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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. **4392**

02/28/2024 Authored by Fischer and Virnig
The bill was read for the first time and referred to the Committee on Human Services Policy
04/02/2024 Adoption of Report: Amended and re-referred to the Committee on Ways and Means

1.1 A bill for an act

1.2 relating to human services; modifying provisions related to disability services,

1.3 aging services, and substance use disorder services; modifying the Deaf and

1.4 Hard-of-Hearing Services Act; phasing out subminimum wages; expanding

1.5 blood-borne pathogen provisions to all state-operated treatment programs; removing

1.6 expired reports; amending Minnesota Statutes 2022, sections 144G.45, subdivision

1.7 3; 177.24, by adding a subdivision; 245A.11, subdivision 2; 245D.071, subdivisions

1.8 3, 4; 245D.081, subdivisions 2, 3; 245D.09, subdivision 3; 245D.10, subdivision

1.9 1; 245F.02, subdivisions 17, 21; 245F.08, subdivision 3; 245F.15, subdivision 7;

1.10 245G.04, by adding a subdivision; 245G.22, subdivision 6; 246.71, subdivisions

1.11 3, 4, 5; 246.711; 246.712, subdivisions 1, 2; 246.713; 246.714; 246.715,

1.12 subdivisions 1, 2, 3; 246.716, subdivisions 1, 2; 246.717; 246.72; 246.721; 246.722;

1.13 252.44; 254A.03, subdivision 1; 256.975, subdivision 7e; 256B.0759, subdivision

1.14 4; 256B.0911, subdivision 24; 256B.092, by adding a subdivision; 256B.49, by

1.15 adding a subdivision; 256B.4905, subdivision 12; 256B.69, subdivision 5k, by

1.16 adding a subdivision; 256B.85, subdivisions 2, 6, 6a, 11, 17, 20, by adding a

1.17 subdivision; 256C.21; 256C.23, subdivisions 1a, 2, 2a, 2b, 2c, 6, 7, by adding a

1.18 subdivision; 256C.233, subdivisions 1, 2; 256C.24, subdivisions 1, 2, 3; 256C.26;

1.19 256C.261; 256C.28, subdivision 1; 256R.08, subdivision 1, by adding a subdivision;

1.20 402A.16, subdivision 2; Minnesota Statutes 2023 Supplement, sections 245G.05,

1.21 subdivision 3; 245G.09, subdivision 3; 245G.11, subdivision 10; 245G.22,

1.22 subdivisions 2, 17; 245I.04, subdivision 18; 254A.19, subdivision 3; 254B.04,

1.23 subdivision 6, by adding a subdivision; 254B.05, subdivisions 1, 5; 254B.181,

1.24 subdivision 1; 254B.19, subdivision 1; 256B.057, subdivision 9; 256B.0759,

1.25 subdivision 2; 256B.4906; 256B.4914, subdivisions 4, 10, 10a; 256B.85,

1.26 subdivision 13a; Laws 2021, First Special Session chapter 7, article 11, section

1.27 38, as amended; Laws 2023, chapter 61, article 8, section 13, subdivision 2;

1.28 proposing coding for new law in Minnesota Statutes, chapter 245D; repealing

1.29 Minnesota Statutes 2022, sections 245G.011, subdivision 5; 245G.22, subdivisions

1.30 4, 7; 252.34; 256.01, subdivisions 39, 41; 256.975, subdivisions 7f, 7g; 256B.79,

1.31 subdivision 6; 256K.45, subdivision 2; 256R.18.

2.1 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

2.2 **ARTICLE 1**

2.3 **DISABILITY SERVICES**

2.4 Section 1. Minnesota Statutes 2022, section 144G.45, subdivision 3, is amended to read:

2.5 Subd. 3. **Local laws apply.** Assisted living facilities shall comply with all applicable
2.6 state and local governing laws, regulations, standards, ordinances, and codes for fire safety,
2.7 building, and zoning requirements, except a facility with a licensed resident capacity of six
2.8 or fewer is exempt from rental licensing regulations imposed by any town, municipality,
2.9 or county.

2.10 Sec. 2. Minnesota Statutes 2022, section 245A.11, subdivision 2, is amended to read:

2.11 Subd. 2. **Permitted single-family residential use.** (a) Residential programs with a
2.12 licensed capacity of six or fewer persons shall be considered a permitted single-family
2.13 residential use of property for the purposes of zoning and other land use regulations, except
2.14 that a residential program whose primary purpose is to treat juveniles who have violated
2.15 criminal statutes relating to sex offenses or have been adjudicated delinquent on the basis
2.16 of conduct in violation of criminal statutes relating to sex offenses shall not be considered
2.17 a permitted use. This exception shall not apply to residential programs licensed before July
2.18 1, 1995. Programs otherwise allowed under this subdivision shall not be prohibited by
2.19 operation of restrictive covenants or similar restrictions, regardless of when entered into,
2.20 which cannot be met because of the nature of the licensed program, including provisions
2.21 which require the home's occupants be related, and that the home must be occupied by the
2.22 owner, or similar provisions.

2.23 ~~(b) Unless otherwise provided in any town, municipal, or county zoning regulation,~~
2.24 ~~licensed residential services provided to more than four persons with developmental~~
2.25 ~~disabilities in a supervised living facility, including intermediate care facilities for persons~~
2.26 ~~with developmental disabilities, with a licensed capacity of seven to eight persons shall be~~
2.27 ~~considered a permitted single-family residential use of property for the purposes of zoning~~
2.28 ~~and other land use regulations. A town, municipal, or county zoning authority may require~~
2.29 ~~a conditional use or special use permit to assure proper maintenance and operation of the~~
2.30 ~~residential program. Conditions imposed on the residential program must not be more~~
2.31 ~~restrictive than those imposed on other conditional uses or special uses of residential property~~
2.32 ~~in the same zones, unless the additional conditions are necessary to protect the health and~~
2.33 ~~safety of the persons being served by the program. This paragraph expires July 1, 2023.~~

3.1 (b) A community residential setting as defined in section 245D.02, subdivision 4a, with
3.2 a licensed capacity of six or fewer persons that is actively serving residents for which it is
3.3 licensed is exempt from rental licensing regulations imposed by any town, municipality, or
3.4 county.

3.5 Sec. 3. Minnesota Statutes 2022, section 245D.071, subdivision 3, is amended to read:

3.6 Subd. 3. **Assessment and initial service planning.** (a) Within 15 days of service initiation
3.7 the license holder must complete a preliminary support plan addendum based on the support
3.8 plan.

3.9 (b) Within the scope of services, the license holder must, at a minimum, complete
3.10 assessments in the following areas before ~~the 45-day planning meeting~~ providing 45 days
3.11 of service or within 60 calendar days of service initiation, whichever is shorter:

3.12 (1) the person's ability to self-manage health and medical needs to maintain or improve
3.13 physical, mental, and emotional well-being, including, when applicable, allergies, seizures,
3.14 choking, special dietary needs, chronic medical conditions, self-administration of medication
3.15 or treatment orders, preventative screening, and medical and dental appointments;

3.16 (2) the person's ability to self-manage personal safety to avoid injury or accident in the
3.17 service setting, including, when applicable, risk of falling, mobility, regulating water
3.18 temperature, community survival skills, water safety skills, and sensory disabilities; and

3.19 (3) the person's ability to self-manage symptoms or behavior that may otherwise result
3.20 in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), suspension
3.21 or termination of services by the license holder, or other symptoms or behaviors that may
3.22 jeopardize the health and welfare of the person or others.

3.23 Assessments must produce information about the person that describes the person's overall
3.24 strengths, functional skills and abilities, and behaviors or symptoms. Assessments must be
3.25 based on the person's status within the last 12 months at the time of service initiation.

3.26 Assessments based on older information must be documented and justified. Assessments
3.27 must be conducted annually at a minimum or within 30 days of a written request from the
3.28 person or the person's legal representative or case manager. The results must be reviewed
3.29 by the support team or expanded support team as part of a service plan review.

3.30 (c) Before providing 45 days of service or within 60 calendar days of service initiation,
3.31 whichever is shorter, the license holder must ~~meet~~ hold an initial planning meeting with the
3.32 person, the person's legal representative, the case manager, other members of the support
3.33 team or expanded support team, and other people as identified by the person or the person's

4.1 legal representative to determine the following based on information obtained from the
4.2 assessments identified in paragraph (b), the person's identified needs in the support plan,
4.3 and the requirements in subdivision 4 and section 245D.07, subdivision 1a:

4.4 (1) the scope of the services to be provided to support the person's daily needs and
4.5 activities;

4.6 (2) the person's desired outcomes and the supports necessary to accomplish the person's
4.7 desired outcomes;

4.8 (3) the person's preferences for how services and supports are provided, including how
4.9 the provider will support the person to have control of the person's schedule;

4.10 (4) whether the current service setting is the most integrated setting available and
4.11 appropriate for the person;

4.12 (5) opportunities to develop and maintain essential and life-enriching skills, abilities,
4.13 strengths, interests, and preferences;

4.14 (6) opportunities for community access, participation, and inclusion in preferred
4.15 community activities;

4.16 (7) opportunities to develop and strengthen personal relationships with other persons of
4.17 the person's choice in the community;

4.18 (8) opportunities to seek competitive employment and work at competitively paying
4.19 jobs in the community; and

4.20 (9) how services must be coordinated across other providers licensed under this chapter
4.21 serving the person and members of the support team or expanded support team to ensure
4.22 continuity of care and coordination of services for the person.

4.23 (d) A discussion of how technology might be used to meet the person's desired outcomes
4.24 must be included in the ~~45-day~~ initial planning meeting. The support plan or support plan
4.25 addendum must include a summary of this discussion. The summary must include a statement
4.26 regarding any decision that is made regarding the use of technology and a description of
4.27 any further research that needs to be completed before a decision regarding the use of
4.28 technology can be made. Nothing in this paragraph requires that the support plan include
4.29 the use of technology for the provision of services.

4.30 Sec. 4. Minnesota Statutes 2022, section 245D.071, subdivision 4, is amended to read:

4.31 Subd. 4. **Service outcomes and supports.** (a) Within ten working days of the ~~45-day~~
4.32 initial planning meeting, the license holder must develop a service plan that documents the

5.1 service outcomes and supports based on the assessments completed under subdivision 3
5.2 and the requirements in section 245D.07, subdivision 1a. The outcomes and supports must
5.3 be included in the support plan addendum.

5.4 (b) The license holder must document the supports and methods to be implemented to
5.5 support the person and accomplish outcomes related to acquiring, retaining, or improving
5.6 skills and physical, mental, and emotional health and well-being. The documentation must
5.7 include:

5.8 (1) the methods or actions that will be used to support the person and to accomplish the
5.9 service outcomes, including information about:

5.10 (i) any changes or modifications to the physical and social environments necessary when
5.11 the service supports are provided;

5.12 (ii) any equipment and materials required; and

5.13 (iii) techniques that are consistent with the person's communication mode and learning
5.14 style;

5.15 (2) the measurable and observable criteria for identifying when the desired outcome has
5.16 been achieved and how data will be collected;

5.17 (3) the projected starting date for implementing the supports and methods and the date
5.18 by which progress towards accomplishing the outcomes will be reviewed and evaluated;
5.19 and

5.20 (4) the names of the staff or position responsible for implementing the supports and
5.21 methods.

5.22 (c) Within 20 working days of the ~~45-day~~ initial planning meeting, the license holder
5.23 must submit to and obtain dated signatures from the person or the person's legal representative
5.24 and case manager to document completion and approval of the assessment and support plan
5.25 addendum. If, within ten working days of the submission of the assessment or support plan
5.26 addendum, the person or the person's legal representative or case manager has not signed
5.27 and returned to the license holder the assessment and support plan addendum or has not
5.28 proposed written modifications to the license holder's submission, the submission is deemed
5.29 approved and the assessment and support plan addendum become effective and remain in
5.30 effect until the legal representative or case manager submits a written request to revise the
5.31 assessment or support plan addendum.

6.1 Sec. 5. Minnesota Statutes 2022, section 245D.081, subdivision 2, is amended to read:

6.2 Subd. 2. **Coordination and evaluation of individual service delivery.** (a) Delivery
6.3 and evaluation of services provided by the license holder must be coordinated by a designated
6.4 staff person. Except as provided in clause (3), the designated coordinator must provide
6.5 supervision, support, and evaluation of activities that include:

6.6 (1) oversight of the license holder's responsibilities assigned in the person's support plan
6.7 and the support plan addendum;

6.8 (2) taking the action necessary to facilitate the accomplishment of the outcomes according
6.9 to the requirements in section 245D.07;

6.10 (3) instruction and assistance to direct support staff implementing the support plan and
6.11 the service outcomes, including direct observation of service delivery sufficient to assess
6.12 staff competency. The designated coordinator may delegate the direct observation and
6.13 competency assessment of the service delivery activities of direct support staff to an
6.14 individual whom the designated coordinator has previously deemed competent in those
6.15 activities; and

6.16 (4) evaluation of the effectiveness of service delivery, methodologies, and progress on
6.17 the person's outcomes based on the measurable and observable criteria for identifying when
6.18 the desired outcome has been achieved according to the requirements in section 245D.07.

6.19 (b) The license holder must ensure that the designated coordinator is competent to
6.20 perform the required duties identified in paragraph (a) through education, training, and work
6.21 experience relevant to the primary disability of persons served by the license holder and
6.22 the individual persons for whom the designated coordinator is responsible. The designated
6.23 coordinator must have the skills and ability necessary to develop effective plans and to
6.24 design and use data systems to measure effectiveness of services and supports. The license
6.25 holder must verify and document competence according to the requirements in section
6.26 245D.09, subdivision 3. The designated coordinator must minimally have:

6.27 (1) a baccalaureate degree ~~in a field related to human services~~, and one year of full-time
6.28 work experience providing direct care services to persons with disabilities or persons age
6.29 65 and older;

6.30 (2) an associate degree ~~in a field related to human services~~, and two years of full-time
6.31 work experience providing direct care services to persons with disabilities or persons age
6.32 65 and older;

7.1 (3) a diploma ~~in a field related to human services~~ from an accredited postsecondary
7.2 institution and three years of full-time work experience providing direct care services to
7.3 persons with disabilities or persons age 65 and older; or

7.4 (4) a minimum of 50 hours of education and training related to human services and
7.5 disabilities; and

7.6 (5) four years of ~~full-time work~~ experience providing direct care services to persons
7.7 with disabilities or persons age 65 and older ~~under the supervision of a staff person who~~
7.8 ~~meets the qualifications identified in clauses (1) to (3).~~

7.9 Sec. 6. Minnesota Statutes 2022, section 245D.081, subdivision 3, is amended to read:

7.10 Subd. 3. **Program management and oversight.** (a) The license holder must designate
7.11 a managerial staff person or persons to provide program management and oversight of the
7.12 services provided by the license holder. The designated manager is responsible for the
7.13 following:

7.14 (1) maintaining a current understanding of the licensing requirements sufficient to ensure
7.15 compliance throughout the program as identified in section 245A.04, subdivision 1, paragraph
7.16 (e), and when applicable, as identified in section 256B.04, subdivision 21, paragraph (g);

7.17 (2) ensuring the duties of the designated coordinator are fulfilled according to the
7.18 requirements in subdivision 2;

7.19 (3) ensuring the program implements corrective action identified as necessary by the
7.20 program following review of incident and emergency reports according to the requirements
7.21 in section 245D.11, subdivision 2, clause (7). An internal review of incident reports of
7.22 alleged or suspected maltreatment must be conducted according to the requirements in
7.23 section 245A.65, subdivision 1, paragraph (b);

7.24 (4) evaluation of satisfaction of persons served by the program, the person's legal
7.25 representative, if any, and the case manager, with the service delivery and progress toward
7.26 accomplishing outcomes identified in sections 245D.07 and 245D.071, and ensuring and
7.27 protecting each person's rights as identified in section 245D.04;

7.28 (5) ensuring staff competency requirements are met according to the requirements in
7.29 section 245D.09, subdivision 3, and ensuring staff orientation and training is provided
7.30 according to the requirements in section 245D.09, subdivisions 4, 4a, and 5;

7.31 (6) ensuring corrective action is taken when ordered by the commissioner and that the
7.32 terms and conditions of the license and any variances are met; and

8.1 (7) evaluating the information identified in clauses (1) to (6) to develop, document, and
8.2 implement ongoing program improvements.

8.3 (b) The designated manager must be competent to perform the duties as required and
8.4 must minimally meet the education and training requirements identified in subdivision 2,
8.5 paragraph (b), and have a minimum of three years of supervisory level experience ~~in a~~
8.6 ~~program providing direct support services to persons with disabilities or persons age 65 and~~
8.7 ~~older.~~

8.8 Sec. 7. Minnesota Statutes 2022, section 245D.09, subdivision 3, is amended to read:

8.9 Subd. 3. **Staff qualifications.** (a) The license holder must ensure that staff providing
8.10 direct support, or staff who have responsibilities related to supervising or managing the
8.11 provision of direct support service, are competent as demonstrated through skills and
8.12 knowledge training, experience, and education relevant to the primary disability of the
8.13 person and to meet the person's needs and additional requirements as written in the support
8.14 plan or support plan addendum, or when otherwise required by the case manager or the
8.15 federal waiver plan. The license holder must verify and maintain evidence of staff
8.16 competency, including documentation of:

8.17 (1) education and experience qualifications relevant to the job responsibilities assigned
8.18 to the staff and to the primary disability of persons served by the program, including a valid
8.19 degree and transcript, or a current license, registration, or certification, when a degree or
8.20 licensure, registration, or certification is required by this chapter or in the support plan or
8.21 support plan addendum;

8.22 (2) demonstrated competency in the orientation and training areas required under this
8.23 chapter, and when applicable, completion of continuing education required to maintain
8.24 professional licensure, registration, or certification requirements. Competency in these areas
8.25 is determined by the license holder through knowledge testing or observed skill assessment
8.26 conducted by the trainer or instructor or by an individual who has been previously deemed
8.27 competent by the trainer or instructor in the area being assessed; and

8.28 (3) except for a license holder who is the sole direct support staff, periodic performance
8.29 evaluations completed by the license holder of the direct support staff person's ability to
8.30 perform the job functions based on direct observation.

8.31 (b) Staff under 18 years of age may not perform overnight duties ~~or administer~~
8.32 ~~medication.~~

9.1 Sec. 8. Minnesota Statutes 2022, section 245D.10, subdivision 1, is amended to read:

9.2 Subdivision 1. **Policy and procedure requirements.** A license holder providing either
9.3 basic or intensive supports and services must establish, enforce, and maintain policies and
9.4 procedures as required in this chapter, chapter 245A, and other applicable state and federal
9.5 laws and regulations governing the provision of home and community-based services
9.6 licensed according to this chapter. A license holder must use forms provided by the
9.7 commissioner to report service suspensions and service terminations under subdivisions 3
9.8 and 3a.

9.9 **EFFECTIVE DATE.** This section is effective August 1, 2024.

9.10 Sec. 9. **[245D.13] OUT-OF-HOME RESPITE SERVICES FOR CHILDREN.**

9.11 Subdivision 1. **Licensed setting required.** A license holder with a home and
9.12 community-based services license providing out-of-home respite services for children must
9.13 do so only in a licensed setting, unless exempt under subdivision 2.

9.14 Subd. 2. **Exemption from licensed setting requirement.** (a) A license holder with a
9.15 home and community-based services license may provide out-of-home respite services for
9.16 children in an unlicensed residential setting if:

9.17 (1) all background studies are completed according to the requirements in chapter 245C;

9.18 (2) a child's case manager conducts and documents an assessment of the residential
9.19 setting and its environment before services are provided and at least once each calendar
9.20 year thereafter if services continue to be provided at that residence. The assessment must
9.21 ensure that the setting is suitable for the child receiving respite services. The assessment
9.22 must be conducted on the form and in the manner prescribed by the commissioner;

9.23 (3) the child's legal representative visits the residence and signs and dates a statement
9.24 authorizing services in the residence before services are provided and at least once each
9.25 calendar year thereafter if services continue to be provided at that residence;

9.26 (4) the services are provided in a residential setting that is not licensed to provide any
9.27 other licensed services;

9.28 (5) the services are provided to no more than four children at any one time. Each child
9.29 must have an individual bedroom, with the exception of two siblings who may share a
9.30 bedroom;

9.31 (6) services are not provided to children and adults over the age of 21 in the same
9.32 residence at the same time;

10.1 (7) services are not provided to a single family for more than 46 calendar days in a
10.2 calendar year and no more than ten consecutive days;

10.3 (8) the license holder's license was not made conditional, suspended, or revoked during
10.4 the previous 24 months; and

10.5 (9) any individual who is in the home at the time services are provided meets the
10.6 definition of "employee" under section 245C.02, subdivision 11f, for a provider licensed
10.7 under chapter 245D and has a background study completed under chapter 245C. No other
10.8 household members or other individuals may be present in the home while services are
10.9 provided.

10.10 (b) The license holder must maintain documentation of the following:

10.11 (1) background studies completed under chapter 245C;

10.12 (2) service recipient records indicating the calendar dates and times when services were
10.13 provided;

10.14 (3) the case manager's assessment for the initial residential setting assessment and each
10.15 assessment completed thereafter; and

10.16 (4) the legal representative's approval of the residential setting before services are
10.17 provided and each year thereafter.

10.18 (c) This subdivision does not apply to children placed in foster care under Minnesota
10.19 Rules, part 9560.0529.

10.20 (d) A child may not receive out-of-home respite services in more than two unlicensed
10.21 residential settings in a calendar year.

10.22 (e) The license holder must ensure the requirements in this subdivision are met.

10.23 Sec. 10. Minnesota Statutes 2023 Supplement, section 256B.057, subdivision 9, is amended
10.24 to read:

10.25 Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid for
10.26 a person who is employed and who:

10.27 (1) but for excess earnings or assets meets the definition of disabled under the
10.28 Supplemental Security Income program; and

10.29 (2) pays a premium and other obligations under paragraph ~~(e)~~ (d).

10.30 (b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible
10.31 for medical assistance under this subdivision, a person must have more than \$65 of earned

11.1 income, be receiving an unemployment insurance benefit under chapter 268 that the person
11.2 began receiving while eligible under this subdivision, or be receiving family and medical
11.3 leave benefits under chapter 268B that the person began receiving while eligible under this
11.4 subdivision. ~~Earned income must have Medicare, Social Security, and applicable state and~~
11.5 ~~federal taxes withheld. The person must document earned income tax withholding. A person~~
11.6 who is self-employed must file and pay all applicable taxes. Any spousal income shall be
11.7 disregarded for purposes of eligibility and premium determinations.

11.8 (c) After the month of enrollment, a person enrolled in medical assistance under this
11.9 subdivision who would otherwise be ineligible and be disenrolled due to one of the following
11.10 circumstances may retain eligibility for up to four consecutive months after a month of job
11.11 loss if the person:

11.12 (1) is temporarily unable to work and without receipt of earned income due to a medical
11.13 condition, as verified by a physician, advanced practice registered nurse, or physician
11.14 assistant; or

11.15 (2) loses employment for reasons not attributable to the enrollee, and is without receipt
11.16 of earned income.

11.17 To receive a four-month extension of continued eligibility under this paragraph, enrollees
11.18 must verify the medical condition or provide notification of job loss, continue to meet all
11.19 other eligibility requirements, and continue to pay all calculated premium costs.

11.20 (d) All enrollees must pay a premium to be eligible for medical assistance under this
11.21 subdivision, except as provided under clause (5).

11.22 (1) An enrollee must pay the greater of a \$35 premium or the premium calculated based
11.23 on the person's gross earned and unearned income and the applicable family size using a
11.24 sliding fee scale established by the commissioner, which begins at one percent of income
11.25 at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for
11.26 those with incomes at or above 300 percent of the federal poverty guidelines.

11.27 (2) Annual adjustments in the premium schedule based upon changes in the federal
11.28 poverty guidelines shall be effective for premiums due in July of each year.

11.29 (3) All enrollees who receive unearned income must pay one-half of one percent of
11.30 unearned income in addition to the premium amount, except as provided under clause (5).

11.31 (4) Increases in benefits under title II of the Social Security Act shall not be counted as
11.32 income for purposes of this subdivision until July 1 of each year.

12.1 (5) Effective July 1, 2009, American Indians are exempt from paying premiums as
12.2 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public
12.3 Law 111-5. For purposes of this clause, an American Indian is any person who meets the
12.4 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

12.5 (e) A person's eligibility and premium shall be determined by the local county agency.
12.6 Premiums must be paid to the commissioner. All premiums are dedicated to the
12.7 commissioner.

12.8 (f) Any required premium shall be determined at application and redetermined at the
12.9 enrollee's ~~six-month~~ 12-month income review or when a change in income or household
12.10 size is reported. Enrollees must report any change in income or household size within ~~ten~~
12.11 30 days of when the change occurs. A decreased premium resulting from a reported change
12.12 in income or household size shall be effective the first day of the next available billing
12.13 month after the change is reported. Except for changes occurring from annual cost-of-living
12.14 increases, a change resulting in an increased premium shall not affect the premium amount
12.15 until the next ~~six-month~~ 12-month review.

12.16 (g) Premium payment is due upon notification from the commissioner of the premium
12.17 amount required. Premiums may be paid in installments at the discretion of the commissioner.

12.18 (h) Nonpayment of the premium shall result in denial or termination of medical assistance
12.19 unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse
12.20 for the enrollee's failure to pay the required premium when due because the circumstances
12.21 were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall
12.22 determine whether good cause exists based on the weight of the supporting evidence
12.23 submitted by the enrollee to demonstrate good cause. Except when an installment agreement
12.24 is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must
12.25 pay any past due premiums as well as current premiums due prior to being reenrolled.
12.26 Nonpayment shall include payment with a returned, refused, or dishonored instrument. The
12.27 commissioner may require a guaranteed form of payment as the only means to replace a
12.28 returned, refused, or dishonored instrument.

12.29 (i) For enrollees whose income does not exceed 200 percent of the federal poverty
12.30 guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the
12.31 enrollee for Medicare part B premiums under section 256B.0625, subdivision 15, paragraph
12.32 (a).

13.1 (j) The commissioner is authorized to determine that a premium amount was calculated
13.2 or billed in error, make corrections to financial records and billing systems, and refund
13.3 premiums collected in error.

13.4 Sec. 11. Minnesota Statutes 2022, section 256B.0911, subdivision 24, is amended to read:

13.5 Subd. 24. **Remote reassessments.** (a) Assessments performed according to subdivisions
13.6 17 to 20 and 23 must be in person unless the assessment is a reassessment meeting the
13.7 requirements of this subdivision. Remote reassessments conducted by interactive video or
13.8 telephone may substitute for in-person reassessments.

13.9 (b) For services provided by the developmental disabilities waiver under section
13.10 256B.092, and the community access for disability inclusion, community alternative care,
13.11 and brain injury waiver programs under section 256B.49, remote reassessments may be
13.12 substituted for two consecutive reassessments if followed by an in-person reassessment.

13.13 (c) For services provided by alternative care under section 256B.0913, essential
13.14 community supports under section 256B.0922, and the elderly waiver under chapter 256S,
13.15 remote reassessments may be substituted for one reassessment if followed by an in-person
13.16 reassessment.

13.17 (d) For personal care assistance provided under section 256B.0659 and community first
13.18 services and supports provided under section 256B.85, remote reassessments may be
13.19 substituted for two consecutive reassessments if followed by an in-person reassessment.

13.20 ~~(d)~~ (e) A remote reassessment is permitted only if the lead agency provides informed
13.21 choice and the person being reassessed or the person's legal representative provides informed
13.22 consent for a remote assessment. Lead agencies must document that informed choice was
13.23 offered.

13.24 ~~(e)~~ (f) The person being reassessed, or the person's legal representative, may refuse a
13.25 remote reassessment at any time.

13.26 ~~(f)~~ (g) During a remote reassessment, if the certified assessor determines an in-person
13.27 reassessment is necessary in order to complete the assessment, the lead agency shall schedule
13.28 an in-person reassessment.

13.29 ~~(g)~~ (h) All other requirements of an in-person reassessment apply to a remote
13.30 reassessment, including updates to a person's support plan.

13.31 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
13.32 of human services shall notify the revisor of statutes when federal approval is obtained.

14.1 Sec. 12. Minnesota Statutes 2022, section 256B.092, is amended by adding a subdivision
14.2 to read:

14.3 Subd. 3a. **Authorization of technology services.** (a) Lead agencies must not implement
14.4 additional requirements, in addition to those required by the commissioner, that could result
14.5 in the delay of approval or implementation of technology.

14.6 (b) For individuals receiving waiver services under this section, approval or denial of
14.7 technology must occur within 30 business days of the receipt of the initial request. If denied,
14.8 the lead agency must submit a notice of action form clearly stating the reason for the denial,
14.9 including information describing why the technology is not appropriate to meet the
14.10 individual's assessed need.

14.11 Sec. 13. Minnesota Statutes 2022, section 256B.49, is amended by adding a subdivision
14.12 to read:

14.13 Subd. 16b. **Authorization of technology services.** (a) Lead agencies must not implement
14.14 additional requirements, in addition to those required by the commissioner, that could result
14.15 in the delay of approval or implementation of technology.

14.16 (b) For individuals receiving waiver services under this section, approval or denial of
14.17 technology must occur within 30 business days of the receipt of the initial request. If denied,
14.18 the lead agency must submit a notice of action form clearly stating the reason for the denial,
14.19 including information describing why the technology is not appropriate to meet the
14.20 individual's assessed need.

14.21 Sec. 14. Minnesota Statutes 2022, section 256B.4905, subdivision 12, is amended to read:

14.22 Subd. 12. **Informed choice ~~in~~ and technology prioritization in implementation for**
14.23 **disability waiver services.** The commissioner of human services shall ensure that:

14.24 (1) disability waivers under sections 256B.092 and 256B.49 support the presumption
14.25 that all adults who have disabilities and children who have disabilities may use assistive
14.26 technology, remote supports, or both to enhance the adult's or child's independence and
14.27 quality of life; and

14.28 (2) each individual accessing waiver services is offered, after an informed
14.29 decision-making process and during a person-centered planning process, the opportunity
14.30 to choose assistive technology, remote support, or both prior to the commissioner offering
14.31 or reauthorizing services that utilize direct support staff to ensure equitable access.

15.1 Sec. 15. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 4, is
15.2 amended to read:

15.3 Subd. 4. **Data collection for rate determination.** (a) Rates for applicable home and
15.4 community-based waived services, including customized rates under subdivision 12, are
15.5 set by the rates management system.

15.6 (b) Data and information in the rates management system must be used to calculate an
15.7 individual's rate.

15.8 (c) Service providers, with information from the support plan and oversight by lead
15.9 agencies, shall provide values and information needed to calculate an individual's rate in
15.10 the rates management system. Lead agencies must use forms provided by the commissioner
15.11 to collect this information. The determination of service levels must be part of a discussion
15.12 with members of the support team as defined in section 245D.02, subdivision 34. This
15.13 discussion must occur prior to the final establishment of each individual's rate. The values
15.14 and information include:

15.15 (1) shared staffing hours;

15.16 (2) individual staffing hours;

15.17 (3) direct registered nurse hours;

15.18 (4) direct licensed practical nurse hours;

15.19 (5) staffing ratios;

15.20 (6) information to document variable levels of service qualification for variable levels
15.21 of reimbursement in each framework;

15.22 (7) shared or individualized arrangements for unit-based services, including the staffing
15.23 ratio;

15.24 (8) number of trips and miles for transportation services; and

15.25 (9) service hours provided through monitoring technology.

15.26 (d) Updates to individual data must include:

15.27 (1) data for each individual that is updated annually when renewing service plans; and

15.28 (2) requests by individuals or lead agencies to update a rate whenever there is a change
15.29 in an individual's service needs, with accompanying documentation.

15.30 (e) Lead agencies shall review and approve all services reflecting each individual's needs,
15.31 and the values to calculate the final payment rate for services with variables under

16.1 subdivisions 6 to 9 for each individual. Lead agencies must notify the individual and the
16.2 service provider of the final agreed-upon values and rate, and provide information that is
16.3 identical to what was entered into the rates management system. If a value used was
16.4 mistakenly or erroneously entered and used to calculate a rate, a provider may petition lead
16.5 agencies to correct it. Lead agencies must respond to these requests. When responding to
16.6 the request, the lead agency must consider:

16.7 (1) meeting the health and welfare needs of the individual or individuals receiving
16.8 services by service site, identified in their support plan under section 245D.02, subdivision
16.9 4b, and any addendum under section 245D.02, subdivision 4c;

16.10 (2) meeting the requirements for staffing under subdivision 2, paragraphs (h), (n), and
16.11 (o); and meeting or exceeding the licensing standards for staffing required under section
16.12 245D.09, subdivision 1; and

16.13 (3) meeting the staffing ratio requirements under subdivision 2, paragraph (o), and
16.14 meeting or exceeding the licensing standards for staffing required under section 245D.31.

16.15 **EFFECTIVE DATE.** This section is effective January 1, 2025.

16.16 Sec. 16. Minnesota Statutes 2022, section 256B.85, subdivision 2, is amended to read:

16.17 Subd. 2. **Definitions.** (a) For the purposes of this section and section 256B.851, the terms
16.18 defined in this subdivision have the meanings given.

16.19 (b) "Activities of daily living" or "ADLs" means:

16.20 (1) dressing, including assistance with choosing, applying, and changing clothing and
16.21 applying special appliances, wraps, or clothing;

16.22 (2) grooming, including assistance with basic hair care, oral care, shaving, applying
16.23 cosmetics and deodorant, and care of eyeglasses and hearing aids. Grooming includes nail
16.24 care, except for recipients who are diabetic or have poor circulation;

16.25 (3) bathing, including assistance with basic personal hygiene and skin care;

16.26 (4) eating, including assistance with hand washing and applying orthotics required for
16.27 eating, ~~transfers~~, or feeding;

16.28 (5) transfers, including assistance with transferring the participant from one seating or
16.29 reclining area to another;

16.30 (6) mobility, including assistance with ambulation and use of a wheelchair. Mobility
16.31 does not include providing transportation for a participant;

17.1 (7) positioning, including assistance with positioning or turning a participant for necessary
17.2 care and comfort; and

17.3 (8) toileting, including assistance with bowel or bladder elimination and care, transfers,
17.4 mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing
17.5 the perineal area, inspection of the skin, and adjusting clothing.

17.6 (c) "Agency-provider model" means a method of CFSS under which a qualified agency
17.7 provides services and supports through the agency's own employees and policies. The agency
17.8 must allow the participant to have a significant role in the selection and dismissal of support
17.9 workers of their choice for the delivery of their specific services and supports.

17.10 (d) "Behavior" means a description of a need for services and supports used to determine
17.11 the home care rating and additional service units. The presence of Level I behavior is used
17.12 to determine the home care rating.

17.13 (e) "Budget model" means a service delivery method of CFSS that allows the use of a
17.14 service budget and assistance from a financial management services (FMS) provider for a
17.15 participant to directly employ support workers and purchase supports and goods.

17.16 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that
17.17 has been ordered by a physician, advanced practice registered nurse, or physician's assistant
17.18 and is specified in an assessment summary, including:

17.19 (1) tube feedings requiring:

17.20 (i) a gastrojejunostomy tube; or

17.21 (ii) continuous tube feeding lasting longer than 12 hours per day;

17.22 (2) wounds described as:

17.23 (i) stage III or stage IV;

17.24 (ii) multiple wounds;

17.25 (iii) requiring sterile or clean dressing changes or a wound vac; or

17.26 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized
17.27 care;

17.28 (3) parenteral therapy described as:

17.29 (i) IV therapy more than two times per week lasting longer than four hours for each
17.30 treatment; or

17.31 (ii) total parenteral nutrition (TPN) daily;

- 18.1 (4) respiratory interventions, including:
- 18.2 (i) oxygen required more than eight hours per day;
- 18.3 (ii) respiratory vest more than one time per day;
- 18.4 (iii) bronchial drainage treatments more than two times per day;
- 18.5 (iv) sterile or clean suctioning more than six times per day;
- 18.6 (v) dependence on another to apply respiratory ventilation augmentation devices such
- 18.7 as BiPAP and CPAP; and
- 18.8 (vi) ventilator dependence under section 256B.0651;
- 18.9 (5) insertion and maintenance of catheter, including:
- 18.10 (i) sterile catheter changes more than one time per month;
- 18.11 (ii) clean intermittent catheterization, and including self-catheterization more than six
- 18.12 times per day; or
- 18.13 (iii) bladder irrigations;
- 18.14 (6) bowel program more than two times per week requiring more than 30 minutes to
- 18.15 perform each time;
- 18.16 (7) neurological intervention, including:
- 18.17 (i) seizures more than two times per week and requiring significant physical assistance
- 18.18 to maintain safety; or
- 18.19 (ii) swallowing disorders diagnosed by a physician, advanced practice registered nurse,
- 18.20 or physician's assistant and requiring specialized assistance from another on a daily basis;
- 18.21 and
- 18.22 (8) other congenital or acquired diseases creating a need for significantly increased direct
- 18.23 hands-on assistance and interventions in six to eight activities of daily living.
- 18.24 (g) "Community first services and supports" or "CFSS" means the assistance and supports
- 18.25 program under this section needed for accomplishing activities of daily living, instrumental
- 18.26 activities of daily living, and health-related tasks through hands-on assistance to accomplish
- 18.27 the task or constant supervision and cueing to accomplish the task, or the purchase of goods
- 18.28 as defined in subdivision 7, clause (3), that replace the need for human assistance.
- 18.29 (h) "Community first services and supports service delivery plan" or "CFSS service
- 18.30 delivery plan" means a written document detailing the services and supports chosen by the

19.1 participant to meet assessed needs that are within the approved CFSS service authorization,
19.2 as determined in subdivision 8. Services and supports are based on the support plan identified
19.3 in sections 256B.092, subdivision 1b, and 256S.10.

19.4 (i) "Consultation services" means a Minnesota health care program enrolled provider
19.5 organization that provides assistance to the participant in making informed choices about
19.6 CFSS services in general and self-directed tasks in particular, and in developing a
19.7 person-centered CFSS service delivery plan to achieve quality service outcomes.

19.8 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

19.9 (k) "Dependency" in activities of daily living means a person requires hands-on assistance
19.10 or constant supervision and cueing to accomplish one or more of the activities of daily living
19.11 every day or on the days during the week that the activity is performed; however, a child
19.12 must not be found to be dependent in an activity of daily living if, because of the child's
19.13 age, an adult would either perform the activity for the child or assist the child with the
19.14 activity and the assistance needed is the assistance appropriate for a typical child of the
19.15 same age.

19.16 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are
19.17 included in the CFSS service delivery plan through one of the home and community-based
19.18 services waivers and as approved and authorized under chapter 256S and sections 256B.092,
19.19 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state
19.20 plan CFSS services for participants. Extended CFSS excludes the purchase of goods.

19.21 (m) "Financial management services provider" or "FMS provider" means a qualified
19.22 organization required for participants using the budget model under subdivision 13 that is
19.23 an enrolled provider with the department to provide vendor fiscal/employer agent financial
19.24 management services (FMS).

19.25 (n) "Health-related procedures and tasks" means procedures and tasks related to the
19.26 specific assessed health needs of a participant that can be taught or assigned by a
19.27 state-licensed health care or mental health professional and performed by a support worker.

19.28 (o) "Instrumental activities of daily living" means activities related to living independently
19.29 in the community, including but not limited to: meal planning, preparation, and cooking;
19.30 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance
19.31 with medications; managing finances; communicating needs and preferences during activities;
19.32 arranging supports; and assistance with traveling around and participating in the community,
19.33 including traveling to medical appointments. For purposes of this paragraph, traveling

20.1 includes driving and accompanying the recipient in the recipient's chosen mode of
20.2 transportation and according to the individual CFSS service delivery plan.

20.3 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 10.

20.4 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or
20.5 another representative with legal authority to make decisions about services and supports
20.6 for the participant. Other representatives with legal authority to make decisions include but
20.7 are not limited to a health care agent or an attorney-in-fact authorized through a health care
20.8 directive or power of attorney.

20.9 (r) "Level I behavior" means physical aggression toward self or others or destruction of
20.10 property that requires the immediate response of another person.

20.11 (s) "Medication assistance" means providing verbal or visual reminders to take regularly
20.12 scheduled medication, and includes any of the following supports listed in clauses (1) to
20.13 (3) and other types of assistance, except that a support worker must not determine medication
20.14 dose or time for medication or inject medications into veins, muscles, or skin:

20.15 (1) under the direction of the participant or the participant's representative, bringing
20.16 medications to the participant including medications given through a nebulizer, opening a
20.17 container of previously set-up medications, emptying the container into the participant's
20.18 hand, opening and giving the medication in the original container to the participant, or
20.19 bringing to the participant liquids or food to accompany the medication;

20.20 (2) organizing medications as directed by the participant or the participant's representative;
20.21 and

20.22 (3) providing verbal or visual reminders to perform regularly scheduled medications.

20.23 (t) "Participant" means a person who is eligible for CFSS.

20.24 (u) "Participant's representative" means a parent, family member, advocate, or other
20.25 adult authorized by the participant or participant's legal representative, if any, to serve as a
20.26 representative in connection with the provision of CFSS. If the participant is unable to assist
20.27 in the selection of a participant's representative, the legal representative shall appoint one.

20.28 (v) "Person-centered planning process" means a process that is directed by the participant
20.29 to plan for CFSS services and supports.

20.30 (w) "Service budget" means the authorized dollar amount used for the budget model or
20.31 for the purchase of goods.

21.1 (x) "Shared services" means the provision of CFSS services by the same CFSS support
21.2 worker to two or three participants who voluntarily enter into a written agreement to receive
21.3 services at the same time, in the same setting, and through the same agency-provider or
21.4 FMS provider.

21.5 (y) "Support worker" means a qualified and trained employee of the agency-provider
21.6 as required by subdivision 11b or of the participant employer under the budget model as
21.7 required by subdivision 14 who has direct contact with the participant and provides services
21.8 as specified within the participant's CFSS service delivery plan.

21.9 (z) "Unit" means the increment of service based on hours or minutes identified in the
21.10 service agreement.

21.11 (aa) "Vendor fiscal employer agent" means an agency that provides financial management
21.12 services.

21.13 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share
21.14 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,
21.15 mileage reimbursement, health and dental insurance, life insurance, disability insurance,
21.16 long-term care insurance, uniform allowance, contributions to employee retirement accounts,
21.17 or other forms of employee compensation and benefits.

21.18 (cc) "Worker training and development" means services provided according to subdivision
21.19 18a for developing workers' skills as required by the participant's individual CFSS service
21.20 delivery plan that are arranged for or provided by the agency-provider or purchased by the
21.21 participant employer. These services include training, education, direct observation and
21.22 supervision, and evaluation and coaching of job skills and tasks, including supervision of
21.23 health-related tasks or behavioral supports.

21.24 Sec. 17. Minnesota Statutes 2022, section 256B.85, subdivision 6, is amended to read:

21.25 Subd. 6. **Community first services and supports service delivery plan.** (a) The CFSS
21.26 service delivery plan must be developed and evaluated through a person-centered planning
21.27 process by the participant, or the participant's representative or legal representative who
21.28 may be assisted by a consultation services provider. The CFSS service delivery plan must
21.29 reflect the services and supports that are important to the participant and for the participant
21.30 to meet the needs assessed by the certified assessor and identified in the support plan
21.31 identified in sections 256B.092, subdivision 1b, and 256S.10. The CFSS service delivery
21.32 plan must be reviewed by the participant, the consultation services provider, and the
21.33 agency-provider or FMS provider prior to starting services and at least annually upon

22.1 reassessment, or when there is a significant change in the participant's condition, or a change
22.2 in the need for services and supports.

22.3 (b) The commissioner shall establish the format and criteria for the CFSS service delivery
22.4 plan.

22.5 (c) The CFSS service delivery plan must be person-centered and:

22.6 (1) specify the consultation services provider, agency-provider, or FMS provider selected
22.7 by the participant;

22.8 (2) reflect the setting in which the participant resides that is chosen by the participant;

22.9 (3) reflect the participant's strengths and preferences;

22.10 (4) include the methods and supports used to address the needs as identified through an
22.11 assessment of functional needs;

22.12 (5) include the participant's identified goals and desired outcomes;

22.13 (6) reflect the services and supports, paid and unpaid, that will assist the participant to
22.14 achieve identified goals, including the costs of the services and supports, and the providers
22.15 of those services and supports, including natural supports;

22.16 (7) identify the amount and frequency of face-to-face supports and amount and frequency
22.17 of remote supports and technology that will be used;

22.18 (8) identify risk factors and measures in place to minimize them, including individualized
22.19 backup plans;

22.20 (9) be understandable to the participant and the individuals providing support;

22.21 (10) identify the individual or entity responsible for monitoring the plan;

22.22 (11) be finalized and agreed to in writing by the participant and signed by individuals
22.23 and providers responsible for its implementation;

22.24 (12) be distributed to the participant and other people involved in the plan;

22.25 (13) prevent the provision of unnecessary or inappropriate care;

22.26 (14) include a detailed budget for expenditures for budget model participants or
22.27 participants under the agency-provider model if purchasing goods; and

22.28 (15) include a plan for worker training and development provided according to
22.29 subdivision 18a detailing what service components will be used, when the service components

23.1 will be used, how they will be provided, and how these service components relate to the
23.2 participant's individual needs and CFSS support worker services.

23.3 (d) The CFSS service delivery plan must describe the units or dollar amount available
23.4 to the participant. The total units of agency-provider services or the service budget amount
23.5 for the budget model include both annual totals and a monthly average amount that cover
23.6 the number of months of the service agreement. The amount used each month may vary,
23.7 but additional funds must not be provided above the annual service authorization amount,
23.8 determined according to subdivision 8, unless a change in condition is assessed and
23.9 authorized by the certified assessor and documented in the support plan and CFSS service
23.10 delivery plan.

23.11 (e) In assisting with the development or modification of the CFSS service delivery plan
23.12 during the authorization time period, the consultation services provider shall:

23.13 (1) consult with the FMS provider on the spending budget when applicable; and

23.14 (2) consult with the participant or participant's representative, agency-provider, and case
23.15 manager or care coordinator.

23.16 (f) The CFSS service delivery plan must be approved by the ~~consultation services provider~~
23.17 lead agency for participants without a case manager or care coordinator who is responsible
23.18 for authorizing services. A case manager or care coordinator must approve the plan for a
23.19 waiver or alternative care program participant.

23.20 Sec. 18. Minnesota Statutes 2022, section 256B.85, subdivision 6a, is amended to read:

23.21 Subd. 6a. **Person-centered planning process.** The person-centered planning process
23.22 must:

23.23 (1) include people chosen by the participant;

23.24 (2) provide necessary information and support to ensure that the participant directs the
23.25 process to the maximum extent possible, and is enabled to make informed choices and
23.26 decisions;

23.27 (3) be timely and occur at times and locations convenient to the participant;

23.28 (4) reflect cultural considerations of the participant;

23.29 (5) include within the process strategies for solving conflict or disagreement, including
23.30 clear conflict-of-interest guidelines as identified in Code of Federal Regulations, title 42,
23.31 section ~~441.500~~ 441.540, for all planning;

24.1 (6) provide the participant choices of the services and supports the participant receives
24.2 and the staff providing those services and supports;

24.3 (7) include a method for the participant to request updates to the plan; and

24.4 (8) record the alternative home and community-based settings that were considered by
24.5 the participant.

24.6 Sec. 19. Minnesota Statutes 2022, section 256B.85, subdivision 11, is amended to read:

24.7 Subd. 11. **Agency-provider model.** (a) The agency-provider model includes services
24.8 provided by support workers and staff providing worker training and development services
24.9 who are employed by an agency-provider that meets the criteria established by the
24.10 commissioner, including required training.

24.11 (b) The agency-provider shall allow the participant to have a significant role in the
24.12 selection and dismissal of the support workers for the delivery of the services and supports
24.13 specified in the participant's CFSS service delivery plan. The agency must make a reasonable
24.14 effort to fulfill the participant's request for the participant's preferred support worker.

24.15 (c) A participant may use authorized units of CFSS services as needed within a service
24.16 agreement that is not greater than 12 months. Using authorized units in a flexible manner
24.17 in either the agency-provider model or the budget model does not increase the total amount
24.18 of services and supports authorized for a participant or included in the participant's CFSS
24.19 service delivery plan.

24.20 (d) A participant may share CFSS services. Two or three CFSS participants may share
24.21 services at the same time provided by the same support worker.

24.22 (e) The agency-provider must use a minimum of 72.5 percent of the revenue generated
24.23 by the medical assistance payment for CFSS for support worker wages and benefits, except
24.24 all of the revenue generated by a medical assistance rate increase due to a collective
24.25 bargaining agreement under section 179A.54 must be used for support worker wages and
24.26 benefits. The agency-provider must document how this requirement is being met. The
24.27 revenue generated by the worker training and development services and the reasonable costs
24.28 associated with the worker training and development services must not be used in making
24.29 this calculation.

24.30 (f) The agency-provider model must be used by participants who are restricted by the
24.31 Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to
24.32 9505.2245.

25.1 (g) Participants purchasing goods under this model, along with support worker services,
25.2 must:

25.3 (1) specify the goods in the CFSS service delivery plan and detailed budget for
25.4 expenditures that must be approved by the ~~consultation services provider~~ lead agency, case
25.5 manager, or care coordinator; and

25.6 (2) use the FMS provider for the billing and payment of such goods.

25.7 (h) The agency provider is responsible for ensuring that any worker driving a participant
25.8 under subdivision 2, paragraph (o), has a valid driver's license and the vehicle used is
25.9 registered and insured according to Minnesota law.

25.10 Sec. 20. Minnesota Statutes 2023 Supplement, section 256B.85, subdivision 13a, is
25.11 amended to read:

25.12 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider
25.13 include but are not limited to: filing and payment of federal and state payroll taxes and
25.14 premiums on behalf of the participant; initiating and complying with background study
25.15 requirements under chapter 245C and maintaining documentation of background study
25.16 requests and results; billing for approved CFSS services with authorized funds; monitoring
25.17 expenditures; accounting for and disbursing CFSS funds; providing assistance in obtaining
25.18 and filing for liability, workers' compensation, family and medical benefit insurance, and
25.19 unemployment coverage; and providing participant instruction and technical assistance to
25.20 the participant in fulfilling employer-related requirements in accordance with section 3504
25.21 of the Internal Revenue Code and related regulations and interpretations, including Code
25.22 of Federal Regulations, title 26, section 31.3504-1.

25.23 (b) Agency-provider services shall not be provided by the FMS provider.

25.24 (c) The FMS provider shall provide service functions as determined by the commissioner
25.25 for budget model participants that include but are not limited to:

25.26 (1) assistance with the development of the detailed budget for expenditures portion of
25.27 the CFSS service delivery plan as requested by the consultation services provider or
25.28 participant;

25.29 (2) data recording and reporting of participant spending;

25.30 (3) other duties established by the department, including with respect to providing
25.31 assistance to the participant, participant's representative, or legal representative in performing

26.1 employer responsibilities regarding support workers. The support worker shall not be
26.2 considered the employee of the FMS provider; and

26.3 (4) billing, payment, and accounting of approved expenditures for goods.

26.4 (d) The FMS provider shall obtain an assurance statement from the participant employer
26.5 agreeing to follow state and federal regulations and CFSS policies regarding employment
26.6 of support workers.

26.7 (e) The FMS provider shall:

26.8 (1) not limit or restrict the participant's choice of service or support providers or service
26.9 delivery models consistent with any applicable state and federal requirements;

26.10 (2) provide the participant, consultation services provider, and case manager or care
26.11 coordinator, if applicable, with a monthly written summary of the spending for services and
26.12 supports that were billed against the spending budget;

26.13 (3) be knowledgeable of state and federal employment regulations, including those under
26.14 the Fair Labor Standards Act of 1938, and comply with the requirements under chapter
26.15 268B and section 3504 of the Internal Revenue Code and related regulations and
26.16 interpretations, including Code of Federal Regulations, title 26, section 31.3504-1, regarding
26.17 agency employer tax liability for vendor fiscal/employer agent, and any requirements
26.18 necessary to process employer and employee deductions, provide appropriate and timely
26.19 submission of employer tax liabilities, and maintain documentation to support medical
26.20 assistance claims;

26.21 (4) have current and adequate liability insurance and bonding and sufficient cash flow
26.22 as determined by the commissioner and have on staff or under contract a certified public
26.23 accountant or an individual with a baccalaureate degree in accounting;

26.24 (5) assume fiscal accountability for state funds designated for the program and be held
26.25 liable for any overpayments or violations of applicable statutes or rules, including but not
26.26 limited to the Minnesota False Claims Act, chapter 15C;

26.27 (6) maintain documentation of receipts, invoices, and bills to track all services and
26.28 supports expenditures for any goods purchased and maintain time records of support workers.
26.29 The documentation and time records must be maintained for a minimum of five years from
26.30 the claim date and be available for audit or review upon request by the commissioner. Claims
26.31 submitted by the FMS provider to the commissioner for payment must correspond with
26.32 services, amounts, and time periods as authorized in the participant's service budget and

27.1 service plan and must contain specific identifying information as determined by the
27.2 commissioner; and

27.3 (7) provide written notice to the participant or the participant's representative at least 30
27.4 calendar days before a proposed service termination becomes effective-, except in cases
27.5 where:

27.6 (i) the participant engages in conduct that significantly alters the terms of the CFSS
27.7 service delivery plan with the FMS;

27.8 (ii) the participant or other persons at the setting where services are being provided
27.9 engage in conduct that creates an imminent risk of harm to the support worker or other staff;
27.10 or

27.11 (iii) an emergency or a significant change in the participant's condition occurs within a
27.12 24-hour period that results in the participant's service needs exceeding the participant's
27.13 identified needs in the current CFSS service delivery plan so that the plan cannot safely
27.14 meet the participant's needs.

27.15 (f) The commissioner shall:

27.16 (1) establish rates and payment methodology for the FMS provider;

27.17 (2) identify a process to ensure quality and performance standards for the FMS provider
27.18 and ensure statewide access to FMS providers; and

27.19 (3) establish a uniform protocol for delivering and administering CFSS services to be
27.20 used by eligible FMS providers.

27.21 Sec. 21. Minnesota Statutes 2022, section 256B.85, subdivision 17, is amended to read:

27.22 Subd. 17. **Consultation services duties.** Consultation services is a required service that
27.23 includes:

27.24 (1) entering into a written agreement with the participant, participant's representative,
27.25 or legal representative that includes but is not limited to the details of services, service
27.26 delivery methods, dates of services, and contact information;

27.27 (2) providing an initial and annual orientation to CFSS information and policies, including
27.28 selecting a service model;

27.29 (3) assisting with accessing FMS providers or agency-providers;

27.30 (4) providing assistance with the development, implementation, management,
27.31 documentation, and evaluation of the person-centered CFSS service delivery plan;

- 28.1 ~~(5)~~ approving the CFSS service delivery plan for a participant without a case manager
28.2 or care coordinator who is responsible for authorizing services;
- 28.3 ~~(6)~~ (5) maintaining documentation of the approved CFSS service delivery plan;
- 28.4 ~~(7)~~ (6) distributing copies of the final CFSS service delivery plan to the participant and
28.5 to the agency-provider or FMS provider, case manager or care coordinator, and other
28.6 designated parties;
- 28.7 ~~(8)~~ (7) assisting to fulfill responsibilities and requirements of CFSS, including modifying
28.8 CFSS service delivery plans and changing service models;
- 28.9 ~~(9)~~ (8) if requested, providing consultation on recruiting, selecting, training, managing,
28.10 directing, supervising, and evaluating support workers;
- 28.11 ~~(10)~~ (9) evaluating services upon receiving information from an FMS provider indicating
28.12 spending or participant employer concerns;
- 28.13 ~~(11)~~ (10) reviewing the use of and access to informal and community supports, goods,
28.14 or resources;
- 28.15 ~~(12)~~ (11) a semiannual review of services if the participant does not have a case manager
28.16 or care coordinator and when the support worker is a paid parent of a minor participant or
28.17 the participant's spouse;
- 28.18 ~~(13)~~ (12) collecting and reporting of data as required by the department;
- 28.19 ~~(14)~~ (13) providing the participant with a copy of the participant protections under
28.20 subdivision 20 at the start of consultation services;
- 28.21 ~~(15)~~ (14) providing assistance to resolve issues of noncompliance with the requirements
28.22 of CFSS;
- 28.23 ~~(16)~~ (15) providing recommendations to the commissioner for changes to services when
28.24 support to participants to resolve issues of noncompliance have been unsuccessful; and
- 28.25 ~~(17)~~ (16) other duties as assigned by the commissioner.

28.26 Sec. 22. Minnesota Statutes 2022, section 256B.85, is amended by adding a subdivision
28.27 to read:

28.28 Subd. 18b. **Worker training and development services; remote visits.** (a) Except as
28.29 provided in paragraph (b), the worker training and development services specified in
28.30 subdivision 18a, paragraph (c), clauses (3) and (4), may be provided to recipients with
28.31 chronic health conditions or severely compromised immune systems via two-way interactive

29.1 audio and visual telecommunications if, at the recipient's request, the recipient's primary
29.2 health care provider:

29.3 (1) determines that remote worker training and development services are appropriate;
29.4 and

29.5 (2) documents the determination under clause (1) in a statement of need or other document
29.6 that is subsequently included in the recipient's CFSS service delivery plan.

29.7 (b) The worker training and development services specified in subdivision 18a, paragraph
29.8 (c), clause (3), provided at the start of services or the start of employment of a new support
29.9 worker must not be conducted via two-way interactive audio and visual telecommunications.

29.10 (c) Notwithstanding any other provision of law, a CFSS service delivery plan developed
29.11 or amended via remote worker training and development services may be executed by
29.12 electronic signature.

29.13 (d) A recipient may request to return to in-person worker training and development
29.14 services at any time.

29.15 **EFFECTIVE DATE.** This section is effective upon community first services and
29.16 supports implementation. The commissioner of human services shall notify the revisor of
29.17 statutes upon CFSS implementation.

29.18 Sec. 23. Minnesota Statutes 2022, section 256B.85, subdivision 20, is amended to read:

29.19 Subd. 20. **Participant protections.** (a) All CFSS participants have the protections
29.20 identified in this subdivision.

29.21 (b) Participants or participant's representatives must be provided with adequate
29.22 information, counseling, training, and assistance, as needed, to ensure that the participant
29.23 is able to choose and manage services, models, and budgets. This information must be
29.24 provided by the consultation services provider at the time of the initial or annual orientation
29.25 to CFSS, at the time of reassessment, or when requested by the participant or participant's
29.26 representative. This information must explain:

29.27 (1) person-centered planning;

29.28 (2) the range and scope of participant choices, including the differences between the
29.29 agency-provider model and the budget model, available CFSS providers, and other services
29.30 available in the community to meet the participant's needs;

29.31 (3) the process for changing plans, services, and budgets;

30.1 (4) identifying and assessing appropriate services; and

30.2 (5) risks to and responsibilities of the participant under the budget model.

30.3 (c) The consultation services provider must ensure that the participant chooses freely
30.4 between the agency-provider model and the budget model and among available
30.5 agency-providers and that the participant may change agency-providers after services have
30.6 begun.

30.7 (d) A participant who appeals a reduction in previously authorized CFSS services may
30.8 continue previously authorized services pending an appeal in accordance with section
30.9 256.045.

30.10 (e) If the units of service or budget allocation for CFSS are reduced, denied, or terminated,
30.11 the commissioner must provide notice of the reasons for the reduction in the participant's
30.12 notice of denial, termination, or reduction.

30.13 (f) If all or part of a CFSS service delivery plan is denied approval by the ~~consultation~~
30.14 ~~services provider~~ lead agency, the ~~consultation services provider~~ lead agency must provide
30.15 a notice that describes the basis of the denial.

30.16 ARTICLE 2

30.17 DEAF, DEAFBLIND, AND HARD-OF-HEARING SERVICES

30.18 Section 1. Minnesota Statutes 2022, section 256C.21, is amended to read:

30.19 **256C.21 DEAF, DEAFBLIND, AND HARD-OF-HEARING SERVICES ACT;**
30.20 **CITATION.**

30.21 Sections 256C.21 to ~~256C.26~~ 256C.261 may be cited as the "Deaf, DeafBlind, and
30.22 Hard-of-Hearing Services Act."

30.23 **EFFECTIVE DATE.** This section is effective August 1, 2024.

30.24 Sec. 2. Minnesota Statutes 2022, section 256C.23, subdivision 1a, is amended to read:

30.25 Subd. 1a. **Culturally affirmative.** "Culturally affirmative" describes services that are
30.26 designed and delivered within the context of the culture, identity, language, communication,
30.27 and life experiences of ~~a person~~ persons who ~~is~~ are deaf, ~~a person~~ persons who ~~is~~ are
30.28 deafblind, and ~~a person~~ persons who ~~is~~ are hard-of-hearing.

30.29 **EFFECTIVE DATE.** This section is effective August 1, 2024.

31.1 Sec. 3. Minnesota Statutes 2022, section 256C.23, is amended by adding a subdivision to
31.2 read:

31.3 Subd. 1b. **Linguistically affirmative.** "Linguistically affirmative" describes services
31.4 that are designed and delivered within the context of the language and communication
31.5 experiences of persons who are deaf, persons who are deafblind, and persons who are
31.6 hard-of-hearing.

31.7 **EFFECTIVE DATE.** This section is effective August 1, 2024.

31.8 Sec. 4. Minnesota Statutes 2022, section 256C.23, subdivision 2, is amended to read:

31.9 Subd. 2. **Deaf.** "Deaf" means a hearing loss ~~of such severity that the individual must~~
31.10 depend where the person communicates primarily on visual communication such as through
31.11 American Sign Language or other another signed language, visual and manual means of
31.12 communication such as signing systems in English or, Cued Speech, reading and writing,
31.13 speech reading, and gestures or other visual communication.

31.14 **EFFECTIVE DATE.** This section is effective August 1, 2024.

31.15 Sec. 5. Minnesota Statutes 2022, section 256C.23, subdivision 2a, is amended to read:

31.16 Subd. 2a. **Hard-of-hearing.** "Hard-of-hearing" means a hearing loss ~~resulting in a~~
31.17 functional loss of hearing, but not to the extent that the individual must depend where the
31.18 person does not communicate primarily upon through visual communication.

31.19 **EFFECTIVE DATE.** This section is effective August 1, 2024.

31.20 Sec. 6. Minnesota Statutes 2022, section 256C.23, subdivision 2b, is amended to read:

31.21 Subd. 2b. **Deafblind.** "Deafblind" means any combination of vision and hearing loss
31.22 ~~which interferes with acquiring information from the environment to the extent that~~
31.23 compensatory where the person uses visual, auditory, or tactile strategies and skills are
31.24 necessary such as the use of a tactile form of a visual or spoken language to access that
31.25 communication, information from the environment, or other information.

31.26 **EFFECTIVE DATE.** This section is effective August 1, 2024.

31.27 Sec. 7. Minnesota Statutes 2022, section 256C.23, subdivision 2c, is amended to read:

31.28 Subd. 2c. **Interpreting services.** "Interpreting services" means services that include:

32.1 (1) interpreting between a spoken language, such as English, and a visual language, such
 32.2 as American Sign Language or another signed language;

32.3 (2) interpreting between a spoken language and a visual representation of a spoken
 32.4 language, such as Cued Speech ~~and~~ or signing systems in English;

32.5 (3) interpreting within one language where the interpreter ~~uses natural gestures and~~
 32.6 silently repeats the spoken message, replacing some words or phrases to ~~give higher visibility~~
 32.7 ~~on the lips~~ make the message more readable;

32.8 (4) interpreting using low vision or tactile methods, signing systems, or signed languages
 32.9 for persons who ~~have a combined hearing and vision loss or~~ are deafblind; and

32.10 (5) interpreting from one communication mode or language into another communication
 32.11 mode or language that is linguistically and culturally appropriate for the participants in the
 32.12 communication exchange.

32.13 **EFFECTIVE DATE.** This section is effective August 1, 2024.

32.14 Sec. 8. Minnesota Statutes 2022, section 256C.23, subdivision 6, is amended to read:

32.15 Subd. 6. **Real-time captioning.** "Real-time captioning" means a method of captioning
 32.16 in which ~~a caption is~~ captions are simultaneously prepared and displayed or transmitted at
 32.17 the time of origination by specially trained real-time captioners.

32.18 **EFFECTIVE DATE.** This section is effective August 1, 2024.

32.19 Sec. 9. Minnesota Statutes 2022, section 256C.23, subdivision 7, is amended to read:

32.20 Subd. 7. **Family and community intervener.** "Family and community intervener"
 32.21 means a ~~paraprofessional,~~ person who is specifically trained in deafblindness, who and
 32.22 works one-on-one with a child who is deafblind to provide critical ~~connections~~ access to
 32.23 language, communication, people, and the environment.

32.24 **EFFECTIVE DATE.** This section is effective August 1, 2024.

32.25 Sec. 10. Minnesota Statutes 2022, section 256C.233, subdivision 1, is amended to read:

32.26 Subdivision 1. **Deaf, DeafBlind, and Hard-of-Hearing Hard of Hearing State Services**
 32.27 **Division.** The commissioners of commerce, education, employment and economic
 32.28 development, and health shall advise partner with the commissioner of human services on
 32.29 the interagency activities of the Deaf, DeafBlind, and Hard-of-Hearing Hard of Hearing
 32.30 State Services Division. This division ~~addresses the developmental and social-emotional~~

33.1 ~~needs of~~ provides services for persons who are deaf, persons who are deafblind, and persons
 33.2 who are hard-of-hearing through a statewide network of programs, services, and supports.
 33.3 This division also advocates on behalf of and provides information and training about how
 33.4 to best serve persons who are deaf, persons who are deafblind, and persons who are
 33.5 hard-of-hearing. The commissioner of human services shall coordinate the work of the
 33.6 interagency ~~advisers and~~ partners, receive legislative appropriations for the division, and
 33.7 provide grants through the division for programs, services, and supports for persons who
 33.8 are deaf, persons who are deafblind, and persons who are hard-of-hearing in identified areas
 33.9 of need such as deafblind services, family services, interpreting services, and mental health
 33.10 services.

33.11 **EFFECTIVE DATE.** This section is effective August 1, 2024.

33.12 Sec. 11. Minnesota Statutes 2022, section 256C.233, subdivision 2, is amended to read:

33.13 Subd. 2. **Responsibilities.** The Deaf, DeafBlind, and ~~Hard-of-Hearing~~ Hard of Hearing
 33.14 State Services Division shall:

33.15 (1) establish and maintain a statewide network of regional culturally and linguistically
 33.16 affirmative services for Minnesotans who are deaf, Minnesotans who are deafblind, and
 33.17 Minnesotans who are hard-of-hearing;

33.18 (2) work across divisions within the Department of Human Services, as well as with
 33.19 other agencies and counties, to ensure that there is an understanding of:

33.20 (i) the communication access challenges faced by persons who are deaf, persons who
 33.21 are deafblind, and persons who are hard-of-hearing;

33.22 (ii) the best practices for accommodating and ~~mitigating~~ addressing communication
 33.23 access challenges; and

33.24 (iii) the legal requirements for providing access to and effective communication with
 33.25 persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing;

33.26 (3) assess the supply and demand statewide for ~~interpreter~~ interpreting services and
 33.27 real-time captioning services, implement strategies to provide greater access to these services
 33.28 in areas without sufficient supply, and ~~build the base of partner~~ partner with interpreting service
 33.29 providers and real-time captioning service providers across the state;

33.30 (4) maintain a statewide information resource that includes contact information and
 33.31 professional ~~certification credentials~~ certifications of interpreting service providers and
 33.32 real-time captioning service providers;

- 34.1 (5) provide culturally and linguistically affirmative mental health services to persons
34.2 who are deaf, persons who are deafblind, and persons who are hard-of-hearing who:
- 34.3 (i) use a visual language such as American Sign Language, another sign language, or a
34.4 tactile form of a visual language; or
- 34.5 (ii) otherwise need culturally and linguistically affirmative ~~therapeutic~~ mental health
34.6 services;
- 34.7 (6) research and develop best practices and recommendations for emerging issues; and
- 34.8 (7) provide as much information as practicable on the division's stand-alone website in
34.9 American Sign Language; and.
- 34.10 ~~(8) report to the chairs and ranking minority members of the legislative committees with~~
34.11 ~~jurisdiction over human services biennially, beginning on January 1, 2019, on the following:~~
- 34.12 ~~(i) the number of regional service center staff, the location of the office of each staff~~
34.13 ~~person, other service providers with which they are collocated, the number of people served~~
34.14 ~~by each staff person and a breakdown of whether each person was served on-site or off-site,~~
34.15 ~~and for those served off-site, a list of locations where services were delivered and the number~~
34.16 ~~who were served in-person and the number who were served via technology;~~
- 34.17 ~~(ii) the amount and percentage of the division budget spent on reasonable~~
34.18 ~~accommodations for staff;~~
- 34.19 ~~(iii) the number of people who use demonstration equipment and consumer evaluations~~
34.20 ~~of the experience;~~
- 34.21 ~~(iv) the number of training sessions provided by division staff, the topics covered, the~~
34.22 ~~number of participants, and consumer evaluations, including a breakdown by delivery~~
34.23 ~~method such as in-person or via technology;~~
- 34.24 ~~(v) the number of training sessions hosted at a division location provided by another~~
34.25 ~~service provider, the topics covered, the number of participants, and consumer evaluations,~~
34.26 ~~including a breakdown by delivery method such as in-person or via technology;~~
- 34.27 ~~(vi) for each grant awarded, the amount awarded to the grantee and a summary of the~~
34.28 ~~grantee's results, including consumer evaluations of the services or products provided;~~
- 34.29 ~~(vii) the number of people on waiting lists for any services provided by division staff~~
34.30 ~~or for services or equipment funded through grants awarded by the division;~~
- 34.31 ~~(viii) the amount of time staff spent driving to appointments to deliver direct one-to-one~~
34.32 ~~client services in locations outside of the regional service centers; and~~

35.1 ~~(ix) the regional needs and feedback on addressing service gaps identified by the advisory~~
 35.2 ~~committees.~~

35.3 **EFFECTIVE DATE.** This section is effective August 1, 2024.

35.4 Sec. 12. Minnesota Statutes 2022, section 256C.24, subdivision 1, is amended to read:

35.5 Subdivision 1. **Location.** The Deaf, ~~DeafBlind, and Hard-of-Hearing~~ Hard of Hearing
 35.6 State Services Division shall establish at least six regional service centers for persons who
 35.7 are deaf, persons who are deafblind, and persons who are hard-of-hearing. The centers shall
 35.8 be distributed regionally to provide access for persons who are deaf, persons who are
 35.9 deafblind, and persons who are hard-of-hearing in all parts of the state.

35.10 **EFFECTIVE DATE.** This section is effective August 1, 2024.

35.11 Sec. 13. Minnesota Statutes 2022, section 256C.24, subdivision 2, is amended to read:

35.12 Subd. 2. **Responsibilities.** Each regional service center shall:

35.13 (1) employ qualified staff to work with persons who are deaf, persons who are deafblind,
 35.14 and persons who are hard-of-hearing;

35.15 ~~(1)~~ (2) establish connections and collaborations ~~and explore collocated~~
 35.16 and private entities providing services to persons who are deaf, persons who are deafblind,
 35.17 and persons who are hard-of-hearing in the region;

35.18 ~~(2)~~ (3) for those in need of services, assist in coordinating services between service
 35.19 providers and persons who are deaf, persons who are deafblind, and persons who are
 35.20 hard-of-hearing, and the persons' families, and make referrals to the services needed;

35.21 ~~(3) employ staff trained to work with persons who are deaf, persons who are deafblind,~~
 35.22 ~~and persons who are hard-of-hearing;~~

35.23 (4) if adequate or accessible services are not available from another public or private
 35.24 service provider in the region, provide individual culturally and linguistically affirmative
 35.25 assistance with service supports and solutions to persons who are deaf, persons who are
 35.26 deafblind, and persons who are hard-of-hearing, and the persons' families. ~~Individual~~
 35.27 ~~culturally affirmative assistance may be provided using technology only in areas of the state~~
 35.28 ~~where a person has access to sufficient quality telecommunications or broadband services~~
 35.29 ~~to allow effective communication. When a person who is deaf, a person who is deafblind,~~
 35.30 ~~or a person who is hard-of-hearing does not have access to sufficient telecommunications~~
 35.31 ~~or broadband service, individual assistance shall be available in person;~~

36.1 (5) identify regional training and resource needs, ~~work with deaf and hard-of-hearing~~
36.2 ~~services training staff, and collaborate with others to~~ and deliver training and resources for
36.3 persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing, and
36.4 the persons' families, and other service providers about subjects including the persons' rights
36.5 under the law, American Sign Language, and the impact of hearing loss and options for
36.6 accommodating it;

36.7 (6) have a mobile or permanent lab where persons who are deaf, persons who are
36.8 deafblind, and persons who are hard-of-hearing can try a selection of ~~modern~~ assistive
36.9 technology, telecommunications equipment, and other technology and equipment to
36.10 determine what would best meet the persons' needs;

36.11 (7) collaborate with ~~the Resource Center for the Deaf and Hard-of-Hearing Persons,~~
36.12 ~~other divisions of the Department of Education and local school districts to develop and~~
36.13 ~~deliver programs and services for~~ provide information and resources to families with children
36.14 who are deaf, children who are deafblind, or children who are hard-of-hearing and to ~~support~~
36.15 school personnel serving these children;

36.16 (8) provide training, resources, and consultation to the social service or income
36.17 ~~maintenance staff employed by counties or by organizations with whom counties contract~~
36.18 ~~for services to ensure that~~ human services providers about communication barriers which
36.19 ~~prevent~~ access and other needs of persons who are deaf, persons who are deafblind, and
36.20 persons who are hard-of-hearing ~~from using services are removed~~;

36.21 (9) ~~provide training to human service agencies in the region regarding program access~~
36.22 ~~for persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing;~~

36.23 ~~(10)~~ (9) assess the ongoing need and supply of services for persons who are deaf, persons
36.24 who are deafblind, and persons who are hard-of-hearing in all parts of the state; annually
36.25 consult with the division's advisory committees to identify regional needs and solicit feedback
36.26 on addressing service gaps; and ~~cooperate~~ collaborate with public and private service
36.27 providers ~~to develop these services~~ on service solutions;

36.28 ~~(11)~~ (10) provide culturally and linguistically affirmative mental health services to
36.29 persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing who:

36.30 (i) use a visual language such as American Sign Language, another sign language, or a
36.31 tactile form of a visual language; or

36.32 (ii) otherwise need culturally and linguistically affirmative ~~therapeutic~~ mental health
36.33 services; and

37.1 ~~(12)~~ (11) establish partnerships with state and regional entities statewide ~~that have the~~
37.2 ~~technological capacity~~ to provide Minnesotans with virtual access to the division's services
37.3 and ~~division-sponsored~~ training ~~via~~ through technology.

37.4 **EFFECTIVE DATE.** This section is effective August 1, 2024.

37.5 Sec. 14. Minnesota Statutes 2022, section 256C.24, subdivision 3, is amended to read:

37.6 Subd. 3. **Advisory committee.** The director of the Deaf, DeafBlind, and ~~Hard-of-Hearing~~
37.7 Hard of Hearing State Services Division shall appoint eight advisory committees of up to
37.8 nine persons per advisory committee. Each committee shall represent a specific region of
37.9 the state. The director shall determine the boundaries of each advisory committee region.
37.10 The committees shall advise the director on the needs of persons who are deaf, persons who
37.11 are deafblind, and persons who are hard-of-hearing and service gaps in the region of the
37.12 state the committee represents. Members shall include persons who are deaf, persons who
37.13 are deafblind, and persons who are hard-of-hearing, persons who have communication
37.14 disabilities, parents of children who are deaf, parents of children who are deafblind, and
37.15 parents of children who are hard-of-hearing, parents of children who have communication
37.16 disabilities, and representatives of county and regional human services, including
37.17 representatives of private service providers. At least 50 percent of the members must be
37.18 deaf or deafblind or hard-of-hearing or have a communication disability. Committee members
37.19 shall serve for a three-year term, ~~and may be appointed to.~~ Committee members shall serve
37.20 no more than three consecutive terms and no more than nine years in total. Each advisory
37.21 committee shall elect a chair. The director of the Deaf, DeafBlind, and ~~Hard-of-Hearing~~
37.22 Hard of Hearing State Services Division ~~shall~~ may assign staff to serve as nonvoting members
37.23 of the committee. Members shall not receive a per diem. Otherwise, the compensation,
37.24 removal of members, and filling of vacancies on the committee shall be as provided in
37.25 section 15.0575.

37.26 **EFFECTIVE DATE.** This section is effective August 1, 2024.

37.27 Sec. 15. Minnesota Statutes 2022, section 256C.26, is amended to read:

37.28 **256C.26 EMPLOYMENT SERVICES.**

37.29 The commissioner of employment and economic development shall work with the Deaf,
37.30 DeafBlind, and ~~Hard-of-Hearing~~ Hard of Hearing State Services Division to develop and
37.31 implement a plan to deal with the underemployment of persons who are deaf, persons who
37.32 are deafblind, and persons who are hard-of-hearing persons.

38.1 **EFFECTIVE DATE.** This section is effective August 1, 2024.

38.2 Sec. 16. Minnesota Statutes 2022, section 256C.261, is amended to read:

38.3 **256C.261 SERVICES FOR PERSONS WHO ARE DEAFBLIND.**

38.4 (a) The commissioner of human services shall use at least ~~35~~ 60 percent of the deafblind
 38.5 services biennial base level grant funding for programs, services, and other supports for a
 38.6 ~~child~~ adults who are deafblind and for children who is are deafblind and the ~~child's family~~
 38.7 children's families. ~~The commissioner shall use at least 25 percent of the deafblind services~~
 38.8 ~~biennial base level grant funding for services and other supports for an adult who is deafblind.~~

38.9 (b) The commissioner shall award grants for the purposes of:

38.10 ~~(1) providing programs, services, and supports to persons who are deafblind; and~~

38.11 ~~(2) developing and providing training to counties and the network of senior citizen~~
 38.12 ~~service providers. The purpose of the training grants is to teach counties how to use existing~~
 38.13 ~~programs that capture federal financial participation to meet the needs of eligible persons~~
 38.14 ~~who are deafblind and to build capacity of senior service programs to meet the needs of~~
 38.15 ~~seniors with a dual sensory hearing and vision loss.~~

38.16 ~~(b)~~ (c) The commissioner may make grants:

38.17 (1) for services and training provided by organizations to persons who are deafblind;

38.18 ~~and~~

38.19 (2) to develop and administer consumer-directed services; for persons who are deafblind;

38.20 ~~and~~

38.21 (3) to develop and provide training to counties and service providers on how to meet

38.22 the needs of persons who are deafblind.

38.23 ~~(e)~~ (d) Consumer-directed services ~~shall~~ must be provided in whole by grant-funded
 38.24 providers. ~~The Deaf and Hard-of-Hearing Services Division's regional service centers shall~~
 38.25 ~~not provide any aspect of a grant-funded consumer-directed services program.~~

38.26 ~~(d) Any entity that is able to satisfy the grant criteria is eligible to receive a grant under~~
 38.27 ~~paragraph (a).~~

38.28 (e) Deafblind service providers may, but are not required to, provide ~~intervener~~ intervener
 38.29 services as part of the service package provided with grant funds under this section. Intervener
 38.30 services include services provided by a family and community intervener as described in
 38.31 paragraph (f).

39.1 (f) The family and community intervener, as defined in section 256C.23, subdivision 7,
39.2 provides services to open channels of communication between the child and others; facilitates
39.3 the development or use of receptive and expressive communication skills by the child; and
39.4 develops and maintains a trusting, interactive relationship that promotes social and emotional
39.5 well-being. The family and community intervener also provides access to information and
39.6 the environment, and facilitates opportunities for learning and development. A family and
39.7 community intervener must have specific training in deafblindness, building language and
39.8 communication skills, and intervention strategies.

39.9 **EFFECTIVE DATE.** This section is effective August 1, 2024.

39.10 Sec. 17. Minnesota Statutes 2022, section 256C.28, subdivision 1, is amended to read:

39.11 Subdivision 1. **Membership.** (a) The Commission of the Deaf, DeafBlind and Hard of
39.12 Hearing consists of ~~seven~~ ten members appointed at large and one member each from ~~each~~
39.13 up to five advisory ~~committee~~ committees established under section 256C.24, subdivision
39.14 3. At least 50 percent of the voting members must be deaf or deafblind or hard-of-hearing.
39.15 Members shall include ~~persons who are deaf, deafblind, and hard-of-hearing, parents at~~
39.16 ~~least one parent or guardian of children~~ a person who ~~are~~ is deaf, deafblind, ~~and or~~
39.17 ~~hard-of-hearing, and representatives of county and regional human services, including~~
39.18 ~~representatives of private service providers.~~ The commissioners of education, health, and
39.19 employment and economic development and the director of the Deaf, DeafBlind, and Hard
39.20 of Hearing State Services Division in the Department of Human Services, or their designees,
39.21 shall serve as ex officio, nonvoting members of the commission. The commission may
39.22 appoint additional ex officio members from other bureaus, divisions, or sections of state
39.23 departments directly concerned with the provision of services to persons who are deaf,
39.24 deafblind, or hard-of-hearing.

39.25 ~~Commission~~ (b) Voting members of the commission are appointed by the governor for
39.26 a four-year term and until successors are appointed and qualify. ~~Commission~~ Voting members
39.27 of the commission shall serve no more than three consecutive full terms, ~~and no more than~~
39.28 12 years in total.

39.29 (c) Annually, by January 31, the commission shall select one member as chair and one
39.30 member as vice-chair to serve until January 31 of the following year or until the commission
39.31 selects a new chair or vice-chair, whichever occurs later.

ARTICLE 3

PHASE-OUT OF SUBMINIMUM MINIMUM WAGE FOR PERSONS WITH
DISABILITIES

Section 1. Minnesota Statutes 2022, section 177.24, is amended by adding a subdivision to read:

Subd. 6. **Special certificate prohibition.** (a) On or after August 1, 2026, an employer must not hire a new employee with a disability at a wage that is less than the highest applicable minimum wage, regardless of whether the employer holds a special certificate from the United States Department of Labor under section 14(c) of the federal Fair Labor Standards Act.

(b) On or after August 1, 2028, an employer must not pay an employee with a disability less than the highest applicable minimum wage, regardless of whether the employer holds a special certificate from the United States Department of Labor under section 14(c) of the federal Fair Labor Standards Act.

Sec. 2. Minnesota Statutes 2022, section 252.44, is amended to read:

252.44 LEAD AGENCY BOARD RESPONSIBILITIES.

When the need for day services in a county or Tribe has been determined under section 252.28, the board of commissioners for that lead agency shall:

(1) authorize the delivery of services according to the support plans and support plan addendums required as part of the lead agency's provision of case management services under sections 256B.0913, subdivision 8; 256B.092, subdivision 1b; 256B.49, subdivision 15; and 256S.10 and Minnesota Rules, parts 9525.0004 to 9525.0036;

(2) ensure that transportation is provided or arranged by the vendor in the most efficient and reasonable way possible; ~~and~~

(3) monitor and evaluate the cost and effectiveness of the services;

(4) ensure that on or after August 1, 2026, an employer does not hire a new employee at a wage that is less than the highest applicable minimum wage, regardless of whether the employer holds a special certificate from the United States Department of Labor under section 14(c) of the federal Fair Labor Standards Act; and

(5) ensure that on or after August 1, 2028, a day service program, including county, Tribal, or privately funded day services, pays employees with disabilities the highest applicable minimum wage, regardless of whether the employer holds a special certificate

41.1 from the United States Department of Labor under section 14(c) of the federal Fair Labor
41.2 Standards Act.

41.3 Sec. 3. Minnesota Statutes 2023 Supplement, section 256B.4906, is amended to read:

41.4 **256B.4906 SUBMINIMUM WAGES IN HOME AND COMMUNITY-BASED**
41.5 **SERVICES REPORTING.**

41.6 Subdivision 1. Data reporting. (a) A provider of home and community-based services
41.7 for people with developmental disabilities under section 256B.092 or home and
41.8 community-based services for people with disabilities under section 256B.49 that holds a
41.9 credential listed in clause (1) or (2) as of August 1, 2023, must submit to the commissioner
41.10 of human services data on individuals who are currently being paid subminimum wages or
41.11 were being paid subminimum wages by the provider organization as of August 1, 2023:

41.12 (1) a certificate through the United States Department of Labor under United States
41.13 Code, title 29, section 214(c), of the Fair Labor Standards Act authorizing the payment of
41.14 subminimum wages to workers with disabilities; or

41.15 (2) a permit by the Minnesota Department of Labor and Industry under section 177.28.

41.16 (b) The report required under paragraph (a) must include the following data about each
41.17 individual being paid subminimum wages:

41.18 (1) name;

41.19 (2) date of birth;

41.20 (3) identified race and ethnicity;

41.21 (4) disability type;

41.22 (5) key employment status measures as determined by the commissioner; and

41.23 (6) key community-life engagement measures as determined by the commissioner.

41.24 (c) The information in paragraph (b) must be submitted in a format determined by the
41.25 commissioner.

41.26 (d) A provider must submit the data required under this section annually on a date
41.27 specified by the commissioner. The commissioner must give a provider at least 30 calendar
41.28 days to submit the data following notice of the due date. If a provider fails to submit the
41.29 requested data by the date specified by the commissioner, the commissioner may delay
41.30 medical assistance reimbursement until the requested data is submitted.

42.1 (e) Individually identifiable data submitted to the commissioner under this section are
42.2 considered private data on individuals as defined by section 13.02, subdivision 12.

42.3 (f) The commissioner must analyze data annually for tracking employment and
42.4 community-life engagement outcomes.

42.5 Subd. 2. **Prohibition of subminimum wages.** A provider of home and community-based
42.6 services must not pay a person with a disability a wage below the highest applicable minimum
42.7 wage on the basis of the person's disability. A special certificate authorizing the payment
42.8 of less than the highest applicable minimum wage to a person with a disability issued
42.9 pursuant to a law of this state or to a federal law is without effect as of August 1, 2028.

42.10 Sec. 4. **PHASE-OUT OF USE OF SUBMINIMUM WAGE FOR MEDICAL**
42.11 **ASSISTANCE DISABILITY SERVICES.**

42.12 The commissioner must seek all necessary amendments to Minnesota's federally approved
42.13 disability waiver plans to require an individual receiving prevocational or employment
42.14 support services be compensated at or above the highest applicable minimum wage no later
42.15 than August 1, 2028.

42.16 **ARTICLE 4**

42.17 **AGING SERVICES**

42.18 Section 1. Minnesota Statutes 2022, section 256.975, subdivision 7e, is amended to read:

42.19 Subd. 7e. **Long-term care options counseling for assisted living at critical care**
42.20 **transitions.** (a) The purpose of long-term care options counseling ~~for assisted living~~ is to
42.21 support persons with current or anticipated long-term care needs in making informed choices
42.22 among options that include the most cost-effective and least restrictive settings. ~~Prospective~~
42.23 ~~residents maintain the right to choose assisted living if that option is their preference.~~
42.24 Reaching people before a crisis and during care transitions is important to ensure quality
42.25 of care and life, prevent unnecessary hospitalizations and readmissions, reduce the burden
42.26 on the health care system, reduce costs, and support personal preferences.

42.27 (b) ~~Licensed assisted living facilities shall inform each prospective resident or the~~
42.28 ~~prospective resident's designated or legal representative of the availability of long-term care~~
42.29 ~~options counseling for assisted living and the need to receive and verify the counseling prior~~
42.30 ~~to signing a contract. Long-term care options counseling for assisted living is provided as~~
42.31 ~~determined by the commissioner of human services. The service is delivered under a~~
42.32 ~~partnership between lead agencies as defined in subdivision 10, paragraph (g), and the Area~~

43.1 ~~Agencies on Aging, and is a point of entry to a combination of telephone-based long-term~~
43.2 ~~care options counseling provided by Senior LinkAge Line and in-person long-term care~~
43.3 ~~consultation provided by lead agencies. The point of entry service must be provided within~~
43.4 ~~five working days of the request of the prospective resident as follows~~ Counseling must be
43.5 delivered by Senior LinkAge Line either by telephone or in person. Counseling must:

43.6 (1) ~~the counseling shall be conducted with the prospective resident, or in the alternative,~~
43.7 ~~the resident's designated or legal representative, if:~~

43.8 (i) ~~the resident verbally requests; or~~

43.9 (ii) ~~the assisted living facility has documentation of the designated or legal representative's~~
43.10 ~~authority to enter into a lease or contract on behalf of the prospective resident and accepts~~
43.11 ~~the documentation in good faith;~~

43.12 (2) ~~the counseling shall~~ (1) be performed in a manner that provides objective and complete
43.13 information;

43.14 (3) ~~the counseling must~~ (2) include a review of the ~~prospective resident's reasons for~~
43.15 ~~considering assisted living services, the prospective resident's~~ person's personal goals, a
43.16 discussion of the ~~prospective resident's~~ person's immediate and projected long-term care
43.17 needs, and alternative community services or settings that may meet the ~~prospective resident's~~
43.18 person's needs; and

43.19 (4) ~~the prospective resident must be informed of the availability of an in-person visit~~
43.20 ~~from a long-term care consultation team member at no charge to the prospective resident~~
43.21 ~~to assist the prospective resident in assessment and planning to meet the prospective resident's~~
43.22 ~~long-term care needs; and~~

43.23 (5) ~~verification of counseling shall be generated and provided to the prospective resident~~
43.24 ~~by Senior LinkAge Line upon completion of the telephone-based counseling~~ (3) include
43.25 the counseling and referral protocols in subdivision 7, paragraph (b), clauses (11) to (13).

43.26 (c) An assisted living facility licensed under chapter 144G ~~shall:~~

43.27 (1) must inform each prospective resident or the prospective resident's designated or
43.28 legal representative of the availability of and contact information for long-term care options
43.29 counseling services under this subdivision; by providing Senior LinkAge Line information
43.30 at the facility tour.

43.31 (2) ~~receive a copy of the verification of counseling prior to executing a contract with~~
43.32 ~~the prospective resident; and~~

44.1 ~~(3) retain a copy of the verification of counseling as part of the resident's file.~~

44.2 (d) ~~Emergency admissions to licensed assisted living facilities prior to consultation under~~
44.3 ~~paragraph (b) are permitted according to policies established by the commissioner. Prior to~~
44.4 ~~discharge, hospitals must refer older adults who are at risk of nursing home placement to~~
44.5 ~~the Senior LinkAge Line for long-term care options counseling. Hospitals must make these~~
44.6 ~~referrals using referral protocols and processes developed under subdivision 7.~~

44.7 **EFFECTIVE DATE.** This section is effective August 1, 2024.

44.8 Sec. 2. Minnesota Statutes 2022, section 256B.69, is amended by adding a subdivision to
44.9 read:

44.10 **Subd. 6h. Continuity of care for seniors receiving personal assistance.** (a) If an
44.11 individual 65 years of age or older is receiving personal assistance from the same agency
44.12 continuously during the six months prior to being newly enrolled with any managed care
44.13 or county-based purchasing plan, the managed care or county-based purchasing plan with
44.14 which the individual is newly enrolled must offer the agency a contract for the purposes of
44.15 allowing the enrollee to receive any personal assistance covered under the terms of the plan
44.16 from the enrollee's current agency, provided the enrollee continues to live in the service
44.17 area of the enrollee's current agency.

44.18 (b) For the purposes of this subdivision, the following terms have the meanings given:

44.19 (1) "agency" means any of the following:

44.20 (i) a personal care assistance provider agency as defined under section 256B.0659,
44.21 subdivision 1, paragraph (1);

44.22 (ii) an agency provider as described in section 256B.85, subdivision 2, paragraph (c);

44.23 or

44.24 (iii) a financial management services provider for an enrollee who directly employs
44.25 direct care staff through the community first services and supports budget model or through
44.26 the consumer-directed community supports option available under the elderly waiver; and

44.27 (2) "personal assistance" means any of the following:

44.28 (i) personal care assistance services, extended personal care assistance services, or
44.29 enhanced rate personal care assistance services under section 256B.0659;

44.30 (ii) community first services and supports, extended community first services and
44.31 supports, or enhanced rate community first services and supports under section 256B.85;

44.32 or

45.1 (iii) personal assistance provided through the consumer-directed community supports
45.2 option available under the elderly waiver.

45.3 (c) This subdivision applies only if the enrollee's current agency agrees to accept as
45.4 payment in full the managed care plan's or county-based purchasing plan's in-network
45.5 reimbursement rate for the same covered service at the time the service is provided, and
45.6 agrees to enter into a managed care plan's or county-based purchasing plan's contract for
45.7 services of like kind.

45.8 **EFFECTIVE DATE.** This section is effective January 1, 2025.

45.9 Sec. 3. Minnesota Statutes 2022, section 256R.08, subdivision 1, is amended to read:

45.10 Subdivision 1. **Reporting of financial statements.** (a) No later than February 1 of each
45.11 year, a nursing facility must:

45.12 (1) provide the state agency with a copy of its ~~audited financial statements or its working~~
45.13 ~~trial balance;~~

45.14 (2) provide the state agency with a copy of its audited financial statements for each year
45.15 an audit is conducted;

45.16 ~~(2)~~ (3) provide the state agency with a statement of ownership for the facility;

45.17 ~~(3)~~ (4) provide the state agency with separate, audited financial statements ~~or~~ and working
45.18 trial balances for every other facility owned in whole or in part by an individual or entity
45.19 that has an ownership interest in the facility;

45.20 (5) provide the state agency with information regarding whether the licensee or a general
45.21 partner, director, or officer of the licensee controls or has an ownership interest of five
45.22 percent or more in a related organization that provides any services, facilities, or supplies
45.23 to the nursing facility;

45.24 ~~(4)~~ (6) upon request, provide the state agency with separate, audited financial statements
45.25 ~~or~~ and working trial balances for every organization with which the facility conducts business
45.26 and which is owned in whole or in part by an individual or entity which has an ownership
45.27 interest in the facility;

45.28 ~~(5)~~ (7) provide the state agency with copies of leases, purchase agreements, and other
45.29 documents related to the lease or purchase of the nursing facility; and

45.30 ~~(6)~~ (8) upon request, provide the state agency with copies of leases, purchase agreements,
45.31 and other documents related to the acquisition of equipment, goods, and services which are
45.32 claimed as allowable costs.

46.1 (b) If the licensee or the general partner, director, or officer of the licensee controls or
46.2 has an interest as described in paragraph (a), clause (5), the licensee must disclose all services,
46.3 facilities, or supplies provided to the nursing facility; the number of individuals who provide
46.4 services, facilities, or supplies at the nursing facility; and any other information requested
46.5 by the state agency.

46.6 ~~(b)~~ (c) Audited financial statements submitted under ~~paragraph~~ paragraphs (a) and (b)
46.7 must include a balance sheet, income statement, statement of the rate or rates charged to
46.8 private paying residents, statement of retained earnings, statement of cash flows, notes to
46.9 the financial statements, audited applicable supplemental information, and the public
46.10 accountant's report. Public accountants must conduct audits in accordance with chapter
46.11 326A. The cost of an audit must not be an allowable cost unless the nursing facility submits
46.12 its audited financial statements in the manner otherwise specified in this subdivision. A
46.13 nursing facility must permit access by the state agency to the public accountant's audit work
46.14 papers that support the audited financial statements submitted under ~~paragraph~~ paragraphs
46.15 (a) and (b).

46.16 ~~(e)~~ (d) Documents or information provided to the state agency pursuant to this subdivision
46.17 must be public unless prohibited by the Health Insurance Portability and Accountability
46.18 Act or any other federal or state regulation. Data, notes, and preliminary drafts of reports
46.19 created, collected, and maintained by the audit offices of government entities, or persons
46.20 performing audits for government entities, and relating to an audit or investigation are
46.21 confidential data on individuals or protected nonpublic data until the final report has been
46.22 published or the audit or investigation is no longer being pursued actively, except that the
46.23 data must be disclosed as required to comply with section 6.67 or 609.456.

46.24 ~~(d)~~ (e) If the requirements of paragraphs (a) ~~and~~, (b), and (c) are not met, the
46.25 reimbursement rate may be reduced to 80 percent of the rate in effect on the first day of the
46.26 fourth calendar month after the close of the reporting period and the reduction must continue
46.27 until the requirements are met.

46.28 (f) Licensees must provide the information required in this section to the commissioner
46.29 in a manner prescribed by the commissioner.

46.30 (g) For purposes of this section, "related organization" and "control" have the meaning
46.31 given in section 256R.02, subdivision 43.

46.32 **EFFECTIVE DATE.** This section is effective August 1, 2024.

47.1 Sec. 4. Minnesota Statutes 2022, section 256R.08, is amended by adding a subdivision to
47.2 read:

47.3 Subd. 5. **Notice of costs associated with leases, rent, and use of land or other real**
47.4 **property by nursing homes.** (a) Nursing homes must annually report to the commissioner,
47.5 in a manner determined by the commissioner, their cost associated with leases, rent, and
47.6 use of land or other real property and any other related information requested by the state
47.7 agency.

47.8 (b) A nursing facility that violates this subdivision is subject to the penalties and
47.9 procedures under section 256R.04, subdivision 7.

47.10 **EFFECTIVE DATE.** This section is effective August 1, 2024.

47.11 Sec. 5. **REPEALER.**

47.12 (a) Minnesota Statutes 2022, section 256.975, subdivisions 7f and 7g, are repealed.

47.13 (b) Minnesota Statutes 2022, section 256R.18, is repealed.

47.14 **EFFECTIVE DATE.** Paragraph (a) is effective August 1, 2024. Paragraph (b) is effective
47.15 July 1, 2024.

47.16 **ARTICLE 5**

47.17 **SUBSTANCE USE DISORDER SERVICES**

47.18 Section 1. Minnesota Statutes 2022, section 245F.02, subdivision 17, is amended to read:

47.19 Subd. 17. **Peer recovery support services.** "Peer recovery support services" means
47.20 ~~mentoring and education, advocacy, and nonclinical recovery support provided by a recovery~~
47.21 ~~peer~~ services provided according to section 245F.08, subdivision 3.

47.22 **EFFECTIVE DATE.** This section is effective the day following final enactment.

47.23 Sec. 2. Minnesota Statutes 2022, section 245F.02, subdivision 21, is amended to read:

47.24 Subd. 21. **Recovery peer.** "Recovery peer" means a person who has progressed in the
47.25 person's own recovery from substance use disorder and is willing to serve as a peer to assist
47.26 others in their recovery and is qualified according to section 245F.15, subdivision 7.

47.27 **EFFECTIVE DATE.** This section is effective the day following final enactment.

48.1 Sec. 3. Minnesota Statutes 2022, section 245F.08, subdivision 3, is amended to read:

48.2 Subd. 3. **Peer recovery support services.** ~~(a) Peers in recovery serve as mentors or~~
48.3 ~~recovery support partners for individuals in recovery, and may provide encouragement,~~
48.4 ~~self-disclosure of recovery experiences, transportation to appointments, assistance with~~
48.5 ~~finding resources that will help locate housing, job search resources, and assistance finding~~
48.6 ~~and participating in support groups.~~

48.7 ~~(b) Peer recovery support services are provided by a recovery peer and must be supervised~~
48.8 ~~by the responsible staff person.~~

48.9 Peer recovery support services must meet the requirements in section 245G.07,
48.10 subdivision 2, clause (8), and must be provided by a person who is qualified according to
48.11 the requirements in section 245F.15, subdivision 7.

48.12 **EFFECTIVE DATE.** This section is effective the day following final enactment.

48.13 Sec. 4. Minnesota Statutes 2022, section 245F.15, subdivision 7, is amended to read:

48.14 Subd. 7. **Recovery peer qualifications.** Recovery peers must:

48.15 ~~(1) be at least 21 years of age and have a high school diploma or its equivalent;~~

48.16 ~~(2) have a minimum of one year in recovery from substance use disorder;~~

48.17 ~~(3) have completed a curriculum designated by the commissioner that teaches specific~~
48.18 ~~skills and training in the domains of ethics and boundaries, advocacy, mentoring and~~
48.19 ~~education, and recovery and wellness support; and~~

48.20 ~~(4) receive supervision in areas specific to the domains of their role by qualified~~
48.21 ~~supervisory staff.~~

48.22 (1) meet the qualifications in section 245I.04, subdivision 18; and

48.23 (2) provide services according to the scope of practice established in section 245I.04,
48.24 subdivision 19, under the supervision of an alcohol and drug counselor.

48.25 **EFFECTIVE DATE.** This section is effective the day following final enactment.

48.26 Sec. 5. Minnesota Statutes 2022, section 245G.04, is amended by adding a subdivision to
48.27 read:

48.28 Subd. 3. **Opioid educational material.** (a) If a client is identified as having opioid use
48.29 issues, the license holder must provide opioid educational material to the client on the day

49.1 of service initiation. The license holder must use the opioid educational material approved
49.2 by the commissioner that contains information on:

49.3 (1) risks for opioid use disorder and dependence;

49.4 (2) treatment options, including the use of a medication for opioid use disorder;

49.5 (3) the risk and recognition of opioid overdose; and

49.6 (4) the use, availability, and administration of an opiate antagonist to respond to opioid
49.7 overdose.

49.8 (b) If the client is identified as having opioid use issues at a later date, the required
49.9 educational material must be provided at that time.

49.10 **EFFECTIVE DATE.** This section is effective January 1, 2025.

49.11 Sec. 6. Minnesota Statutes 2023 Supplement, section 245G.05, subdivision 3, is amended
49.12 to read:

49.13 Subd. 3. **Comprehensive assessment requirements.** ~~(a)~~ A comprehensive assessment
49.14 must meet the requirements under section 245I.10, subdivision 6, paragraphs (b) and (c).
49.15 It must also include:

49.16 (1) a diagnosis of a substance use disorder or a finding that the client does not meet the
49.17 criteria for a substance use disorder;

49.18 (2) a determination of whether the individual screens positive for co-occurring mental
49.19 health disorders using a screening tool approved by the commissioner pursuant to section
49.20 245.4863;

49.21 (3) a risk rating and summary to support the risk ratings within each of the dimensions
49.22 listed in section 254B.04, subdivision 4; and

49.23 (4) a recommendation for the ASAM level of care identified in section 254B.19,
49.24 subdivision 1.

49.25 ~~(b) If the individual is assessed for opioid use disorder, the program must provide~~
49.26 ~~educational material to the client within 24 hours of service initiation on:~~

49.27 ~~(1) risks for opioid use disorder and dependence;~~

49.28 ~~(2) treatment options, including the use of a medication for opioid use disorder;~~

49.29 ~~(3) the risk and recognition of opioid overdose; and~~

50.1 ~~(4) the use, availability, and administration of an opiate antagonist to respond to opioid~~
50.2 ~~overdose.~~

50.3 ~~If the client is identified as having opioid use disorder at a later point, the required educational~~
50.4 ~~material must be provided at that point. The license holder must use the educational materials~~
50.5 ~~that are approved by the commissioner to comply with this requirement.~~

50.6 **EFFECTIVE DATE.** This section is effective January 1, 2025.

50.7 Sec. 7. Minnesota Statutes 2023 Supplement, section 245G.09, subdivision 3, is amended
50.8 to read:

50.9 Subd. 3. **Contents.** Client records must contain the following:

50.10 (1) documentation that the client was given information on client rights and
50.11 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided
50.12 an orientation to the program abuse prevention plan required under section 245A.65,
50.13 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record
50.14 must contain documentation that the client was provided educational information according
50.15 to section ~~245G.05~~ 245G.04, subdivision 3, ~~paragraph (b)~~;

50.16 (2) an initial services plan completed according to section 245G.04;

50.17 (3) a comprehensive assessment completed according to section 245G.05;

50.18 (4) an individual abuse prevention plan according to sections 245A.65, subdivision 2,
50.19 and 626.557, subdivision 14, when applicable;

50.20 (5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a;

50.21 (6) documentation of treatment services, significant events, appointments, concerns, and
50.22 treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, 3, and 3a; and

50.23 (7) a summary at the time of service termination according to section 245G.06,
50.24 subdivision 4.

50.25 **EFFECTIVE DATE.** This section is effective January 1, 2025.

50.26 Sec. 8. Minnesota Statutes 2023 Supplement, section 245G.11, subdivision 10, is amended
50.27 to read:

50.28 Subd. 10. **Student interns and former students.** (a) A qualified staff member must
50.29 supervise and be responsible for a treatment service performed by a student intern and must

51.1 review and sign each assessment, individual treatment plan, and treatment plan review
51.2 prepared by a student intern.

51.3 (b) An alcohol and drug counselor must supervise and be responsible for a treatment
51.4 service performed by a former student and must review and sign each assessment, individual
51.5 treatment plan, and treatment plan review prepared by the former student.

51.6 (c) A student intern or former student must receive the orientation and training required
51.7 in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the
51.8 treatment staff may be ~~students, student interns or former students, or licensing candidates~~
51.9 with time documented to be directly related to the provision of treatment services for which
51.10 the staff are authorized.

51.11 Sec. 9. Minnesota Statutes 2023 Supplement, section 245G.22, subdivision 2, is amended
51.12 to read:

51.13 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
51.14 have the meanings given them.

51.15 (b) "Diversion" means the use of a medication for the treatment of opioid addiction being
51.16 diverted from intended use of the medication.

51.17 (c) "Guest dose" means administration of a medication used for the treatment of opioid
51.18 addiction to a person who is not a client of the program that is administering or dispensing
51.19 the medication.

51.20 (d) "Medical director" means a practitioner licensed to practice medicine in the
51.21 jurisdiction that the opioid treatment program is located who assumes responsibility for
51.22 administering all medical services performed by the program, either by performing the
51.23 services directly or by delegating specific responsibility to a practitioner of the opioid
51.24 treatment program.

51.25 (e) "Medication used for the treatment of opioid use disorder" means a medication
51.26 approved by the Food and Drug Administration for the treatment of opioid use disorder.

51.27 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

51.28 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,
51.29 title 42, section 8.12, and includes programs licensed under this chapter.

51.30 (h) "Practitioner" means a staff member holding a current, unrestricted license to practice
51.31 medicine issued by the Board of Medical Practice or nursing issued by the Board of Nursing
51.32 and is currently registered with the Drug Enforcement Administration to order or dispense

52.1 controlled substances in Schedules II to V under the Controlled Substances Act, United
 52.2 States Code, title 21, part B, section 821. ~~Practitioner includes an advanced practice registered~~
 52.3 ~~nurse and physician assistant if the staff member receives a variance by the state opioid~~
 52.4 ~~treatment authority under section 254A.03 and the federal Substance Abuse and Mental~~
 52.5 ~~Health Services Administration.~~

52.6 (i) "Unsupervised use" means the use of a medication for the treatment of opioid use
 52.7 disorder dispensed for use by a client outside of the program setting.

52.8 Sec. 10. Minnesota Statutes 2022, section 245G.22, subdivision 6, is amended to read:

52.9 Subd. 6. **Criteria for unsupervised use.** (a) To limit the potential for diversion of
 52.10 medication used for the treatment of opioid use disorder to the illicit market, medication
 52.11 dispensed to a client for unsupervised use shall be subject to the requirements of this
 52.12 subdivision. Any client in an opioid treatment program may receive ~~a single unsupervised~~
 52.13 ~~use dose for a day that the clinic is closed for business, including Sundays and state and~~
 52.14 ~~federal holidays~~ individualized unsupervised use doses as ordered for days that the clinic
 52.15 is closed for business, including one weekend day and state and federal holidays, no matter
 52.16 the client's length of time in treatment, as allowed under Code of Federal Regulations, title
 52.17 42, section 8.12(i)(1).

52.18 (b) For unsupervised use doses beyond those allowed in paragraph (a), a practitioner
 52.19 with authority to prescribe must review and document the criteria in this paragraph and
 52.20 paragraph (c) Code of Federal Regulations, title 42, section 8.12(i)(2), when determining
 52.21 whether dispensing medication for a client's unsupervised use is safe and when it is
 52.22 appropriate to implement, increase, or extend the amount of time between visits to the
 52.23 program. The criteria are:

52.24 ~~(1) absence of recent abuse of drugs including but not limited to opioids, non-narcotics,~~
 52.25 ~~and alcohol;~~

52.26 ~~(2) regularity of program attendance;~~

52.27 ~~(3) absence of serious behavioral problems at the program;~~

52.28 ~~(4) absence of known recent criminal activity such as drug dealing;~~

52.29 ~~(5) stability of the client's home environment and social relationships;~~

52.30 ~~(6) length of time in comprehensive maintenance treatment;~~

52.31 ~~(7) reasonable assurance that unsupervised use medication will be safely stored within~~
 52.32 ~~the client's home; and~~

53.1 ~~(8) whether the rehabilitative benefit the client derived from decreasing the frequency~~
53.2 ~~of program attendance outweighs the potential risks of diversion or unsupervised use.~~

53.3 (c) The determination, including the basis of the determination must be documented in
53.4 the client's medical record.

53.5 Sec. 11. Minnesota Statutes 2023 Supplement, section 245G.22, subdivision 17, is amended
53.6 to read:

53.7 Subd. 17. **Policies and procedures.** (a) A license holder must develop and maintain the
53.8 policies and procedures required in this subdivision.

53.9 (b) For a program that is not open every day of the year, the license holder must maintain
53.10 a policy and procedure that covers requirements under ~~section 245G.22, subdivisions 6 and~~
53.11 ~~7~~ subdivision 6. Unsupervised use of medication used for the treatment of opioid use disorder
53.12 for days that the program is closed for business, including ~~but not limited to Sundays~~ one
53.13 weekend day and state and federal holidays, must meet the requirements under ~~section~~
53.14 ~~245G.22, subdivisions 6 and 7~~ subdivision 6.

53.15 (c) The license holder must maintain a policy and procedure that includes specific
53.16 measures to reduce the possibility of diversion. The policy and procedure must:

53.17 (1) specifically identify and define the responsibilities of the medical and administrative
53.18 staff for performing diversion control measures; and

53.19 (2) include a process for contacting no less than five percent of clients who have
53.20 unsupervised use of medication, excluding clients approved solely under subdivision 6,
53.21 paragraph (a), to require clients to physically return to the program each month. The system
53.22 must require clients to return to the program within a stipulated time frame and turn in all
53.23 unused medication containers related to opioid use disorder treatment. The license holder
53.24 must document all related contacts on a central log and the outcome of the contact for each
53.25 client in the client's record. The medical director must be informed of each outcome that
53.26 results in a situation in which a possible diversion issue was identified.

53.27 (d) Medication used for the treatment of opioid use disorder must be ordered,
53.28 administered, and dispensed according to applicable state and federal regulations and the
53.29 standards set by applicable accreditation entities. If a medication order requires assessment
53.30 by the person administering or dispensing the medication to determine the amount to be
53.31 administered or dispensed, the assessment must be completed by an individual whose
53.32 professional scope of practice permits an assessment. For the purposes of enforcement of
53.33 this paragraph, the commissioner has the authority to monitor the person administering or

54.1 dispensing the medication for compliance with state and federal regulations and the relevant
54.2 standards of the license holder's accreditation agency and may issue licensing actions
54.3 according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's
54.4 determination of noncompliance.

54.5 (e) ~~A counselor in an opioid treatment program must not supervise more than 50 clients.~~
54.6 The license holder must maintain a ratio of one full-time equivalent alcohol and drug
54.7 counselor for every 60 clients enrolled in the program. The license holder must determine
54.8 the appropriate number of clients for which each counselor is responsible based on the needs
54.9 of each client. The license holder must maintain documentation of the clients assigned to
54.10 each counselor to demonstrate compliance with this paragraph. For the purpose of this
54.11 paragraph, "full-time equivalent" means working at least 32 hours each week.

54.12 (f) ~~Notwithstanding paragraph (e), From July 1, 2023, to June 30, 2024, a counselor in~~
54.13 ~~an opioid treatment program may supervise up to 60 clients. The license holder may continue~~
54.14 ~~to serve a client who was receiving services at the program on June 30, 2024, at a counselor~~
54.15 ~~to client ratio of up to one to 60 and is not required to discharge any clients in order to return~~
54.16 ~~to the counselor to client ratio of one to 50. The license holder may not, however, serve a~~
54.17 ~~new client after June 30, 2024, unless the counselor who would supervise the new client is~~
54.18 ~~supervising fewer than 50 existing clients.~~

54.19 **EFFECTIVE DATE.** This section is effective July 1, 2024.

54.20 Sec. 12. Minnesota Statutes 2023 Supplement, section 245I.04, subdivision 18, is amended
54.21 to read:

54.22 Subd. 18. **Recovery peer qualifications.** (a) A recovery peer must:

54.23 (1) have a minimum of one year in recovery from substance use disorder; and

54.24 (2) hold a current credential from the Minnesota Certification Board, the Upper Midwest
54.25 Indian Council on Addictive Disorders, or the National Association for Alcoholism and
54.26 Drug Abuse Counselors that demonstrates skills and training in the domains of ethics and
54.27 boundaries, advocacy, mentoring and education, and recovery and wellness support.

54.28 (b) A recovery peer who receives a credential from a Tribal Nation when providing peer
54.29 recovery support services in a tribally licensed program satisfies the requirement in paragraph
54.30 (a), clause (2).

54.31 (c) A recovery peer must not be classified as an independent contractor.

55.1 Sec. 13. Minnesota Statutes 2023 Supplement, section 254A.19, subdivision 3, is amended
55.2 to read:

55.3 Subd. 3. **Comprehensive assessments.** (a) An eligible vendor under section 254B.05
55.4 conducting a comprehensive assessment for an individual seeking treatment shall ~~approve~~
55.5 recommend the nature, intensity level, and duration of treatment service if a need for services
55.6 is indicated, but the individual assessed can access any enrolled provider that is licensed to
55.7 provide the level of service authorized, including the provider or program that completed
55.8 the assessment. If an individual is enrolled in a prepaid health plan, the individual must
55.9 comply with any provider network requirements or limitations.

55.10 (b) When a comprehensive assessment is completed while the individual is in a substance
55.11 use disorder treatment program, the comprehensive assessment must meet the requirements
55.12 of section 245G.05.

55.13 (c) When a comprehensive assessment is completed for purposes of payment under
55.14 section 254B.05, subdivision 1, paragraph (b), (c), or (h), or if the assessment is completed
55.15 prior to service initiation by a licensed substance use disorder treatment program licensed
55.16 under chapter 245G or applicable Tribal license, the assessor must:

55.17 (1) include all components under section 245G.05, subdivision 3;

55.18 (2) provide the assessment within five days of request or refer the individual to other
55.19 locations where they may access this service sooner;

55.20 (3) provide information on payment options for substance use disorder services when
55.21 the individual is uninsured or underinsured;

55.22 (4) provide the individual with a notice of privacy practices;

55.23 (5) provide a copy of the completed comprehensive assessment, upon request;

55.24 (6) provide resources and contact information for the level of care being recommended;
55.25 and

55.26 (7) provide an individual diagnosed with an opioid use disorder with educational material
55.27 approved by the commissioner that contains information on:

55.28 (i) risks for opioid use disorder and opioid dependence;

55.29 (ii) treatment options, including the use of a medication for opioid use disorder;

55.30 (iii) the risk and recognition of opioid overdose; and

56.1 (iv) the use, availability, and administration of an opiate antagonist to respond to opioid
56.2 overdose.

56.3 Sec. 14. Minnesota Statutes 2023 Supplement, section 254B.04, subdivision 6, is amended
56.4 to read:

56.5 Subd. 6. **Local agency to determine client financial eligibility.** (a) The local agency
56.6 shall determine a client's financial eligibility for the behavioral health fund according to
56.7 section 254B.04, subdivision 1a, with the income calculated prospectively for one year from
56.8 the date of ~~comprehensive assessment~~ request. The local agency shall pay for eligible clients
56.9 according to chapter 256G. ~~The local agency shall enter the financial eligibility span within~~
56.10 ~~ten calendar days of request.~~ Client eligibility must be determined using only forms prescribed
56.11 by the ~~department~~ commissioner unless the local agency has a reasonable basis for believing
56.12 that the information submitted on a form is false. To determine a client's eligibility, the local
56.13 agency must determine the client's income, the size of the client's household, the availability
56.14 of a third-party payment source, and a responsible relative's ability to pay for the client's
56.15 substance use disorder treatment.

56.16 (b) A client who is a minor child must not be deemed to have income available to pay
56.17 for substance use disorder treatment, unless the minor child is responsible for payment under
56.18 section 144.347 for substance use disorder treatment services sought under section 144.343,
56.19 subdivision 1.

56.20 (c) The local agency must determine the client's household size as follows:

56.21 (1) if the client is a minor child, the household size includes the following persons living
56.22 in the same dwelling unit:

56.23 (i) the client;

56.24 (ii) the client's birth or adoptive parents; and

56.25 (iii) the client's siblings who are minors; and

56.26 (2) if the client is an adult, the household size includes the following persons living in
56.27 the same dwelling unit:

56.28 (i) the client;

56.29 (ii) the client's spouse;

56.30 (iii) the client's minor children; and

56.31 (iv) the client's spouse's minor children.

57.1 For purposes of this paragraph, household size includes a person listed in clauses (1) and
57.2 (2) who is in an out-of-home placement if a person listed in clause (1) or (2) is contributing
57.3 to the cost of care of the person in out-of-home placement.

57.4 (d) The local agency must determine the client's current prepaid health plan enrollment,
57.5 the availability of a third-party payment source, including the availability of total payment,
57.6 partial payment, and amount of co-payment.

57.7 (e) The local agency must provide the required eligibility information to the department
57.8 in the manner specified by the department.

57.9 (f) The local agency shall require the client and policyholder to conditionally assign to
57.10 the department the client and policyholder's rights and the rights of minor children to benefits
57.11 or services provided to the client if the department is required to collect from a third-party
57.12 pay source.

57.13 (g) The local agency must redetermine a client's eligibility for the behavioral health fund
57.14 every 12 months.

57.15 (h) A client, responsible relative, and policyholder must provide income or wage
57.16 verification, household size verification, and must make an assignment of third-party payment
57.17 rights under paragraph (f). If a client, responsible relative, or policyholder does not comply
57.18 with the provisions of this subdivision, the client is ineligible for behavioral health fund
57.19 payment for substance use disorder treatment, and the client and responsible relative must
57.20 be obligated to pay for the full cost of substance use disorder treatment services provided
57.21 to the client.

57.22 Sec. 15. Minnesota Statutes 2023 Supplement, section 254B.04, is amended by adding a
57.23 subdivision to read:

57.24 Subd. 6a. **Span of eligibility.** The local agency must enter the financial eligibility span
57.25 within five business days of a request. If the comprehensive assessment is completed within
57.26 the timelines required under chapter 245G, then the span of eligibility must begin on the
57.27 date services were initiated. If the comprehensive assessment is not completed within the
57.28 timelines required under chapter 245G, then the span of eligibility must begin on the date
57.29 the comprehensive assessment was completed.

58.1 Sec. 16. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended
58.2 to read:

58.3 Subdivision 1. **Licensure or certification required.** (a) Programs licensed by the
58.4 commissioner are eligible vendors. Hospitals may apply for and receive licenses to be
58.5 eligible vendors, notwithstanding the provisions of section 245A.03. American Indian
58.6 programs that provide substance use disorder treatment, extended care, transitional residence,
58.7 or outpatient treatment services, and are licensed by Tribal government are eligible vendors.

58.8 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
58.9 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
58.10 vendor of a comprehensive assessment and assessment summary provided according to
58.11 section 245G.05, and treatment services provided according to sections 245G.06 and
58.12 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
58.13 (1) to (6).

58.14 (c) A county is an eligible vendor for a comprehensive assessment and assessment
58.15 summary when provided by an individual who meets the staffing credentials of section
58.16 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
58.17 245G.05. A county is an eligible vendor of care coordination services when provided by an
58.18 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
58.19 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
58.20 clause (5). A county is an eligible vendor of peer recovery services when the services are
58.21 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

58.22 (d) A recovery community organization that meets the requirements of clauses (1) to
58.23 (10) and meets ~~membership certification~~ or accreditation requirements of the ~~Association~~
58.24 ~~of Recovery Community Organizations~~, Alliance for Recovery Centered Organizations, the
58.25 Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide
58.26 recovery community organization identified by the commissioner is an eligible vendor of
58.27 peer support services. Eligible vendors under this paragraph must:

58.28 (1) be nonprofit organizations;

58.29 (2) be led and governed by individuals in the recovery community, with more than 50
58.30 percent of the board of directors or advisory board members self-identifying as people in
58.31 personal recovery from substance use disorders;

58.32 (3) primarily focus on recovery from substance use disorders, with missions and visions
58.33 that support this primary focus;

- 59.1 (4) be grassroots and reflective of and engaged with the community served;
- 59.2 (5) be accountable to the recovery community through processes that promote the
59.3 involvement and engagement of, and consultation with, people in recovery and their families,
59.4 friends, and recovery allies;
- 59.5 (6) provide nonclinical peer recovery support services, including but not limited to
59.6 recovery support groups, recovery coaching, telephone recovery support, skill-building
59.7 groups, and harm-reduction activities;
- 59.8 (7) allow for and support opportunities for all paths toward recovery and refrain from
59.9 excluding anyone based on their chosen recovery path, which may include but is not limited
59.10 to harm reduction paths, faith-based paths, and nonfaith-based paths;
- 59.11 (8) be purposeful in meeting the diverse needs of Black, Indigenous, and people of color
59.12 communities, including board and staff development activities, organizational practices,
59.13 service offerings, advocacy efforts, and culturally informed outreach and service plans;
- 59.14 (9) be stewards of recovery-friendly language that is supportive of and promotes recovery
59.15 across diverse geographical and cultural contexts and reduces stigma; ~~and~~
- 59.16 (10) maintain an employee and volunteer code of ethics and easily accessible grievance
59.17 procedures posted in physical spaces, on websites, or on program policies or forms; and
- 59.18 (11) not classify any recovery peer as an independent contractor.
- 59.19 (e) Recovery community organizations approved by the commissioner before June 30,
59.20 2023, shall retain their designation as recovery community organizations.
- 59.21 (f) A recovery community organization that is aggrieved by an accreditation or
59.22 membership determination and believes it meets the requirements under paragraph (d) may
59.23 appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (15),
59.24 for reconsideration as an eligible vendor.
- 59.25 (g) All recovery community organizations must be certified or accredited by an entity
59.26 listed in paragraph (d) by January 1, 2025.
- 59.27 ~~(g)~~ (h) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
59.28 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
59.29 nonresidential substance use disorder treatment or withdrawal management program by the
59.30 commissioner or by Tribal government or do not meet the requirements of subdivisions 1a
59.31 and 1b are not eligible vendors.

60.1 ~~(h)~~ (i) Hospitals, federally qualified health centers, and rural health clinics are eligible
60.2 vendors of a comprehensive assessment when the comprehensive assessment is completed
60.3 according to section 245G.05 and by an individual who meets the criteria of an alcohol and
60.4 drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor
60.5 must be individually enrolled with the commissioner and reported on the claim as the
60.6 individual who provided the service.

60.7 Sec. 17. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, is amended
60.8 to read:

60.9 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
60.10 use disorder services and service enhancements funded under this chapter.

60.11 (b) Eligible substance use disorder treatment services include:

60.12 (1) those licensed, as applicable, according to chapter 245G or applicable Tribal license
60.13 and provided according to the following ASAM levels of care:

60.14 (i) ASAM level 0.5 early intervention services provided according to section 254B.19,
60.15 subdivision 1, clause (1);

60.16 (ii) ASAM level 1.0 outpatient services provided according to section 254B.19,
60.17 subdivision 1, clause (2);

60.18 (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,
60.19 subdivision 1, clause (3);

60.20 (iv) ASAM level 2.5 partial hospitalization services provided according to section
60.21 254B.19, subdivision 1, clause (4);

60.22 (v) ASAM level 3.1 clinically managed low-intensity residential services provided
60.23 according to section 254B.19, subdivision 1, clause (5);

60.24 (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential
60.25 services provided according to section 254B.19, subdivision 1, clause (6); and

60.26 (vii) ASAM level 3.5 clinically managed high-intensity residential services provided
60.27 according to section 254B.19, subdivision 1, clause (7);

60.28 (2) comprehensive assessments provided according to ~~sections 245.4863, paragraph (a),~~
60.29 ~~and 245G.05~~ section 254A.19, subdivision 3;

60.30 (3) treatment coordination services provided according to section 245G.07, subdivision
60.31 1, paragraph (a), clause (5);

61.1 (4) peer recovery support services provided according to section 245G.07, subdivision
61.2 2, clause (8);

61.3 (5) withdrawal management services provided according to chapter 245F;

61.4 (6) hospital-based treatment services that are licensed according to sections 245G.01 to
61.5 245G.17 or applicable Tribal license and licensed as a hospital under sections 144.50 to
61.6 144.56;

61.7 (7) substance use disorder treatment services with medications for opioid use disorder
61.8 provided in an opioid treatment program licensed according to sections 245G.01 to 245G.17
61.9 and 245G.22, or under an applicable Tribal license;

61.10 ~~(7)~~(8) adolescent treatment programs that are licensed as outpatient treatment programs
61.11 according to sections 245G.01 to 245G.18 or as residential treatment programs according
61.12 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
61.13 applicable Tribal license;

61.14 ~~(8)~~(9) ASAM 3.5 clinically managed high-intensity residential services that are licensed
61.15 according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license, which
61.16 provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7),
61.17 and are provided by a state-operated vendor or to clients who have been civilly committed
61.18 to the commissioner, present the most complex and difficult care needs, and are a potential
61.19 threat to the community; and

61.20 ~~(9)~~(10) room and board facilities that meet the requirements of subdivision 1a.

61.21 (c) The commissioner shall establish higher rates for programs that meet the requirements
61.22 of paragraph (b) and one of the following additional requirements:

61.23 (1) programs that serve parents with their children if the program:

61.24 (i) provides on-site child care during the hours of treatment activity that:

61.25 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
61.26 9503; or

61.27 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or

61.28 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
61.29 licensed under chapter 245A as:

61.30 (A) a child care center under Minnesota Rules, chapter 9503; or

61.31 (B) a family child care home under Minnesota Rules, chapter 9502;

- 62.1 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
62.2 subdivision 4a;
- 62.3 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
- 62.4 (4) programs that offer medical services delivered by appropriately credentialed health
62.5 care staff in an amount equal to ~~two hours~~ one hour per client per week if the medical needs
62.6 of the client and the nature and provision of any medical services provided are documented
62.7 in the client file; or
- 62.8 (5) programs that offer services to individuals with co-occurring mental health and
62.9 substance use disorder problems if:
- 62.10 (i) the program meets the co-occurring requirements in section 245G.20;
- 62.11 (ii) ~~25 percent of the counseling staff are licensed mental health professionals under~~
62.12 ~~section 245I.04, subdivision 2, or are students or licensing candidates under the supervision~~
62.13 ~~of a licensed alcohol and drug counselor supervisor and mental health professional under~~
62.14 ~~section 245I.04, subdivision 2, except that no more than 50 percent of the mental health~~
62.15 ~~staff may be students or licensing candidates with time documented to be directly related~~
62.16 ~~to provisions of co-occurring services~~ the program employs a mental health professional as
62.17 defined in section 245I.04, subdivision 2;
- 62.18 (iii) clients scoring positive on a standardized mental health screen receive a mental
62.19 health diagnostic assessment within ten days of admission;
- 62.20 (iv) the program has standards for multidisciplinary case review that include a monthly
62.21 review for each client that, at a minimum, includes a licensed mental health professional
62.22 and licensed alcohol and drug counselor, and their involvement in the review is documented;
- 62.23 (v) family education is offered that addresses mental health and substance use disorder
62.24 and the interaction between the two; and
- 62.25 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
62.26 training annually.
- 62.27 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
62.28 that provides arrangements for off-site child care must maintain current documentation at
62.29 the substance use disorder facility of the child care provider's current licensure to provide
62.30 child care services.

63.1 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
63.2 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
63.3 in paragraph (c), clause (4), items (i) to (iv).

63.4 (f) Subject to federal approval, substance use disorder services that are otherwise covered
63.5 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
63.6 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
63.7 the condition and needs of the person being served. Reimbursement shall be at the same
63.8 rates and under the same conditions that would otherwise apply to direct face-to-face services.

63.9 (g) For the purpose of reimbursement under this section, substance use disorder treatment
63.10 services provided in a group setting without a group participant maximum or maximum
63.11 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
63.12 At least one of the attending staff must meet the qualifications as established under this
63.13 chapter for the type of treatment service provided. A recovery peer may not be included as
63.14 part of the staff ratio.

63.15 (h) Payment for outpatient substance use disorder services that are licensed according
63.16 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
63.17 prior authorization of a greater number of hours is obtained from the commissioner.

63.18 (i) Payment for substance use disorder services under this section must start from the
63.19 day of service initiation, when the comprehensive assessment is completed within the
63.20 required timelines.

63.21 (j) Payment rates for the following substance use disorder treatment services must use
63.22 the base payment rate specified:

63.23 (1) for services under paragraph (b), clause (1), item (v), the base payment rate is \$166.13
63.24 per day; and

63.25 (2) for services under paragraph (b), clause (1), items (vi) and (vii), the base payment
63.26 rate is \$224.06 per day.

63.27 (k) A license holder that is unable to provide all residential treatment services because
63.28 a client missed services remains eligible to bill for the client's intensity level of services
63.29 under this paragraph if the license holder can document the reason the client missed services
63.30 and the interventions done to address the client's absence.

63.31 (l) Hours in a treatment week may be reduced in observance of federally recognized
63.32 holidays.

64.1 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
64.2 shall notify the revisor of statutes when federal approval is obtained.

64.3 Sec. 18. Minnesota Statutes 2023 Supplement, section 254B.181, subdivision 1, is amended
64.4 to read:

64.5 Subdivision 1. **Requirements.** All sober homes must comply with applicable state laws
64.6 and regulations and local ordinances related to maximum occupancy, fire safety, and
64.7 sanitation. In addition, all sober homes must:

64.8 (1) maintain a supply of an opiate antagonist in the home in a conspicuous location and
64.9 post information on proper use;

64.10 (2) have written policies regarding access to all prescribed medications;

64.11 (3) have written policies regarding evictions;

64.12 (4) return all property and medications to a person discharged from the home and retain
64.13 the items for a minimum of 60 days if the person did not collect them upon discharge. The
64.14 owner must make an effort to contact persons listed as emergency contacts for the discharged
64.15 person so that the items are returned;

64.16 (5) document the names and contact information for persons to contact in case of an
64.17 emergency or upon discharge and notification of a family member, or other emergency
64.18 contact designated by the resident under certain circumstances, including but not limited to
64.19 death due to an overdose;

64.20 (6) maintain contact information for emergency resources in the community to address
64.21 mental health and health emergencies;

64.22 (7) have policies on staff qualifications and prohibition against fraternization;

64.23 (8) ~~have a policy on whether the use of medications for opioid use disorder is permissible~~
64.24 permit residents to use, as directed by a licensed prescriber, legally prescribed and dispensed
64.25 or administered pharmacotherapies approved by the United States Food and Drug
64.26 Administration for the treatment of opioid use disorder and other medications approved by
64.27 the United States Food and Drug Administration to treat co-occurring substance use disorders
64.28 and mental health conditions;

64.29 (9) have a fee schedule and refund policy;

64.30 (10) have rules for residents;

65.1 (11) have policies that promote resident participation in treatment, self-help groups, or
65.2 other recovery supports;

65.3 (12) have policies requiring abstinence from alcohol and illicit drugs; and

65.4 (13) distribute the sober home bill of rights.

65.5 **EFFECTIVE DATE.** This section is effective January 1, 2025.

65.6 Sec. 19. Minnesota Statutes 2023 Supplement, section 254B.19, subdivision 1, is amended
65.7 to read:

65.8 Subdivision 1. **Level of care requirements.** For each client assigned an ASAM level
65.9 of care, eligible vendors must implement the standards set by the ASAM for the respective
65.10 level of care. Additionally, vendors must meet the following requirements:

65.11 (1) For ASAM level 0.5 early intervention targeting individuals who are at risk of
65.12 developing a substance-related problem but may not have a diagnosed substance use disorder,
65.13 early intervention services may include individual or group counseling, treatment
65.14 coordination, peer recovery support, screening brief intervention, and referral to treatment
65.15 provided according to section 254A.03, subdivision 3, paragraph (c).

65.16 (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per
65.17 week of skilled treatment services and adolescents must receive up to five hours per week.
65.18 Services must be licensed according to section 245G.20 and meet requirements under section
65.19 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly
65.20 skilled treatment service hours allowable per week.

65.21 (3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours
65.22 per week of skilled treatment services and adolescents must receive six or more hours per
65.23 week. Vendors must be licensed according to section 245G.20 and must meet requirements
65.24 under section 256B.0759. Peer recovery services and treatment coordination may be provided
65.25 beyond the hourly skilled treatment service hours allowable per week. If clinically indicated
65.26 on the client's treatment plan, this service may be provided in conjunction with room and
65.27 board according to section 254B.05, subdivision 1a.

65.28 (4) For ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or
65.29 more of skilled treatment services. Services must be licensed according to section 245G.20
65.30 and must meet requirements under section 256B.0759. Level 2.5 is for clients who need
65.31 daily monitoring in a structured setting, as directed by the individual treatment plan and in
65.32 accordance with the limitations in section 254B.05, subdivision 5, paragraph (h). If clinically

66.1 indicated on the client's treatment plan, this service may be provided in conjunction with
66.2 room and board according to section 254B.05, subdivision 1a.

66.3 (5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs
66.4 must provide ~~at least 5~~ between nine and 19 hours of skilled treatment services per week
66.5 according to each client's specific treatment schedule, as directed by the individual treatment
66.6 plan. Programs must be licensed according to section 245G.20 and must meet requirements
66.7 under section 256B.0759.

66.8 (6) For ASAM level 3.3 clinically managed population-specific high-intensity residential
66.9 clients, programs must be licensed according to section 245G.20 and must meet requirements
66.10 under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must
66.11 be enrolled as a disability responsive program as described in section 254B.01, subdivision
66.12 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive
66.13 impairment so significant, and the resulting level of impairment so great, that outpatient or
66.14 other levels of residential care would not be feasible or effective. Programs must provide,
66.15 ~~at a minimum, daily skilled treatment services seven days a~~ 20 or more hours of skilled
66.16 treatment services per week according to each client's specific treatment schedule, as directed
66.17 by the individual treatment plan.

66.18 (7) For ASAM level 3.5 clinically managed high-intensity residential clients, services
66.19 must be licensed according to section 245G.20 and must meet requirements under section
66.20 256B.0759. Programs must have 24-hour staffing coverage and provide, ~~at a minimum,~~
66.21 ~~daily skilled treatment services seven days a~~ 20 or more hours of skilled treatment services
66.22 per week according to each client's specific treatment schedule, as directed by the individual
66.23 treatment plan.

66.24 (8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal
66.25 management must be provided according to chapter 245F.

66.26 (9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal
66.27 management must be provided according to chapter 245F.

66.28 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
66.29 of human services shall notify the revisor of statutes when federal approval has been obtained.

66.30 Sec. 20. Minnesota Statutes 2023 Supplement, section 256B.0759, subdivision 2, is
66.31 amended to read:

66.32 Subd. 2. **Provider participation.** (a) Programs licensed by the Department of Human
66.33 Services as nonresidential substance use disorder treatment programs that receive payment

67.1 under this chapter must enroll as demonstration project providers and meet the requirements
67.2 of subdivision 3 by January 1, 2025. Programs that do not meet the requirements of this
67.3 paragraph are ineligible for payment for services provided under section 256B.0625.

67.4 (b) Programs licensed by the Department of Human Services as residential treatment
67.5 programs according to section 245G.21 that receive payment under this chapter must enroll
67.6 as demonstration project providers and meet the requirements of subdivision 3 by January
67.7 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for
67.8 payment for services provided under section 256B.0625.

67.9 (c) Programs licensed by the Department of Human Services as residential treatment
67.10 programs according to section 245G.21 that receive payment under this chapter ~~and~~, are
67.11 licensed as a hospital under sections 144.50 to 144.581 ~~must~~, and provide only ASAM 3.7
67.12 medically monitored inpatient level of care are not required to enroll as demonstration
67.13 project providers and meet the requirements of subdivision 3 by January 1, 2025. Programs
67.14 meeting these criteria must submit evidence of providing the required level of care to the
67.15 commissioner to be exempt from enrolling in the demonstration.

67.16 (d) Programs licensed by the Department of Human Services as withdrawal management
67.17 programs according to chapter 245F that receive payment under this chapter must enroll as
67.18 demonstration project providers and meet the requirements of subdivision 3 by January 1,
67.19 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment
67.20 for services provided under section 256B.0625.

67.21 (e) Out-of-state residential substance use disorder treatment programs that receive
67.22 payment under this chapter must enroll as demonstration project providers and meet the
67.23 requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements
67.24 of this paragraph are ineligible for payment for services provided under section 256B.0625.

67.25 (f) Tribally licensed programs may elect to participate in the demonstration project and
67.26 meet the requirements of subdivision 3. The Department of Human Services must consult
67.27 with Tribal Nations to discuss participation in the substance use disorder demonstration
67.28 project.

67.29 (g) The commissioner shall allow providers enrolled in the demonstration project before
67.30 July 1, 2021, to receive applicable rate enhancements authorized under subdivision 4 for
67.31 all services provided on or after the date of enrollment, except that the commissioner shall
67.32 allow a provider to receive applicable rate enhancements authorized under subdivision 4
67.33 for services provided on or after July 22, 2020, to fee-for-service enrollees, and on or after

68.1 January 1, 2021, to managed care enrollees, if the provider meets all of the following
68.2 requirements:

68.3 (1) the provider attests that during the time period for which the provider is seeking the
68.4 rate enhancement, the provider took meaningful steps in their plan approved by the
68.5 commissioner to meet the demonstration project requirements in subdivision 3; and

68.6 (2) the provider submits attestation and evidence, including all information requested
68.7 by the commissioner, of meeting the requirements of subdivision 3 to the commissioner in
68.8 a format required by the commissioner.

68.9 (h) The commissioner may recoup any rate enhancements paid under paragraph (g) to
68.10 a provider that does not meet the requirements of subdivision 3 by July 1, 2021.

68.11 Sec. 21. Minnesota Statutes 2022, section 256B.0759, subdivision 4, is amended to read:

68.12 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must
68.13 be increased for services provided to medical assistance enrollees. To receive a rate increase,
68.14 participating providers must meet demonstration project requirements and provide evidence
68.15 of formal referral arrangements with providers delivering step-up or step-down levels of
68.16 care. Providers that have enrolled in the demonstration project but have not met the provider
68.17 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under
68.18 this subdivision until the date that the provider meets the provider standards in subdivision
68.19 3. Services provided from July 1, 2022, to the date that the provider meets the provider
68.20 standards under subdivision 3 shall be reimbursed at rates according to section 254B.05,
68.21 subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for
68.22 services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment
68.23 when the provider is taking meaningful steps to meet demonstration project requirements
68.24 that are not otherwise required by law, and the provider provides documentation to the
68.25 commissioner, upon request, of the steps being taken.

68.26 (b) The commissioner may temporarily suspend payments to the provider according to
68.27 section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements
68.28 in paragraph (a). Payments withheld from the provider must be made once the commissioner
68.29 determines that the requirements in paragraph (a) are met.

68.30 ~~(c) For substance use disorder services under section 254B.05, subdivision 5, paragraph~~
68.31 ~~(b), clause (8), provided on or after July 1, 2020, payment rates must be increased by 25~~
68.32 ~~percent over the rates in effect on December 31, 2019.~~

69.1 ~~(d)~~ (c) For outpatient individual and group substance use disorder services under section
69.2 254B.05, subdivision 5, paragraph (b), ~~clauses clause~~ (1), ~~(6), and (7)~~, and adolescent
69.3 treatment programs that are licensed as outpatient treatment programs according to sections
69.4 245G.01 to 245G.18, provided on or after January 1, 2021, payment rates must be increased
69.5 by 20 percent over the rates in effect on December 31, 2020.

69.6 ~~(e)~~ (d) Effective January 1, 2021, and contingent on annual federal approval, managed
69.7 care plans and county-based purchasing plans must reimburse providers of the substance
69.8 use disorder services meeting the criteria described in paragraph (a) who are employed by
69.9 or under contract with the plan an amount that is at least equal to the fee-for-service base
69.10 rate payment for the substance use disorder services described in ~~paragraphs~~ paragraph (c)
69.11 ~~and (d)~~. The commissioner must monitor the effect of this requirement on the rate of access
69.12 to substance use disorder services and residential substance use disorder rates. Capitation
69.13 rates paid to managed care organizations and county-based purchasing plans must reflect
69.14 the impact of this requirement. This paragraph expires if federal approval is not received
69.15 at any time as required under this paragraph.

69.16 ~~(f)~~ (e) Effective July 1, 2021, contracts between managed care plans and county-based
69.17 purchasing plans and providers to whom paragraph ~~(e)~~ (d) applies must allow recovery of
69.18 payments from those providers if, for any contract year, federal approval for the provisions
69.19 of paragraph ~~(e)~~ (d) is not received, and capitation rates are adjusted as a result. Payment
69.20 recoveries must not exceed the amount equal to any decrease in rates that results from this
69.21 provision.

69.22 (f) For substance use disorder services with medications for opioid use disorder under
69.23 section 254B.05, subdivision 5, clause (7), provided on or after January 1, 2021, payment
69.24 rates must be increased by 20 percent over the rates in effect on December 31, 2020. Upon
69.25 implementation of new rates according to section 254B.121, the 20 percent increase will
69.26 no longer apply.

69.27 **EFFECTIVE DATE.** This section is effective the day following final enactment.

69.28 Sec. 22. Laws 2021, First Special Session chapter 7, article 11, section 38, as amended
69.29 by Laws 2022, chapter 98, article 4, section 50, is amended to read:

69.30 **Sec. 38. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
69.31 **TREATMENT PAPERWORK REDUCTION.**

69.32 (a) The commissioner of human services, in consultation with counties, tribes, managed
69.33 care organizations, substance use disorder treatment professional associations, and other

70.1 relevant stakeholders, shall develop, assess, and recommend systems improvements to
70.2 minimize regulatory paperwork and improve systems for substance use disorder programs
70.3 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,
70.4 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
70.5 of human services shall make available any resources needed from other divisions within
70.6 the department to implement systems improvements.

70.7 (b) The commissioner of health shall make available needed information and resources
70.8 from the Division of Health Policy.

70.9 (c) The Office of MN.IT Services shall provide advance consultation and implementation
70.10 of the changes needed in data systems.

70.11 (d) The commissioner of human services shall contract with a vendor that has experience
70.12 with developing statewide system changes for multiple states at the payer and provider
70.13 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a
70.14 vendor with the requisite qualifications, the commissioner may select the best qualified
70.15 vendor available. When developing recommendations, the commissioner shall consider
70.16 input from all stakeholders. The commissioner's recommendations shall maximize benefits
70.17 for clients and utility for providers, regulatory agencies, and payers.

70.18 (e) The commissioner of human services and the contracted vendor shall follow the
70.19 recommendations from the report issued in response to Laws 2019, First Special Session
70.20 chapter 9, article 6, section 76.

70.21 (f) ~~Within two years of contracting with a qualified vendor according to paragraph (d)~~
70.22 By December 15, 2024, the commissioner of human services shall take steps to implement
70.23 paperwork reductions and systems improvements within the commissioner's authority and
70.24 submit to the chairs and ranking minority members of the legislative committees with
70.25 jurisdiction over health and human services a report that includes recommendations for
70.26 changes in statutes that would further enhance systems improvements to reduce paperwork.
70.27 The report shall include a summary of the approaches developed and assessed by the
70.28 commissioner of human services and stakeholders and the results of any assessments
70.29 conducted.

70.30 Sec. 23. **REPEALER.**

70.31 Minnesota Statutes 2022, section 245G.22, subdivisions 4 and 7, are repealed.

ARTICLE 6

DIRECT CARE AND TREATMENT

71.1
71.2
71.3 Section 1. Minnesota Statutes 2022, section 246.71, subdivision 3, is amended to read:

71.4 Subd. 3. **Patient.** "Patient" means any person who is receiving treatment from or
71.5 committed to a ~~secure~~ state-operated treatment facility program, including the Minnesota
71.6 Sex Offender Program.

71.7 Sec. 2. Minnesota Statutes 2022, section 246.71, subdivision 4, is amended to read:

71.8 Subd. 4. **Employee of a ~~secure treatment facility~~ state-operated treatment program**
71.9 **or employee.** "Employee of a ~~secure treatment facility~~ state-operated treatment program"
71.10 or "employee" means an employee of ~~the Minnesota Security Hospital or a secure treatment~~
71.11 ~~facility operated by the Minnesota Sex Offender Program~~ any state-operated treatment
71.12 program.

71.13 Sec. 3. Minnesota Statutes 2022, section 246.71, subdivision 5, is amended to read:

71.14 Subd. 5. **~~Secure treatment facility~~ State-operated treatment program.** "~~Secure~~
71.15 ~~treatment facility~~" "State-operated treatment program" means ~~the Minnesota Security~~
71.16 ~~Hospital and the Minnesota Sex Offender Program facility in Moose Lake and any portion~~
71.17 ~~of the Minnesota Sex Offender Program operated by the Minnesota Sex Offender Program~~
71.18 ~~at the Minnesota Security Hospital~~ any state-operated treatment program under the
71.19 jurisdiction of the executive board, including the Minnesota Sex Offender Program,
71.20 community behavioral health hospitals, crisis centers, residential facilities, outpatient
71.21 services, and other community-based services under the executive board's control.

71.22 Sec. 4. Minnesota Statutes 2022, section 246.711, is amended to read:

71.23 **246.711 CONDITIONS FOR APPLICABILITY OF PROCEDURES.**

71.24 Subdivision 1. **Request for procedures.** An employee of a ~~secure treatment facility~~
71.25 state-operated treatment program may request that the procedures of sections 246.71 to
71.26 246.722 be followed when the employee may have experienced a significant exposure to a
71.27 patient.

71.28 Subd. 2. **Conditions.** The ~~secure treatment facility~~ state-operated treatment program
71.29 shall follow the procedures in sections 246.71 to 246.722 when all of the following conditions
71.30 are met:

72.1 (1) a licensed physician, advanced practice registered nurse, or physician assistant
72.2 determines that a significant exposure has occurred following the protocol under section
72.3 246.721;

72.4 (2) the licensed physician, advanced practice registered nurse, or physician assistant for
72.5 the employee needs the patient's blood-borne pathogens test results to begin, continue,
72.6 modify, or discontinue treatment in accordance with the most current guidelines of the
72.7 United States Public Health Service, because of possible exposure to a blood-borne pathogen;
72.8 and

72.9 (3) the employee consents to providing a blood sample for testing for a blood-borne
72.10 pathogen.

72.11 Sec. 5. Minnesota Statutes 2022, section 246.712, subdivision 1, is amended to read:

72.12 Subdivision 1. **Information to patient.** (a) Before seeking any consent required by the
72.13 procedures under sections 246.71 to 246.722, a ~~secure treatment facility~~ state-operated
72.14 treatment program shall inform the patient that the patient's blood-borne pathogen test
72.15 results, without the patient's name or other uniquely identifying information, shall be reported
72.16 to the employee if requested and that test results collected under sections 246.71 to 246.722
72.17 are for medical purposes as set forth in section 246.718 and may not be used as evidence
72.18 in any criminal proceedings or civil proceedings, except for procedures under sections
72.19 144.4171 to 144.4186.

72.20 (b) The ~~secure treatment facility~~ state-operated treatment program shall inform the patient
72.21 of the insurance protections in section 72A.20, subdivision 29.

72.22 (c) The ~~secure treatment facility~~ state-operated treatment program shall inform the patient
72.23 that the patient may refuse to provide a blood sample and that the patient's refusal may result
72.24 in a request for a court order to require the patient to provide a blood sample.

72.25 (d) The ~~secure treatment facility~~ state-operated treatment program shall inform the patient
72.26 that the ~~secure treatment facility~~ state-operated treatment program will advise the employee
72.27 of a ~~secure treatment facility~~ state-operated treatment program of the confidentiality
72.28 requirements and penalties before the employee's health care provider discloses any test
72.29 results.

72.30 Sec. 6. Minnesota Statutes 2022, section 246.712, subdivision 2, is amended to read:

72.31 Subd. 2. **Information to ~~secure treatment facility~~ state-operated treatment program**
72.32 **employee.** (a) Before disclosing any information about the patient, the ~~secure treatment~~

73.1 ~~facility~~ state-operated treatment program shall inform the employee of a ~~secure treatment~~
73.2 ~~facility~~ state-operated treatment program of the confidentiality requirements of section
73.3 246.719 and that the person may be subject to penalties for unauthorized release of test
73.4 results about the patient under section 246.72.

73.5 (b) The ~~secure treatment facility~~ state-operated treatment program shall inform the
73.6 employee of the insurance protections in section 72A.20, subdivision 29.

73.7 Sec. 7. Minnesota Statutes 2022, section 246.713, is amended to read:

73.8 **246.713 DISCLOSURE OF POSITIVE BLOOD-BORNE PATHOGEN TEST**
73.9 **RESULTS.**

73.10 If the conditions of sections 246.711 and 246.712 are met, the ~~secure treatment facility~~
73.11 state-operated treatment program shall ask the patient if the patient has ever had a positive
73.12 test for a blood-borne pathogen. The ~~secure treatment facility~~ state-operated treatment
73.13 program must attempt to get existing test results under this section before taking any steps
73.14 to obtain a blood sample or to test for blood-borne pathogens. The ~~secure treatment facility~~
73.15 state-operated treatment program shall disclose the patient's blood-borne pathogen test
73.16 results to the employee without the patient's name or other uniquely identifying information.

73.17 Sec. 8. Minnesota Statutes 2022, section 246.714, is amended to read:

73.18 **246.714 CONSENT PROCEDURES GENERALLY.**

73.19 (a) For purposes of sections 246.71 to 246.722, whenever the ~~secure treatment facility~~
73.20 state-operated treatment program is required to seek consent, the ~~secure treatment facility~~
73.21 state-operated treatment program shall obtain consent from a patient or a patient's
73.22 representative consistent with other law applicable to consent.

73.23 (b) Consent is not required if the ~~secure treatment facility~~ state-operated treatment
73.24 program has made reasonable efforts to obtain the representative's consent and consent
73.25 cannot be obtained within 24 hours of a significant exposure.

73.26 (c) If testing of available blood occurs without consent because the patient is unconscious
73.27 or unable to provide consent, and a representative cannot be located, the ~~secure treatment~~
73.28 ~~facility~~ state-operated treatment program shall provide the information required in section
73.29 246.712 to the patient or representative whenever it is possible to do so.

73.30 (d) If a patient dies before an opportunity to consent to blood collection or testing under
73.31 sections 246.71 to 246.722, the ~~secure treatment facility~~ state-operated treatment program

74.1 does not need consent of the patient's representative for purposes of sections 246.71 to
74.2 246.722.

74.3 Sec. 9. Minnesota Statutes 2022, section 246.715, subdivision 1, is amended to read:

74.4 Subdivision 1. **Procedures with consent.** If a sample of the patient's blood is available,
74.5 the ~~secure treatment facility~~ state-operated treatment program shall ensure that blood is
74.6 tested for blood-borne pathogens with the consent of the patient, provided the conditions
74.7 in sections 246.711 and 246.712 are met.

74.8 Sec. 10. Minnesota Statutes 2022, section 246.715, subdivision 2, is amended to read:

74.9 Subd. 2. **Procedures without consent.** If the patient has provided a blood sample, but
74.10 does not consent to blood-borne pathogens testing, the ~~secure treatment facility~~ state-operated
74.11 treatment program shall ensure that the blood is tested for blood-borne pathogens if the
74.12 employee requests the test, provided all of the following criteria are met:

74.13 (1) the employee and ~~secure treatment facility~~ state-operated treatment program have
74.14 documented exposure to blood or body fluids during performance of the employee's work
74.15 duties;

74.16 (2) a licensed physician, advanced practice registered nurse, or physician assistant has
74.17 determined that a significant exposure has occurred under section 246.711 and has
74.18 documented that blood-borne pathogen test results are needed for beginning, modifying,
74.19 continuing, or discontinuing medical treatment for the employee as recommended by the
74.20 most current guidelines of the United States Public Health Service;

74.21 (3) the employee provides a blood sample for testing for blood-borne pathogens as soon
74.22 as feasible;

74.23 (4) the ~~secure treatment facility~~ state-operated treatment program asks the patient to
74.24 consent to a test for blood-borne pathogens and the patient does not consent;

74.25 (5) the ~~secure treatment facility~~ state-operated treatment program has provided the patient
74.26 and the employee with all of the information required by section 246.712; and

74.27 (6) the ~~secure treatment facility~~ state-operated treatment program has informed the
74.28 employee of the confidentiality requirements of section 246.719 and the penalties for
74.29 unauthorized release of patient information under section 246.72.

75.1 Sec. 11. Minnesota Statutes 2022, section 246.715, subdivision 3, is amended to read:

75.2 Subd. 3. **Follow-up.** The ~~secure treatment facility~~ state-operated treatment program shall
75.3 inform the patient whose blood was tested of the results. The ~~secure treatment facility~~
75.4 state-operated treatment program shall inform the employee's health care provider of the
75.5 patient's test results without the patient's name or other uniquely identifying information.

75.6 Sec. 12. Minnesota Statutes 2022, section 246.716, subdivision 1, is amended to read:

75.7 Subdivision 1. **Procedures with consent.** (a) If a blood sample is not otherwise available,
75.8 the ~~secure treatment facility~~ state-operated treatment program shall obtain consent from the
75.9 patient before collecting a blood sample for testing for blood-borne pathogens. The consent
75.10 process shall include informing the patient that the patient may refuse to provide a blood
75.11 sample and that the patient's refusal may result in a request for a court order under subdivision
75.12 2 to require the patient to provide a blood sample.

75.13 (b) If the patient consents to provide a blood sample, the ~~secure treatment facility~~
75.14 state-operated treatment program shall collect a blood sample and ensure that the sample
75.15 is tested for blood-borne pathogens.

75.16 (c) The ~~secure treatment facility~~ state-operated treatment program shall inform the
75.17 employee's health care provider about the patient's test results without the patient's name
75.18 or other uniquely identifying information. The ~~secure treatment facility~~ state-operated
75.19 treatment program shall inform the patient of the test results.

75.20 (d) If the patient refuses to provide a blood sample for testing, the ~~secure treatment~~
75.21 ~~facility~~ state-operated treatment program shall inform the employee of the patient's refusal.

75.22 Sec. 13. Minnesota Statutes 2022, section 246.716, subdivision 2, is amended to read:

75.23 Subd. 2. **Procedures without consent.** (a) A ~~secure treatment facility~~ state-operated
75.24 treatment program or an employee of a ~~secure treatment facility~~ state-operated treatment
75.25 program may bring a petition for a court order to require a patient to provide a blood sample
75.26 for testing for blood-borne pathogens. The petition shall be filed in the district court in the
75.27 county where the patient is receiving treatment from the ~~secure treatment facility~~
75.28 state-operated treatment program. The ~~secure treatment facility~~ state-operated treatment
75.29 program shall serve the petition on the patient three days before a hearing on the petition.
75.30 The petition shall include one or more affidavits attesting that:

76.1 (1) the ~~secure treatment facility~~ state-operated treatment program followed the procedures
76.2 in sections 246.71 to 246.722 and attempted to obtain blood-borne pathogen test results
76.3 according to those sections;

76.4 (2) a licensed physician, advanced practice registered nurse, or physician assistant
76.5 knowledgeable about the most current recommendations of the United States Public Health
76.6 Service has determined that a significant exposure has occurred to the employee of a ~~secure~~
76.7 ~~treatment facility~~ state-operated treatment program under section 246.721; and

76.8 (3) a physician, advanced practice registered nurse, or physician assistant has documented
76.9 that the employee has provided a blood sample and consented to testing for blood-borne
76.10 pathogens and blood-borne pathogen test results are needed for beginning, continuing,
76.11 modifying, or discontinuing medical treatment for the employee under section 246.721.

76.12 (b) Facilities shall cooperate with petitioners in providing any necessary affidavits to
76.13 the extent that facility staff can attest under oath to the facts in the affidavits.

76.14 (c) The court may order the patient to provide a blood sample for blood-borne pathogen
76.15 testing if:

76.16 (1) there is probable cause to believe the employee of a ~~secure treatment facility~~
76.17 state-operated treatment program has experienced a significant exposure to the patient;

76.18 (2) the court imposes appropriate safeguards against unauthorized disclosure that must
76.19 specify the persons who have access to the test results and the purposes for which the test
76.20 results may be used;

76.21 (3) a licensed physician, advanced practice registered nurse, or physician assistant for
76.22 the employee of a ~~secure treatment facility~~ state-operated treatment program needs the test
76.23 results for beginning, continuing, modifying, or discontinuing medical treatment for the
76.24 employee; and

76.25 (4) the court finds a compelling need for the test results. In assessing compelling need,
76.26 the court shall weigh the need for the court-ordered blood collection and test results against
76.27 the interests of the patient, including, but not limited to, privacy, health, safety, or economic
76.28 interests. The court shall also consider whether involuntary blood collection and testing
76.29 would serve the public interests.

76.30 (d) The court shall conduct the proceeding in camera unless the petitioner or the patient
76.31 requests a hearing in open court and the court determines that a public hearing is necessary
76.32 to the public interest and the proper administration of justice.

76.33 (e) The patient may arrange for counsel in any proceeding brought under this subdivision.

77.1 Sec. 14. Minnesota Statutes 2022, section 246.717, is amended to read:

77.2 **246.717 NO DISCRIMINATION.**

77.3 A ~~secure treatment facility~~ state-operated treatment program shall not withhold care or
77.4 treatment on the requirement that the patient consent to blood-borne pathogen testing under
77.5 sections 246.71 to 246.722.

77.6 Sec. 15. Minnesota Statutes 2022, section 246.72, is amended to read:

77.7 **246.72 PENALTY FOR UNAUTHORIZED RELEASE OF INFORMATION.**

77.8 Unauthorized release of the patient's name or other uniquely identifying information
77.9 under sections 246.71 to 246.722 is subject to the remedies and penalties under sections
77.10 13.08 and 13.09. This section does not preclude private causes of action against an individual,
77.11 state agency, statewide system, political subdivision, or person responsible for releasing
77.12 private data, or confidential or private information on the ~~inmate~~ patient.

77.13 Sec. 16. Minnesota Statutes 2022, section 246.721, is amended to read:

77.14 **246.721 PROTOCOL FOR EXPOSURE TO BLOOD-BORNE PATHOGENS.**

77.15 (a) A ~~secure treatment facility~~ state-operated treatment program shall follow applicable
77.16 Occupational Safety and Health Administration guidelines under Code of Federal
77.17 Regulations, title 29, part 1910.1030, for blood-borne pathogens.

77.18 (b) Every ~~secure treatment facility~~ state-operated treatment program shall adopt and
77.19 follow a postexposure protocol for employees at a ~~secure treatment facility~~ state-operated
77.20 treatment program who have experienced a significant exposure. The postexposure protocol
77.21 must adhere to the most current recommendations of the United States Public Health Service
77.22 and include, at a minimum, the following:

77.23 (1) a process for employees to report an exposure in a timely fashion;

77.24 (2) a process for an infectious disease specialist, or a licensed physician, advanced
77.25 practice registered nurse, or physician assistant who is knowledgeable about the most current
77.26 recommendations of the United States Public Health Service in consultation with an infectious
77.27 disease specialist, (i) to determine whether a significant exposure to one or more blood-borne
77.28 pathogens has occurred, and (ii) to provide, under the direction of a licensed physician,
77.29 advanced practice registered nurse, or physician assistant, a recommendation or
77.30 recommendations for follow-up treatment appropriate to the particular blood-borne pathogen
77.31 or pathogens for which a significant exposure has been determined;

78.1 (3) if there has been a significant exposure, a process to determine whether the patient
78.2 has a blood-borne pathogen through disclosure of test results, or through blood collection
78.3 and testing as required by sections 246.71 to 246.722;

78.4 (4) a process for providing appropriate counseling prior to and following testing for a
78.5 blood-borne pathogen regarding the likelihood of blood-borne pathogen transmission and
78.6 follow-up recommendations according to the most current recommendations of the United
78.7 States Public Health Service, recommendations for testing, and treatment;

78.8 (5) a process for providing appropriate counseling under clause (4) to the employee of
78.9 a ~~secure treatment facility~~ state-operated treatment program and to the patient; and

78.10 (6) compliance with applicable state and federal laws relating to data practices,
78.11 confidentiality, informed consent, and the patient bill of rights.

78.12 Sec. 17. Minnesota Statutes 2022, section 246.722, is amended to read:

78.13 **246.722 IMMUNITY.**

78.14 A ~~secure treatment facility~~ state-operated treatment program, licensed physician, advanced
78.15 practice registered nurse, physician assistant, and designated health care personnel are
78.16 immune from liability in any civil, administrative, or criminal action relating to the disclosure
78.17 of test results of a patient to an employee of a ~~secure treatment facility~~ state-operated
78.18 treatment program and the testing of a blood sample from the patient for blood-borne
78.19 pathogens if a good faith effort has been made to comply with sections 246.71 to 246.722.

78.20 Sec. 18. Laws 2023, chapter 61, article 8, section 13, subdivision 2, is amended to read:

78.21 Subd. 2. **Membership.** (a) The task force shall consist of the following members,
78.22 appointed as follows:

78.23 (1) a member appointed by the governor;

78.24 (2) the commissioner of human services, or a designee;

78.25 (3) a member representing Department of Human Services direct care and treatment
78.26 services who has experience with civil commitments, appointed by the commissioner of
78.27 human services;

78.28 (4) the ombudsman for mental health and developmental disabilities;

78.29 (5) a hospital representative, appointed by the Minnesota Hospital Association;

78.30 (6) a county representative, appointed by the Association of Minnesota Counties;

79.1 (7) a county social services representative, appointed by the Minnesota Association of
79.2 County Social Service Administrators;

79.3 (8) a member appointed by the ~~Minnesota Civil Commitment Defense Panel~~ Hennepin
79.4 County Commitment Defense Project;

79.5 (9) a county attorney, appointed by the Minnesota County Attorneys Association;

79.6 (10) a county sheriff, appointed by the Minnesota Sheriffs' Association;

79.7 (11) a member appointed by the Minnesota Psychiatric Society;

79.8 (12) a member appointed by the Minnesota Association of Community Mental Health
79.9 Programs;

79.10 (13) a member appointed by the National Alliance on Mental Illness Minnesota;

79.11 (14) the Minnesota Attorney General;

79.12 (15) three individuals from organizations representing racial and ethnic groups that are
79.13 overrepresented in the criminal justice system, appointed by the commissioner of corrections;
79.14 and

79.15 (16) one member of the public with lived experience directly related to the task force's
79.16 purposes, appointed by the governor.

79.17 (b) Appointments must be made no later than July 15, 2023.

79.18 (c) Member compensation and reimbursement for expenses are governed by Minnesota
79.19 Statutes, section 15.059, subdivision 3.

79.20 (d) A member of the legislature may not serve as a member of the task force.

79.21 **ARTICLE 7**

79.22 **MISCELLANEOUS**

79.23 Section 1. Minnesota Statutes 2022, section 254A.03, subdivision 1, is amended to read:

79.24 Subdivision 1. **Alcohol and Other Drug Abuse Section.** There is hereby created an
79.25 Alcohol and Other Drug Abuse Section in the Department of Human Services. This section
79.26 shall be headed by a director. The commissioner may place the director's position in the
79.27 unclassified service if the position meets the criteria established in section 43A.08,
79.28 subdivision 1a. The section shall:

80.1 (1) conduct and foster basic research relating to the cause, prevention and methods of
80.2 diagnosis, treatment and recovery of persons with substance misuse and substance use
80.3 disorder;

80.4 (2) coordinate and review all activities and programs of all the various state departments
80.5 as they relate to problems associated with substance misuse and substance use disorder;

80.6 (3) develop, demonstrate, and disseminate new methods and techniques for prevention,
80.7 early intervention, treatment and recovery support for substance misuse and substance use
80.8 disorder;

80.9 (4) gather facts and information about substance misuse and substance use disorder, and
80.10 about the efficiency and effectiveness of prevention, treatment, and recovery support services
80.11 from all comprehensive programs, including programs approved or licensed by the
80.12 commissioner of human services or the commissioner of health or accredited by the Joint
80.13 Commission on Accreditation of Hospitals. The state authority is authorized to require
80.14 information from comprehensive programs which is reasonable and necessary to fulfill
80.15 these duties. When required information has been previously furnished to a state or local
80.16 governmental agency, the state authority shall collect the information from the governmental
80.17 agency. The state authority shall disseminate facts and summary information about problems
80.18 associated with substance misuse and substance use disorder to public and private agencies,
80.19 local governments, local and regional planning agencies, and the courts for guidance to and
80.20 assistance in prevention, treatment and recovery support;

80.21 (5) inform and educate the general public on substance misuse and substance use disorder;

80.22 (6) serve as the state authority concerning substance misuse and substance use disorder
80.23 by monitoring the conduct of diagnosis and referral services, research and comprehensive
80.24 programs. The state authority shall submit a biennial report to the governor ~~and the legislature~~
80.25 containing a description of public services delivery and recommendations concerning
80.26 increase of coordination and quality of services, and decrease of service duplication and
80.27 cost;

80.28 (7) establish a state plan which shall set forth goals and priorities for a comprehensive
80.29 continuum of care for substance misuse and substance use disorder for Minnesota. All state
80.30 agencies operating substance misuse or substance use disorder programs or administering
80.31 state or federal funds for such programs shall annually set their program goals and priorities
80.32 in accordance with the state plan. Each state agency shall annually submit its plans and
80.33 budgets to the state authority for review. The state authority shall certify whether proposed

81.1 services comply with the comprehensive state plan and advise each state agency of review
81.2 findings;

81.3 (8) make contracts with and grants to public and private agencies and organizations,
81.4 both profit and nonprofit, and individuals, using federal funds, and state funds as authorized
81.5 to pay for costs of state administration, including evaluation, statewide programs and services,
81.6 research and demonstration projects, and American Indian programs;

81.7 (9) receive and administer money available for substance misuse and substance use
81.8 disorder programs under the alcohol, drug abuse, and mental health services block grant,
81.9 United States Code, title 42, sections 300X to 300X-9;

81.10 (10) solicit and accept any gift of money or property for purposes of Laws 1973, chapter
81.11 572, and any grant of money, services, or property from the federal government, the state,
81.12 any political subdivision thereof, or any private source;

81.13 (11) with respect to substance misuse and substance use disorder programs serving the
81.14 American Indian community, establish guidelines for the employment of personnel with
81.15 considerable practical experience in substance misuse and substance use disorder, and
81.16 understanding of social and cultural problems related to substance misuse and substance
81.17 use disorder, in the American Indian community.

81.18 Sec. 2. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 10, is
81.19 amended to read:

81.20 Subd. 10. **Evaluation of information and data.** (a) The commissioner shall, within
81.21 available resources, conduct research and gather data and information from existing state
81.22 systems or other outside sources on the following items:

81.23 (1) differences in the underlying cost to provide services and care across the state;

81.24 (2) mileage, vehicle type, lift requirements, incidents of individual and shared rides, and
81.25 units of transportation for all day services, which must be collected from providers using
81.26 the rate management worksheet and entered into the rates management system; and

81.27 (3) the distinct underlying costs for services provided by a license holder under sections
81.28 245D.05, 245D.06, 245D.07, 245D.071, 245D.081, and 245D.09, and for services provided
81.29 by a license holder certified under section 245D.33.

81.30 (b) The commissioner, in consultation with stakeholders, shall review and evaluate the
81.31 following values already in subdivisions 6 to 9, or issues that impact all services, including,
81.32 but not limited to:

- 82.1 (1) values for transportation rates;
- 82.2 (2) values for services where monitoring technology replaces staff time;
- 82.3 (3) values for indirect services;
- 82.4 (4) values for nursing;
- 82.5 (5) values for the facility use rate in day services, and the weightings used in the day
- 82.6 service ratios and adjustments to those weightings;
- 82.7 (6) values for workers' compensation as part of employee-related expenses;
- 82.8 (7) values for unemployment insurance as part of employee-related expenses;
- 82.9 (8) direct care workforce labor market measures;
- 82.10 (9) any changes in state or federal law with a direct impact on the underlying cost of
- 82.11 providing home and community-based services;
- 82.12 (10) outcome measures, determined by the commissioner, for home and community-based
- 82.13 services rates determined under this section; and
- 82.14 (11) different competitive workforce factors by service, as determined under subdivision
- 82.15 10b.

82.16 ~~(e) The commissioner shall report to the chairs and the ranking minority members of~~

82.17 ~~the legislative committees and divisions with jurisdiction over health and human services~~

82.18 ~~policy and finance with the information and data gathered under paragraphs (a) and (b) on~~

82.19 ~~January 15, 2021, with a full report, and a full report once every four years thereafter.~~

82.20 ~~(d)~~ (c) Beginning July 1, 2022, the commissioner shall renew analysis and implement

82.21 changes to the regional adjustment factors once every six years. Prior to implementation,

82.22 the commissioner shall consult with stakeholders on the methodology to calculate the

82.23 adjustment.

82.24 Sec. 3. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 10a, is

82.25 amended to read:

82.26 Subd. 10a. **Reporting and analysis of cost data.** (a) The commissioner must ensure

82.27 that wage values and component values in subdivisions 5 to 9 reflect the cost to provide the

82.28 service. As determined by the commissioner, in consultation with stakeholders identified

82.29 in subdivision 17, a provider enrolled to provide services with rates determined under this

82.30 section must submit requested cost data to the commissioner to support research on the cost

83.1 of providing services that have rates determined by the disability waiver rates system.

83.2 Requested cost data may include, but is not limited to:

83.3 (1) worker wage costs;

83.4 (2) benefits paid;

83.5 (3) supervisor wage costs;

83.6 (4) executive wage costs;

83.7 (5) vacation, sick, and training time paid;

83.8 (6) taxes, workers' compensation, and unemployment insurance costs paid;

83.9 (7) administrative costs paid;

83.10 (8) program costs paid;

83.11 (9) transportation costs paid;

83.12 (10) vacancy rates; and

83.13 (11) other data relating to costs required to provide services requested by the

83.14 commissioner.

83.15 (b) At least once in any five-year period, a provider must submit cost data for a fiscal
83.16 year that ended not more than 18 months prior to the submission date. The commissioner
83.17 shall provide each provider a 90-day notice prior to its submission due date. If a provider
83.18 fails to submit required reporting data, the commissioner shall provide notice to providers
83.19 that have not provided required data 30 days after the required submission date, and a second
83.20 notice for providers who have not provided required data 60 days after the required
83.21 submission date. The commissioner shall temporarily suspend payments to the provider if
83.22 cost data is not received 90 days after the required submission date. Withheld payments
83.23 shall be made once data is received by the commissioner.

83.24 (c) The commissioner shall conduct a random validation of data submitted under
83.25 paragraph (a) to ensure data accuracy. The commissioner shall analyze cost documentation
83.26 in paragraph (a) and provide recommendations for adjustments to cost components.

83.27 (d) The commissioner shall analyze cost data submitted under paragraph (a) ~~and, in~~
83.28 ~~consultation with stakeholders identified in subdivision 17, may submit recommendations~~
83.29 ~~on component values and inflationary factor adjustments to the chairs and ranking minority~~
83.30 ~~members of the legislative committees with jurisdiction over human services once every~~
83.31 ~~four years beginning January 1, 2021. The commissioner shall make recommendations in~~

84.1 ~~conjunction with reports submitted to the legislature according to subdivision 10, paragraph~~
84.2 ~~(e).~~ The commissioner shall release cost data in an aggregate form. Cost data from individual
84.3 providers must not be released except as provided for in current law.

84.4 (e) The commissioner shall use data collected in paragraph (a) to determine the
84.5 compliance with requirements identified under subdivision 10d. The commissioner shall
84.6 identify providers who have not met the thresholds identified under subdivision 10d on the
84.7 Department of Human Services website for the year for which the providers reported their
84.8 costs.

84.9 Sec. 4. Minnesota Statutes 2022, section 256B.69, subdivision 5k, is amended to read:

84.10 Subd. 5k. **Actuarial soundness.** ~~(a)~~ Rates paid to managed care plans and county-based
84.11 purchasing plans shall satisfy requirements for actuarial soundness. In order to comply with
84.12 this subdivision, the rates must:

84.13 (1) be neither inadequate nor excessive;

84.14 (2) satisfy federal requirements;

84.15 (3) in the case of contracts with incentive arrangements, not exceed 105 percent of the
84.16 approved capitation payments attributable to the enrollees or services covered by the incentive
84.17 arrangement;

84.18 (4) be developed in accordance with generally accepted actuarial principles and practices;

84.19 (5) be appropriate for the populations to be covered and the services to be furnished
84.20 under the contract; and

84.21 (6) be certified as meeting the requirements of federal regulations by actuaries who meet
84.22 the qualification standards established by the American Academy of Actuaries and follow
84.23 the practice standards established by the Actuarial Standards Board.

84.24 ~~(b) Each year within 30 days of the establishment of plan rates the commissioner shall~~
84.25 ~~report to the chairs and ranking minority members of the senate Health and Human Services~~
84.26 ~~Budget Division and the house of representatives Health Care and Human Services Finance~~
84.27 ~~Division to certify how each of these conditions have been met by the new payment rates.~~

84.28 Sec. 5. Minnesota Statutes 2022, section 402A.16, subdivision 2, is amended to read:

84.29 Subd. 2. **Duties.** The Human Services Performance Council shall:

84.30 (1) hold meetings at least quarterly that are in compliance with Minnesota's Open Meeting
84.31 Law under chapter 13D;

85.1 (2) annually review the annual performance data submitted by counties or service delivery
85.2 authorities;

85.3 (3) review and advise the commissioner on department procedures related to the
85.4 implementation of the performance management system and system process requirements
85.5 and on barriers to process improvement in human services delivery;

85.6 (4) advise the commissioner on the training and technical assistance needs of county or
85.7 service delivery authority and department personnel;

85.8 (5) review instances in which a county or service delivery authority has not made adequate
85.9 progress on a performance improvement plan and make recommendations to the
85.10 commissioner under section 402A.18;

85.11 (6) consider appeals from counties or service delivery authorities that are in the remedies
85.12 process and make recommendations to the commissioner on resolving the issue;

85.13 (7) convene working groups to update and develop outcomes, measures, and performance
85.14 thresholds for the performance management system and, on an annual basis, present these
85.15 recommendations to the commissioner, including recommendations on when a particular
85.16 essential human services program has a balanced set of program measures in place;

85.17 (8) make recommendations on human services administrative rules or statutes that could
85.18 be repealed in order to improve service delivery; and

85.19 (9) provide information to stakeholders on the council's role and regularly collect
85.20 stakeholder input on performance management system performance; and.

85.21 ~~(10) submit an annual report to the legislature and the commissioner, which includes a~~
85.22 ~~comprehensive report on the performance of individual counties or service delivery~~
85.23 ~~authorities as it relates to system measures; a list of counties or service delivery authorities~~
85.24 ~~that have been required to create performance improvement plans and the areas identified~~
85.25 ~~for improvement as part of the remedies process; a summary of performance improvement~~
85.26 ~~training and technical assistance activities offered to the county personnel by the department;~~
85.27 ~~recommendations on administrative rules or state statutes that could be repealed in order to~~
85.28 ~~improve service delivery; recommendations for system improvements, including updates~~
85.29 ~~to system outcomes, measures, and thresholds; and a response from the commissioner.~~

85.30 **Sec. 6. REPEALER.**

85.31 Minnesota Statutes 2022, sections 245G.011, subdivision 5; 252.34; 256.01, subdivisions
85.32 39 and 41; 256B.79, subdivision 6; and 256K.45, subdivision 2, are repealed.

245G.011 BEHAVIORAL HEALTH CRISIS FACILITIES GRANTS.

Subd. 5. **Report.** The commissioner shall report to the legislative committees with jurisdiction over mental health issues and capital investment. The report is due by February 15 of each odd-numbered year and must include information on the projects funded and the programs and services provided in those facilities.

245G.22 OPIOID TREATMENT PROGRAMS.

Subd. 4. **High dose requirements.** A client being administered or dispensed a dose beyond that set forth in subdivision 6, paragraph (a), that exceeds 150 milligrams of methadone or 24 milligrams of buprenorphine daily, and for each subsequent increase, must meet face-to-face with a prescribing practitioner. The meeting must occur before the administration or dispensing of the increased medication dose.

Subd. 7. **Restrictions for unsupervised use of methadone hydrochloride.** (a) If a medical director or prescribing practitioner assesses and determines that a client meets the criteria in subdivision 6 and may be dispensed a medication used for the treatment of opioid addiction, the restrictions in this subdivision must be followed when the medication to be dispensed is methadone hydrochloride. The results of the assessment must be contained in the client file. The number of unsupervised use medication doses per week in paragraphs (b) to (d) is in addition to the number of unsupervised use medication doses a client may receive for days the clinic is closed for business as allowed by subdivision 6, paragraph (a).

(b) During the first 90 days of treatment, the unsupervised use medication supply must be limited to a maximum of a single dose each week and the client shall ingest all other doses under direct supervision.

(c) In the second 90 days of treatment, the unsupervised use medication supply must be limited to two doses per week.

(d) In the third 90 days of treatment, the unsupervised use medication supply must not exceed three doses per week.

(e) In the remaining months of the first year, a client may be given a maximum six-day unsupervised use medication supply.

(f) After one year of continuous treatment, a client may be given a maximum two-week unsupervised use medication supply.

(g) After two years of continuous treatment, a client may be given a maximum one-month unsupervised use medication supply, but must make monthly visits to the program.

252.34 REPORT BY COMMISSIONER OF HUMAN SERVICES.

Beginning January 1, 2013, the commissioner of human services shall provide a biennial report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and funding. The report must provide a summary of overarching goals and priorities for persons with disabilities, including the status of how each of the following programs administered by the commissioner is supporting the overarching goals and priorities:

(1) home and community-based services waivers for persons with disabilities under sections 256B.092 and 256B.49;

(2) home care services under section 256B.0652; and

(3) other relevant programs and services as determined by the commissioner.

256.01 COMMISSIONER OF HUMAN SERVICES; POWERS, DUTIES.

Subd. 39. **Dedicated funds report.** By October 1, 2014, and with each February forecast thereafter, the commissioner of human services must provide to the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over health and human services finance a report of all dedicated funds and accounts. The report must include the name of the dedicated fund or account; a description of its purpose, and the legal citation for its creation; the beginning balance, projected receipts, and expenditures; and the ending balance for each fund and account.

Subd. 41. **Reports on interagency agreements and intra-agency transfers.** The commissioner of human services shall provide quarterly reports to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on:

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(1) interagency agreements or service-level agreements and any renewals or extensions of existing interagency or service-level agreements with a state department under section 15.01, state agency under section 15.012, or the Department of Information Technology Services, with a value of more than \$100,000, or related agreements with the same department or agency with a cumulative value of more than \$100,000; and

(2) transfers of appropriations of more than \$100,000 between accounts within or between agencies.

The report must include the statutory citation authorizing the agreement, transfer or dollar amount, purpose, and effective date of the agreement, the duration of the agreement, and a copy of the agreement.

256.975 MINNESOTA BOARD ON AGING.

Subd. 7f. **Exemptions from long-term care options counseling for assisted living.** Individuals shall be exempt from the requirements outlined in subdivision 7e in the following circumstances:

(1) the individual is seeking a lease-only arrangement in a subsidized housing setting;

(2) the individual has previously received a long-term care consultation assessment under section 256B.0911. In this instance, the assessor who completes the long-term care consultation assessment will issue a verification code and provide it to the individual;

(3) the individual is receiving or is being evaluated for hospice services from a hospice provider licensed under sections 144A.75 to 144A.755; or

(4) the individual has used financial planning services and created a long-term care plan as defined by the commissioner in the 12 months prior to signing a lease or contract with a licensed assisted living facility.

Subd. 7g. **Long-term care options counseling at hospital discharge.** (a) Hospitals shall refer all individuals described in paragraph (b) prior to discharge from an inpatient hospital stay to the Senior LinkAge Line for long-term care options counseling. Hospitals shall make these referrals using referral protocols and processes developed under subdivision 7. The purpose of the counseling is to support persons with current or anticipated long-term care needs in making informed choices among options that include the most cost-effective and least restrictive setting.

(b) The individuals who shall be referred under paragraph (a) include older adults who are at risk of nursing home placement. Protocols for identifying at-risk individuals shall be developed under subdivision 7, paragraph (b), clause (12).

(c) Counseling provided under this subdivision shall meet the requirements for the consultation required under subdivision 7e.

256B.79 INTEGRATED CARE FOR HIGH-RISK PREGNANT WOMEN.

Subd. 6. **Report.** By January 31, 2021, and every two years thereafter, the commissioner shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on the status and outcomes of the grant program. The report must:

(1) describe the capacity of collaboratives receiving grants under this section;

(2) contain aggregate information about enrollees served within targeted populations;

(3) describe the utilization of enhanced prenatal services;

(4) for enrollees identified with maternal substance use disorders, describe the utilization of substance use treatment and dispositions of any child protection cases;

(5) contain data on outcomes within targeted populations and compare these outcomes to outcomes statewide, using standard categories of race and ethnicity; and

(6) include recommendations for continuing the program or sustaining improvements through other means.

256K.45 HOMELESS YOUTH ACT.

Subd. 2. **Homeless youth report.** The commissioner shall prepare a biennial report, beginning in February 2015, which provides meaningful information to the legislative committees having jurisdiction over the issue of homeless youth, that includes, but is not limited to: (1) a list of the

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areas of the state with the greatest need for services and housing for homeless youth, and the level and nature of the needs identified; (2) details about grants made, including shelter-linked youth mental health grants under section 256K.46; (3) the distribution of funds throughout the state based on population need; (4) follow-up information, if available, on the status of homeless youth and whether they have stable housing two years after services are provided; and (5) any other outcomes for populations served to determine the effectiveness of the programs and use of funding.

256R.18 REPORT BY COMMISSIONER OF HUMAN SERVICES.

(a) Beginning January 1, 2019, the commissioner shall provide to the house of representatives and senate committees with jurisdiction over nursing facility payment rates a biennial report on the effectiveness of the reimbursement system in improving quality, restraining costs, and any other features of the system as determined by the commissioner.

(b) This section expires January 1, 2026.