

**Subject** Human Services Policy Bill

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## Overview

This bill contains human services policy provisions related to aging and disability services, Department of Health policy, Direct Care and Treatment, behavioral health, DHS Office of Inspector General, assertive community treatment and intensive residential treatment services recodification and conforming changes, children’s mental health terminology changes, and other miscellaneous provisions.

## Table of Contents

Article 1: Aging and Disability Services .....	2
Article 2: Department of Health Policy .....	4
Article 3: Direct Care and Treatment.....	8
Article 4: Behavioral Health .....	21
Article 5: Department of Human Services Office of Inspector General .....	27
Article 6: Assertive Community Treatment and Intensive Residential Treatment Services Recodification .....	33
Article 7: Assertive Community Treatment and Intensive Residential Treatment Services Recodification Conforming Changes.....	34
Article 8: Children’s Mental Health Terminology .....	34
Article 9: Miscellaneous.....	34

## Article 1: Aging and Disability Services

This article provides for changes to the commissioner's duties regarding adult day services; clarifications to day training and habilitation (DT&H) services rates; codification of existing disability waiver case management training requirements; modification of positive support analyst qualifications; establishment of a review process upon notice of agency denial, reduction, suspension, or termination of long-term services and supports; modification of services parents are allowed to provide under CDCS; exemption of assisted living providers from direct care staff compensation requirements under DWRS; and other technical changes.

Section	Description - Article 1: Aging and Disability Services
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| 1 | <p><b>Positive support analyst qualifications.</b></p> <p>Amends § 245D.091, subd. 3. Modifies the list of positive support analyst qualifications by adding demonstrated expertise in positive support services for those who have obtained a baccalaureate degree in one of the behavioral sciences or a related field.</p>   |
| 2 | <p><b>Commissioner's duties.</b></p> <p>Amends § 252.43. Eliminates the needs determination process for community-based adult day services providers to align with employment first requirements and ensure services are offered in the most integrated setting possible.</p> <p>Provides a July 1, 2025, effective date.</p>   |
| 3 | <p><b>Day training and habilitation rates.</b></p> <p>Amends § 252.46, subd. 1a. Clarifies rates for DT&amp;H services for people receiving services in an intermediate care facility for persons with developmental disabilities (ICF/DD) to ensure rates are consistent with the historical rate and current spending authority. Requires the commissioner to consult with stakeholders prior to modifying DT&amp;H rates.</p> <p>Provides a January 1, 2026, effective date.</p> |
| 4 | <p><b>Long-term care decision reviews.</b></p> <p>Proposes § 256B.0909.</p> <p><b>Subd. 1. Opportunity to respond required.</b> Requires a lead agency to initiate a decision review if requested by a person or the person's legal representative within ten calendar days of receiving an agency notice to deny, reduce, suspend, or terminate the person's access to or eligibility for specified long-term care programs.</p>   |

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

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**Subd. 2. Decision review.** Lays out the process for the lead agency to conduct the decision review.

**Subd. 3. Appeals.** Requires a judge to reschedule an appeal hearing if the lead agency ignores the request for review or does not schedule the review in at least ten calendar days prior to the hearing.

**5 Case management services.**

Amends § 256B.092, subd. 1a. Requires developmental disability waiver case managers to have annual informed choice training and competency evaluations (codifies an existing requirement included in Laws 2021, First Special Session chapter 7, article 13, section 75).

Provides an August 1, 2025, effective date.

**6 Residential support services criteria.**

Amends § 256B.092, subd. 11a. Corrects a cross-reference.

Makes this section effective 90 days following federal approval of residential support services criteria.

**7 Case management.**

Amends § 256B.49, subd. 13. Requires BI, CAC, and CADL waiver case managers to have annual informed choice training and competency evaluations (codifies an existing requirement included in Laws 2021, First Special Session chapter 7, article 13, section 75).

Provides an August 1, 2025, effective date.

**8 Residential support services criteria.**

Amends § 256B.49, subd. 29. Corrects cross-references.

Makes this section effective 90 days following federal approval of residential support services criteria.

**9 Services provided by parents and spouses.**

Amends § 256B.4911, subd. 6. For purposes of medical assistance payments under consumer-directed community supports, allows a parent to provide personal assistance services to a minor child with specified care needs when traveling temporarily out-of-state, subject to existing limitations on the number of hours of service provided.

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

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**10 Reporting and analysis of cost data.**

Amends § 256B.4914, subd. 10a. Delays a requirement that the commissioner of human services use cost data submitted by providers reimbursed under DWRS to determine provider compliance with direct care staff compensation requirements under DWRS.

Provides an effective date retroactive to January 1, 2025.

**11 Direct care staff; compensation.**

Makes the requirement that a provider use a certain percentage of revenue generated by DWRS rates for direct care staff compensation effective January 1, 2029.

Provides an effective date retroactive to January 1, 2025.

**12 Performance-based incentive payments.**

Amends § 256R.38. Corrects terminology.

**13 Planned closure rate adjustment.**

Amends § 256R.40, subd. 5. Corrects terminology.

**14 Direction to commissioner; notice of action revision.**

By July 1, 2025, requires the commissioner of human services to review and make changes to the Notice of Action form to incorporate the long-term care decision review process.

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

This article contains provisions relating to: (1) updating nursing home case mix classifications for federal conformity; (2) updating supplemental nursing services agency provisions; (3) updating assisted living facility provisions; (4) modifying requirements for comprehensive reassessments and monitoring for assisted living facility residents; (5) providing for approval of medication training programs; (6) providing residents of long-term care facilities with the right to a designated support person; and (7) prohibiting termination or nonrenewal of assisted living contracts on certain grounds.

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

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**1 Definitions.**

Amends § 144.0724, subd. 2. Adds definitions for Patient Driven Payment Model and resource utilization groups to a section on case mix classification of nursing home residents used to determine nursing facility reimbursement.

**2 Resident case mix reimbursement classifications.**

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

**3 Resident assessment schedule.**

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

**4 Audit authority.**

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

**5 Designated support person.**

Amends § 144.651, subd. 10a. Amends the Health Care Bill of Rights to require nonacute care facilities, including nursing homes, boarding care homes, and certain other settings, to allow at least one designated support person chosen by the resident to be physically present at times of the resident's choosing while the resident resides at the facility, except in circumstances when the facility may restrict or prohibit a designated support person's presence. Specifies this provision does not apply to a patient or resident at a state-operated treatment program.

**6 Commissioner approval of curricula for medication administration.**

Adds subd. 3b to § 144A.61. Requires the commissioner of health to review and approve the curricula used to train unlicensed personnel to administer medications, and to approve significant updates or amendments to the curricula.

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

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- 7      **Approved curricula.**  
Adds subd. 3c to § 144A.61. Requires the commissioner to maintain a current list of acceptable medication administration curricula to be used for medication aide training programs for nursing home and boarding care home employees.
- 8      **Controlling person.**  
Amends § 144A.70, subd. 3. Amends the definition of controlling person for statutes governing supplemental nursing services agencies.
- 9      **Direct ownership interest.**  
Adds subd. 3a to § 144A.70. Defines direct ownership interest for statutes governing supplemental nursing services agencies.
- 10     **Indirect ownership interest.**  
Adds subd. 3b to § 144A.70. Defines indirect ownership interest for statutes governing supplemental nursing services agencies.
- 11     **Oversight.**  
Amends § 144A.70, subd. 7. Changes the frequency of surveys of supplemental nursing services agencies conducted by the commissioner of health from twice per year to every two years. (Survey frequency was changed from annual surveys to semiannual surveys in 2024 but the change to semiannual surveys was an error.)
- 12     **License required.**  
Amends § 144G.10, subd. 1. If a portion of an assisted living facility's building houses an entity not licensed as an assisted living facility, requires the assisted living facility to ensure there is at least a vertical two-hour fire barrier between the assisted living facility portion of the building and the portion of the building used by another entity.
- 13     **Assisted living director license required.**  
Amends § 144G.10, subd. 1a. Requires an assisted living facility's assisted living director to be affiliated as the director of record with the Board of Executives for Long Term Services and Supports.
- 14     **Protected title; restriction on use.**  
Amends § 144G.10, subd. 5. Delays from January 1, 2026, to January 1, 2027, language prohibiting a person or entity from using "assisted living" to advertise, market, or promote housing or a program unless the person or entity is licensed as an assisted living facility, and language prohibiting an assisted living facility from including "home care" or "nursing home" in its name. Also provides the restriction on

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

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- the use of “home care” or “nursing home” applies to the names of all assisted living facilities, not just new assisted living facilities.
- 15      **Licensure; termination or extension of provisional licenses.**  
Amends § 144G.16, subd. 3. If the commissioner denies a provisional licensee a facility license, prohibits the owners and managerial officials of the provisional licensee from applying for an assisted living facility license for one year after the facility closes.
- 16      **Change of ownership; existing contracts.**  
Amends § 144G.19, by adding subd. 5. Following a change of ownership, requires a new licensee for an assisted living facility to honor the terms of an assisted living contract in effect at the time of the change of ownership until the end of the contract term.  
  
Makes this section effective January 1, 2026, and apply to all assisted living contracts executed after a change of ownership that occurs on or after that date.
- 17      **Impermissible ground for termination.**  
Amends § 144G.52, by adding subd. 5a. Prohibits an assisted living facility from terminating an assisted living contract on the ground that the resident changes from using private funds to using public funds for housing or services if certain conditions are met.
- 18      **Nonrenewal of housing.**  
Amends § 144G.53, by adding subd. 2. Prohibits an assisted living facility from declining to renew a resident’s housing contract on the ground that the resident changes from using private funds to using public funds for housing if certain conditions are met. Makes technical changes to section 144G.53.
- 19      **Initial reviews, assessments, and monitoring.**  
Amends § 144G.70, subd. 2. Modifies requirements for comprehensive reassessments and monitoring for residents of assisted living facilities to specify reassessments and monitoring must be conducted by a registered nurse or by a licensed practical nurse to the extent permitted under the Nurse Practice Act, and to require a registered nurse to review the findings as part of the comprehensive reassessment.
- 20      **Fire protection and physical environment.**  
Amends § 144G.81, subd. 1. Expands the fire protection and physical environment requirements in this section to all assisted living facilities with dementia care (under current law these requirements apply to assisted living facilities with dementia care

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

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that have a secured dementia care unit). Requires an assisted living facility with dementia care to conduct an assessment of safety risks and requires the facility to document in the facility's records, mitigation efforts to address identified safety risks.

**21 Designated support person.**

Adds subd. 6a to § 144G.91. Amends the Assisted Living Bill of Rights to require an assisted living facility to allow at least one designated support person chosen by the resident to be physically present with the resident at times of the resident's choosing while the resident resides at the facility. Defines designated support person and lists circumstances in which an assisted living facility may restrict or prohibit a designated support person's presence.

Provides a January 1, 2026, effective date.

**22 Administration of medications by unlicensed personnel in nursing facilities.**

Amends § 148.235, subd. 10. Amends a subdivision establishing qualifications for graduates of foreign nursing schools to administer medications in nursing facilities, to allow them to do so after completing a medication training program for unlicensed personnel approved by the commissioner of health (current law requires them to complete a medication training program that is offered by a postsecondary educational institution and that meets certain requirements in rule).

**23 Revisor instruction.**

Directs the revisor of statutes to modify the headnote to section 144G.81.

**24 Repealer.**

Repeals sections 144G.9999, subdivisions 1, 2, and 3 (resident quality of care and outcomes improvement task force).

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

This article makes numerous technical and conforming changes related to the creation of Direct Care and Treatment as a separate agency. The article also makes clarifying changes to crisis services provisions; removes the requirement for a special review board hearing, review, and recommendations when committed individuals in the Minnesota Sex Offender Program (MSOP) petition for a reduction in custody; and, in section 41, extends the 2023 change in the priority admissions (or "48-hour") law until June 30, 2027, to allow for the continuation of the provision specifying that individuals who meet the statutory criteria must be admitted to a state-operated treatment program within 48 hours of when a medically appropriate bed is available, rather than 48 hours of a commitment order.

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

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- 1 Investigative data.**  
Amends § 13.46, subd. 3. Adds the Direct Care and Treatment executive board and agency to data provisions.  
  
Makes this section effective July 1, 2025.
- 2 Licensing data.**  
Amends § 13.46, subd. 4. Adds the Direct Care and Treatment executive board to data provisions.  
  
Makes this section effective July 1, 2025.
- 3 Party.**  
Amends § 15.471, subd. 6. Adds Direct Care and Treatment to definition of “party.”  
  
Makes this section effective July 1, 2025.
- 4 Insurance contributions; former employees.**  
Amends § 43A.241. Strikes “executive board.”  
  
Makes this section effective July 1, 2025.
- 5 E-Health Advisory Committee.**  
Amends § 62J.495, subd. 2. Adds Direct Care and Treatment representative to the members of the e-Health Advisory Committee.  
  
Makes this section effective July 1, 2025.
- 6 Angling; residents of state institutions.**  
Amends § 97A.441, subd. 3. Clarifies provision governing angling licensure for residents of state institutions.  
  
Makes this section effective July 1, 2025.
- 7 Fees.**  
Amends § 144.53. Replaces commissioner of human services with Direct Care and Treatment executive board in hospital fees section.  
  
Makes this section effective July 1, 2025.

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

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- 8 Definitions.**  
Amends § 144.651, subd. 2. Makes technical changes. Adds paragraph (c) to define “residential program” for purposes of the health care bill of rights.  
  
Makes this section effective July 1, 2025.
- 9 Information about rights.**  
Amends § 144.651, subd. 4. Makes technical change.  
  
Makes this section effective July 1, 2025.
- 10 Grievances.**  
Amends § 144.651, subd. 20. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 11 Isolation and restraints.**  
Amends § 144.651, subd. 31. Makes technical change.  
  
Makes this section effective July 1, 2025.
- 12 Treatment plan.**  
Amends § 144.651, subd. 32. Makes technical change.  
  
Makes this section effective July 1, 2025.
- 13 Fees.**  
Amends § 144.07. Replaces commissioner of human services with Direct Care and Treatment executive board in nursing home fees section.  
  
Makes this section effective July 1, 2025.
- 14 Examination; access to medical data.**  
Amends § 146.08, subd. 4. Adds Direct Care and Treatment to unlicensed complementary and alternative health care practitioner medical data provision.  
  
Makes this section effective July 1, 2025.
- 15 Medical examination; access to medical data.**  
Amends § 147.091, subd. 6. Adds Direct Care and Treatment to Board of Medical Practice medical data provision.

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

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- Makes this section effective July 1, 2025.
- 16      **Medical examination; access to medical data.**  
Amends § 147A.13, subd. 6. Adds Direct Care and Treatment to Board of Medical Practice (physician assistant) medical data provision.  
  
Makes this section effective July 1, 2025.
- 17      **Grounds.**  
Amends § 148.10, subd. 1. Adds Direct Care and Treatment to Board of Chiropractic Examiners health data provision.  
  
Makes this section effective July 1, 2025.
- 18      **Examination; access to medical data.**  
Amends § 148.261, subd. 5. Adds Direct Care and Treatment to Board of Nursing medical data provision.  
  
Makes this section effective July 1, 2025.
- 19      **Examination; access to medical data.**  
Amends § 148.754. Adds Direct Care and Treatment to Board of Physical Therapy medical data provision.  
  
Makes this section effective July 1, 2025.
- 20      **Mental, physical, or substance use disorder examination or evaluation; access to medical data.**  
Amends § 148B.5905. Adds Direct Care and Treatment to Board of Behavioral Health and Therapy medical data provision.  
  
Makes this section effective July 1, 2025.
- 21      **Mental, physical, or chemical health evaluation.**  
Amends § 148F.09, subd. 6. Adds Direct Care and Treatment to licensed alcohol and drug counselor medical data provision.  
  
Makes this section effective July 1, 2025.
- 22      **Medical records.**  
Amends § 150A.08, subd. 6. Adds Direct Care and Treatment to Board of Dentistry medical data provision.

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

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- Makes this section effective July 1, 2025.
- 23      **Medical examination; access to medical data.**  
Amends § 151.071, subd. 10. Adds Direct Care and Treatment to Board of Pharmacy medical data provision.  
  
Makes this section effective July 1, 2025.
- 24      **Access to medical data.**  
Amends § 153.21, subd. 2. Adds Direct Care and Treatment to Board of Podiatric Medicine medical data provision.  
  
Makes this section effective July 1, 2025.
- 25      **Grounds for disciplinary action.**  
Amends § 153B.70. Adds Direct Care and Treatment to orthotics, prosthetics, and pedorthics medical data provision.  
  
Makes this section effective July 1, 2025.
- 26      **Vehicles exempt from tax, fees, or plate display.**  
Amends § 168.012, subd. 1. Makes technical updates; adds paragraph (h) outlining requirements for unmarked vehicles used in general investigation, surveillance, supervision, and monitoring by the Direct Care and Treatment Office of Special Investigations' staff and unmarked vehicles used by the Minnesota Sex Offender Program's executive director and the executive director's staff.  
  
Makes this section effective July 1, 2025.
- 27      **Law enforcement agency; disclosure of information to public.**  
Amends § 244.052, subd. 4. Makes technical updates to predatory offender public information disclosure provisions.  
  
Makes this section effective July 1, 2025.
- 28      **Purpose and authority.**  
Amends § 245.50, subd. 2. Adds Direct Care and Treatment to provision allowing entities to contract with agencies or facilities in bordering states for behavioral health services for Minnesota residents.  
  
Makes this section effective July 1, 2025.

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

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- 29      **Commissioner of human services as compact administrator.**  
Amends § 245.52. Replaces commissioner of human services with chief executive officer of Direct Care and Treatment for purposes of the interstate compact on mental health.  
  
Makes this section effective July 1, 2025.
- 30      **Agency.**  
Amends § 245.91, subd. 2. Adds Direct Care and Treatment to definition of “agency” in chapter 245.  
  
Makes this section effective July 1, 2025.
- 31      **Crisis services.**  
Amends § 246.585. Updates and clarifies state-operated crisis services technical assistance language.
- 32      **Rulemaking.**  
Amends § 246C.06, subd. 11. Provides that the Direct Care and Treatment executive board is exempt from the 18-month time limit on rulemaking.  
  
Makes this section effective retroactively from July 1, 2024.
- 33      **Admission and stay criteria; dissemination.**  
Amends § 246C.12, subd. 6. Adds paragraph (a) to require the Direct Care and Treatment executive board to establish standard admission and continued-stay criteria for state-operated services facilities.  
  
Makes this section effective July 1, 2025.
- 34      **Contract with Department of Human Services for administrative services.**  
Amends § 246C.20. Makes technical change.  
  
Makes this section effective July 1, 2025.
- 35      **Interview expenses.**  
Proposes coding for § 246C.21. Allows for reimbursement for travel expenses to and from interviews arranged by the Direct Care and Treatment executive board for certain recruited positions.  
  
Makes this section effective July 1, 2025.

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

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- 36 Federal grants for Minnesota Indians.**  
Proposes coding for § 246C.211. Authorizes the Direct Care and Treatment executive board to contract with specified federal agencies to receive federal grants for the welfare and relief of Minnesota Indians.  
  
Makes this section effective July 1, 2025.
- 37 Duties of commissioner of human services.**  
Amends § 252.291, subd. 3. Makes technical updates.  
  
Makes this section effective July 1, 2025.
- 38 Location of programs.**  
Amends § 252.50, subd. 5. Clarifies language.
- 39 Apprehend and hold orders.**  
Amends § 253B.07, subd. 2b. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 40 Reporting judicial commitments; private treatment program or facility.**  
Amends § 253B.09, subd. 3a. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 41 Administrative requirements.**  
Amends § 253B.10, subd. 1. Removes June 30, 2025, expiration from paragraph (e) and extends until June 30, 2027, to allow for the continuation of the provision specifying that individuals who meet the criteria set out in the priority admissions (or “48-hour”) law must be admitted to a state-operated treatment program within 48 hours of when a medically appropriate bed is available.  
  
Makes this section effective July 1, 2025.
- 42 Apprehension; return to facility or program.**  
Amends § 253B.141, subd. 2. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 43 Transfer.**  
Amends § 253B.18, subd. 6. Makes technical changes.

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

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- Makes this section effective July 1, 2025.
- 44      **Petition; hearing.**  
Amends § 253B.19, subd. 2. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 45      **Notice of discharge or release.**  
Amends § 253D.14, subd. 3. Makes changes related to the removal of the requirement for a special review board hearing, review, and recommendations when committed individuals in MSOP petition for a reduction in custody; replaces with judicial appeal panel.
- 46      **Filing.**  
Amends § 253D.27, subd. 2. Makes changes related to the removal of the requirement for a special review board hearing, review, and recommendations when committed individuals in MSOP petition for a reduction in custody; replaces with judicial appeal panel.
- 47      **Judicial appeal panel.**  
Amends § 253D.28. Makes changes related to the removal of the requirement for a special review board hearing, review, and recommendations when committed individuals in MSOP petition for a reduction in custody; replaces with judicial appeal panel. Also makes technical changes.
- 48      **Factors.**  
Amends § 253D.29, subd. 1. Makes technical changes.
- 49      **Voluntary readmission to a secure treatment facility.**  
Amends § 253D.29, subd. 2. Makes technical changes. Makes changes related to the removal of the requirement for a special review board hearing, review, and recommendations when committed individuals in MSOP petition for a reduction in custody; replaces with judicial appeal panel.
- 50      **Revocation.**  
Amends § 253D.29, subd. 3. Makes technical changes.
- 51      **Review.**  
Amends § 253D.30, subd. 3. Makes changes related to the removal of the requirement for a special review board hearing, review, and recommendations when

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

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- committed individuals in MSOP petition for a reduction in custody; replaces with judicial appeal panel.
- 52      **Voluntary readmission.**  
Amends § 253D.30, subd. 4. Makes changes related to the removal of the requirement for a special review board hearing, review, and recommendations when committed individuals in MSOP petition for a reduction in custody; replaces with judicial appeal panel. Also makes technical changes.
- 53      **Revocation.**  
Amends § 253D.30, subd. 5. Makes changes related to the removal of the requirement for a special review board hearing, review, and recommendations when committed individuals in MSOP petition for a reduction in custody. Also makes technical changes.
- 54      **Appeal.**  
Amends § 253D.30, subd. 6. Makes changes related to the removal of the requirement for a special review board hearing, review, and recommendations when committed individuals in MSOP petition for a reduction in custody; replaces with judicial appeal panel.
- 55      **Discharge.**  
Amends § 253D.31. Makes changes related to the removal of the requirement for a special review board hearing, review, and recommendations when committed individuals in MSOP petition for a reduction in custody.
- 56      **Specific powers.**  
Amends § 256.01, subd. 2. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 57      **Gifts, contributions, pensions and benefits; acceptance.**  
Amends § 256.01, subd. 5. Strikes language from human services statute relating to receipt of gifts and benefits on behalf of residents in state hospitals (now under Direct Care and Treatment).  
  
Makes this section effective July 1, 2025.
- 58      **Retention rates.**  
Amends § 256.019, subd. 1. Makes technical update.  
  
Makes this section effective July 1, 2025.

Section	Description - Article 3: Direct Care and Treatment
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| 59 | <b>Interagency data exchange.</b><br>Amends § 256.0281. Adds Direct Care and Treatment to interagency data exchange agreement provision.<br><br>Makes this section effective July 1, 2025. |
| 60 | <b>Scope.</b><br>Amends § 256.0451, subd. 1. Defines “state agency” for purposes of fair hearings section; makes conforming changes.<br><br>Makes this section effective July 1, 2025.     |
| 61 | <b>Agency appeal summary.</b><br>Amends § 256.0451, subd. 3. Makes clarifying change.  |
| 62 | <b>Appeal request for emergency assistance or urgent matter.</b><br>Amends § 256.0451, subd. 6. Makes clarifying changes.<br><br>Makes this section effective July 1, 2025.                |
| 63 | <b>Subpoenas.</b><br>Amends § 256.0451, subd. 8. Makes clarifying change.<br><br>Makes this section effective July 1, 2025.  |
| 64 | <b>No ex parte contact.</b><br>Amends § 256.0451, subd. 9. Makes clarifying changes.<br><br>Makes this section effective July 1, 2025.   |
| 65 | <b>Inviting comment by state agency.</b><br>Amends § 256.0451, subd. 18. Makes clarifying changes.<br><br>Makes this section effective July 1, 2025.                                       |
| 66 | <b>Decisions.</b><br>Amends § 256.0451, subd. 22. Makes clarifying changes.<br><br>Makes this section effective July 1, 2025.  |
| 67 | <b>Refusal to accept recommended orders.</b><br>Amends § 256.0451, subd. 23. Makes clarifying changes.   |

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

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- Makes this section effective July 1, 2025.
- 68      **Reconsideration.**  
Amends § 256.0451, subd. 24. Makes clarifying changes.  
  
Makes this section effective July 1, 2025.
- 69      **Report regarding programs and services for people with disabilities.**  
Amends § 256.4825. Adds Direct Care and Treatment executive board to required report.  
  
Makes this section effective July 1, 2025.
- 70      **Limitations.**  
Amends § 256.93, subd. 1. Makes technical changes.  
  
Makes this section effective July 1, 2025.
- 71      **Division of recovered amounts.**  
Amends § 256.98, subd. 7. Makes technical updates.  
  
Makes this section effective July 1, 2025.
- 72      **Admission of persons to and discharge of persons from regional treatment centers.**  
Amends § 256B.092, subd. 10. Adds Direct Care and Treatment executive board to discharge provision.  
  
Makes this section effective July 1, 2025.
- 73      **Appeals.**  
Amends § 256G.09, subd. 4. Makes technical updates.  
  
Makes this section effective July 1, 2025.
- 74      **Payment pending appeal.**  
Amends § 256G.09, subd. 5. Makes technical updates.  
  
Makes this section effective July 1, 2025.

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

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- 75      **Background check.**  
Amends § 299F.77, subd. 2. Replaces commissioner of human services with Direct Care and Treatment executive board in fire marshal explosives provision.  
  
Makes this section effective July 1, 2025.
- 76      **Studies; reports.**  
Amends § 342.04. Adds Direct Care and Treatment to cannabis data provision.  
  
Makes this section effective July 1, 2025.
- 77      **Additional Direct Care and Treatment personnel.**  
Amends § 352.91, subd. 3f. Makes technical change.  
  
Makes this section effective July 1, 2025.
- 78      **Establishment; members.**  
Amends § 401.17, subd. 1. Replaces commissioner of human services with Direct Care and Treatment executive board for the Community Supervision Advisory Committee.  
  
Makes this section effective July 1, 2025.
- 79      **Definitions.**  
Amends § 507.071, subd. 1. Adds Direct Care and Treatment to state agency definition.  
  
Makes this section effective July 1, 2025.
- 80      **Membership.**  
Amends § 611.57, subd. 2. Makes technical change.  
  
Makes this section effective July 1, 2025.
- 81      **Duties.**  
Amends § 611.57, subd. 4. Adds Direct Care and Treatment to the Certification Advisory Committee.  
  
Makes this section effective July 1, 2025.

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

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

Section	Description - Article 3: Direct Care and Treatment
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89	<b>Revisor instruction.</b>
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Instructs revisor to renumber statutes and make necessary cross-reference changes.

Makes this section effective July 1, 2025.

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

## Article 4: Behavioral Health

This article contains provisions modifying mental health and substance use disorder treatment services. The article modifies substance use disorder comprehensive assessment requirements and court costs; adds complex post-traumatic stress disorder (C-PTSD) to case management and community support services statutes; modifies child and adult mental health case management service and peer support provider requirements; makes changes and updates throughout the Children's Mental Health Act; modifies allowable grant activities and codifies intermediate school district behavioral health grants; allows certified community behavioral health clinics to provide crisis services without county approval; modifies client rights in certain settings; modifies recovery community organization requirements; adds tardive dyskinesia training and monitoring in relevant sections of chapter 245I; and prohibits county boards from charging for emergency services provided to individuals experiencing emotional crisis or mental illness.

Section	Description - Article 4: Behavioral Health
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1	<b>Definitions.</b>
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Amends § 144.651, subd. 2. Exempts IRTS and residential crisis stabilization services from specified rights listed in the health care bill of rights in section 144.651 related to:

- Grievances
- Married residents
- Transfers and discharges
- Treatment plans
- Restraints

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

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**2 Comprehensive assessment charge; surcharge.**

Amends § 169A.284. Removes the terms “chemical use” and “chemical dependency” and specifies that the assessments are “comprehensive assessments.” Adds a paragraph prohibiting a court from ordering a person convicted of certain offenses to pay the costs for a comprehensive assessment if the assessment is eligible for reimbursement under medical assistance or the behavioral health fund.

**3 Case management service provider.**

Amends § 245.462, subd. 4. For adult mental health services, adds case managers with bachelor’s degrees in fields not related to behavioral sciences to individuals who must meet additional requirements listed in statute. Adds training hours and demonstrated competencies to those requirements.

Modifies case management associate requirements by adding a sliding scale of required annual continuing education hours and reducing supervision hours from five hours of mentoring per week to four hours of supervision per month. Changes “mentor” to “supervisor” and removes definition of “case management mentor.”

**4 Mental illness.**

Amends § 245.462, subd. 20. Modifies the definition of “mental illness” in the Adult Mental Health Act by reducing the criteria for a person with serious and persistent mental illness from two or more episodes of inpatient care within the preceding 24 months to one episode of inpatient, residential, or crisis residential care in the preceding 12 months. Also adds criteria to include a diagnosis of post-traumatic stress disorder, expands commitment lookback to five years, and makes clarifying changes.

Adds definition of “person with a complex post-traumatic stress disorder” or “C-PTSD” and criteria for purposes of case management and community support services.

Allows a person to continue to receive case management or community support services if needed, in the written opinion of a mental health professional.

Makes C-PTSD changes effective upon federal approval.

**5 Referral for case management.**

Amends § 245.467, subd. 4. Adds C-PTSD to referral for case management services.

Makes this section effective upon federal approval.

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

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**6 Emergency services.**

Amends § 245.469.

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

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

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

**7 Availability of case management services.**

Amends § 245.4711, subd. 1. Adds C-PTSD to case management services provisions.

Makes this section effective upon federal approval.

**8 Individual community support plan.**

Amends § 245.4711, subd. 4. Adds C-PTSD to individual community support plan development and implementation requirements.

Makes this section effective upon federal approval.

**9 Availability of community support services.**

Amends § 245.4712, subd. 1. Adds C-PTSD to community support services provisions.

Makes this section effective upon federal approval.

**10 Benefits assistance.**

Amends § 245.4712, subd. 3. Adds C-PTSD to provision requiring the county board to offer assistance with applying for state and federal benefits as part of the community support program.

Makes this section effective upon federal approval.

**11 Case management service provider.**

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

Makes this section effective the day following final enactment.

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

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- 12      **Child.**  
Amends § 245.4871, subd. 5. In the Children’s Mental Health Act, expands the definition of “child” to include individuals up to age 21 receiving children’s mental health targeted case management services.
- 13      **Clinical supervision.**  
Amends § 245.4871 by adding subd. 7a. Defines “clinical supervision” for purposes of the Children’s Mental Health Act.
- 14      **Professional home-based family treatment.**  
Amends § 245.4871, subd. 31. Updates terminology; adds service coordination requirement.
- 15      **Duties of county board.**  
Amends § 245.4874, subd. 1. Updates terminology; modifies county screening requirement related to children in residential mental health treatment.
- 16      **Duties of case manager.**  
Amends § 245.4881, subd. 3. Adds a written functional assessment with child and parent or legal guardian consent to the duties of a children’s mental health case manager.
- 17      **Allowable grant activities and related expenses.**  
Amends § 245.4901, subd. 3. Adds family supports to access needed mental health services for caregivers to school-linked behavioral health grant allowable grant activities.
- 18      **Intermediate school district behavioral health grant program.**  
Proposes coding for § 245.4904. Codifies the intermediate school district school-linked behavioral health grant program, originally authorized in 2017 session law. Specifies that an eligible applicant is an intermediate school district partnered with an entity or provider that meets listed criteria. Specifies allowable grant activities and related expenses, and that grants must be awarded to qualifying school units proportionately. Requires grantees to provide data to the commissioner to evaluate the grant program, and requires the commissioner to consult with grantees to develop outcome measures.
- 19      **Allowable grant activities.**  
Amends § 245.4907, subd. 3. Modifies mental health certified peer family specialist grant activities to specify that funding must be used to provide training for prospective peer specialists and for continuing education.

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

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- 20 Exemptions to host county approval.**  
Amends § 245.735, subd. 3b. Allows a certified community behavioral health clinic to enroll as a provider of mental health crisis response services without a county contract or county approval.
- 21 Comprehensive assessment.**  
Amends § 245G.05, subd. 1. Expands who may conduct a substance use disorder comprehensive assessment, to include not only alcohol and drug counselors, but also mental health professionals, clinical trainees, and registered nurses who have training in substance use disorder diagnosis and treatment. Makes conforming changes.
- 22 Treatment coordination provider qualifications.**  
Amends § 245G.11, subd. 7. Modifies treatment coordination provider requirements by removing the requirement to have 30 hours of classroom instruction on treatment coordination and instead requiring specific training on substance use disorder and co-occurring disorders. Also reduces supervised experience hours from 2,000 to 1,000 and adds being a mental health practitioner as one of the criteria for qualification as a treatment coordination provider.
- 23 Initial training.**  
Amends § 245I.05, subd. 3. Adds tardive dyskinesia to required training on psychotropic medications and medication side effects.
- 24 Additional training for medication administration.**  
Amends § 245I.05, subd. 3. Adds tardive dyskinesia to required training on psychotropic medications and medication side effects.
- 25 Treatment supervision and direct observation of mental health rehabilitation workers and mental health behavioral aides.**  
Amends § 245I.06, subd. 3. Modifies requirements for progress note approval for mental health behavioral aide or mental health rehabilitation worker direct observation observed treatment services; begins with twice per month for the first six months of employment, then as described in a supervision plan.
- 26 Medication administration in residential programs.**  
Amends § 245I.11, subd. 5. Adds tardive dyskinesia to required monitoring for effectiveness, side effects, and adverse reactions to medications.

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

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**27 Client grievances.**

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

**28 Licensure or certification required.**

Amends § 254B.05, subd. 1. Requires recovery community organizations to be certified by the Minnesota Alliance of Recovery Community Organizations to be eligible vendors of peer recovery support services for purposes of the behavioral health fund. Requires recovery community organizations to follow statutory requirements for the transfer of clients and records upon program closure, to be eligible vendors of substance use disorder treatment services.

**29 Rate requirements.**

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

**30 Peer support specialist program providers.**

Amends § 256B.0615, subd. 4. Makes clarifying change.

**31 Family peer support program providers.**

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

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

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

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

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

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

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- 34 Assertive community treatment team staff requirements and roles.**  
Amends § 256B.0622, subd. 7a. Allows for an ACT team leader to be a clinical trainee or mental health practitioner rather than only a mental health professional.  
  
Makes this section effective upon federal approval.
- 35 Mental health case management.**  
Amends § 256B.0625, subd. 20. Adds persons with C-PTSD to those eligible for mental health case management under medical assistance.  
  
Makes this section effective upon federal approval.
- 36 Withdrawal management services.**  
Proposes coding for § 256G.061. Specifies the county of financial responsibility for purposes of withdrawal management.
- 37 Cost-sharing.**  
Amends § 256L.03, subd. 5. Specifies that co-payments, coinsurance, and deductibles do not apply to mobile crisis intervention or crisis assessment services.  
  
Makes this section effective January 1, 2026, or upon federal approval, whichever is later.
- 38 Revisor instruction.**  
Instructs the revisor of statutes to substitute the term “substance use disorder assessment” or similar terms for listed terms found in statutes related to assessment charges or surcharges found in chapter 169A and relevant rules.

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

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

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

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- 1 Administrative disqualification of child care providers caring for children receiving child care assistance.**

Amends § 142E.51, subd. 5. Authorizes the Department of Human Services to pursue an administrative disqualification based on evidence that there has been an illegal offer, payment, solicitation, or receipt of something of value in violation of the new Minnesota anti-kickback statute or related provisions in this section of law. Specifies that no conviction is necessary before the agency can take action. Makes technical changes.
- 2 Prohibited hiring practices.**

Amends § 142E.51, subd. 6. Makes technical changes.
- 3 Illegal remuneration.**

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

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

Amends § 245C.22, subd. 5. Adds financial management services organizations, community first services and supports organizations, unlicensed home and community-based organizations, and consumer-directed community supports organizations to entities for which a disqualification set-aside may be limited to a specific individual who is receiving services.
- 6 Grant of license; license extension.**

Amends § 245A.04, subd. 7. Modifies license reissue requirements. Requires adult foster care, family adult day services, child foster residence setting, and community residential services license holders to apply for and be granted a new license to

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

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- operate the program. Specifies that licenses may be issued each calendar year upon implementation of the provider licensing and reporting hub.
- 7      **Technical assistance and legal referrals required.**  
Amends § 245A.042 by adding subd. 7. Requires the commissioner to provide an HCBS license holder with technical assistance or referral to legal assistance, if requested by a license holder that is subject to an enforcement action.
- 8      **Delegation of authority to agencies.**  
Amends § 245A.16, subd. 1. Specifies that until the implementation of the provider licensing and reporting hub, adult foster care, family adult day services, child foster residence setting, and community residential services licenses may be issued for up to two years. Specifies that licenses may be issued each calendar year upon implementation of the provider licensing and reporting hub.
- 9      **Emergency overdose treatment.**  
Amends § 245A.242, subd. 2. Requires a license holder to require staff to undergo training on the use of opiate antagonists before having direct contact with a person served by the program.
- 10     **Electronic signature.**  
Amends § 245C.05 by adding subd. 9. Allows for electronic signatures for purposes of human services background studies.
- 11     **Arrest and investigative information.**  
Amends § 245C.08, subd. 3. Updates language in list of entities from which the commissioner may review arrest and investigative information for background study purposes.
- 12     **Scope of set-aside.**  
Amends § 245C.22, subd. 5. Adds financial management services organizations, community first services and supports organizations, unlicensed home and community-based organizations, and consumer-directed community supports organizations to entities for which a disqualification set-aside may be limited to a specific individual who is receiving services.
- 13     **Community residential setting.**  
Amends § 245D.02, subd. 4a. In definition of “community residential setting,” specifies that services are provided to adults.
- Makes this section effective August 1, 2025.

Section	Description - Article 5: Department of Human Services Office of Inspector General
14	<b>Comprehensive assessment.</b> Amends § 245G.05, subd. 1. Clarifies comprehensive SUD assessment requirement.
15	<b>General.</b> Amends § 245G.06, subd. 1. Reduces amount of time for an opioid treatment program to complete an individual treatment plan from 21 to 14 days from the day of service initiation.
16	<b>Documentation of treatment services.</b> Amends § 245G.06, subd. 2. Requires an alcohol and drug counselor who provides a treatment service during which a guest speaker presents information to document the name of the guest speaker, date of service, time the presentation began, time the presentation ended, and a summary of the topic presentation.
17	<b>Frequency of treatment plan reviews.</b> Amends § 245G.06, subd. 3a. Specifies that the ten-week timeframe for nonresidential opioid treatment program services treatment plan review may include a client's previous time in another opioid treatment program, under specified circumstances.
18	<b>Additional treatment service.</b> Amends § 245G.07, subd. 2. Specifies that peer recovery support services must be provided one-on-one and face-to-face, including via the Internet.
19	<b>Control of drugs.</b> Amends § 245G.08, subd. 6. Clarifies that an SUD treatment program license holder must have policies and procedures that contain a documentation system that accounts for all schedule II to V drugs.
20	<b>Contents.</b> Amends § 245G.09, subd. 3. Modifies client record requirements to specify timing for when a client is given listed information, educational materials, and orientation. Adds paragraph (b), stating that the license holder is not required to complete new documents or orientation for a client that transfers to another of the license holder's locations, except for specified topic areas for the new location.
21	<b>Individuals with temporary permit.</b> Amends § 245G.11, subd. 11. Specifies services an individual with a temporary permit from the Board of Behavioral Health and Therapy may provide, to include comprehensive assessments, individual treatment plans, and service discharge summaries.

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

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**22 Alcohol and drug counselor qualifications.**

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

**23 Additional licensing requirements.**

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

**24 Child care license exemption.**

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

**25 Additional requirements.**

Amends § 245G.22, subd. 1. Requires an opioid treatment program to meet statutory and regulatory requirements for dispensing by a practitioner, if not licensed by the Board of Pharmacy. Adds paragraph (b), requiring a license holder operating under the dispensing by practitioner requirements to maintain compliance documentation.

**26 Central registry.**

Amends § 245G.22, subd. 14. For opioid treatment programs, removes requirement to submit a client's government-issued photo identification and driver's license number to the state central registry.

**27 Nonmedication treatment services; documentation.**

Amends § 245G.22, subd. 15. Specifies that the ten-week timeframe for opioid treatment program therapy services may include a client's previous time in another opioid treatment program, under specified circumstances.

**28 Wrongfully obtaining assistance.**

Amends § 256.98, subd. 1. Specifies that offering, providing, soliciting, or receiving money or anything of value in violation of the new Minnesota anti-kickback statute

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

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or by submitting (or aiding in the submission of) a willful false claim for child care assistance constitutes wrongfully obtaining assistance.

**29 Grounds for sanctions.**

Amends § 256B.064, subd. 1a. Authorizes the Department of Human Services to impose sanctions against a person or entity that receives payment from medical assistance if that person or entity offers, provides, solicits, or receives money or any other thing of value in violation of the new Minnesota anti-kickback law or the federal anti-kickback law. Specifies that no conviction is needed for the agency to act.

**30 Background study requirements.**

Amends § 256I.04, subd. 2c. Removes obsolete language. Exempts supportive housing and emergency shelter providers providing housing support from background study requirements in sections 299C.66 to 299C.71 and chapter 364.

**31 Definitions.**

Amends § 480.40, subd. 1. Adds Department of Human Services Appeals Division judges and current employees to definition of “judicial official.”

Makes this section effective the day following final enactment.

**32 Illegal remuneration.**

Proposes coding for § 609.542.

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

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

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

**Subd. 4. Penalties.** Establishes felony penalties for a violation of this section that are consistent with the penalties for the theft of public funds. If the value of the illegal remuneration exceeds \$35,000, the maximum sentence of imprisonment is

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

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20 years. If the value is over \$5,000 but not more than \$35,000, the penalty is ten years. If the value is \$5,000 or less, the maximum sentence is five years.

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

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

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

**33 Effective date.**

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

**34 Modification of definitions.**

Allows the commissioner of human services to change definitions in specified statutes and rules for purposes of implementing the provider licensing and reporting hub until August 31, 2028.

**35 Repealer.**

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

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

Makes paragraph (a) effective August 1, 2025.

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

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

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

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

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

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

This article updates terminology throughout health and human services statutes by deleting the terms “emotional disturbance” and “severe emotional disturbance” and replacing them with “mental illness” and “serious mental illness.” The article also removes the term “out-of-home placement” and replaces it with “residential treatment and therapeutic foster care” throughout the children’s mental health act, sections 245.487 to 245.4887. Conforming changes related to the terminology updates are made throughout the article.

## **Article 9: Miscellaneous**

This article clarifies notice to the revisor of statutes of federal approval of legislative enactments. Often, when the legislature enacts changes to medical assistance or directs the commissioner of human services to make changes to medical assistance, those provisions include effective dates contingent upon federal approval. Without notice from the commissioner to the revisor of statutes, legislative staff cannot know which of these provisions become effective, and when.

<b>Section</b>	<b>Description - Article 9: Miscellaneous</b>
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| <b>1</b> | <b>Notification of federal approval; report.</b><br>Amends § 256.01, by adding subd. 44. Requires the commissioner of human services to notify the revisor of statutes which enacted provisions contain an effective date contingent upon federal approval and when federal approval is obtained for any such provision. Requires the commissioner to provide the following reports to the revisor of statutes, the director of the House Research Department, and the director of Senate Counsel, Research, and Fiscal Analysis: |
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**Section Description - Article 9: Miscellaneous**

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- 1) a report by July 1 of each year that contains a complete list of all provisions enacted since the preceding July 1 with an effective date contingent on federal approval; and
- 2) a report by September 1 of each year that contains a list of all statutory provisions previously enacted with an effective date contingent on federal approval and which of those provisions received federal approval since the preceding September 1.



*Minnesota House Research Department provides nonpartisan legislative, legal, and information services to the Minnesota House of Representatives. This document can be made available in alternative formats.*

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