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State of Minnesota

HOUSE OF REPRESENTATIVES

A bill for an act

NINETY-THIRD SESSION

н. г. №. 4692

03/07/2024 Authored by Noor and Fischer

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to read:

given:

The bill was read for the first time and referred to the Committee on Human Services Policy

relating to human services; establishing Direct Care and Treatment as an agency; 1 2 modifying date for transfer of authority and responsibility from the commissioner 1.3 of human services to the Direct Care and Treatment executive board; establishing 1.4 Direct Care and Treatment executive board membership qualifications, procedures, 1.5 powers, and duties; authorizing rulemaking; establishing role of Direct Care and 1.6 Treatment chief executive officer; establishing chief executive officer powers and 1.7 duties; establishing Direct Care and Treatment accounts; modifying terms of the 1.8 social welfare fund; modifying certain effective dates; providing for initial 1.9 appointment of Direct Care and Treatment executive board and chief executive 1.10 officer; exempting Direct Care and Treatment buildings and structures from 1.11 commissioner of administration repair duties; amending Minnesota Statutes 2022, 1.12 sections 13.46, subdivisions 1, 10; 16B.24, subdivisions 2, 3a; 16B.297, subdivision 1.13 1; 145.61, subdivision 5; 246.018, subdivision 3; 246.13, subdivision 2; 256.88; 1.14 256.89; 256.90; 256.91; 256.92; Minnesota Statutes 2023 Supplement, sections 1.15 10.65, subdivision 2; 13.46, subdivision 2; 15.01; 15.06, subdivision 1; 43A.08, 1.16 subdivisions 1, 1a; 246C.01; 246C.02; 246C.04; 246C.05; Laws 2023, chapter 61, 1.17 article 8, sections 1; 2; 3; 8; proposing coding for new law in Minnesota Statutes, 1.18 chapter 246C; repealing Minnesota Statutes 2022, sections 246.01; 246.12; 246.234; 1.19 246.36; 246.41; Minnesota Statutes 2023 Supplement, section 246C.03. 1.20 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA: 1.21

Section 1. Minnesota Statutes 2023 Supplement, section 10.65, subdivision 2, is amended

Subd. 2. **Definitions.** As used in this section, the following terms have the meanings

(1) "agency" means the Department of Administration; Department of Agriculture;

Department of Children, Youth, and Families; Department of Commerce; Department of

Development; Department of Health; Office of Higher Education; Housing Finance Agency;

Corrections; Department of Education; Department of Employment and Economic

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Department of Human Rights; Department of Human Services; Department of Information Technology Services; Department of Iron Range Resources and Rehabilitation; Department of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services; Department of Military Affairs; Metropolitan Council; Department of Natural Resources; Pollution Control Agency; Department of Public Safety; Department of Revenue; Department of Transportation; Department of Veterans Affairs; Direct Care and Treatment; Gambling Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; and the Board of Water and Soil Resources;

- (2) "consultation" means the direct and interactive involvement of the Minnesota Tribal governments in the development of policy on matters that have Tribal implications.

 Consultation is the proactive, affirmative process of identifying and seeking input from appropriate Tribal governments and considering their interest as a necessary and integral part of the decision-making process. This definition adds to statutorily mandated notification procedures. During a consultation, the burden is on the agency to show that it has made a good faith effort to elicit feedback. Consultation is a formal engagement between agency officials and the governing body or bodies of an individual Minnesota Tribal government that the agency or an individual Tribal government may initiate. Formal meetings or communication between top agency officials and the governing body of a Minnesota Tribal government is a necessary element of consultation;
- (3) "matters that have Tribal implications" means rules, legislative proposals, policy statements, or other actions that have substantial direct effects on one or more Minnesota Tribal governments, or on the distribution of power and responsibilities between the state and Minnesota Tribal governments;
- (4) "Minnesota Tribal governments" means the federally recognized Indian Tribes located in Minnesota including: Bois Forte Band; Fond Du Lac Band; Grand Portage Band; Leech Lake Band; Mille Lacs Band; White Earth Band; Red Lake Nation; Lower Sioux Indian Community; Prairie Island Indian Community; Shakopee Mdewakanton Sioux Community; and Upper Sioux Community; and
- (5) "timely and meaningful" means done or occurring at a favorable or useful time that allows the result of consultation to be included in the agency's decision-making process for a matter that has Tribal implications.

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

Section 1. 2

Sec. 2. Minnesota Statutes 2022, section 13.46, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** As used in this section:

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- (a) "Individual" means an individual according to section 13.02, subdivision 8, but does not include a vendor of services.
- (b) "Program" includes all programs for which authority is vested in a component of the welfare system according to statute or federal law, including, but not limited to, Native American tribe programs that provide a service component of the welfare system, the aid to families with dependent children program formerly codified in sections 256.72 to 256.87, Minnesota family investment program, temporary assistance for needy families program, medical assistance, general assistance, general assistance medical care formerly codified in chapter 256D, child care assistance program, and child support collections.
- (c) "Welfare system" includes the Department of Human Services, <u>Direct Care and Treatment</u>, local social services agencies, county welfare agencies, county public health agencies, county veteran services agencies, county housing agencies, private licensing agencies, the public authority responsible for child support enforcement, human services boards, community mental health center boards, state hospitals, state nursing homes, the ombudsman for mental health and developmental disabilities, Native American tribes to the extent a tribe provides a service component of the welfare system, and persons, agencies, institutions, organizations, and other entities under contract to any of the above agencies to the extent specified in the contract.
- (d) "Mental health data" means data on individual clients and patients of community mental health centers, established under section 245.62, mental health divisions of counties and other providers under contract to deliver mental health services, or the ombudsman for mental health and developmental disabilities.
- (e) "Fugitive felon" means a person who has been convicted of a felony and who has escaped from confinement or violated the terms of probation or parole for that offense.
- (f) "Private licensing agency" means an agency licensed by the commissioner of human services under chapter 245A to perform the duties under section 245A.16.

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

Sec. 2. 3

Sec. 3. Minnesota Statutes 2023 Supplement, section 13.46, subdivision 2, is amended to read:

- Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or disseminated by the welfare system are private data on individuals, and shall not be disclosed except:
- 4.5 (1) according to section 13.05;

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- 4.6 (2) according to court order;
- 4.7 (3) according to a statute specifically authorizing access to the private data;
 - (4) to an agent of the welfare system and an investigator acting on behalf of a county, the state, or the federal government, including a law enforcement person or attorney in the investigation or prosecution of a criminal, civil, or administrative proceeding relating to the administration of a program;
 - (5) to personnel of the welfare system who require the data to verify an individual's identity; determine eligibility, amount of assistance, and the need to provide services to an individual or family across programs; coordinate services for an individual or family; evaluate the effectiveness of programs; assess parental contribution amounts; and investigate suspected fraud;
 - (6) to administer federal funds or programs;
 - (7) between personnel of the welfare system working in the same program;
 - (8) to the Department of Revenue to assess parental contribution amounts for purposes of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit programs and to identify individuals who may benefit from these programs, and prepare the databases for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section 6. The following information may be disclosed under this paragraph: an individual's and their dependent's names, dates of birth, Social Security or individual taxpayer identification numbers, income, addresses, and other data as required, upon request by the Department of Revenue. Disclosures by the commissioner of revenue to the commissioner of human services for the purposes described in this clause are governed by section 270B.14, subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent care credit under section 290.067, the Minnesota working family credit under section 290.0671, the property tax refund under section 290A.04, and the Minnesota education credit under section 290.0674;

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(9) between the Department of Human Services, the Department of Employment and Economic Development, <u>Direct Care and Treatment</u>, and, when applicable, the Department of Education, for the following purposes:

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- (i) to monitor the eligibility of the data subject for unemployment benefits, for any employment or training program administered, supervised, or certified by that agency;
- (ii) to administer any rehabilitation program or child care assistance program, whether alone or in conjunction with the welfare system;
- (iii) to monitor and evaluate the Minnesota family investment program or the child care assistance program by exchanging data on recipients and former recipients of Supplemental Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter 256B or 256L, or a medical program formerly codified under chapter 256D; and
- (iv) to analyze public assistance employment services and program utilization, cost, effectiveness, and outcomes as implemented under the authority established in Title II, Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999. Health records governed by sections 144.291 to 144.298 and "protected health information" as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code of Federal Regulations, title 45, parts 160-164, including health care claims utilization information, must not be exchanged under this clause;
- (10) to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the individual or other individuals or persons;
- (11) data maintained by residential programs as defined in section 245A.02 may be disclosed to the protection and advocacy system established in this state according to Part C of Public Law 98-527 to protect the legal and human rights of persons with developmental disabilities or other related conditions who live in residential facilities for these persons if the protection and advocacy system receives a complaint by or on behalf of that person and the person does not have a legal guardian or the state or a designee of the state is the legal guardian of the person;
- (12) to the county medical examiner or the county coroner for identifying or locating relatives or friends of a deceased person;

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(13) data on a child support obligor who makes payments to the public agency may be disclosed to the Minnesota Office of Higher Education to the extent necessary to determine eligibility under section 136A.121, subdivision 2, clause (5);

- (14) participant Social Security or individual taxpayer identification numbers and names collected by the telephone assistance program may be disclosed to the Department of Revenue to conduct an electronic data match with the property tax refund database to determine eligibility under section 237.70, subdivision 4a;
- (15) the current address of a Minnesota family investment program participant may be disclosed to law enforcement officers who provide the name of the participant and notify the agency that:
 - (i) the participant:

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- (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after conviction, for a crime or attempt to commit a crime that is a felony under the laws of the jurisdiction from which the individual is fleeing; or
 - (B) is violating a condition of probation or parole imposed under state or federal law;
- (ii) the location or apprehension of the felon is within the law enforcement officer's official duties; and
 - (iii) the request is made in writing and in the proper exercise of those duties;
 - (16) the current address of a recipient of general assistance may be disclosed to probation officers and corrections agents who are supervising the recipient and to law enforcement officers who are investigating the recipient in connection with a felony level offense;
 - (17) information obtained from a SNAP applicant or recipient households may be disclosed to local, state, or federal law enforcement officials, upon their written request, for the purpose of investigating an alleged violation of the Food and Nutrition Act, according to Code of Federal Regulations, title 7, section 272.1(c);
 - (18) the address, Social Security or individual taxpayer identification number, and, if available, photograph of any member of a household receiving SNAP benefits shall be made available, on request, to a local, state, or federal law enforcement officer if the officer furnishes the agency with the name of the member and notifies the agency that:
 - (i) the member:
- (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

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(B) is violating a condition of probation or parole imposed under state or federal law; or

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- (C) has information that is necessary for the officer to conduct an official duty related to conduct described in subitem (A) or (B);
 - (ii) locating or apprehending the member is within the officer's official duties; and
- (iii) the request is made in writing and in the proper exercise of the officer's official duty;
- (19) the current address of a recipient of Minnesota family investment program, general assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing, provide the name of the recipient and notify the agency that the recipient is a person required to register under section 243.166, but is not residing at the address at which the recipient is registered under section 243.166;
- (20) certain information regarding child support obligors who are in arrears may be made public according to section 518A.74;
- (21) data on child support payments made by a child support obligor and data on the distribution of those payments excluding identifying information on obligees may be disclosed to all obligees to whom the obligor owes support, and data on the enforcement actions undertaken by the public authority, the status of those actions, and data on the income of the obligor or obligee may be disclosed to the other party;
- (22) data in the work reporting system may be disclosed under section 256.998, subdivision 7;
- (23) to the Department of Education for the purpose of matching Department of Education student data with public assistance data to determine students eligible for free and reduced-price meals, meal supplements, and free milk according to United States Code, title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state funds that are distributed based on income of the student's family; and to verify receipt of energy assistance for the telephone assistance plan;
- (24) the current address and telephone number of program recipients and emergency contacts may be released to the commissioner of health or a community health board as defined in section 145A.02, subdivision 5, when the commissioner or community health board has reason to believe that a program recipient is a disease case, carrier, suspect case, or at risk of illness, and the data are necessary to locate the person;
- (25) to other state agencies, statewide systems, and political subdivisions of this state, including the attorney general, and agencies of other states, interstate information networks,

federal agencies, and other entities as required by federal regulation or law for the administration of the child support enforcement program;

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- (26) to personnel of public assistance programs as defined in section 256.741, for access to the child support system database for the purpose of administration, including monitoring and evaluation of those public assistance programs;
- (27) to monitor and evaluate the Minnesota family investment program by exchanging data between the Departments of Human Services and Education, on recipients and former recipients of SNAP benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter 256B or 256L, or a medical program formerly codified under chapter 256D;
- (28) to evaluate child support program performance and to identify and prevent fraud in the child support program by exchanging data between the Department of Human Services, Department of Revenue under section 270B.14, subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph (c), Department of Health, Department of Employment and Economic Development, and other state agencies as is reasonably necessary to perform these functions;
- (29) counties and the Department of Human Services operating child care assistance programs under chapter 119B may disseminate data on program participants, applicants, and providers to the commissioner of education;
- (30) child support data on the child, the parents, and relatives of the child may be disclosed to agencies administering programs under titles IV-B and IV-E of the Social Security Act, as authorized by federal law;
- (31) to a health care provider governed by sections 144.291 to 144.298, to the extent necessary to coordinate services;
- (32) to the chief administrative officer of a school to coordinate services for a student and family; data that may be disclosed under this clause are limited to name, date of birth, gender, and address;
- (33) to county correctional agencies to the extent necessary to coordinate services and diversion programs; data that may be disclosed under this clause are limited to name, client demographics, program, case status, and county worker information; or
- 8.31 (34) between the Department of Human Services and the Metropolitan Council for the following purposes:

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9.1	(i) to coordinate special transportation service provided under section 473.386 with
9.2	services for people with disabilities and elderly individuals funded by or through the
9.3	Department of Human Services; and
9.4	(ii) to provide for reimbursement of special transportation service provided under section
9.5	473.386.
9.6	The data that may be shared under this clause are limited to the individual's first, last, and
9.7	middle names; date of birth; residential address; and program eligibility status with expiration
9.8	date for the purposes of informing the other party of program eligibility.
9.9	(b) Information on persons who have been treated for drug or alcohol abuse may only
9.10	be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
9.11	2.1 to 2.67.
9.12	(c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16),
9.13	(17), or (18), or paragraph (b), are investigative data and are confidential or protected
9.14	nonpublic while the investigation is active. The data are private after the investigation
9.15	becomes inactive under section 13.82, subdivision 7, clause (a) or (b).
9.16	(d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are
9.17	not subject to the access provisions of subdivision 10, paragraph (b).
9.18	For the purposes of this subdivision, a request will be deemed to be made in writing if
9.19	made through a computer interface system.
9.20	EFFECTIVE DATE. This section is effective July 1, 2024.
9.21	Sec. 4. Minnesota Statutes 2022, section 13.46, subdivision 10, is amended to read:
9.22	Subd. 10. Responsible authority. (a) Notwithstanding any other provision of this chapter
9.23	to the contrary, the responsible authority for each component of the welfare system listed
9.24	in subdivision 1, clause (c), shall be as follows:
9.25	(1) the responsible authority for the Department of Human Services, state hospitals, and
9.26	nursing homes is the commissioner of the Department of Human Services;
9.27	(2) the responsible authority of a county welfare agency is the director of the county
9.28	welfare agency;
9.29	(3) the responsible authority for a local social services agency, human services board,
9.30	or community mental health center board is the chair of the board;

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10.1	(4) the responsible authority of any person, agency, institution, organization, or other
10.2	entity under contract to any of the components of the welfare system listed in subdivision
10.3	1, clause (c), is the person specified in the contract;
10.4	(5) the responsible authority of the public authority for child support enforcement is the
10.5	head of the public authority for child support enforcement; and
10.6	(6) the responsible authority for county veteran services is the county veterans service
10.7	officer pursuant to section 197.603, subdivision 2-; and
10.8	(7) the responsible authority for Direct Care and Treatment is the chief executive officer
10.9	of Direct Care and Treatment.
10.10	(b) A responsible authority shall allow another responsible authority in the welfare
10.11	system access to data classified as not public data when access is necessary for the
10.12	administration and management of programs, or as authorized or required by statute or
10.13	federal law.
10.14	EFFECTIVE DATE. This section is effective July 1, 2024.
10.15	Sec. 5. Minnesota Statutes 2023 Supplement, section 15.01, is amended to read:
10.16	15.01 DEPARTMENTS OF THE STATE.
10.17	The following agencies are designated as the departments of the state government: the
10.18	Department of Administration; the Department of Agriculture; the Department of Children,
10.19	Youth, and Families; the Department of Commerce; the Department of Corrections; the
10.20	Department of Direct Care and Treatment; the Department of Education; the Department
10.21	of Employment and Economic Development; the Department of Health; the Department of
10.22	Human Rights; the Department of Human Services; the Department of Information
10.23	Technology Services; the Department of Iron Range Resources and Rehabilitation; the
10.24	Department of Labor and Industry; the Department of Management and Budget; the
10.25	Department of Military Affairs; the Department of Natural Resources; the Department of
10.26	Public Safety; the Department of Revenue; the Department of Transportation; the Department
10.27	of Veterans Affairs; and their successor departments.

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

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Sec. 6. Minnesota Statutes 2023 Supplement, section 15.06, subdivision 1, is amended to 11.1 read: 11.2 Subdivision 1. Applicability. This section applies to the following departments or 11.3 agencies: the Departments of Administration; Agriculture; Children, Youth, and Families; 11.4 Commerce; Corrections; Direct Care and Treatment; Education; Employment and Economic 11.5 Development; Health; Human Rights; Human Services; Labor and Industry; Management 11.6 and Budget; Natural Resources; Public Safety; Revenue; Transportation; and Veterans 11.7 11.8 Affairs; the Housing Finance and Pollution Control Agencies; the Office of Commissioner of Iron Range Resources and Rehabilitation; the Department of Information Technology 11.9 Services; the Bureau of Mediation Services; and their successor departments and agencies. 11.10 The heads of the foregoing departments or agencies are "commissioners." 11.11 **EFFECTIVE DATE.** This section is effective July 1, 2024. 11.12 Sec. 7. Minnesota Statutes 2022, section 16B.24, subdivision 2, is amended to read: 11.13 Subd. 2. **Repairs.** The commissioner shall supervise and control the making of necessary 11.14 repairs to all state buildings and structures, except: 11.15 (1) structures, other than buildings, under the control of the state Transportation 11.16 Department; and 11.17 11.18 (2) buildings and structures under the control of the Board of Trustees of the Minnesota State Colleges and Universities-; and 11.19 11.20 (3) buildings and structures under the control of the Direct Care and Treatment executive board. 11.21 All repairs to the public and ceremonial areas and the exterior of the State Capitol building 11.22 shall be carried out subject to the standards and policies of the Capitol Area Architectural 11.23 and Planning Board and the commissioner of administration adopted pursuant to section 11.24 15B.15, subdivision 2. 11.25 **EFFECTIVE DATE.** This section is effective July 1, 2024. 11.26 Sec. 8. Minnesota Statutes 2022, section 16B.24, subdivision 3a, is amended to read: 11.27 11.28 Subd. 3a. Sale of real property. By February 1 of each year, the commissioner shall report to the chairs of the senate Committee on Finance and the house of representatives 11.29 Committees on Ways and Means and Capital Investment all sales or other transfers of real 11.30 property owned by the state that have taken place in the preceding calendar year. The report 11.31

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shall include a description of the property, reason for the sale, the name of the buyer, and the price for which the property was sold. Sales of easements need not be included. This subdivision does not apply to real property held by the Department of Natural Resources, the Department of Transportation, <u>Direct Care and Treatment</u>, or the Board of Water and Soil Resources, except for real property that has been used for office space by any of those agencies. This subdivision does not apply to property owned by the Board of Trustees of the Minnesota State Colleges and Universities or the University of Minnesota.

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

- Sec. 9. Minnesota Statutes 2022, section 16B.297, subdivision 1, is amended to read:
- Subdivision 1. **Definition.** For the purposes of this section, "agency" means an agency
- as defined in section 16B.01, subdivision 2, and the Board of Trustees of the Minnesota
- 12.12 State Colleges and Universities, but does not include the Department of Transportation, the
- 12.13 Department of Natural Resources, Direct Care and Treatment, or the Board of Water and
- 12.14 Soil Resources.

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

- Sec. 10. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1, is amended to read:
- Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees who are:
- (1) chosen by election or appointed to fill an elective office;
- (2) heads of agencies required by law to be appointed by the governor or other elective officers, and the executive or administrative heads of departments, bureaus, divisions, and institutions specifically established by law in the unclassified service;
- 12.24 (3) deputy and assistant agency heads and one confidential secretary in the agencies
 12.25 listed in subdivision 1a;
- 12.26 (4) the confidential secretary to each of the elective officers of this state and, for the secretary of state and state auditor, an additional deputy, clerk, or employee;
- 12.28 (5) intermittent help employed by the commissioner of public safety to assist in the 12.29 issuance of vehicle licenses;
- 12.30 (6) employees in the offices of the governor and of the lieutenant governor and one 12.31 confidential employee for the governor in the Office of the Adjutant General;

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(7) employees of the Washington, D.C., office of the state of Minnesota;

- (8) employees of the legislature and of legislative committees or commissions; provided that employees of the Legislative Audit Commission, except for the legislative auditor, the deputy legislative auditors, and their confidential secretaries, shall be employees in the classified service;
- (9) presidents, vice-presidents, deans, other managers and professionals in academic and academic support programs, administrative or service faculty, teachers, research assistants, and student employees eligible under terms of the federal Economic Opportunity Act work study program in the Perpich Center for Arts Education and the Minnesota State Colleges and Universities, but not the custodial, clerical, or maintenance employees, or any professional or managerial employee performing duties in connection with the business administration of these institutions;
- 13.13 (10) officers and enlisted persons in the National Guard;
- 13.14 (11) attorneys, legal assistants, and three confidential employees appointed by the attorney general or employed with the attorney general's authorization;
 - (12) judges and all employees of the judicial branch, referees, receivers, jurors, and notaries public, except referees and adjusters employed by the Department of Labor and Industry;
 - (13) members of the State Patrol; provided that selection and appointment of State Patrol troopers must be made in accordance with applicable laws governing the classified service;
 - (14) examination monitors and intermittent training instructors employed by the Departments of Management and Budget and Commerce and by professional examining boards and intermittent staff employed by the technical colleges for the administration of practical skills tests and for the staging of instructional demonstrations;
- 13.25 (15) student workers;

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- 13.26 (16) executive directors or executive secretaries appointed by and reporting to any policy-making board or commission established by statute;
- 13.28 (17) employees unclassified pursuant to other statutory authority;
- 13.29 (18) intermittent help employed by the commissioner of agriculture to perform duties 13.30 relating to pesticides, fertilizer, and seed regulation;
- 13.31 (19) the administrators and the deputy administrators at the State Academies for the
 13.32 Deaf and the Blind; and

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14.1 (20) <u>the chief executive officers in the Department of Human Services officer of Direct</u>

14.2 <u>Care and Treatment.</u>

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

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- Sec. 11. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended to read:
- Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following agencies may designate additional unclassified positions according to this subdivision: the
- 14.8 Departments of Administration; Agriculture; Children, Youth, and Families; Commerce;
- 14.9 Corrections; Direct Care and Treatment; Education; Employment and Economic
- 14.10 Development; Explore Minnesota Tourism; Management and Budget; Health; Human
- 14.11 Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue;
- 14.12 Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies;
- 14.13 the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the
- 14.14 Department of Information Technology Services; the Offices of the Attorney General,
- 14.15 Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the
- 14.16 Minnesota Office of Higher Education; the Perpich Center for Arts Education; <u>Direct Care</u>
- and Treatment; and the Minnesota Zoological Board.
- 14.18 A position designated by an appointing authority according to this subdivision must 14.19 meet the following standards and criteria:
- 14.20 (1) the designation of the position would not be contrary to other law relating specifically to that agency;
- 14.22 (2) the person occupying the position would report directly to the agency head or deputy
 14.23 agency head and would be designated as part of the agency head's management team;
- 14.24 (3) the duties of the position would involve significant discretion and substantial involvement in the development, interpretation, and implementation of agency policy;
- 14.26 (4) the duties of the position would not require primarily personnel, accounting, or other technical expertise where continuity in the position would be important;
- 14.28 (5) there would be a need for the person occupying the position to be accountable to, 14.29 loyal to, and compatible with, the governor and the agency head, the employing statutory 14.30 board or commission, or the employing constitutional officer;
- 14.31 (6) the position would be at the level of division or bureau director or assistant to the 14.32 agency head; and

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(7) the commissioner has approved the designation as being consistent with the standards and criteria in this subdivision.

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

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- Sec. 12. Minnesota Statutes 2022, section 145.61, subdivision 5, is amended to read:
- Subd. 5. Review organization. "Review organization" means a nonprofit organization acting according to clause (1), a committee as defined under section 144E.32, subdivision 2, or a committee whose membership is limited to professionals, administrative staff, and consumer directors, except where otherwise provided for by state or federal law, and which is established by one or more of the following: a hospital, a clinic, a nursing home, an ambulance service or first responder service regulated under chapter 144E, one or more state or local associations of professionals, an organization of professionals from a particular area or medical institution, a health maintenance organization as defined in chapter 62D, a community integrated service network as defined in chapter 62N, a nonprofit health service plan corporation as defined in chapter 62C, a preferred provider organization, a professional standards review organization established pursuant to United States Code, title 42, section 1320c-1 et seq., a medical review agent established to meet the requirements of section 256B.04, subdivision 15, the Department of Human Services, Direct Care and Treatment, or a nonprofit corporation that owns, operates, or is established by one or more of the above referenced entities, to gather and review information relating to the care and treatment of patients for the purposes of:
 - (a) evaluating and improving the quality of health care;
- (b) reducing morbidity or mortality;
- 15.23 (c) obtaining and disseminating statistics and information relative to the treatment and
 15.24 prevention of diseases, illness and injuries;
- 15.25 (d) developing and publishing guidelines showing the norms of health care in the area 15.26 or medical institution or in the entity or organization that established the review organization;
- (e) developing and publishing guidelines designed to keep within reasonable bounds the cost of health care;
- (f) developing and publishing guidelines designed to improve the safety of care provided to individuals;

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(g) reviewing the safety, quality, or cost of health care services provided to enrollees of 16.1 health maintenance organizations, community integrated service networks, health service 16.2 plans, preferred provider organizations, and insurance companies; 16.3 (h) acting as a professional standards review organization pursuant to United States 16.4 Code, title 42, section 1320c-1 et seq.; 16.5 (i) determining whether a professional shall be granted staff privileges in a medical 16.6 institution, membership in a state or local association of professionals, or participating status 16.7 in a nonprofit health service plan corporation, health maintenance organization, community 16.8 integrated service network, preferred provider organization, or insurance company, or 16.9 16.10 whether a professional's staff privileges, membership, or participation status should be limited, suspended or revoked; 16.11 (j) reviewing, ruling on, or advising on controversies, disputes or questions between: 16.12 (1) health insurance carriers, nonprofit health service plan corporations, health 16.13 maintenance organizations, community integrated service networks, self-insurers and their 16.14 insureds, subscribers, enrollees, or other covered persons; 16.15 (2) professional licensing boards and health providers licensed by them; 16.16 (3) professionals and their patients concerning diagnosis, treatment or care, or the charges 16.17 or fees therefor; 16.18 (4) professionals and health insurance carriers, nonprofit health service plan corporations, 16.19 health maintenance organizations, community integrated service networks, or self-insurers 16.20 concerning a charge or fee for health care services provided to an insured, subscriber, 16.21 enrollee, or other covered person; 16.22 (5) professionals or their patients and the federal, state, or local government, or agencies 16.23 thereof; 16.24 (k) providing underwriting assistance in connection with professional liability insurance 16.25 coverage applied for or obtained by dentists, or providing assistance to underwriters in 16.26 16.27 evaluating claims against dentists; (1) acting as a medical review agent under section 256B.04, subdivision 15; 16.28 16.29 (m) providing recommendations on the medical necessity of a health service, or the relevant prevailing community standard for a health service; 16.30

1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;

(n) providing quality assurance as required by United States Code, title 42, sections

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17.1	(o) providing information to group purchasers of health care services when that
17.2	information was originally generated within the review organization for a purpose specified
17.3	by this subdivision;
17.4	(p) providing information to other, affiliated or nonaffiliated review organizations, when
17.5	that information was originally generated within the review organization for a purpose
17.6	specified by this subdivision, and as long as that information will further the purposes of a
17.7	review organization as specified by this subdivision; or
17.8	(q) participating in a standardized incident reporting system, including Internet-based
17.9	applications, to share information for the purpose of identifying and analyzing trends in
17.10	medical error and iatrogenic injury.
17.11	EFFECTIVE DATE. This section is effective July 1, 2024.
17.12	Sec. 13. Minnesota Statutes 2022, section 246.018, subdivision 3, is amended to read:
17.13	Subd. 3. Duties. The medical director shall:
17.14	(1) oversee the clinical provision of inpatient mental health services provided in the
17.15	state's regional treatment centers;
17.16	(2) recruit and retain psychiatrists to serve on the state medical staff established in
17.17	subdivision 4;
17.18	(3) consult with the commissioner of human services Direct Care and Treatment executive
17.19	board, the chief executive officer, and community mental health center directors, and the
17.20	state-operated services governing body to develop standards for treatment and care of
17.21	patients in state-operated service programs;
17.22	(4) develop and oversee a continuing education program for members of the medical
17.23	staff; and
17.24	(5) participate and cooperate in the development and maintenance of a quality assurance
17.25	program for state-operated services that assures that residents receive quality inpatient care
17.26	and continuous quality care once they are discharged or transferred to an outpatient setting.
17.27	EFFECTIVE DATE. This section is effective July 1, 2024.
17.28	Sec. 14. Minnesota Statutes 2022, section 246.13, subdivision 2, is amended to read:
17.29	Subd. 2. Definitions; risk assessment and management. (a) As used in this section:

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(1) "appropriate and necessary medical and other records" includes patient medical records and other protected health information as defined by Code of Federal Regulations, title 45, section 164.501, relating to a patient in a state-operated services facility including, but not limited to, the patient's treatment plan and abuse prevention plan that is pertinent to the patient's ongoing care, treatment, or placement in a community-based treatment facility or a health care facility that is not operated by state-operated services, and includes information describing the level of risk posed by a patient when the patient enters the facility;

- (2) "community-based treatment" means the community support services listed in section 253B.02, subdivision 4b;
- (3) "criminal history data" means those data maintained or used by the Departments of Corrections and Public Safety and by the supervisory authorities listed in section 13.84, subdivision 1, that relate to an individual's criminal history or propensity for violence, including data in the Corrections Offender Management System (COMS) and Statewide Supervision System (S3) maintained by the Department of Corrections; and criminal history data as defined in section 13.87, Integrated Search Service as defined in section 13.873, and the Predatory Offender Registration (POR) system maintained by the Department of Public Safety;
 - (4) "designated agency" means the agency defined in section 253B.02, subdivision 5;
- (5) "law enforcement agency" means the law enforcement agency having primary jurisdiction over the location where the offender expects to reside upon release;
- (6) "predatory offender" and "offender" mean a person who is required to register as a predatory offender under section 243.166; and
- 18.23 (7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.
 - (b) To promote public safety and for the purposes and subject to the requirements of this paragraph, the <u>eommissioner executive board</u> or the <u>eommissioner's</u> designee <u>of the executive board</u> shall have access to, and may review and disclose, medical and criminal history data as provided by this section, as necessary to comply with Minnesota Rules, part 1205.0400:
 - (1) to determine whether a patient is required under state law to register as a predatory offender according to section 243.166;
- 18.31 (2) to facilitate and expedite the responsibilities of the special review board and 18.32 end-of-confinement review committees by corrections institutions and state treatment 18.33 facilities;

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19.1	(3) to prepare, amend, or revise the abuse prevention plans required under section
19.2	626.557, subdivision 14, and individual patient treatment plans required under section
19.3	253B.03, subdivision 7;
19.4	(4) to facilitate the custody, supervision, and transport of individuals transferred between
19.5	the Department of Corrections and the Department of Human Services Direct Care and
19.6	Treatment; or
19.7	(5) to effectively monitor and supervise individuals who are under the authority of the
19.8	Department of Corrections, the Department of Human Services Direct Care and Treatment
19.9	and the supervisory authorities listed in section 13.84, subdivision 1.
19.10	(c) The state-operated services treatment facility must make a good faith effort to obtain
19.11	written authorization from the patient before releasing information from the patient's medical
19.12	record.
19.13	(d) If the patient refuses or is unable to give informed consent to authorize the release
19.14	of information required above, the chief executive officer for state-operated services shall
19.15	provide the appropriate and necessary medical and other records. The chief executive officer
19.16	shall comply with the minimum necessary requirements.
19.17	(e) The eommissioner executive board may have access to the National Crime Information
19.18	Center (NCIC) database, through the Department of Public Safety, in support of the law
19.19	enforcement functions described in paragraph (b).
19.20	EFFECTIVE DATE. This section is effective July 1, 2024.
19.21	Sec. 15. Minnesota Statutes 2023 Supplement, section 246C.01, is amended to read:
19.22	246C.01 TITLE.
19.23	This chapter may be cited as the " Department of Direct Care and Treatment Act."
19.23	This chapter may be ched as the Department of Direct Care and Treatment Act.
19.24	EFFECTIVE DATE. This section is effective July 1, 2024.
19.25	Sec. 16. [246C.015] DEFINITIONS.
19.26	Subdivision 1. Scope. For the purposes of this chapter, the following terms have the
19.27	meanings given.
19.28	Subd. 2. Board or executive board. "Board" or "executive board" means the Direct
19.29	Care and Treatment executive board established under section 246C.06.
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Subd. 3. Chief executive officer. "Chief executive officer" means the Direct Care and 20.1 Treatment chief executive officer appointed according to section 246C.08. 20.2 Subd. 4. Community preparation services. "Community preparation services" means 20.3 specialized inpatient or outpatient services operated outside of a secure environment but 20.4 20.5 administered by a secure treatment facility. Subd. 5. Direct Care and Treatment. "Direct Care and Treatment" means the agency 20.6 of Direct Care and Treatment established under this chapter. 20.7 Subd. 6. Secure treatment facility. "Secure treatment facility" means a facility as 20.8 defined in section 253B.02, subdivision 18a; or 253D.02, subdivision 13. 20.9 **EFFECTIVE DATE.** This section is effective July 1, 2024. 20.10 Sec. 17. Minnesota Statutes 2023 Supplement, section 246C.02, is amended to read: 20.11 246C.02 DEPARTMENT OF DIRECT CARE AND TREATMENT; 20.12 ESTABLISHMENT. 20.13 (a) The Department of Direct Care and Treatment is created. as an agency headed by an 20.14 executive board shall head the Department of Direct Care and Treatment. The executive 20.15 board shall develop and maintain direct care and treatment in a manner consistent with 20.16 applicable law, including chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 20.17 254B, and 256. The Department of. Direct Care and Treatment shall provide direct care and 20.18 20.19 treatment services in coordination with counties and other vendors. Direct care and treatment services shall that include specialized inpatient programs at secure treatment facilities as 20.20 defined in sections 253B.02, subdivision 18a, and 253D.02, subdivision 13; community 20.21 preparation services; regional treatment centers; enterprise services; consultative services; 20.22 aftercare services; community-based services and programs; transition services; nursing 20.23 home services; and other services consistent with the mission of the Department of Direct 20.24 Care and Treatment state law, including this chapter and chapters 245, 246, 246B, 252, 253, 20.25 253B, 253C, 253D, 254A, 254B, and 256. Direct Care and Treatment shall provide direct 20.26 care and treatment services in coordination with counties and other vendors. 20.27 (b) "Community preparation services" means specialized inpatient or outpatient services 20.28 or programs operated outside of a secure environment but administered by a secure treatment 20.29 facility. 20.30 **EFFECTIVE DATE.** This section is effective July 1, 2024. 20.31

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Sec. 18. Minnesota Statutes 2023 Supplement, section 246C.04, is amended to read:

246C.04 TRANSFER OF DUTIES.

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- (a) Section 15.039 applies to the transfer of <u>duties</u> responsibilities from the <u>Department</u> of Human Services to Direct Care and Treatment required by this chapter.
- (b) The commissioner of administration, with the governor's approval, shall issue reorganization orders under section 16B.37 as necessary to carry out the transfer of duties required by section 246C.03 this chapter. The provision of section 16B.37, subdivision 1, stating that transfers under section 16B.37 may only be to an agency that has existed for at least one year does not apply to transfers to an agency created by this chapter.
- (c) The initial salary for the health systems chief executive officer of the Department of Direct Care and Treatment is the same as the salary for the health systems chief executive officer of direct care and treatment at the Department of Human Services immediately before July 1, 2024.
- (c) The commissioner of human services shall continue to exercise all authorities and responsibilities under this chapter and chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, with reference to any state-operated service, program, or facility subject to transfer under this act until July 1, 2025. Effective July 1, 2025, the powers and duties vested in or imposed upon the commissioner of human services with reference to any state operated service, program, or facility are transferred to, vested in, and imposed upon the executive board according to this chapter and applicable state law. Effective July 1, 2025, the executive board has the exclusive power of administration and management of all state hospitals for persons with a developmental disability, mental illness, or substance use disorder. Effective July 1, 2025, the executive board has the power and authority to determine all matters relating to the development of all foregoing institutions and other institutions vested in the executive board. Effective July 1, 2025, the powers, functions, and authority vested in the commissioner of human services relative to such state institutions are transferred to the executive board according to this chapter and applicable state law.
- (d) The commissioner of human services shall continue to exercise all authority and responsibility for and retain custody of persons subject to civil commitment under chapter 253B or 253D until July 1, 2025. Effective July 1, 2025, custody of persons subject to civil commitment under chapter 253B or 253D and in the custody of the commissioner of human services as of that date is hereby transferred to the executive board without further act or proceeding. Authority and responsibility for the commitment of such persons is transferred to the executive board on July 1, 2025.

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

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Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.05, is amended to read:

246C.05 EMPLOYEE PROTECTIONS FOR ESTABLISHING THE NEW DEPARTMENT OF DIRECT CARE AND TREATMENT.

- (a) Personnel whose duties relate to the functions assigned to the Department of Direct Care and Treatment executive board in section 246C.03 this chapter are transferred to the Department of Direct Care and Treatment effective 30 days after approval by the commissioner of direct care and treatment management and budget.
- (b) Before the Department of Direct Care and Treatment executive board is appointed, personnel whose duties relate to the functions in this section chapter may be transferred beginning July 1, 2024, with 30 days' notice from the commissioner of management and budget.
- (c) The following protections shall apply to employees who are transferred from the
 Department of Human Services to the Department of Direct Care and Treatment:
 - (1) No transferred employee shall have their employment status and job classification altered as a result of the transfer.
 - (2) Transferred employees who were represented by an exclusive representative prior to the transfer shall continue to be represented by the same exclusive representative after the transfer.
 - (3) The applicable collective bargaining agreements with exclusive representatives shall continue in full force and effect for such transferred employees after the transfer.
 - (4) The state shall have the obligation to meet and negotiate with the exclusive representatives of the transferred employees about any proposed changes affecting or relating to the transferred employees' terms and conditions of employment to the extent such changes are not addressed in the applicable collective bargaining agreement.
 - (5) When an employee in a temporary unclassified position is transferred to the Department of Direct Care and Treatment, the total length of time that the employee has served in the appointment shall include all time served in the appointment at the transferring agency and the time served in the appointment at the Department of Direct Care and Treatment. An employee in a temporary unclassified position who was hired by a transferring agency through an open competitive selection process in accordance with a policy enacted

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by Minnesota Management and Budget shall be considered to have been hired through such process after the transfer.

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- (6) In the event that the state transfers ownership or control of any of the facilities, services, or operations of the Department of Direct Care and Treatment to another entity, whether private or public, by subcontracting, sale, assignment, lease, or other transfer, the state shall require as a written condition of such transfer of ownership or control the following provisions:
- (i) Employees who perform work in transferred facilities, services, or operations must be offered employment with the entity acquiring ownership or control before the entity offers employment to any individual who was not employed by the transferring agency at the time of the transfer.
- (ii) The wage and benefit standards of such transferred employees must not be reduced by the entity acquiring ownership or control through the expiration of the collective bargaining agreement in effect at the time of the transfer or for a period of two years after the transfer, whichever is longer.
- (d) There is no liability on the part of, and no cause of action arises against, the state of Minnesota or its officers or agents for any action or inaction of any entity acquiring ownership or control of any facilities, services, or operations of the Department of Direct Care and Treatment.
- 23.20 **EFFECTIVE DATE.** This section is effective July 1, 2024.
- Sec. 20. [246C.06] EXECUTIVE BOARD; MEMBERSHIP; GOVERNANCE.
- 23.22 <u>Subdivision 1.</u> **Establishment.** The Direct Care and Treatment executive board is established.
 - Subd. 2. Membership. (a) The Direct Care and Treatment executive board consists of nine members with seven voting members and two nonvoting members. The seven voting members must include six members appointed by the governor with the advice and consent of the senate in accordance with paragraph (b) and the commissioner of human services or a designee. The two nonvoting members must be appointed in accordance with paragraph (c). Section 15.0597 applies to all executive board appointments except for the commissioner of human services.
- 23.31 (b) The executive board voting members appointed by the governor must meet the following qualifications:

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24.1	(1) one member must be a licensed physician who is a psychiatrist or has experience in
24.2	serving behavioral health patients;
24.3	(2) two members must have experience serving on a hospital or nonprofit board; and
24.4	(3) three members must have experience working: (i) as a public labor union
24.5	representative; (ii) in the delivery of behavioral health services or care coordination or in
24.6	traditional healing practices; (iii) as a licensed health care professional; (iv) within health
24.7	care administration; or (v) with residential services.
24.8	(c) The executive board nonvoting members must be appointed as follows:
24.9	(1) one member appointed by the Association of Counties; and
24.10	(2) one member who has an active role as a union representative representing staff at
24.11	Direct Care and Treatment appointed by joint representatives of the following unions:
24.12	American Federation of State and Municipal Employees (AFSCME); Minnesota Association
24.13	of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle
24.14	Management Association (MMA); and State Residential Schools Education Association
24.15	(SRSEA).
24.16	(d) Membership on the board must include representation from outside the seven-county
24.17	metropolitan area, as defined in section 473.121, subdivision 2.
24.18	(e) A voting member of the executive board must not be or must not have been within
24.19	one year prior to appointment: (1) an employee of Direct Care and Treatment; (2) an
24.20	employee of a county, including a county commissioner; (3) an active employee or
24.21	representative of a labor union that represents employees of Direct Care and Treatment; or
24.22	(4) a member of the state legislature. This paragraph does not apply to the nonvoting members
24.23	or the commissioner of human services or designee.
24.24	Subd. 3. Procedures. Except as otherwise provided for in this section, the membership
24.25	terms, compensation, and removal and filling of vacancies for the executive board are
24.26	governed by section 15.0575.
24.27	Subd. 4. Compensation. Notwithstanding section 15.0575, subdivision 3, paragraph
24.28	(a), members of the executive board must receive compensation at a rate of \$500 a day spent
24.29	on executive board activities authorized by the executive board, plus expenses in the same
24.30	manner and amount as authorized by the commissioner's plan adopted under section 43A.18,
24.31	subdivision 2. All other requirements under section 15.0575, subdivision 3, apply to the
24.32	compensation of executive board members.

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25.1	Subd. 5. Acting chair; officers. (a) The governor shall designate one member from the
25.2	voting membership appointed by the governor as acting chair of the executive board.
25.3	(b) At the first meeting of the executive board, the executive board must elect a chair
25.4	from among the voting membership appointed by the governor.
25.5	(c) The executive board must annually elect a chair from among the voting membership
25.6	appointed by the governor.
25.7	(d) The executive board must elect officers from among the voting membership appointed
25.8	by the governor. The elected officers shall serve for one year.
25.9	Subd. 6. Terms. (a) Except for the commissioner of human services, executive board
25.10	members must not serve more than two consecutive terms unless service beyond two
25.11	consecutive terms is approved by the majority of voting members. The commissioner or
25.12	designee shall serve until replaced by the governor.
25.13	(b) An executive board member may resign at any time by giving written notice to the
25.14	executive board.
25.15	(c) The initial term of the member appointed under subdivision 2, paragraph (b), clause
25.16	(1), is two years. The initial term of the members appointed under subdivision 2, paragraph
25.17	(b), clause (2), is three years. The initial term of the members appointed under subdivision
25.18	2, paragraph (b), clause (3), and the members appointed under subdivision 2, paragraph (c),
25.19	is four years.
25.20	(d) After the initial term, the term length of all appointed executive board members is
25.21	four years.
25.22	Subd. 7. Conflicts of interest. Executive board members must recuse themselves from
25.23	discussion of and voting on an official matter if the executive board member has a conflict
25.24	of interest. A conflict of interest means an association, including a financial or personal
25.25	association, that has the potential to bias or have the appearance of biasing an executive
25.26	board member's decision in matters related to Direct Care and Treatment or the conduct of
25.27	activities under this chapter.
25.28	Subd. 8. Meetings. The executive board must meet at least four times per fiscal year at
25.29	a place and time determined by the executive board.
25.30	Subd. 9. Quorum. A majority of the voting members of the executive board constitutes
25.31	a quorum. The affirmative vote of a majority of the voting members of the executive board
25.32	is necessary and sufficient for action taken by the executive board.

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26.1	Subd. 10. Immunity; indemnification. (a) Members of the executive board are immune
26.2	from civil liability for any act or omission occurring within the scope of the performance
26.3	of their duties under this chapter.
26.4	(b) When performing executive board duties or actions, members of the executive board
26.5	are employees of the state for purposes of indemnification under section 3.736, subdivision
26.6	<u>9.</u>
26.7	Subd. 11. Rulemaking. (a) The executive board is authorized to adopt, amend, and
26.8	repeal rules in accordance with chapter 14 under the executive board's authority to implement
26.9	this chapter or any responsibilities of Direct Care and Treatment specified in state law.
26.10	(b) Until July 1, 2030, the executive board may adopt rules using the expedited
26.11	rulemaking process in section 14.389.
26.12	(c) All orders, rules, delegations, permits, and other privileges issued or granted by the
26.13	Department of Human Services with respect to any function of Direct Care and Treatment
26.14	and in effect at the time of the establishment of Direct Care and Treatment shall continue
26.15	in effect as if such establishment had not occurred. The executive board may amend or
26.16	repeal rules applicable to Direct Care and Treatment that were established by the Department
26.17	of Human Services in accordance with chapter 14.
26.18	EFFECTIVE DATE. This section is effective July 1, 2024.
26.19	Sec. 21. [246C.07] POWERS AND DUTIES OF EXECUTIVE BOARD.
26.20	Subdivision 1. Generally. (a) The executive board must operate the agency according
26.21	to this chapter and applicable state and federal law. The overall management and control
26.22	of the agency is vested in the executive board in accordance with this chapter.
26.23	(b) The executive board must appoint a chief executive officer according to section
26.24	246C.08. The chief executive officer is responsible for the administrative and operational
26.25	duties of Direct Care and Treatment in accordance with this chapter.
26.26	(c) The executive board may delegate duties imposed by this chapter and under applicable
26.27	state and federal law as deemed appropriate by the board and in accordance with this chapter.
26.28	Any delegation of a specified statutory duty or power to an employee of Direct Care and
26.29	Treatment other than the chief executive officer must be made by written order and filed
26.30	with the secretary of state. Only the chief executive officer shall have the powers and duties
26.31	of the executive board as specified in section 246C.08.

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27.1	Subd. 2. Principles. The executive board, in undertaking its duties and responsibilities
27.2	and within Direct Care and Treatment resources, shall act according to the following
27.3	principles:
27.4	(1) prevent the waste or unnecessary spending of public money;
27.5	(2) use innovative fiscal and human resource practices to manage the state's resources
27.6	and operate the agency as efficiently as possible;
27.7	(3) coordinate Direct Care and Treatment activities wherever appropriate with the
27.8	activities of other governmental agencies;
27.9	(4) use technology where appropriate to increase agency productivity, improve customer
27.10	service, increase public access to information about government, and increase public
27.11	participation in the business of government; and
27.12	(5) utilize constructive and cooperative labor management practices to the extent
27.13	otherwise required by chapter 43A or 179A.
27.14	Subd. 3. Powers and duties. (a) The executive board has the power and duty to:
27.15	(1) set the overall strategic direction for Direct Care and Treatment, ensuring that Direct
27.16	Care and Treatment delivers exceptional care and supports the well-being of all individuals
27.17	served by Direct Care and Treatment;
27.18	(2) establish policies and procedures to govern the operation of the facilities, programs,
27.19	and services under the direct authority of Direct Care and Treatment;
27.20	(3) employ personnel and delegate duties and responsibilities to personnel as deemed
27.21	appropriate by the executive board, subject to chapters 43A and 179A and in accordance
27.22	with this chapter;
27.23	(4) review and approve the operating budget proposal for Direct Care and Treatment;
27.24	(5) accept and use gifts, grants, or contributions from any nonstate source or refuse to
27.25	accept any gift, grant, or contribution if acceptance would not be in the best interest of the
27.26	state;
27.27	(6) deposit all money received as gifts, grants, or contributions pursuant to section
27.28	<u>246C.09</u> , subdivision 1;
27.29	(7) enter into information-sharing agreements with federal and state agencies and other
27.30	entities, provided the agreements include adequate protections with respect to the
27.31	confidentiality and integrity of the information to be shared and comply with all applicable
27.32	state and federal laws, regulations, and rules;

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28.1	(8) enter into interagency or service level agreements with a state department listed in
28.2	section 15.01; a multimember state agency described in section 15.012, paragraph (a); or
28.3	the Department of Information Technology Services;
28.4	(9) enter into contractual agreements with federally recognized Indian Tribes with a
28.5	reservation in Minnesota;
28.6	(10) enter into contracts with public and private agencies, private and nonprofit
28.7	organizations, and individuals, using appropriated funds;
28.8	(11) establish and maintain any administrative units reasonably necessary for the
28.9	performance of administrative functions common to all programs or divisions of Direct
28.10	Care and Treatment;
28.11	(12) authorize the method of payment to or from Direct Care and Treatment as part of
28.12	programs administered by Direct Care and Treatment, including authorization of the receipt
28.13	or disbursement of funds held by Direct Care and Treatment in a fiduciary capacity as part
28.14	of the programs administered by Direct Care and Treatment;
28.15	(13) inform Tribal Nations and county agencies, on a timely basis, of changes in statute,
28.16	rule, federal law, regulation, and policy necessary to Tribal or county agency administration
28.17	of Direct Care and Treatment programs and services;
28.18	(14) report to the legislature on the performance of Direct Care and Treatment operations
28.19	and the accomplishment of Direct Care and Treatment goals in its biennial budget in
28.20	accordance with section 16A.10, subdivision 1;
28.21	(15) recommend to the legislature appropriate changes in law necessary to carry out the
28.22	principles and improve the performance of Direct Care and Treatment; and
28.23	(16) exercise all powers reasonably necessary to implement and administer the
28.24	requirements of this chapter and applicable state and federal law.
28.25	(b) The specific enumeration of powers and duties as set forth in this section shall not
28.26	be construed as a limitation upon the general transfer of Direct Care and Treatment facilities,
28.27	programs, and services from the Department of Human Services to Direct Care and Treatment
28.28	under this chapter.
28.29	Subd. 4. Creation of bylaws. The board may establish bylaws governing its operations
28.30	and the operations of Direct Care and Treatment in accordance with this chapter.
28.31	Subd. 5. Implementation of procurement procedures. The executive board, in
28.32	consultation with the commissioner of administration, shall implement policies and

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procedures to establish an open and competitive procurement process for Direct Care and 29.1 Treatment that, to the extent practicable, conforms to the principles contained in chapters 29.2 29.3 16B and 16C. Subd. 6. Reciprocal exchange of certain persons. The executive board is authorized 29.4 and empowered with the approval of the governor to enter into reciprocal agreements with 29.5 another state or states regarding the mutual exchange, return, and transportation of persons 29.6 with a mental illness or a developmental disability who are within the confines of one state 29.7 29.8 but have legal residence or legal settlement for the purposes of relief in another state. Any agreement entered into under this subdivision must not contain any provision that conflicts 29.9 with any state law. 29.10 29.11 Subd. 7. Acceptance of voluntary, uncompensated services. For the purpose of carrying out a duty, the executive board may accept uncompensated and voluntary services and may 29.12 enter into contracts or agreements with private or public agencies, organizations, or persons, 29.13 for uncompensated and voluntary services, as the executive board may deem practicable. 29.14 Uncompensated and voluntary services do not include services mandated by licensure or 29.15 certification requirements for health care facilities. The volunteer agencies, organizations, 29.16 or persons who provide services to residents of state facilities operated under the authority 29.17 of Direct Care and Treatment are not subject to the procurement requirements of chapter 29.18 16B or 16C. The agencies, organizations, or persons may purchase supplies, services, and 29.19 equipment to be used in providing services to residents of state facilities through the 29.20 Department of Administration. 29.21 **EFFECTIVE DATE.** This section is effective July 1, 2024. 29.22 Sec. 22. [246C.08] CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES. 29.23 Subdivision 1. **Service.** (a) The Direct Care and Treatment chief executive officer is 29.24 29.25 appointed by the executive board and serves at the pleasure of the executive board. (b) The chief executive officer shall serve in the unclassified service in accordance with 29.26 section 43A.08 and shall be governed by a compensation plan prepared by the executive 29.27 board, submitted to the commissioner of management and budget for review and comment, 29.28 and approved by the Legislative Coordinating Commission and the legislature in accordance 29.29 29.30 with section 3.855. Subd. 2. Powers and duties. (a) The chief executive officer's primary duty is to assist 29.31 29.32 the executive board. The chief executive officer is responsible for the administrative and 29.33 operational management of the agency.

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(b) The chief executive officer shall have all the powers of the executive board unless the executive board directs otherwise. The chief executive officer shall have the authority to speak for the executive board and Direct Care and Treatment within and outside the agency.

(c) In the event that a vacancy occurs for any reason within the chief executive officer position, the chief medical officer appointed under section 246.018 shall immediately become the temporary chief executive officer until the executive board appoints a new chief executive officer. During this period, the chief medical officer shall have all the powers and authority delegated to the chief executive officer by the board and specified in this chapter.

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

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Sec. 23. [246C.09] DIRECT CARE AND TREATMENT ACCOUNTS.

Subdivision 1. Gifts, grants, and contributions account. (a) A gifts, grants, and contributions account is created in the special revenue fund in the state treasury. All money received by the executive board as a gift, grant, or contribution must be deposited in the gifts, grants, and contributions account. Except as provided in paragraph (b), money in the account is annually appropriated to the executive board to accomplish the purposes of this chapter. Gifts, grants, or contributions received by the executive board exceeding current agency needs must be invested by the State Board of Investment in accordance with section 11A.24. Disbursements from the gifts, grants, and contributions account must be made in the manner provided for the issuance of other state payments.

(b) If the gift or contribution is designated for a certain person, institution, or purpose, the executive board must use the gift or contribution as specified in accordance with the conditions of the gift or contribution if compatible with the best interests of the person and the state. If a gift or contribution is accepted for the use and benefit of a person with a developmental disability, including those within a state hospital, research relating to persons with a developmental disability must be considered an appropriate use of the gift or contribution. Such money must not be used for any structures or installations which by their nature would require state expenditures for their operation or maintenance without specific legislative enactment.

Subd. 2. Facilities management account. A facilities management account is created in the special revenue fund of the state treasury. Money in the account is appropriated to the executive board and may be used to maintain buildings, acquire facilities, renovate existing buildings, or acquire land for the design and construction of buildings for Direct

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Care and Treatment use. Money received for maintaining state property under control of the executive board may be deposited into this account.

Subd. 3. Systems account. A systems account is created in the special revenue fund of

Subd. 3. Systems account. A systems account is created in the special revenue fund of the state treasury. Money in the account is appropriated to the executive board and may be used for security systems and information technology projects, services, and support under the control of the executive board. Money allocated to Direct Care and Treatment systems projects under section 256.014 must be transferred to this account.

Subd. 4. Cemetery maintenance account. The cemetery maintenance account is created in the special revenue fund of the state treasury. Money in the account is appropriated to the executive board for the maintenance of cemeteries under control of the executive board. Money allocated to Direct Care and Treatment cemeteries may be transferred to this account.

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

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Sec. 24. Minnesota Statutes 2022, section 256.88, is amended to read:

256.88 SOCIAL WELFARE FUND ESTABLISHED.

Except as otherwise expressly provided, all moneys and funds held by the commissioner of human services, the Direct Care and Treatment executive board, and the local social services agencies of the several counties in trust or for the benefit of children with a disability and children who are dependent, neglected, or delinquent, children born to mothers who were not married to the children's fathers at the times of the conception nor at the births of the children, persons determined to have developmental disability, mental illness, or substance use disorder, or other wards or beneficiaries, under any law, shall be kept in a single fund to be known as the "social welfare fund" which shall be deposited at interest, held, or disbursed as provided in sections 256.89 to 256.92.

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

Sec. 25. Minnesota Statutes 2022, section 256.89, is amended to read:

256.89 FUND DEPOSITED IN STATE TREASURY.

The social welfare fund and all accretions thereto shall be deposited in the state treasury,
as a separate and distinct fund, to the credit of the commissioner of human services and the
Direct Care and Treatment executive board as trustee trustees for the their respective
beneficiaries thereof in proportion to their the beneficiaries' several interests. The
commissioner of management and budget shall be responsible only to the commissioner of
human services and the Direct Care and Treatment executive board for the sum total of the

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fund, and shall have no duties nor direct obligations toward the beneficiaries thereof individually. Subject to the <u>applicable</u> rules of the commissioner of human services <u>or the Direct Care and Treatment executive board, money</u> so received by a local social services agency may be deposited by the executive secretary of the local social services agency in a local bank carrying federal deposit insurance, designated by the local social services agency for this purpose. The amount of such deposit in each such bank at any one time shall not exceed the amount protected by federal deposit insurance.

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

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Sec. 26. Minnesota Statutes 2022, section 256.90, is amended to read:

256.90 SOCIAL WELFARE FUND; USE; DISPOSITION; DEPOSITORIES.

The commissioner of human services, in consultation with the Direct Care and Treatment executive board, at least 30 days before the first day of January and the first day of July in each year shall file with the commissioner of management and budget an estimate of the amount of the social welfare fund to be held in the treasury during the succeeding six-month period, subject to current disbursement. Such portion of the remainder thereof as may be at any time designated by the request of the commissioner of human services may be invested by the commissioner of management and budget in bonds in which the permanent trust funds of the state of Minnesota may be invested, upon approval by the State Board of Investment. The portion of such remainder not so invested shall be placed by the commissioner of management and budget at interest for the period of six months, or when directed by the commissioner of human services, for the period of 12 months thereafter at the highest rate of interest obtainable in a bank, or banks, designated by the board of deposit as a suitable depository therefor. All the provisions of law relative to the designation and qualification of depositories of other state funds shall be applicable to sections 256.88 to 256.92, except as herein otherwise provided. Any bond given, or collateral assigned or both, to secure a deposit hereunder may be continuous in character to provide for the repayment of any moneys belonging to the fund theretofore or thereafter at any time deposited in such bank until its designation as such depository is revoked and the security thereof shall be not impaired by any subsequent agreement or understanding as to the rate of interest to be paid upon such deposit, or as to time for its repayment. The amount of money belonging to the fund deposited in any bank, including other state deposits, shall not at any time exceed the amount of the capital stock thereof. In the event of the closing of the bank any sum deposited therein shall immediately become due and payable.

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

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Sec. 27. Minnesota Statutes 2022, section 256.91, is amended to read:

256.91 PURPOSES.

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From that part of the social welfare fund held in the state treasury subject to disbursement as provided in section 256.90 the commissioner of human services or the Direct Care and Treatment executive board at any time may pay out such amounts as the commissioner or executive board deems proper for the support, maintenance, or other legal benefit of any of the children with a disability and children who are dependent, neglected, or delinquent, children born to mothers who were not married to the children's fathers at the times of the conception nor at the births of the children, persons with developmental disability, substance use disorder, or mental illness, or other wards or persons entitled thereto, not exceeding in the aggregate to or for any person the principal amount previously received for the benefit of the person, together with the increase in it from an equitable apportionment of interest realized from the social welfare fund.

When any such person dies or is finally discharged from the guardianship, care, custody, and control of the commissioner of human services or the Direct Care and Treatment executive board, the amount then remaining subject to use for the benefit of the person shall be paid as soon as may be from the social welfare fund to the persons thereto entitled by law.

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

Sec. 28. Minnesota Statutes 2022, section 256.92, is amended to read:

256.92 COMMISSIONER OF HUMAN SERVICES AND DIRECT CARE AND TREATMENT, ACCOUNTS.

It shall be the duty of the commissioner of human services, the Direct Care and Treatment executive board, and of the local social services agencies of the several counties of this state to cause to be deposited with the commissioner of management and budget all moneys and funds in their possession or under their control and designated by section 256.91 as and for the social welfare fund; and all such moneys and funds shall be so deposited in the state treasury as soon as received. The commissioner of human services, in consultation with the Direct Care and Treatment executive board, shall keep books of account or other records showing separately the principal amount received and deposited in the social welfare fund for the benefit of any person, together with the name of such person, and the name and address, if known to the commissioner of human services or the Direct Care and Treatment executive board, of the person from whom such money was received; and, at least once

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every two years, the amount of interest, if any, which the money has earned in the social 34.1 welfare fund shall be apportioned thereto and posted in the books of account or records to 34.2 the credit of such beneficiary. 34.3 The provisions of sections 256.88 to 256.92 shall not apply to any fund or money now 34.4 or hereafter deposited or otherwise disposed of pursuant to the lawful orders, decrees, 34.5 judgments, or other directions of any district court having jurisdiction thereof. 34.6 **EFFECTIVE DATE.** This section is effective July 1, 2024. 34.7 Sec. 29. Laws 2023, chapter 61, article 8, section 1, the effective date, is amended to read: 34.8 34.9 **EFFECTIVE DATE.** This section is effective January July 1, 2025 2024. Sec. 30. Laws 2023, chapter 61, article 8, section 2, the effective date, is amended to read: 34.10 **EFFECTIVE DATE.** This section is effective January July 1, 2025 2024. 34.11 Sec. 31. Laws 2023, chapter 61, article 8, section 3, the effective date, is amended to read: 34.12 **EFFECTIVE DATE.** This section is effective January July 1, 2025 2024. 34.13 Sec. 32. Laws 2023, chapter 61, article 8, section 8, the effective date, is amended to read: 34.14 34.15 **EFFECTIVE DATE.** This section is effective January July 1, 2025 2024. Sec. 33. INITIAL APPOINTMENTS OF THE DIRECT CARE AND TREATMENT 34.16 EXECUTIVE BOARD AND CHIEF EXECUTIVE OFFICER. 34.17 Subdivision 1. Executive board. (a) The initial appointments of the members of the 34.18 34.19 Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06, must be made by January 1, 2025. 34.20 (b) The executive board is exempt from Minnesota Statutes, section 13D.01, until the 34.21 authority and responsibilities for Direct Care and Treatment are transferred to the executive 34.22 board in accordance with Minnesota Statutes, section 246C.04. 34.23 Subd. 2. Chief executive officer. (a) The Direct Care and Treatment executive board 34.24 must appoint as the initial chief executive officer for Direct Care and Treatment under 34.25 Minnesota Statutes, section 246C.07, the chief executive officer of the direct care and 34.26 treatment division of the Department of Human Services holding that position at the time 34.27 the initial appointment is made by the board. The initial appointment of the chief executive 34.28 officer must be made by the executive board by July 1, 2025. 34.29

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35.1	(b) Notwithstanding Minnesota Statutes, section 246C.08, the salary of the initial chief
35.2	executive officer must not be less than the amount paid to the chief executive officer of the
35.3	direct care and treatment division of the Department of Human Services as of the date of
35.4	the initial appointment.
35.5	Subd. 3. Commissioner of human services to consult. In preparing the budget estimates
35.6	required under Minnesota Statutes, section 16A.10, for the direct care and treatment division
35.7	for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative
35.8	session that involve direct care and treatment operations, the commissioner of human services
35.9	must consult with the Direct Care and Treatment executive board before submitting the
35.10	budget estimates or legislative proposals. If the executive board is not appointed by the date
35.11	the budget estimates must be submitted to the commissioner of management and budget,
35.12	the commissioner of human services must provide the executive board with a summary of
35.13	the budget estimates that were submitted.
35.14	EFFECTIVE DATE. This section is effective July 1, 2024.
35.15	Sec. 34. REPEALER.
35.16	(a) Minnesota Statutes 2023 Supplement, section 246C.03, is repealed.
35.17	(b) Minnesota Statutes 2022, sections 246.01; 246.12; 246.234; 246.36; and 246.41, are
35.18	repealed.

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

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246.01 POWERS AND DUTIES.

The commissioner of human services is hereby specifically constituted the guardian of all persons with developmental disabilities, the guardianship of whom has heretofore been vested in the State Board of Control or in the director of social welfare whether by operation of law or by an order of court without any further act or proceeding, and all the powers and duties vested in or imposed upon the State Board of Control or the director of social welfare, with reference to mental testing of persons with developmental disability, and with reference to the institutions of the state of Minnesota except correctional facilities administered and managed by the commissioner of corrections, are hereby transferred to, vested in, and imposed upon the commissioner of human services, and in relation thereto is hereby charged with and shall have the exclusive power of administration and management of all of the following state institutions: state hospitals for persons with developmental disability, mental illness, or substance use disorder. The commissioner shall have power and authority to determine all matters relating to the unified and continuous development of all of the foregoing institutions and of such other institutions, the supervision of which may, from time to time, be vested in the commissioner. It is intended that there be vested in the commissioner all of the powers, functions, and authority heretofore vested in the State Board of Control relative to such state institutions. The commissioner shall have the power and authority to accept, in behalf of the state, contributions and gifts of money and personal property for the use and benefit of the residents of the public institutions under the commissioner's control, and all money and securities so received shall be deposited in the state treasury subject to the order of the commissioner of human services. If the gift or contribution is designated by the donor for a certain institution or purpose, the commissioner of human services shall expend or use the same as nearly as may be in accordance with the conditions of the gift or contribution, compatible with the best interests of the inmates and the state. The commissioner of human services is hereby constituted the "state agency" as defined by the Social Security Act of the United States and the laws of this state for all purposes relating to mental health and mental hygiene.

For the purpose of carrying out these duties, the commissioner of human services shall accept from wards with developmental disabilities for whom the commissioner is specifically appointed guardian a signed application for consent to the marriage of said ward. Upon receipt of such application the commissioner shall promptly conduct such investigation as the commissioner deems proper and determine if the contemplated marriage is for the best interest of the ward and the public. A signed copy of the commissioner's determination shall be mailed to the ward and to the court administrator of the district court of the county where the application for such marriage license was made.

There is hereby appropriated to such persons or institutions as are entitled to such sums as are provided for in this section, from the fund or account in the state treasury to which the money was credited, an amount sufficient to make such payment.

246.12 BIENNIAL ESTIMATES; SUGGESTIONS FOR LEGISLATION.

The commissioner of human services shall prepare, for the use of the legislature, biennial estimates of appropriations necessary or expedient to be made for the support of the institutions and for extraordinary and special expenditures for buildings and other improvements. The commissioner shall, in connection therewith, make suggestions relative to legislation for the benefit of the institutions. The commissioner shall report the estimates and suggestions to the legislature on or before November 15 in each even-numbered year. The commissioner of human services on request shall appear before any legislative committee and furnish any required information in regard to the condition of any such institution.

246.234 RECIPROCAL EXCHANGE OF CERTAIN PERSONS.

The commissioner of human services is hereby authorized and empowered with the approval of the governor to enter into reciprocal agreements with any other state or states, through the duly authorized authorities thereof, regarding the mutual exchange, return, and transportation of persons with mental illness or developmental disabilities who are within the confines of one state but have legal residence or legal settlement for the purposes of relief in another state. Such agreements shall contain no provisions conflicting with any law of this state.

246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.

For the purpose of carrying out a duty, the commissioner of human services shall have authority to accept uncompensated and voluntary services and to enter into contracts or agreements with private or public agencies, or persons, for uncompensated and voluntary services, as the commissioner may deem practicable. Uncompensated and voluntary services do not include services mandated

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by licensure and certification requirements for health care facilities. The volunteer agencies, organizations, or persons who provide services to residents of state facilities operated under the authority of the commissioner are not subject to the procurement requirements of chapters 16A and 16C. The agencies, organizations, or persons may purchase supplies, services, and equipment to be used in providing services to residents of state facilities through the Department of Administration.

246.41 BENEFIT FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

Subdivision 1. **Acceptance.** The commissioner of human services is authorized to accept, for and in behalf of the state, contributions of money for the use and benefit of persons with developmental disabilities.

- Subd. 2. **Special welfare fund.** Any money so received by the commissioner shall be deposited with the commissioner of management and budget in a special welfare fund, which fund is to be used by the commissioner of human services for the benefit of persons with developmental disabilities within the state, including those within state hospitals. And, without excluding other possible uses, research relating to persons with developmental disabilities shall be considered an appropriate use of such funds; but such funds shall not be used for any structures or installations which by their nature would require state expenditures for their operation or maintenance without specific legislative enactment therefor.
- Subd. 3. **Appropriation.** There is hereby appropriated from the special welfare fund in the state treasury to such persons as are entitled thereto to carry out the provisions stated in this section.

246C.03 TRANSITION OF AUTHORITY; DEVELOPMENT OF A BOARD.

Subdivision 1. **Authority until board is developed and powers defined.** On July 1, 2023, the commissioner of human services shall continue to exercise all authorities and responsibilities under chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, until legislation is effective that develops the Department of Direct Care and Treatment executive board and defines the responsibilities and powers of the Department of Direct Care and Treatment and its executive board.

- Subd. 2. **Development of Department of Direct Care and Treatment Board.** (a) The commissioner of human services shall prepare legislation for introduction during the 2024 legislative session, with input from stakeholders the commissioner deems necessary, proposing legislation for the creation and implementation of the Direct Care and Treatment executive board and defining the responsibilities, powers, and function of the Department of Direct Care and Treatment executive board.
- (b) The Department of Direct Care and Treatment executive board shall consist of no more than five members, all appointed by the governor.
- (c) An executive board member's qualifications must be appropriate for overseeing a complex behavioral health system, such as experience serving on a hospital or non-profit board, serving as a public sector labor union representative, experience in delivery of behavioral health services or care coordination, or working as a licensed health care provider, in an allied health profession, or in health care administration.