.02, subd. 29. Modifies the definition of "maintenance and plant operations costs" under the chapter of statutes governing nursing facility rates.

Section Description - Article 4: Continuing Care for Older Adults Policy

- 14 **Minor equipment.**
Amends § 256R.02, by adding subd. 32a. Defines “minor equipment” under the chapter of statutes governing nursing facility rates.
- 15 **Real estate taxes.**
Amends § 256R.02, subd. 42a. Makes a technical change to the definition of “real estate taxes” under the chapter of statutes governing nursing facility rates.
- 16 **Special assessments.**
Amends § 256R.02, subd. 48a. Modifies the definition of “special assessments” under the chapter of statutes governing nursing facility rates.
- 17 **Vested.**
Amends § 256R.02, by adding subd. 53. Defines “vested” under the chapter of statutes governing nursing facility rates.
- 18 **Criteria.**
Amends § 256R.07, subd. 1. Modifies the list of criteria nursing facility documentation must meet in order to be adequate by adding signed and dated position descriptions and making a conforming cross-reference change.
- 19 **Documentation of compensation.**
Amends § 256R.07, subd. 2. Modifies documentation requirements related to salary allocations.
- 20 **Adequate documentation supporting nursing facility payrolls.**
Amends § 256R.07, subd. 3. Removes obsolete language and allows records to be stored electronically.
- 21 **Reporting of financial statements.**
Amends § 256R.08, subd. 1. Clarifies that documents or information provided by a nursing facility to the state agency is public unless prohibited by HIPAA or any other federal or state regulation. Specifies data that is confidential data on individuals or protected nonpublic data.
- 22 **Reporting of statistical and cost information.**
Amends § 256R.09, subd. 2. Makes technical changes.
- 23 **Method of accounting.**
Amends § 256R.09, subd. 5. For reimbursement purposes, requires an accrued expense to be paid by the provider within 180 days following the end of the reporting period. Prohibits an expense disallowed by the commissioner from being claimed on

Section Description - Article 4: Continuing Care for Older Adults Policy

- a subsequent cost report. Allows for specific exemptions to the 180-day rule to be granted by the commissioner.
- 24 **Extended record retention requirements.**
Amends § 256R.13, subd. 4. Makes a conforming cross-reference change.
- 25 **Calculation of a quality score.**
Amends § 256R.16, subd. 1. Modifies the timing for adjusting the quality score calculation by removing language requiring the adjustment to be effective on July 1 of any year.
- 26 **Resident assessment schedule.**
Amends § 256R.17, subd. 3. Clarifies that significant corrections case mix assessments must be effective the first day of the month following the assessment reference date.
- 27 **Determination of limited undepreciated replacement cost.**
Amends § 256R.26, subd. 1. Makes a technical change.
- 28 **Equipment allowance per bed value.**
Amends § 256R.261, subd. 13. Modifies the data on which inflationary adjustments to the equipment allowance are made.
- 29 **Scholarships.**
Amends § 256R.37. Removes obsolete language, specifies how scholarship per diem rates must be calculated, lists allowable scholarship costs, requires the commissioner to provide a scholarship per diem rate equal to the allowable scholarship costs divided by resident days and to compute the scholarship per diem rate annually and to include the per diem rate in the external fixed costs payment rate, and requires facilities to request this rate adjustment annually.
- 30 **Quality improvement incentive program.**
Amends § 256R.39. Removes obsolete language and makes technical changes.
- 31 **Repealer.**
Repeals Minnesota Statutes, sections 245A.03, subd. 5 (excluded housing with services programs; right to seek licensure); 256R.08, subd. 2 (extensions); and 256R.49 (rate adjustments for compensation-related costs for minimum wage changes). Repeals Minnesota Rules, part 9555.6255 (adult foster care resident's rights).

Article 5: Continuing Care for Older Adults

This article establishes the Minnesota Nursing Home Workforce Standards Board and requires: (1) the board to adopt rules establishing minimum nursing home employment standards for nursing home workers, certifying worker organizations to provide training to nursing home workers, and establishing curriculum requirements for training; and (2) nursing home employers to post notices informing nursing home workers of their rights and obligations under the minimum nursing home employment standards and prohibits nursing home employers from retaliating against nursing home workers for certain conduct. It also authorizes the commissioner of labor and industry to investigate violations and enforce minimum nursing home employment standards, and authorizes civil actions by nursing home workers.

This article also aligns consumer-directed community supports (CDCS) budgets with budgets for traditional services for alternative care and elderly waiver programs, modifies elderly waiver payment rates, and requires the commissioner to develop recommendations for financing mechanisms to complete the actuarial work and cover the administrative costs of programs for all-inclusive care for the elderly (PACE).

Section	Description - Article 5: Continuing Care for Older Adults
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1	Compliance orders.
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	Amends § 177.27, subd. 4. Authorizes the commissioner of labor and industry to issue orders to comply with any rule establishing nursing home employment standards under § 181.213.
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2	Employer liability.
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	Amends § 177.27, subd. 7. Authorizes the commissioner of labor and industry to impose liability on employers for violations of any rule establishing nursing home employment standards under § 181.213. Under existing law, the commissioner must order an employer to pay back pay, gratuities, compensatory damages, and liquidated damages to an aggrieved employee, and may impose a civil penalty of up to \$1,000 for each willful or repeat violation.
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3	Definitions.
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	Adds § 181.211. Defines terms for sections governing the Nursing Home Workforce Standards Board. Terms defined are board, certified worker organization, commissioner, employer organization, nursing home, nursing home employer, nursing home worker, retaliatory personnel action, and worker organization.
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4	Minnesota Nursing Home Workforce Standards Board; establishment.
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	Adds § 181.212. Establishes the board, specifies board membership, and provides for terms, vacancies, election of a chairperson, staffing, compensation, application of other laws, voting, and hearings and investigations.
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Section Description - Article 5: Continuing Care for Older Adults

Subd. 1. Board established; membership. Establishes the Minnesota Nursing Home Workforce Standards Board and lists board membership: the commissioners of human services, health, and labor and industry or designees; three members who represent nursing home employers or employer organizations, appointed by the governor; and three members who represent nursing home workers or worker organizations, appointed by the governor.

Subd. 2. Terms; vacancies. Provides that board members appointed to represent nursing home employers or employer organizations and nursing home workers or worker organizations shall serve four-year terms following the initial staggered lot determination of term length. Specifies that the governor shall fill vacancies of members representing nursing home employers or employer organizations and nursing home workers or worker organizations by appointment for the unexpired term, and prohibits members appointed to represent nursing home employers or employer organizations and nursing home workers or worker organizations from being appointed to more than two consecutive four-year terms.

Subd. 3. Chairperson. Requires the board to elect a member to serve as its chairperson.

Subd. 4. Staffing. Allows the board to employ an executive director and other personnel.

Subd. 5. Compensation. Allows board members to be compensated at \$55 per day spent on board activities, plus expenses as authorized by the commissioner's plan. Provides that members who are public employees must not receive the daily payment for activities unless they use vacation time or compensatory time for board activities, and allows members who are public employees to be reimbursed for expenses.

Subd. 6. Application of other laws. Provides that board meetings must comply with Open Meeting Law requirements and that the board is subject to the data practices act.

Subd. 7. Voting. Provides that an affirmative vote of five board members is required to take action.

Subd. 8. Hearings and investigations. Requires the board to hold public hearings and conduct investigations into nursing home working conditions.

5 Duties of the board; minimum nursing home employment standards.

Adds § 181.213. Requires the board to adopt rules that establish minimum nursing home employment standards based on the board's investigations of market

Section Description - Article 5: Continuing Care for Older Adults

conditions and existing wages, benefits, and working conditions for nursing home workers.

Subd. 1. Authority to establish minimum nursing home employment standards.

Requires the board to adopt rules establishing minimum nursing home employment standards that include standards for compensation, working hours, and other working conditions. Requires standards to be at least as protective of nursing home workers as other applicable laws or standards previously adopted by the board. Allows the board to establish statewide standards, standards for specific occupations, and standards for specific geographic areas of the state. Requires initial standards to be adopted by August 1, 2023, and allows the board to use the expedited rulemaking process to adopt initial rules. If minimum standards considered by the board fall within the jurisdiction of occupational safety and health, requires the board to recommend those standards to the commissioner of labor and industry, and requires the commissioner to adopt rules establishing the recommended standards unless the recommended standard is outside the commissioner's authority or is otherwise unlawful.

Subd. 2. Investigation of market conditions. Requires the board to investigate market conditions and existing wages, benefits, and working conditions for nursing home workers, and to seek to adopt minimum standards that meet or exceed existing conditions for a majority of nursing home workers. Lists information the board must consider when making wage rate determinations.

Subd. 3. Review of standards. Requires the board to review previously adopted minimum standards every two years and update the standards or recommend updates to them.

Subd. 4. Conflict. If there is a conflict with a rule adopted by the board and a rule adopted by another state agency, provides that the board rule applies to nursing home workers and nursing home employers. However, if the conflicting rule adopted by the other state agency is adopted after the board's rule and is more protective than the board's rule, the rule of the other state agency applies to nursing home workers and nursing home employers.

Subd. 5. Effect on other agreements. Provides that the statutes governing the Nursing Home Workforce Standards Board do not limit the rights of parties to a collective bargaining agreement to bargain and agree on nursing home employment standards, and do not diminish the obligations of nursing home employers to comply with contracts, collective bargaining agreements, and employment benefit programs and plans that meet or exceed and do not conflict with the requirements in statutes and board rules.

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6 Duties of the board; training for nursing home workers.

Adds § 181.214. Requires the board to certify worker organizations to provide training to nursing home workers, establish curriculum requirements, and annually review the adequacy of curriculum requirements and revise them as appropriate. Also lists duties of certified worker organizations and nursing home employers, and requires nursing home workers to be compensated for training at their regular hourly rate.

Subd. 1. Certification of worker organizations. Requires the board to certify worker organizations to provide training to nursing home workers, and to establish certification criteria in rule. Allows the board to use the expedited rulemaking process to establish initial certification criteria.

Subd. 2. Curriculum. Requires the board to establish curriculum requirements for nursing home worker training, and lists information a curriculum must provide. Requires the board to hold at least one public hearing to solicit input on the requirements before establishing initial curriculum requirements.

Subd. 3. Topics covered in training session. Provides that a certified worker organization is not required to cover all training topics in a single training session, and allows the organization to provide instructions on the topics over the course of up to three training sessions.

Subd. 4. Annual review of curriculum requirements. Requires the board to annually review the adequacy of its curriculum requirements, including holding at least one public hearing to solicit input, and to revise requirements as appropriate.

Subd. 5. Duties of certified worker organizations. Lists requirements for certified worker organizations providing training to nursing home workers. Allows certified worker organizations to survey training attendees to assess the effectiveness of training sessions and industry compliance with laws governing nursing home working conditions or worker health and safety.

Subd. 6. Nursing home employer duties regarding training. Requires a nursing home employer to provide proof to the commissioner of labor and industry that every six months each of its nursing home workers completed one hour of training. If requested by the certified worker organization, requires a nursing home employer to provide the organization with names and contact information of nursing home workers who attended the training, unless nursing home workers opt out of having their information provided.

Section **Description - Article 5: Continuing Care for Older Adults**

Subd. 7. Compensation. Requires a nursing home employer to compensate nursing home workers at their regular hourly rate for hours of training completed according to this section.

7 Required notices.

Adds § 181.215. Requires nursing home employers to provide notices informing nursing home workers of their rights and obligations regarding applicable minimum nursing home employment standards. Specifies minimum requirements for providing notice, and requires the notice to include text informing nursing home workers that they may request the notice to be provided in a specific language. Requires the board to adopt rules specifying minimum content and posting requirements for notices required in this section, and to make available a template or sample notice.

8 Retaliation on certain grounds prohibited.

Adds § 181.216. Prohibits retaliation, including retaliatory personnel action such as discharge or demotion, against a nursing home worker for exercising any right under the Minnesota Nursing Home Workforce Standards Board Act or for participating in any hearing, investigation, proceeding, or training as provided under the Act.

9 Enforcement.

Adds § 181.217. Provides for enforcement of the Minnesota Nursing Home Workforce Standards Board Act by the commissioner of labor and industry.

Subd. 1. Minimum nursing home employment standards. Requires nursing home employers to follow at least the minimum employment standards for wages, maximum number of hours, and working conditions for nursing home workers. Prohibits nursing home employment that would provide lower wages, longer hours, or worse conditions than the minimum required by state law.

Subd. 2. Investigations. Authorizes the commissioner of labor and industry to investigate suspected violations of the Minnesota Nursing Home Workforce Standards Board Act.

Subd. 3. Enforcement authority. Authorizes the commissioner of labor and industry to issue compliance orders and impose liability on employers for violations of the Minnesota Nursing Home Workforce Standards Board Act, as provided under § 177.27, subdivisions 4 and 7.

Subd. 4. Civil action by nursing home worker. Allows a nursing home worker or class of nursing home workers aggrieved by a violation of the minimum employment standards under the Act to bring a civil cause of action in district court. Requires the employer to pay any wages, benefits, or overtime owed, plus an additional equal amount as liquidated damages. Allows employees to seek

Section Description - Article 5: Continuing Care for Older Adults

damages and other appropriate relief, including attorney's fees. Also authorizes the court to issue orders to comply and to order reinstatement of an employee subject to retaliatory personnel action. Provides that a labor agreement that fails to meet minimum nursing home employment standards is not a defense.

10 Eligibility for funding for services for nonmedical assistance recipients.

Amends § 256B.0913, subd. 4. Specifies the monthly service limit for individuals participating in consumer-directed community supports (CDCS) under alternative care.

Provides a January 1, 2023, effective date.

11 Services covered under alternative care.

Amends § 256B.0913, subd. 5. Makes a conforming change related to the monthly service limits for individuals participating in CDCS under alternative care.

Provides a January 1, 2023, effective date.

12 Foster care limit.

Amends § 256S.15, subd. 2. Makes a conforming cross-reference change.

Provides a January 1, 2023, effective date.

13 Monthly case mix budget caps for consumer-directed community supports.

Amends § 256S.18, by adding subd. 3a. Modifies case mix budget caps for CDCS under the elderly waiver payment methodology.

Provides a January 1, 2023, effective date.

14 Calculation of monthly conversion budget caps.

Amends § 256S.19, subd. 3. Modifies conversion budget caps for individuals participating in CDCS under the elderly waiver.

Provides a January 1, 2023, effective date.

15 Rate setting; application.

Amends 256S.21. Applies the elderly waiver payment rate methodology to homemaker services under the MA disability waivers.

Provides a January 1, 2023, effective date.

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16 Phase-in for elderly waiver rates.

Amends § 256S.2101, subd. 2. Modifies the elderly waiver payment rate phase-in under the new rate-setting methodology.

Provides a January 1, 2023, effective date.

17 Phase-in for home-delivered meals rate.

Amends § 256S.2101, by adding subd. 3. Establishes a separate phase-in rate for home-delivered meals under elderly waiver, alternative care, and essential community supports.

Provides a January 1, 2023, effective date.

18 Updating homemaker services rates.

Amends § 256S.211, by adding subd. 3. Requires the commissioner to adjust homemaker services rates for inflation beginning January 1, 2023, and every two years thereafter.

Provides a January 1, 2023, effective date.

19 Updating the home-delivered meals rate.

Amends § 256S.211, by adding subd. 4. Requires the commissioner to annually update the home-delivered meals rate by the percent increase in the nursing facility dietary per diem using the two most recent and available nursing facility cost reports.

Provides a July 1, 2022, effective date.

20 Rate setting; base wage index.

Amends § 256S.212. Modifies base wage calculations for various positions and establishes a base wage calculation for adult day services under the elderly waiver payment rate methodology.

Provides a January 1, 2023, effective date.

21 Rate setting; factors and supervision wage components.

Amends § 256S.213. Modifies the general and administrative factor and program plan support factor under the elderly waiver payment rate methodology. Modifies terminology. Establishes a facility and equipment factor; food, supplies, and transportation factor; supplies and transportation factor; and an absence factor.

Provides a January 1, 2023, effective date.

Section Description - Article 5: Continuing Care for Older Adults

22 Rate setting; adjusted base wage.

Amends § 256S.214. Modifies the adjusted base wage calculation under the elderly waiver payment rate methodology.

Provides a January 1, 2023, effective date.

23 Rate setting; component rates.

Amends § 256S.215. Modifies various component rate calculations under the elderly waiver payment rate methodology.

Provides a January 1, 2023, effective date.

24 Direction to the commissioner; initial PACE implementation funding.

Requires the commissioner of human services to: (1) work with stakeholders to develop recommendations for financing mechanisms to complete the actuarial work and cover the administrative costs of programs for all-inclusive care for the elderly (PACE); (2) recommend a financing mechanism that could begin by July 1, 2024; and (3) by December 15, 2023, inform the legislative committees with jurisdiction over health care funding on the commissioner's progress toward developing a recommended funding mechanism.

25 Title.

Provides that sections 181.212 to 181.217 may be cited as the Minnesota Nursing Home Workforce Standards Board Act.

26 Initial appointments.

Requires the governor to make initial appointments to the Minnesota Nursing Home Workforce Standards Board no later than August 1, 2022.

27 Revisor instruction.

Instructs the revisor of statutes to change the following terms in the chapter of statutes governing MA elderly waiver: (1) "homemaker services and assistance with personal care" to "homemaker assistance with personal care services;" (2) "homemaker services and cleaning" to "homemaker cleaning services;" and (3) "homemaker services and home management" to "homemaker home management services." Requires the revisor of statutes to make necessary grammatical changes related to the changes in terms.

28 Repealer.

Repeals Minn. Stat. § 256S.19, subd. 4 (calculation of monthly conversion budget cap with consumer-directed community supports), effective January 1, 2023.

Article 6: Child and Vulnerable Adult Protection Policy

This article makes extensive changes related to child out-of-home placement and permanency in chapter 260C, modifying the duties and requirements of the court and the responsible social services agency at various stages in out-of-home placement and permanency cases, particularly relating to relative notification, engagement, and placement. The article also makes clarifying and technical changes and updates related to child protection and vulnerable adult maltreatment reporting; modifies child maltreatment procedures related to face-to-face contact, child interviews, and documentation, and immunity; and modifies child permanency placement and disposition preferences.

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| 1 | <p>Duty to ensure placement prevention and family reunification; reasonable efforts.</p> <p>Amends § 260.12. Makes clarifying changes throughout, including that a court must ensure that the social services agency engages in culturally appropriate practices to prevent out-of-home placement. Clarifies that “reasonable efforts to prevent placement” means that the efforts are individualized and may include support persons from the child’s extended family, kin, and community. Makes additional clarifying changes.</p> <p>Specifies that relatives must be involved in case planning and permanency planning, and that the social services agency must consider placing the child with relatives and important friends, in the order specified in statute. Gives preference to a relative or important friend for a permanency placement.</p> <p>Requires the social services agency to demonstrate that it has made reasonable efforts to finalize a child’s permanency plan, and to collaborate with the child’s family and the child, if appropriate, when selecting services.</p> <p>Adds two considerations for the court when determining that reasonable efforts were made: (1) whether services were selected in collaboration with the child’s family; and (2) whether services were tailored to the child and family’s individualized needs.</p> |
| 2 | <p>Permanency, termination of parental rights, and adoption.</p> <p>Amends § 260C.001, subd. 3 by specifying that placement with a relative through adoption or a transfer of permanent legal and physical custody is preferable for children for whom reunification with their parents is not reasonably foreseeable.</p> |
| 3 | <p>Relative.</p> <p>Amends § 260C.007, subd. 27. Modifies the definition of “relative” to clarify who may qualify as an important friend of the child or the child’s parent or custodian.</p> |

Section Description - Article 6: Child and Vulnerable Adult Protection Policy

4 Immediate custody.

Amends § 260C.151, subd. 6. Specifies preference for placement with a relative or important friend when a child is taken into immediate custody.

5 Notice to foster parents and preadoptive parents and relatives.

Amends § 260C.152, subd. 5. Clarifies that relatives have a right to be heard in any review or hearing relating to a child in placement.

6 Notice to parent or custodian and child; emergency placement with relative.

Amends § 260C.175, subd. 2. Adds requirement for a peace officer to also notify a child, if the child is ten or older, when notifying a parent or custodian of the ability to request that the child be placed with a relative. Requires a peace officer to coordinate with the responsible social services agency to ensure the child's safety and wellbeing and comply with least restrictive setting requirements when placement with an identified relative is requested.

7 Reasons for detention.

Amends § 260C.176, subd. 2. Makes a technical change.

8 Hearing and release requirements.

Amends § 260C.178, subd. 1. Makes clarifying changes; specifies that the court cannot make a reasonable efforts determination unless the court is satisfied that the agency has demonstrated that there were no services or other efforts it could have provided to enable the child to safely remain or return home.

9 Least restrictive setting.

Amends § 260C.181, subd. 2. Specifies that shelter care facility placement may occur only when placement with a relative is not available.

10 Best interests of the child.

Amends § 260C.193, subd. 3. Adds order of placement preference to policy statement regarding the best interests of the child. Adds requirements to court review and findings on agency efforts related to relative searches and placements. Requires the court to order the agency to make reasonable efforts if the court finds that the agency did not exercise due diligence to identify. Specifies that a finding that an agency made reasonable efforts does not relieve the agency of its duty to continue notifying, engaging, and considering relatives in placement and case planning decisions.

Prohibits the court from waiving relative search, notice, and consideration requirements. Requires siblings to be placed together, unless not in the best interests

Section Description - Article 6: Child and Vulnerable Adult Protection Policy

- of one or more of the siblings; requires the agency to consider the statute establishing the Foster Care Sibling Bill of Rights. Makes additional clarifying changes.
- 11 **Dispositions.**
Amends § 260C.201, subd. 1. Makes clarifying and technical changes.
- 12 **Written findings.**
Amends § 260C.201, subd. 2. Adds relative and sibling placement considerations and best interest factors to required court review of placement appropriateness. Requires the court to make findings that include a description of specified agency efforts. Specifies placement order of preference; requires the court to order the agency to appropriately consider relatives if the agency has not done so and allows the court to require the agency to continue to do so.
- 13 **Court review of foster care.**
Amends § 260C.202. Clarifies that the court must review agency efforts to search for and notify relatives; makes additional clarifying changes. Allows the court to order the agency to continue making reasonable efforts to search for, notify, engage, and consider relatives who come to the agency's attention after the initial notice.
- 14 **Administrative or court review of placements.**
Amends § 260C.203. Makes clarifying changes; clarifies that a placement review must include best interest and relative and sibling placement considerations. Specifies what must be included in the court's review of out-of-home placement plan compliance.
- 15 **Permanency progress review for children in foster care for six months.**
Amends § 260C.204. Make clarifying changes; adds that a court may base a determination on a parent or guardian's progress or engagement with an out-of-home placement plan, rather than only compliance.
- 16 **Out-of-home placement; plan.**
Amends § 260C.212, subd. 1. Specifies that an out-of-home placement plan must be individualized; makes clarifying changes. Adds cross-reference; requires documentation of consideration of relatives for adoptive placement.
- 17 **Placement decisions based on best interests of the child.**
Amends § 260C.212, subd. 2. Makes clarifying changes; clarifies important friend of the child or the child's parent or custodian in the order of placement preference. Adds language regarding current and future needs of a child. Adds paragraph

Section Description - Article 6: Child and Vulnerable Adult Protection Policy

prohibiting the agency from using one best interest factor to the exclusion of all others.

18 Relative search and engagement; placement consideration.

Amends § 260C.221. Reorganizes section; adds subdivisions.

Subd. 1. Relative search requirements. Adds current caregivers of a child's siblings to adults who must be notified of a child's removal. Makes clarifying changes; specifies that the agency has a continuing responsibility to search for, identify, and notify relatives.

Subd. 2. Relative notice requirements. Clarifies that notice to relatives may be oral or written; requires documentation of notice in the child's case record; adds the order or placement preference to the required notice.

Allows a relative to begin receiving notice once they provide a current address, if they had previously failed to do so. Specifies that a relative's decision not to be a placement resource or participate in case planning must not be the sole basis for the court to rule out that relative.

Adds the following to the required relative notice:

- adoption home study requirements
- explanation that the agency is required to establish permanency for a child, regardless of the relative's response
- that if the relative responds to the notice, the relative may receive information about participating in the child's family and permanency team if the child is placed in a qualified residential treatment program

Requires agency to send the required notice to relatives who become known to the agency, except relatives not contacted for safety reasons; requires agency to continue to send notice to relatives.

Specifies that the agency is not required to send notice to relatives who become known after the execution of an adoption placement agreement, but requires the agency to inform a relative who wishes to be considered for adoptive placement that the relative may file a motion for an order for adoptive placement.

Subd. 3. Relative engagement requirements. Adds examples of what constitutes care and planning for a child; requires the agency to make reasonable efforts to contact and engage relatives who respond to the notice; allows the court to conduct a review of reasonable efforts.

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Subd. 4. Placement considerations. Lists the points at which the agency must consider placing a child with a relative and the required considerations the agency must make. Requires the agency to document relative considerations for out-of-home placement; specifies that any relative who requests to be a placement option has the right to be considered, unless the court finds safety concerns; requires the agency to consider adoptive placement with a relative, if adoption is the permanency goal.

Subd. 5. Data disclosure; court review. Makes clarifying changes; requires agency to use other resources to identify relatives, if a parent refuses. Prohibits the court from waiving the agency's reasonable efforts related to relative search, notice, planning, and placement.

Requires the agency to disclose data to the court about certain relatives for the court to review the agency's due diligence; requires the agency to explain why it decided against a relative placement.

Specifies that a finding that the agency exercised due diligence does not absolve the agency from continuing to contact, engage, and consider relatives for placement. Allows the court to order the agency to reopen a relative search at any point.

Removes the agency's ability to ask the court to modify the agency's duty to send the permanency notice to relatives or relieve the agency of its duty to send the notice under certain circumstances. Clarifies that the permanency notice must be sent to relatives who responded to a notice sent any time during the child's case and specifies that a relative's failure to respond or timely respond to the notice is not a basis for ruling out that relative as a permanent placement option or to delay permanency for the child.

19 Permanency dispositions when child cannot return home.

Amends § 260C.513. Removes language specifying that termination of parental rights and adoption or consent to adoption are preferred permanency options.

Specifies that preference must be given to a permanency disposition that will result in the child being placed in the permanent care of a relative through a termination of parental rights and adoption, guardianship to the commissioner of human services through a consent to adopt, or a transfer of permanent legal and physical custody, consistent with the best interests of the child.

Allows the court to consider a permanency disposition that may result in the child being placed with a nonrelative caregiver, including adoption, when a relative is not

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available or when permanent placement with a relative is not in the child's best interests.

20 Requirements.

Amends § 260C.605, subd. 1. Requires the agency to consider the child's preference for an adoptive family when making reasonable efforts to finalize an adoption. Removes requirement that relatives indicate an interest in adopting the child or be identified as an adoptive placement resource in order to receive the notice of the need for an adoptive home for the child. Specifies order of placement consideration.

21 Notice.

Amends § 260C.607, subd. 2. Removes requirement that a relative indicate a willingness to adopt the child in order for the relative to receive notice of review hearings. Makes clarifying change.

22 Required placement by responsible social services agency.

Amends § 260C.607, subd. 5. Adds cross-reference, clarifying that a child must be legally placed for adoption in order for an adoption petition to be filed.

23 Motion and hearing to order adoptive placement.

Amends § 260C.607, subd. 6. Allows a relative or foster parent to file a motion for an order for adoptive placement if that relative or foster parent files an affidavit attesting to efforts to complete an adoption home study. Specifies court filing procedures related to adoption home studies and adoptive placement.

Adds required considerations and procedures for the court when granting or considering a party's motion for adoptive placement. Allows the court to order the agency to place the child with the moving party upon approval of an adoption home study; requires the agency to promote and support ongoing visitation and contact with the moving party until placement; requires the agency to update the court and inform the court of any barriers to approval within certain timeframes; and requires the court to dismiss the order for adoptive placement if the party is unable to obtain an approved adoption home study. Requires the agency to assist the moving party with the adoption home study process.

24 Adoptive placement decisions.

Amends § 260C.613, subd. 1. Makes clarifying changes; specifies order of adoptive placement preferences.

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- 25 Required record keeping.**
Amends § 260C.613, subd. 5. Requires the responsible social services agency to record the agency's consideration of relatives when documenting the reasons for an adoptive placement decision.
- 26 Face-to-face contact.**
Amends § 260E.20, subd. 2. Specifies that the responsible agency is not required to give notice before conducting initial face-to-face contact with the child and the child's caregiver, if the screened in report alleges substantial child endangerment or sexual abuse.
- 27 Child interview procedure.**
Amends § 260E.22, subd. 2. Requires a child interview to occur outside the presence of the alleged offender or parent, legal custodian, guardian, or school official, when appropriate. Allows such an interview to occur prior to any interview of the alleged offender or parent, legal custodian, guardian, or school official. Removes language giving preference to requesting permission to interview a child for a family assessment.
- 28 Determination after family assessment.**
Amends § 260E.24, subd. 2. Requires the local welfare agency to document family assessment case information in the child or family's case notes.
- 29 Immunity.**
Amends § 260E.34. Includes minors in list of persons immune from civil or criminal liability for actions made in good faith.
- 30 Reporting.**
Amends § 626.557, subd. 4. Removes language regarding reports to the common entry point.
- 31 Common entry point designation.**
Amends § 626.557, subd. 9. Removes obsolete language regarding the establishment and designation of a common entry point. Clarifies and adds to information required for the common entry point standard intake form. Removes language requiring the common entry point to immediately identify and locate prior maltreatment reports.
- 32 Response to reports.**
Amends § 626.557, subd. 9b. Specifies that when a county is the lead investigative agency, the county must make guidelines publicly available about which reports the county prioritizes for investigation and adult protective services.

Section Description - Article 6: Child and Vulnerable Adult Protection Policy

33 Lead investigative agency; notifications, dispositions, determinations.

Amends § 626.557, subd. 9c. Adds paragraph (b), which specifies that the lead investigative agency, in making an initial disposition of a maltreatment report, may consider previous maltreatment reports, public information, certain records, and information from any person who may have knowledge of the alleged maltreatment.

Adds paragraph (c), requiring the lead investigative agency to inform specified individuals of all reports accepted for investigation; lists information that must be shared; provides exceptions.

Adds paragraph (d), specifying that the county agency may offer assistance when the agency does not accept a report for adult protective services or investigation.

Adds paragraph (e), allowing the county to coordinate and share data with Tribes and case management agencies, as allowed under chapter 13. Specifies that the identity of a reporter must not be disclosed except as authorized under statute.

Adds paragraph (f), requiring the lead investigative agency to coordinate with specified entities while investigating and providing protective services; allows coordination with support persons. Specifies that when DHS is the lead investigative agency, it must provide a copy of the public investigation memorandum within ten calendar days of completing the final disposition, to specified persons.

Adds paragraph (l), which specifies that when the county is the lead investigative agency, it must provide notification of the final disposition within ten calendar days, to specified persons.

34 Administrative reconsideration; review panel.

Amends § 626.557, subd. 9d. Specifies that the Vulnerable Adult Maltreatment Review Panel must not conduct a review of a final disposition if the interested person making the request on behalf of the vulnerable adult is also the individual or facility alleged responsible for the maltreatment of the vulnerable adult.

35 Duties of county social service agency.

Amends § 626.557, subd. 10. Makes clarifying changes; adds requirements in paragraphs (b), (c), (d), and (e) for county social service agency investigations and final dispositions.

36 Investigations; guidelines.

Amends § 626.557, subd. 10b. Makes clarifying terminology changes; adds paragraph (c) listing activities the lead investigative agency must conduct as appropriate to

Section Description - Article 6: Child and Vulnerable Adult Protection Policy

further an investigation, prevent further maltreatment, or safeguard the vulnerable adult.

Adds paragraph (d) specifying circumstances under which the lead investigative agency may decide not to interview a vulnerable adult, reporter, or witness.

37 Data management.

Amends § 626.557, subd. 12b. Makes clarifying changes; clarifies that investigative data are confidential data on individuals or protected nonpublic data as defined under section 13.02. Clarifies that the name of the reporter is confidential. Specifies exceptions to data sharing limitations.

38 Establishment of team.

Amends § 626.5571, subd. 1. Adds “any other organization with relevant expertise” to list of groups who may serve on a multidisciplinary adult protection team.

39 Duties of team.

Amends § 626.5571, subd. 1. Makes clarifying changes

40 Abuse.

Amends § 626.5572, subd. 2. Modifies language regarding the use of aversive or deprivation procedures in the definition of “abuse.”

41 Caregiver.

Amends § 626.5572, subd. 4. Modifies the definition of “caregiver.”

42 Neglect.

Amends § 626.5572, subd. 17. Modifies definition of “neglect” and defines “caregiver neglect” and “self-neglect.”

Article 7: Child Protection

This article removes the requirements for parents to use income and resources attributable to the child and the parents to reimburse a county for the cost of care, examination, or treatment for a child in out-of-home placement or found to be delinquent. The article also adds sex trafficking to various statutes relating to child protection and maltreatment reporting, adds a noncaregiver sex trafficking assessment to the possible local welfare agency responses to a report of child maltreatment, includes requirements for foster care transitions between ages 18 and 21 and support for foster youth beyond age 21, and directs the commissioner of human services to develop a plan related to the use of federal cash assistance benefits to pay for child out-of-home placement costs.

Section Description - Article 7: Child Protection

- 1 Dispositions.**
Amends § 242.19, subd. 2. Removes requirement for the juvenile court to order the parents of a child on probation or parole to pay the costs for foster care.
- 2 Child income or income attributable to the child.**
Amends § 256N.26, subd. 11. In Northstar kinship and adoption assistance, removes references to sections requiring income and resources attributable to the child to be used to reimburse the county for the cost of care, examination, or treatment.
- 3 Treatment of child support and Minnesota family investment program.**
Amends § 256N.26, subd. 14. Specifies that, for a child who receives federal Title IV-E foster care maintenance payments and child support, child support payments may be redirected to the financially responsible agency for the duration of a child's out-of-home placement.
- 4 Agency and court notice to tribes.**
Amends § 260.761, subd. 2. Adds "noncaregiver sex trafficking assessment" to provision requiring local social services agency notification provided to an Indian child's tribe. Specifies that notification must be made within seven days of receiving information that the child may be an Indian child; makes clarifying changes.
- 5 Care, examination, or treatment.**
Amends § 260B.311, subd. 1. For delinquency cases, removes language requiring courts and local social services agencies to require parents or custodians to use income and resources attributable to the child or parents to reimburse the county for or contribute to the cost of care, examination, or treatment.
- 6 Egregious harm.**
Amends § 260C.007, subd. 14. Amends the definition of "egregious harm" by making clarifying changes and adding sex trafficking to conduct that constitutes egregious harm.
- 7 Care, examination, or treatment.**
Amends § 260C.311, subd. 1. For out-of-home placement cases, removes language requiring courts and responsible social services agencies to require parents or custodians to use income and resources attributable to the child or parents to reimburse the county for or contribute to the cost of care, examination, or treatment.
- 8 Notice of termination of foster care.**
Amends § 260C.451, subd. 8. For a child in foster care between 18 and 21 years old, if the child or the child's guardian ad litem files a motion for review of an agency's

Section Description - Article 7: Child Protection

- determination that foster care will terminate, requires the agency to provide the court with the child's personalized transition plan; modifies cross reference.
- 9 **Transition planning.**
Amends § 260C.451 by adding subd. 8a. Adds subdivision requiring the responsible social service agency to develop a personalized transition plan for a youth who will be discharged from foster care at 18 years of age or older, as directed by the youth, within a certain timeframe. Requires the plan to include the support beyond 21 program; allows the agency to share the plan, with the youth's consent, with a contracted case management services agency.
- 10 **Support beyond 21 program.**
Amends § 260C.451 by adding subd. 8b. Adds subdivision outlining the support beyond 21 program, for youths eligible for extended foster care who are discharged at age 21.
- 11 **Policy.**
Amends § 260E.01. Adds a noncaregiver sex trafficking assessment to the list of state child protection policies and carves out report alleging sex trafficking by a noncaregiver sex trafficker from sexual abuse or substantial child endangerment investigation requirement.
- 12 **Establishment of team.**
Amends § 260E.02, subd. 1. Adds representatives of agencies providing specialized services or responding to youth who experience or are at risk of experiencing sex trafficking or sexual exploitation, to the multidisciplinary child protection team.
- 13 **Noncaregiver sex trafficker.**
Amends § 260E.03 by adding subd. 15a. Defines "noncaregiver sex trafficker."
- 14 **Noncaregiver sex trafficking assessment.**
Amends § 260E.03 by adding subd. 15b. Defines "noncaregiver sex trafficking assessment," and specifies when the local welfare agency must perform such an assessment.
- 15 **Substantial child endangerment.**
Amends § 260E.03, subd. 22. Modifies definition of "substantial child endangerment" by adding sex trafficking and making clarifying changes.
- 16 **Sexual abuse.**
Amends § 260E.14, subd. 2. Makes clarifying change.

Section Description - Article 7: Child Protection

- 17 Law enforcement.**
Amends § 260E.14, subd. 5. Makes clarifying changes; adds a report alleging child sex trafficking to circumstances under which agencies must coordinate responses.
- 18 Local welfare agency.**
Amends § 260E.17, subd. 1. Adds noncaregiver sex trafficking assessment to the local welfare agency responses; makes clarifying changes. Requires the local welfare agency to conduct a noncaregiver sex trafficking assessment when a maltreatment report alleges sex trafficking by a noncaregiver; requires an immediate investigation if there is reason to believe a caregiver, parent, or household member engaged in child sex trafficking or other conduct warranting an investigation.
- 19 Notice to child's tribe.**
Amends § 260E.18. Makes clarifying change; adds noncaregiver sex trafficking assessment to tribal notice section.
- 20 Face-to-face contact.**
Amends § 260E.20, subd. 2. Makes clarifying changes; exempts noncaregiver sex trafficking assessments from requirements regarding face-to-face contact, informing or interviewing the alleged offender, and the alleged offender's opportunity to make a statement.
- 21 Determination after family assessment or a noncaregiver sex trafficking assessment.**
Amends § 260E.24, subd. 2. Adds noncaregiver sex trafficking assessment to subdivision regarding local welfare agency determinations after assessments.
- 22 Notification at conclusion of family assessment or a noncaregiver sex trafficking assessment.**
Amends § 260E.24, subd. 7. Adds noncaregiver sex trafficking assessment to subdivision regarding notification of a parent or guardian at the conclusion of an assessment.
- 23 Following a family assessment or a noncaregiver sex trafficking assessment.**
Amends § 260E.33, subd. 1. Specifies that administrative reconsideration does not apply to a noncaregiver sex trafficking assessment.
- 24 Data retention.**
Amends § 260E.35, subd. 6. Adds noncaregiver sex trafficking assessment cases to data retention requirements.

Section	Description - Article 7: Child Protection
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25	Direction to commissioner of human services; foster care federal cash assistance benefits preservation.
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Paragraph (a) directs the commissioner of human services to develop a plan to implement procedures and policies necessary to cease allowing a financially responsible agency to use federal cash assistance benefits of a child in foster care to pay for the child's out-of-home placement costs. Specifies that the plan must ensure that benefits are preserved and made available to meet the best interests of the child. Lists recommendations that the plan must include.

Paragraph (b) defines "federal cash assistance benefits" for purposes of this section.

Paragraph (c) lists individuals, agencies, organizations, and other entities with which the commissioner must engage when developing the plan.

Paragraph (d) requires each county to provide specified data for fiscal years 2019 and 2020 to the commissioner, in a form prescribed by the commissioner.

Paragraph (e) requires the commissioner to submit a report to the legislature by January 15, 2024, outlining the plan developed under this section; specifies what the report must include.

Article 8: Economic Assistance Policy

This article requires counties and Tribes to contact MFIP participants by phone or in writing upon receipt of an incomplete household report form, modifies the calculation of income under the public assistance programs, modifies the statute governing employment and economic development data privacy, instructs the revisor to renumber statutes related to food assistance, and repeals obsolete language.

Section	Description - Article 8: Economic Assistance Policy
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1	Participant's completion of household report form.
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Amends § 256P.04, subd. 11. Requires the county agency or Tribe to contact the participant by phone or in writing to acquire the necessary information to complete the household report form if the agency or Tribe receives an incomplete form. Under current law, the agency must return the incomplete form and clearly state what the participant must do for the form to be complete.

2	Income inclusions.
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Amends § 256P.06, subd. 3. Modifies the list of items that must be included in determining income for public assistance programs.

Section	Description - Article 8: Economic Assistance Policy
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| 3 | Use of data.
Amends § 268.19, subd. 1. Includes SNAP, the SNAP employment and training program, and other cash assistance programs in the list of programs for which local and state welfare agencies may use unemployment data to monitor and evaluate data subject eligibility. |
| 4 | Revisor instruction.
Instructs the revisor of statutes to renumber statutes related to food assistance in the chapter of statutes governing economic assistance and food support and to make necessary grammatical and cross-reference changes consistent with the renumbering. |
| 5 | Repealer.
Repeals Minn. Stat. § 256D.055 (county design; work focus program). |

Article 9: Economic Assistance

This article makes changes to various economic assistance programs including CCAP, general assistance, housing support, and MFIP, including providing for six-month reporting and prospective budgeting of economic assistance programs.

Section	Description - Article 9: Economic Assistance
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| 1 | Income.
Amends § 119B.011, subd. 15. Modifies the definition of “income” under the child care assistance programs by specifying the nonrecurring income that does not count toward income for purposes of determining eligibility and benefit amounts. |
| 2 | Changes in eligibility.
Amends § 119B.025, subd. 4. Clarifies a cross-reference.

Provides a March 1, 2024, effective date. |
| 3 | Budgeting and reporting.
Amends § 256D.03, by adding subd. 2b. Requires county agencies to determine eligibility and calculate benefit amounts for general assistance according to the chapter of statutes governing economic assistance program eligibility and verification.

Provides a March 1, 2024, effective date. |

Section Description - Article 9: Economic Assistance

- 4 Asset limitations for SNAP households.**
Amends § 256D.0515. Increases the SNAP gross income limit from 165 percent of the federal poverty guidelines to 200 percent of the federal poverty guidelines.
- 5 SNAP reporting requirements.**
Amends § 256D.0516, subd. 2. Removes an exception to SNAP simplified reporting requirements for households receiving food benefits under MFIP.

Provides a March 1, 2024, effective date.
- 6 Eligibility; amount of assistance.**
Amends § 256D.06, subd. 1. Modifies the benefit calculation for general assistance and makes the maximum benefit amount equal to the cash portion of the MFIP transitional standard.

Provides an October 1, 2023, effective date.
- 7 Emergency need.**
Amends § 256D.06, subd. 2. Makes technical changes and allows the commissioner to disregard periods of pandemic or other disaster, including fiscal years 2021 and 2022, when determining the amount of emergency general assistance allocated to counties.
- 8 Eligibility; requirements.**
Amends § 256D.06, subd. 5. Increases the amount of time a general assistance recipient with a disability has to apply for Social Security disability benefits.
- 9 Definitions.**
Amends § 256E.36, subd. 1. Clarifies that federally recognized Tribal Nations are eligible for emergency services grants.
- 10 Emergency shelter facilities grants.**
Creates § 256E.361. Codifies emergency shelter facilities grants that were enacted in 2021.

Subd. 1. Definitions. Defines “commissioner,” “eligible organization,” “emergency services,” and “emergency shelter facility.”

Subd. 2. Program established; purpose. Establishes an emergency shelter facilities grant program to help eligible organizations acquire, construct, renovate, furnish, or equip emergency shelters for individuals and families experiencing homelessness.

Section Description - Article 9: Economic Assistance

Subd. 3. Distribution of grants. Specifies how the commissioner shall distribute emergency shelter facilities grants.

Subd. 4. Applications. Allows eligible organizations to apply to the commissioner for a grant to acquire, construct, renovate, furnish, or equip an emergency shelter facility providing or seeking to provide emergency services for individuals and families experiencing homelessness. Requires the commissioner to use a competitive process to identify potential projects and eligible organizations on a statewide basis.

Subd. 5. Criteria for grant awards. Lists the criteria the commissioner must use to award grants.

Subd. 6. Availability of appropriations. Specifies appropriations for this purpose are available for a four-year period that begins on July 1 of the fiscal year in which the appropriation occurs. Requires unspent funds at the end of the four-year period to be returned to the general fund.

11 Prospective budgeting.

Amends § 256I.03, subd. 13. Modifies the definition of “prospective budgeting” under the housing support program.

Provides a March 1, 2024, effective date.

12 Reports.

Amends § 256I.06, subd. 6. Modifies housing support recipient reporting requirements to allow for six-month reporting.

Provides a March 1, 2024, effective date.

13 Amount of housing support payment.

Amends § 256I.06, subd. 8. Makes conforming changes related to prospective budgeting.

Provides a March 1, 2024, effective date.

14 Community living infrastructure.

Amends § 256I.09. Modifies the list of activities for which a community living infrastructure grant may be used to include direct assistance to individuals to access or maintain housing in community settings.

Section Description - Article 9: Economic Assistance

- 15 Prospective budgeting.**
Amends § 256J.08, subd. 71. Modifies the definition of “prospective budgeting” under the chapter of statutes governing MFIP.

Provides a March 1, 2024, effective date.
- 16 Recurring income.**
Amends § 256J.08, subd. 79. Modifies the definition of “recurring income” under the chapter of statutes governing MFIP to make conforming changes related to prospective budgeting.

Provides a March 1, 2024, effective date.
- 17 Initial income test.**
Amends § 256J.21, subd. 3. Makes conforming changes to MFIP initial income tests related to six-month reporting and prospective budgeting.

Provides a March 1, 2024, effective date.
- 18 Income test and determination of assistance payment.**
Amends § 256J.21, subd. 4. Makes conforming changes to the MFIP income test and determination of assistance payments related to six-month reporting and prospective budgeting.

Provides a March 1, 2024, effective date.
- 19 Determination of eligibility.**
Amends § 256J.33, subd. 1. Modifies MFIP determination of eligibility provisions to be consistent with prospective budgeting. Specifies that an assistance unit is not eligible when countable income equals or exceeds the MFIP standard of need or the family wage level for the assistance unit.

Provides a March 1, 2024, effective date, except that the amendment to the section 256J.37 cross-reference is effective July 1, 2023.
- 20 Prospective eligibility.**
Amends § 256J.33, subd. 2. Makes conforming changes related to prospective budgeting under MFIP.

Provides a March 1, 2024, effective date.

Section Description - Article 9: Economic Assistance

- 21 Earned income of wage, salary, and contractual employees.**
Amends § 256J.37, subd. 3. Makes conforming changes related to six-month reporting.

Provides a March 1, 2024, effective date.
- 22 Rental subsidies; unearned income.**
Amends § 256J.37, subd. 3. Makes a conforming cross-reference change related to prospective budgeting.

Provides a March 1, 2024, effective date.
- 23 DWP overpayments and underpayments.**
Amends § 256J.95, subd. 19. Makes a conforming cross-reference change related to prospective budgeting.

Provides a March 1, 2024, effective date.
- 24 Street and community outreach and drop-in program.**
Amends § 256K.45, subd. 3. Modifies the list of services that may be provided by street and community outreach programs under the Homeless Youth Act.
- 25 Prospective budgeting.**
Amends § 256P.01, by adding subd. 9. Defines “prospective budgeting” under the chapter of statutes governing economic assistance program eligibility and verification.

Provides a March 1, 2024, effective date.
- 26 Factors to be verified.**
Amends § 256P.04, subd. 4. Removes from the list of items that county agencies must verify at application the use of nonrecurring income.

Provides a July 1, 2023, effective date.
- 27 Recertification.**
Amends § 256P.04, subd. 8. Requires county agencies to verify specified information during reporting in addition to during recertification.

Provides a March 1, 2024, effective date.

Section Description - Article 9: Economic Assistance

28 Income inclusions.

Amends § 256P.06, subd. 3. Modifies the list of items that must be included in determining the income of an assistance unit under the chapter of statutes governing economic assistance program eligibility and verification.

Provides a July 1, 2022, effective date, except the amendment removing nonrecurring income over \$60 per quarter is effective July 1, 2023.

29 Exempted programs.

Amends § 256P.07, subd. 1. Exempts participants who receive SSI and qualify for MSA or housing support from reporting requirements under the chapter of statutes governing economic assistance program eligibility and verification.

Provides a March 1, 2024, effective date.

30 Child care assistance programs.

Amends § 256P.07, by adding subd. 1a. Exempts participants who qualify for CCAP from certain reporting requirements.

Provides a March 1, 2024, effective date.

31 Reporting requirements.

Amends § 256P.07, subd. 2. Modifies participant reporting requirements under the chapter of statutes governing economic assistance program eligibility and verification.

Provides a March 1, 2024, effective date.

32 Changes that must be reported.

Amends § 256P.07, subd. 3. Modifies the list of changes that must be reported by an assistance unit.

Provides a March 1, 2024, effective date, except that the amendment removing receipt of lump sum payments from reporting requirements is effective July 1, 2023.

33 MFIP-specific reporting.

Amends § 256P.07, subd. 4. Modifies the list of changes an MFIP assistance unit must report and removes language requiring the assistance unit to report changes within ten days of the change.

Provides a March 1, 2024, effective date.

Section Description - Article 9: Economic Assistance

34 Child care assistance programs-specific reporting.

Amends § 256P.07, subd. 6. Modifies the list of changes a CCAP assistance unit must report by adding a change in address or residence, a change in household composition, a change in citizenship or immigration status, and a change in family status.

Provides a March 1, 2024, effective date.

35 Minnesota supplemental aid-specific reporting.

Amends § 256P.07, subd. 7. Modifies the list of changes an MSA assistance unit must report. Requires assistance units not receiving SSI to report a change in unearned income of \$50 per month or greater and a change in earned income of \$100 per month or greater. Lists the changes an assistance unit receiving housing assistance must report.

Provides a March 1, 2024, effective date.

36 Housing support-specific reporting.

Amends § 256P.07, by adding subd. 8. Paragraph (a) lists the changes a housing support assistance unit that is not receiving SSI must report.

Paragraph (b) lists the changes a housing support assistance unit, including an assistance unit receiving SSI, must report.

Provides a March 1, 2024, effective date.

37 General assistance-specific reporting.

Amends § 256P.07, by adding subd. 9. Lists the changes an assistance unit receiving general assistance must report.

Provides a March 1, 2024, effective date.

38 Prospective budgeting of benefits.

Creates § 256P.09.

Subd. 1. Exempted programs. Exempts assistance units that qualify for CCAP, assistance units that receive housing support and are not subject reporting under the statutes governing economic assistance program eligibility and verification, and assistance units that qualify for MSA from prospective budgeting.

Subd. 2. Prospective budgeting of benefits. Requires any agency subject to the economic assistance program eligibility and verification chapter of statutes to use prospective budgeting to calculate the assistance payment amount.

Section Description - Article 9: Economic Assistance

Subd. 3. Initial income. Specifies how an agency must determine initial income for purposes of determining the assistance unit's level of benefits.

Subd. 4. Income determination. Requires agencies to use prospective budgeting when determining the amount of an assistance unit's benefits for the eligibility period based on the best information available at the time of approval. Specifies how anticipated income must be treated.

Subd. 5. Income changes. Prohibits an increase in income from affecting an assistance unit's eligibility or benefit amount until the next review unless otherwise required to be reported. Requires a decrease in income to be effective on the date the change occurs if the change is reported by the tenth of the month following the month when the change occurred. Requires a change in income to be effective on the date the change was reported if the assistance unit does not report the change in income by the tenth of the month following the month when the change occurred.

Provides a March 1, 2024, effective date.

39 Six-month reporting.

Creates § 256P.10.

Subd. 1. Exempted programs. Exempts assistance units that qualify for CCAP, assistance units that receive housing support and also receive SSI, and assistance units that qualify for MSA from six-month reporting.

Subd. 2. Reporting. Paragraph (a) subjects an assistance unit that qualifies for MFIP, an assistance unit that qualifies for GA with an earned income of \$100 per month or greater, and an assistance unit that qualifies for housing support with an earned income of \$100 per month or greater to six-month reviews. Allows the initial reporting period to be shorter than six months to align with other programs' reporting periods.

Paragraph (b) requires MFIP assistance units and GA assistance units with an earned income of \$100 per month or greater to complete household report forms as required by the commissioner for redetermination of benefits.

Paragraph (c) requires housing support assistance units with an earned income of \$100 per month or greater to complete household report forms to provide information about earned income.

Paragraph (d) subjects an assistance unit that qualifies for housing support and also receives MFIP to the MFIP six-month reporting requirements.

Section Description - Article 9: Economic Assistance

Paragraph (e) requires assistance units to submit household report forms in compliance with the requirements of the chapter of statutes governing economic assistance program eligibility and verification.

Paragraph (f) allows an assistance unit to choose to report changes at any time.

Subd. 3. When to terminate assistance. Specifies when an agency must terminate benefits and when benefits may be reinstated.

40 Pilot program for chosen family hosting to prevent youth homelessness.

Requires the commissioner of human services to establish a pilot program and prescribes rules for program administration, eligible applicants, funding applications, and reporting requirements.

Subd. 1. Establishment. Requires the commissioner of human services to establish a pilot program to formalize situations where a caring adult who a youth considers to be chosen family allows a youth to stay at the adult's residence to avoid being homeless.

Subd. 2. Definitions. Defines the terms "chosen family" and "set of participants" for purposes of this pilot program.

Subd. 3. Administration. Requires the commissioner to contract with a technical assistance provider to assist in the evaluation of the program and to submit annual updates and a final report to the commissioner. Requires funding recipients to partner with at least one set of participants, to mediate agreements about the living situation within each set of participants, to provide monthly stipends to each set of participants to offset the costs of the living arrangement, and to connect each set of participants with community resources.

Subd. 4. Technical assistance provider. Provides criteria for selecting the technical assistance provider, including location in Minnesota and in-depth experience with research on and evaluation of youth homelessness from a holistic perspective.

Subd. 5. Eligible applicants. Defines eligible applicants as providers serving homeless youth in Minnesota. Requires funding to be awarded to funding recipients beginning no later than March 31, 2023.

Subd. 6. Applications. Requires that providers seeking funding apply to the commissioner with a description of the proposed project, the amount of money requested, and a proposed budget for the requested funds.

Section Description - Article 9: Economic Assistance

Subd. 7. Reporting. Requires the technical assistance provider to submit annual updates and a final report to the commissioner on the efficacy and cost-effectiveness of the program.

41 Direction to the commissioner; income and asset exclusion for local guaranteed income demonstration projects.

Subd. 1. Definitions. Defines the terms “commissioner” and “guaranteed income demonstration project.”

Subd. 2. Commissioner; income and asset exclusion. Paragraph (a) prohibits the commissioner from counting payments made to families by the guaranteed income demonstration project as income or assets for purposes of determining or redetermining eligibility for child care assistance programs and MFIP, the work benefit program, or DWP.

Paragraph (b) prohibits the commissioner from counting payments made to families by the guaranteed income demonstration project as income for purposes of determining or redetermining eligibility for MA or MinnesotaCare.

Provides a July 1, 2022, effective date, except for subdivision 2, paragraph (b), which is effective July 1, 2022, or upon federal approval, whichever is later.

42 Repealer.

Paragraph (a) repeals Minn. Stat. § 256J.08, subds. 10 (budget month), 61 (monthly income test), 62 (nonrecurring income), 81 (retrospective budgeting), and 83 (significant change); 256J.30, subds. 5 (monthly MFIP household reports) and 7 (due date of MFIP household report form); 256J.33, subds. 3 (retrospective eligibility) and 5 (when to terminate assistance); 256J.34, subds. 1 (prospective budgeting), 2 (retrospective budgeting), 3 (additional uses of retrospective budgeting), and 4 (significant change in gross income); and 256J.37, subd. 10 (treatment of lump sums).

Paragraph (b) repeals Minn. Stat. 2021 Supplement § 256J.08, subd. 53 (lump sum); 256J.30, subd. 8 (late MFIP household report forms); and 256J.33, subd. 4 (monthly income test).

Provides a March 1, 2024, effective date, except the repeal of Minn. Stat. § 256J.08, subds. 53 and 62, and 256J.37, subd. 10, is effective July 1, 2023.

Article 10: Direct Care and Treatment Policy

This article establishes a process for individuals committed as persons with a mental illness and who are dangerous to the public to voluntarily transfer back to a secure treatment facility,

modifies mandated report expiration provisions, modifies state-operated services census data and fiscal projection budget forecast requirements, and repeals obsolete sections of statute.

Section	Description - Article 10: Direct Care and Treatment Policy
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1 Transfer.

Amends § 253B.18, subd. 6. Paragraph (c) permits a person who has been committed as a person with a mental illness and who is dangerous to the public to voluntarily transfer back to a secure treatment facility for up to 60 days.

Paragraph (d) specifies that the person's transfer is revoked if the person is not returned to the nonsecure treatment facility within 60 days of the voluntary transfer.

Paragraphs (e) and (f) specify a process for review of the transfer revocation.

Paragraph (g) outlines when the head of the treatment facility may revoke a transfer to a nonsecure treatment facility.

Paragraphs (h) and (i) specify procedural requirements related to a transfer revocation.

Paragraph (j) allows a person whose transfer is revoked to re-petition for a transfer.

Paragraph (k) outlines revocation review petition procedures.

2 Expiration of report mandates.

Amends § 256.01, subd. 42. Adds report mandates without expiration dates to the reports that expire in accordance with this section. Adds reports that are mandated more frequently than annually to expiration provisions.

Modifies date by which the commissioner must submit a list to the legislature of all reports set to expire during the following calendar year; specifies that this requirement does not expire.

3 State-operated services; forecast and census data.

Amends Laws 2009, chapter 79, article 13, section 3, subdivision 10, as amended by Laws 2009, chapter 173, article 2, section 1. Requires the commissioner to include census data and fiscal projections for direct care and treatment and Minnesota sex offender services in only the February budget forecast, rather than both November and February.

4 Repealer.

Repeals sections 246.0136 (establishing enterprise activities in state-operated services); 252.025, subdivision 7 (Minnesota extended treatment options for people

Section	Description - Article 10: Direct Care and Treatment Policy
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who have developmental disabilities and exhibit severe behaviors); and 252.035 (regional treatment center catchment areas).

Article 11: Preventing Homelessness

This article modifies provisions related to safe harbor, transitional housing, housing support countable income, and the Homeless Youth Act. This article also extends the final report due date of the Task Force on Shelter, requires a pregnant and parenting homeless youth study, requires a sexual exploitation and trafficking study, and establishes an emergency shelter facilities grant.

Section	Description – Article 11: Preventing Homelessness
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1 Funding.

Amends § 145.4716, by adding subd. 4. Requires the commissioner of health to prioritize providing trauma-informed, culturally inclusive services to youth served by the safe harbor program.

2 Definitions.

Amends § 256E.33, subd. 1. Extends the duration of transitional housing, as set in its definition, from 24 to 36 months.

3 Establishment and administration.

Amends § 256E.33, subd. 2. Expands the discretion of the commissioner of human services to extend transitional housing beyond the time period prescribed by the definition of transitional housing.

4 Countable income.

Amends section 256I.03, subdivision 7, to reduce the amount of countable income for SSI recipients living in certain supportive housing from 100 percent of the SSI benefit limit (less the medical assistance personal needs allowance) to 30 percent of SSI benefits received. Also sets countable income for VA benefits recipients in certain supportive housing at 30 percent of the benefits received. Supportive housing establishments whose residents qualify for this reduction have residents with approved habitability inspections and individual lease agreements.

5 Awarding of grants.

Amends § 256K.45, by adding subd. 7. Requires the commissioner of human services to allow grant money to carry over from the first to the second year of any two-year grant contract.

Section Description – Article 11: Preventing Homelessness

6 Report.

Amends Laws 2021, First Special Session ch. 8, art. 6, § 1, subd. 7. Extends the deadline for the final report of the task force on shelter from August 31, 2022, to December 15, 2022.

7 Pregnant and parenting homeless youth study.

Requires the commissioner of human services to study the prevalence of pregnancy and parenting among homeless youths and youths at risk of homelessness and to report to the legislature on the study by December 31, 2023.

8 Sexual exploitation and trafficking study.

Requires the commissioner of health to perform a prevalence study on survivors of sexual exploitation and trafficking and to report to the legislature on the study by June 30, 2024.

9 Emergency shelter facilities.

This section establishes a grant program for cities, counties, nonprofits, Tribal governments, and housing and redevelopment authorities to fund improvement and expansion of shelter facilities.

Subd. 1. Definitions. Defines terms for the purposes of the program, including “eligible applicant” as a statutory or home rule charter city, county, Tribal government, nonprofit, or housing and redevelopment authority.

Subd. 2. Project criteria. Requires prioritization of grants to projects which would add additional shelter facilities or shelter facility beds or which improve the habitability or accessibility of existing shelter facilities. Allows a grant to pay up to 100 percent of a project and up to \$10,000,000 per project.

Provides a July 1, 2022, effective date.

Article 12: DHS Licensing and Operations Policy

This article modifies human services licensing suspension procedures and withdrawal management program staff qualifications and personnel policy requirements, and modifies several provisions related to substance use disorder treatment licensing.

Section Description - Article 12: DHS Licensing and Operations Policy

1 Immediate suspension expedited hearing.

Amends § 245A.07, subd. 2a. Clarifies the timeline and procedures for immediate license suspension expedited decisions and appeals. Allows a license suspension to be extended if a law enforcement or maltreatment investigation or judicial proceeding is ongoing and persons served by the program remain at imminent risk of harm.

2 License suspension, revocation, or fine.

Amends § 245A.07, subd. 3. Adds language allowing the commissioner to issue a suspension pursuant to the changes in section 1.

3 Qualifications for all staff who have direct patient contact.

Amends § 245F.15, subd. 1. For withdrawal management programs, removes requirements related to the amount of time staff must document as being free of substance use problems.

Makes this section effective January 1, 2023.

4 Policy requirements.

Amends § 245F.16, subd. 1. For withdrawal management programs, clarifies language regarding disciplinary action for violation of the drug and alcohol policy; adds cross-reference to broader human services licensing drug and alcohol policy requirements.

Makes this section effective January 1, 2023.

5 Alcohol and drug counselor.

Amends § 245G.01, subd. 4. For substance use disorder treatment programs, modifies cross-reference for alcohol and drug counselor qualifications.

Provides an immediate effective date.

6 Licensed professional in private practice.

Amends § 245G.01, subd. 17. Modifies definition of “licensed professional in private practice” by clarifying what “affiliate” means for purposes of the definition.

Provides an immediate effective date.

7 Documentation of treatment services.

Amends § 245G.06 by adding subd. 2a. Specifies streamlined client record documentation requirements for treatment services provided.

Section Description - Article 12: DHS Licensing and Operations Policy

Makes this section effective August 1, 2022.

8 Client record documentation requirements.

Amends § 245G.06 by adding subd. 2b. Specifies requirements for documenting a significant event in the client record on the day the event occurs; lists events that must be documented.

Makes this section effective August 1, 2022.

9 Treatment plan review.

Amends § 245G.06, subd. 3. Removes treatment services documentation requirements; specifies that a treatment plan review must be entered in a client's file by the alcohol and drug counselor responsible for the treatment plan. Modifies treatment plan review documentation requirements.

Makes this section effective August 1, 2022.

10 Administration of medication and assistance with self-medication.

Amends § 245G.08, subd. 5. Specifies that staff members may only administer medications in a method for which the staff member has been trained; adds intranasal and two intramuscular medications.

Provides an immediate effective date.

11 Contents.

Amends § 245G.09, subd. 3. Modifies client record required contents based on changes in previous sections of this bill.

Makes this section effective August 1, 2022.

12 General qualifications.

Amends § 245G.11, subd. 1. Removes requirements related to the amount of time staff must attest to being free of problematic substance use.

Makes this section effective January 1, 2023.

13 Student interns.

Amends § 245G.11, subd. 10. Removes progress notes and adds treatment plan review to items a supervisor must review and sign for a student intern.

Makes this section effective January 1, 2023.

Section Description - Article 12: DHS Licensing and Operations Policy

14 Personnel policy requirements.

Amends § 245G.13, subd. 1. Removes personnel policy requirements related to problematic substance use; adds cross-reference to broader human services licensing drug and alcohol policy requirements.

Makes this section effective January 1, 2023.

15 License holders serving persons with co-occurring disorders.

Amends § 245G.20. Updates language from progress notes to treatment plan reviews.

Makes this section effective January 1, 2023.

16 Restrictions for unsupervised use of methadone hydrochloride.

Amends § 245G.22, subd. 7. Clarifies provision related to the number of unsupervised medication doses a client may receive per week.

Provides an immediate effective date.

17 Direction to commissioner of human services; amending children's residential facility and detoxification program rules.

Directs the commissioner to amend specified parts and subparts of Minnesota Rules related to children's residential facilities and detoxification programs.

18 Repealer.

Repeals section 245F.15, subd. 2 (withdrawal management programs; continuing employment; no substance use problems) and section 245G.11, subd. 2 (SUD program employment; problematic substance use prohibition).

Repeals Minnesota Rules parts 2960.0460, subpart 2; and 9530.6565, subpart 2 (staff qualifications; continuing employment; free from substance use problems).

Makes this section effective January 1, 2023.

Article 13: Opioid Settlement

This article implements changes related to the opioid settlement and the related intrastate agreement. It prohibits units of local government from asserting, filing, or enforcing claims that have been released as part of a statewide opioid settlement agreement, outlines settlement fund deposit requirements, modifies and specifies how settlement funds must be used, allows the \$250,000,000 threshold for reducing opioid manufacturer licensing fees and eliminating the

opiate product registration fee to be met by settlement dollars received, and specifies that licensing fees may not be reduced and the opiate product registration fee may not be eliminated before July 1, 2031.

Section Description - Article 13: Opioid Settlement

1 Release of opioid-related claims.

Adds § 3.757. States that units of local government (referred to as “municipalities”) do not have the authority to assert, file, or enforce a claim that is released as part of a statewide opioid settlement agreement.

Subd. 1. Definitions. Defines the following terms: municipality, opioid litigation, released claim, settling defendant, and statewide opioid settlement agreement.

Subd. 2. Release of claims. (a) Provides that no municipality has the authority to assert, file, or enforce a released claim.

(b) States that any claim in pending opioid litigation filed by a municipality against a settling defendant that is within the scope of a released claim is extinguished.

(c) Allows the attorney general to appear or intervene when a municipality has asserted, filed, or enforced a released claim against a settling defendant, and to release these claims with prejudice.

(d) States that this section does not limit causes of action, claims, and remedies, nor the authority for enforcement, by parties other than municipalities.

Provides an immediate effective date.

2 Exceptions.

Amends § 16A.151, subd. 2. The amendment to paragraph (f) requires settlement funds to be deposited directly into the settlement account within the opiate epidemic response fund, rather than into a separate account in the state treasury. Also makes a conforming change, striking language requiring a transfer from the separate account to the opioid fund if the opioid manufacturer licensing fees are reduced (from \$55,260 to \$5,260) and the opiate product registration fee of \$250,000 is repealed.

The amendment to paragraph (g) eliminates the requirement that money received from a settlement with a consulting firm working for an opioid manufacturer or distributor be transferred into the separate account, with the commissioner of management and budget then transferring from the separate account into the opiate epidemic response fund an amount equal to the estimated cost of medication-assisted therapy exemption (the exempting of opioids used for medication-assisted therapy from being counted toward the opioid volume threshold of 2 million or more

Section Description - Article 13: Opioid Settlement

units used to determine which manufacturers are subject to the opioid product registration fee). Instead, the section requires this money to be deposited into the settlement account within the opioid epidemic response fund, and be appropriated to the commissioner of human services to award as grants as specified by the Opiate Epidemic Response Advisory Council.

Provides an immediate effective date.

3 Determination of an opiate product registration fee.

Amends § 151.066, subd. 3. Strikes a reference to the separate account into which settlement funds are to be deposited under current law. This is a conforming change related to the elimination of the special account. This change is made in a section requiring the Board of Pharmacy to report to the commissioner of management and budget the cost of exempting opiates used for medication-assisted therapy from being counted when determining whether a manufacturer meets the quantity threshold for being assessed the opioid registration fee (the section repeals this reporting requirement). Provides an immediate effective date.

4 Grants.

Amends § 256.042, subd. 4. Updates cross-references to reflect the establishment of two accounts within the opiate epidemic response fund. Requires the advisory council to determine grant awards and amounts based on funds appropriated to the commissioner of human services from the registration and license fee account and the settlement account. Provides an immediate effective date.

5 Establishment.

Amends § 256.03, subd. 1. (a) Requires the commissioner of management and budget to establish two accounts within the opiate epidemic response fund – a registration and license fee account and a settlement account.

(b) Requires the opiate product registration fee and certain license fees assessed by the Board of Pharmacy to be deposited into the registration and license fee account.

(c) Requires any money received by the state from a settlement agreement, assurance of discontinuance, or court order related to the violation of consumer fraud laws in the marketing, sale, or distribution of opioids or other illegal actions contributing to the excessive use of opioids, to be deposited into the settlement account.

Provides an immediate effective date.

Section Description - Article 13: Opioid Settlement

6 Appropriations from registration and license fee account.

Amends § 256.043, subd. 3. Makes conforming changes to existing opioid-related funding initially authorized in 2019, to reflect establishment of the registration and license fee account within the opiate epidemic response fund. These changes clarify that this funding is from the registration and license fee account (the funding language in current law refers just to the opiate epidemic response fund); no changes are made in the appropriation amounts. Codifies an ongoing appropriation for Results First evaluations that is currently uncoded. Changes terminology to refer to Tribal social service agency initiative projects, rather than tribal social service agencies. Provides an immediate effective date.

7 Appropriations from settlement account.

Amends § 256.043, by adding subd. 3a. (a) Specifies that appropriations in this section are made from the settlement account in the order specified.

(b) Requires money in the settlement account to be transferred to the registration and license fee account under subdivision 3, if the balance in the registration and license fee account is not sufficient to fully fund the required appropriations.

(c) Appropriates \$209,000 in fiscal year 2023 and \$239,000 in fiscal year 2024 and subsequent fiscal years to the commissioner of human services to administer grants awarded under paragraph (e).

(d) After any appropriations under paragraphs (b) and (c), appropriates each calendar year to the commissioner of human services, for distribution to Tribal social service agency initiative projects to provide child protection services to children and families affected by addiction, an amount equal to the allocation provided for this purpose from the registration and license fee account under subdivision 3. Provides that the requirements in subdivision 3 related to proportional distribution, annual reporting, and maintenance of effort apply to the appropriation under this paragraph.

(e) After the appropriations in paragraphs (b) through (d), appropriates the remaining amount in the account to the commissioner of human services, to award grants as specified by the Opiate Epidemic Response Advisory Council.

(f) Provides that funds for Tribal social service agency initiative projects and OERAC grants may be distributed on a calendar year basis (as are funds for these purposes distributed from the registration and license fee account).

Provides an immediate effective date.

8 Settlement; sunset.

Amends § 256.043, subd. 4. Specifies that any money received as a result of an opioid settlement agreement directly allocated or distributed and received by either

Section Description - Article 13: Opioid Settlement

- the state or a municipality (units of local government) shall be counted towards the \$250,000,000 threshold, at which license fees are reduced and the opiate product registration fee is eliminated. Also provides that the fee reduction and elimination of the opiate product registration fee cannot occur before July 1, 2031 (the date under current law at which this can occur is July 1, 2024). Provides an immediate effective date.
- 9 **Appropriations.**
Amends Laws 2019, chapter 63, article 3, § 1. Makes conforming changes related to the codification of an ongoing appropriation for Results First evaluations.
- 10 **Commissioner of management and budget.**
Amends Laws 2021, First Special Session chapter 7, article 16, § 12. Makes conforming changes related to the codification of an ongoing appropriation for Results First evaluations.
- 11 **Transfer; elimination of an account.**
(a) Requires the commissioner of management and budget to transfer any money in the separate account to the settlement account in the opiate epidemic response fund, to be appropriated to the commissioner of human services to be awarded as grants as specified by OERAC.

(b) Once the money is transferred as provided in paragraph (a), requires the commissioner to eliminate the separate account.

Provides an immediate effective date.

Article 14: Forecast Adjustments

This article adjusts appropriations to the commissioner of human services in fiscal years 2022 and 2023 for forecasted programs administered by the Department of Human Services.



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