

Subject Direct Care and Treatment; cost of care and priority admissions

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Overview

Under Minnesota Statutes, chapter 246, counties are responsible for 100 percent of the cost of care for a person in Anoka-Metro Regional Treatment Center (AMRTC) or a community behavioral health hospital (CBHH) at the point when the facility determines that discharge is clinically appropriate. In 2023, the legislature enacted an exception to this cost-of-care requirement, set to expire in 2025, that does not require the county share when the person is awaiting discharge to another state-operated facility or a Department of Corrections facility. This bill removes the expiration dates on these exceptions for the AMRTC and CBHH county share.

Under Minnesota Statutes, section 253B.10, subdivision 1, civilly committed patients being admitted from jails or correctional institutions or who are referred to a state-operated treatment facility for competency attainment or a competency examination must be admitted to a state-operated treatment program within 48 hours of the commitment order. In 2023, the legislature added paragraph (e), to allow for such patients to be admitted within 48 hours of when a medically appropriate bed becomes available. This exception expires June 30, 2025. This bill extends the expiration of the exception provision until June 30, 2027.

The bill also establishes the Priority Admissions Review Panel, requires the Direct Care and Treatment (DCT) executive board to have a publicly available admissions dashboard on the agency's website, and extends the limited exception established in 2024 for priority DCT admissions from hospital settings until June 30, 2027.

Summary

Section	Description
1	<p>Anoka-Metro Regional Treatment Center.</p> <p>Amends § 246.54, subd. 1a. Removes expiration dates from county cost of care provisions, to continue the elimination of the county responsibility for the cost of care for committed persons awaiting discharge from AMRTC but who are awaiting transfer to another state-operated facility or program or a facility operated by the Department of Corrections.</p> <p>Makes this section effective retroactively from March 30, 2025.</p>
2	<p>Community behavioral health hospitals.</p> <p>Amends § 246.54, subd. 1b. Removes expiration dates from county cost of care provisions, to continue the elimination of the county responsibility for the cost of care for committed persons awaiting discharge from a CBHH but who are awaiting transfer to another state-operated facility or program or a facility operated by the Department of Corrections.</p> <p>Makes this section effective retroactively from March 30, 2025.</p>
3	<p>Administrative requirements.</p> <p>Amends § 253B.10, subd. 1. Extends June 30, 2025, expiration in paragraph (e) to 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.</p>
4	<p>Priority Admissions Review Panel.</p> <p>Establishes the Priority Admissions Review Panel similar to the panel of the same name established in Laws 2024, chapter 127, article 49, section 7. Requires the panel to:</p> <ol style="list-style-type: none">1) evaluate the 48-hour priority admissions timeline and measure progress toward implementing recommendations from the Task Force on Priority Admissions to State-Operated Treatment Programs;2) develop policy and legislative proposals related to the priority admissions timeline;3) submit a report to the legislature by February 1, 2026; and4) review specified quarterly data provided by the executive board, to measure the impact of changes to priority admissions.

Section	Description
5	<p>Direct Care and Treatment admissions dashboard.</p> <p>Requires the DCT executive board to establish a publicly accessible dashboard on the DCT website focused on priority referrals and admissions of committed patients being admitted from jails or correctional institutions or who are referred to DCT facilities for competency attainment or competency examinations. Specifies the deidentified data the dashboard must include. Requires DCT to update the dashboard quarterly, to include admissions policies and contact information, and to provide information about an individual's placement on the waitlist, upon the individual's request.</p>
6	<p>Direction for limited exception for admissions from hospital settings.</p> <p>Requires the commissioner of human services or a designee to immediately approve an exception to add up to ten civilly committed patients per fiscal year in hospital settings to the priority admissions waitlist; specifies that the DCT executive board assumes this requirement on July 1, 2025, when the agency is separated from DHS. Specifies that this paragraph expires June 30, 2027.</p> <p>Provides an immediate effective date.</p>



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