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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 4692

03/07/2024 Authored by Noor, Fischer and Sencer-Mura
The bill was read for the first time and referred to the Committee on Human Services Policy
03/21/2024 Adoption of Report: Amended and re-referred to the Committee on Human Services Finance

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

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

1.20 Section 1. Minnesota Statutes 2023 Supplement, section 10.65, subdivision 2, is amended
1.21 to read:

1.22 Subd. 2. Definitions. As used in this section, the following terms have the meanings
1.23 given:

1.24 (1) "agency" means the Department of Administration; Department of Agriculture;
1.25 Department of Children, Youth, and Families; Department of Commerce; Department of
1.26 Corrections; Department of Education; Department of Employment and Economic
1.27 Development; Department of Health; Office of Higher Education; Housing Finance Agency;
1.28 Department of Human Rights; Department of Human Services; Department of Information
1.29 Technology Services; Department of Iron Range Resources and Rehabilitation; Department

2.1 of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services;  
2.2 Department of Military Affairs; Metropolitan Council; Department of Natural Resources;  
2.3 Pollution Control Agency; Department of Public Safety; Department of Revenue; Department  
2.4 of Transportation; Department of Veterans Affairs; Direct Care and Treatment; Gambling  
2.5 Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; and  
2.6 the Board of Water and Soil Resources;

2.7 (2) "consultation" means the direct and interactive involvement of the Minnesota Tribal  
2.8 governments in the development of policy on matters that have Tribal implications.  
2.9 Consultation is the proactive, affirmative process of identifying and seeking input from  
2.10 appropriate Tribal governments and considering their interest as a necessary and integral  
2.11 part of the decision-making process. This definition adds to statutorily mandated notification  
2.12 procedures. During a consultation, the burden is on the agency to show that it has made a  
2.13 good faith effort to elicit feedback. Consultation is a formal engagement between agency  
2.14 officials and the governing body or bodies of an individual Minnesota Tribal government  
2.15 that the agency or an individual Tribal government may initiate. Formal meetings or  
2.16 communication between top agency officials and the governing body of a Minnesota Tribal  
2.17 government is a necessary element of consultation;

2.18 (3) "matters that have Tribal implications" means rules, legislative proposals, policy  
2.19 statements, or other actions that have substantial direct effects on one or more Minnesota  
2.20 Tribal governments, or on the distribution of power and responsibilities between the state  
2.21 and Minnesota Tribal governments;

2.22 (4) "Minnesota Tribal governments" means the federally recognized Indian Tribes located  
2.23 in Minnesota including: Bois Forte Band; Fond Du Lac Band; Grand Portage Band; Leech  
2.24 Lake Band; Mille Lacs Band; White Earth Band; Red Lake Nation; Lower Sioux Indian  
2.25 Community; Prairie Island Indian Community; Shakopee Mdewakanton Sioux Community;  
2.26 and Upper Sioux Community; and

2.27 (5) "timely and meaningful" means done or occurring at a favorable or useful time that  
2.28 allows the result of consultation to be included in the agency's decision-making process for  
2.29 a matter that has Tribal implications.

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

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

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

3.1 (a) "Individual" means an individual according to section 13.02, subdivision 8, but does  
3.2 not include a vendor of services.

3.3 (b) "Program" includes all programs for which authority is vested in a component of the  
3.4 welfare system according to statute or federal law, including, but not limited to, Native  
3.5 American tribe programs that provide a service component of the welfare system, the aid  
3.6 to families with dependent children program formerly codified in sections 256.72 to 256.87,  
3.7 Minnesota family investment program, temporary assistance for needy families program,  
3.8 medical assistance, general assistance, general assistance medical care formerly codified in  
3.9 chapter 256D, child care assistance program, and child support collections.

3.10 (c) "Welfare system" includes the Department of Human Services, Direct Care and  
3.11 Treatment, local social services agencies, county welfare agencies, county public health  
3.12 agencies, county veteran services agencies, county housing agencies, private licensing  
3.13 agencies, the public authority responsible for child support enforcement, human services  
3.14 boards, community mental health center boards, state hospitals, state nursing homes, the  
3.15 ombudsman for mental health and developmental disabilities, Native American tribes to  
3.16 the extent a tribe provides a service component of the welfare system, and persons, agencies,  
3.17 institutions, organizations, and other entities under contract to any of the above agencies to  
3.18 the extent specified in the contract.

3.19 (d) "Mental health data" means data on individual clients and patients of community  
3.20 mental health centers, established under section 245.62, mental health divisions of counties  
3.21 and other providers under contract to deliver mental health services, or the ombudsman for  
3.22 mental health and developmental disabilities.

3.23 (e) "Fugitive felon" means a person who has been convicted of a felony and who has  
3.24 escaped from confinement or violated the terms of probation or parole for that offense.

3.25 (f) "Private licensing agency" means an agency licensed by the commissioner of human  
3.26 services under chapter 245A to perform the duties under section 245A.16.

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

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

3.30 Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or disseminated  
3.31 by the welfare system are private data on individuals, and shall not be disclosed except:

3.32 (1) according to section 13.05;

4.1 (2) according to court order;

4.2 (3) according to a statute specifically authorizing access to the private data;

4.3 (4) to an agent of the welfare system and an investigator acting on behalf of a county,  
4.4 the state, or the federal government, including a law enforcement person or attorney in the  
4.5 investigation or prosecution of a criminal, civil, or administrative proceeding relating to the  
4.6 administration of a program;

4.7 (5) to personnel of the welfare system who require the data to verify an individual's  
4.8 identity; determine eligibility, amount of assistance, and the need to provide services to an  
4.9 individual or family across programs; coordinate services for an individual or family;  
4.10 evaluate the effectiveness of programs; assess parental contribution amounts; and investigate  
4.11 suspected fraud;

4.12 (6) to administer federal funds or programs;

4.13 (7) between personnel of the welfare system working in the same program;

4.14 (8) to the Department of Revenue to assess parental contribution amounts for purposes  
4.15 of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit programs  
4.16 and to identify individuals who may benefit from these programs, and prepare the databases  
4.17 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section  
4.18 6. The following information may be disclosed under this paragraph: an individual's and  
4.19 their dependent's names, dates of birth, Social Security or individual taxpayer identification  
4.20 numbers, income, addresses, and other data as required, upon request by the Department  
4.21 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human  
4.22 services for the purposes described in this clause are governed by section 270B.14,  
4.23 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent  
4.24 care credit under section 290.067, the Minnesota working family credit under section  
4.25 290.0671, the property tax refund under section 290A.04, and the Minnesota education  
4.26 credit under section 290.0674;

4.27 (9) between the Department of Human Services, the Department of Employment and  
4.28 Economic Development, Direct Care and Treatment, and, when applicable, the Department  
4.29 of Education, for the following purposes:

4.30 (i) to monitor the eligibility of the data subject for unemployment benefits, for any  
4.31 employment or training program administered, supervised, or certified by that agency;

4.32 (ii) to administer any rehabilitation program or child care assistance program, whether  
4.33 alone or in conjunction with the welfare system;

5.1 (iii) to monitor and evaluate the Minnesota family investment program or the child care  
5.2 assistance program by exchanging data on recipients and former recipients of Supplemental  
5.3 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,  
5.4 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter  
5.5 256B or 256L, or a medical program formerly codified under chapter 256D; and

5.6 (iv) to analyze public assistance employment services and program utilization, cost,  
5.7 effectiveness, and outcomes as implemented under the authority established in Title II,  
5.8 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.  
5.9 Health records governed by sections 144.291 to 144.298 and "protected health information"  
5.10 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code  
5.11 of Federal Regulations, title 45, parts 160-164, including health care claims utilization  
5.12 information, must not be exchanged under this clause;

5.13 (10) to appropriate parties in connection with an emergency if knowledge of the  
5.14 information is necessary to protect the health or safety of the individual or other individuals  
5.15 or persons;

5.16 (11) data maintained by residential programs as defined in section 245A.02 may be  
5.17 disclosed to the protection and advocacy system established in this state according to Part  
5.18 C of Public Law 98-527 to protect the legal and human rights of persons with developmental  
5.19 disabilities or other related conditions who live in residential facilities for these persons if  
5.20 the protection and advocacy system receives a complaint by or on behalf of that person and  
5.21 the person does not have a legal guardian or the state or a designee of the state is the legal  
5.22 guardian of the person;

5.23 (12) to the county medical examiner or the county coroner for identifying or locating  
5.24 relatives or friends of a deceased person;

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

5.28 (14) participant Social Security or individual taxpayer identification numbers and names  
5.29 collected by the telephone assistance program may be disclosed to the Department of  
5.30 Revenue to conduct an electronic data match with the property tax refund database to  
5.31 determine eligibility under section 237.70, subdivision 4a;

5.32 (15) the current address of a Minnesota family investment program participant may be  
5.33 disclosed to law enforcement officers who provide the name of the participant and notify  
5.34 the agency that:

6.1 (i) the participant:

6.2 (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after  
6.3 conviction, for a crime or attempt to commit a crime that is a felony under the laws of the  
6.4 jurisdiction from which the individual is fleeing; or

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

6.6 (ii) the location or apprehension of the felon is within the law enforcement officer's  
6.7 official duties; and

6.8 (iii) the request is made in writing and in the proper exercise of those duties;

6.9 (16) the current address of a recipient of general assistance may be disclosed to probation  
6.10 officers and corrections agents who are supervising the recipient and to law enforcement  
6.11 officers who are investigating the recipient in connection with a felony level offense;

6.12 (17) information obtained from a SNAP applicant or recipient households may be  
6.13 disclosed to local, state, or federal law enforcement officials, upon their written request, for  
6.14 the purpose of investigating an alleged violation of the Food and Nutrition Act, according  
6.15 to Code of Federal Regulations, title 7, section 272.1(c);

6.16 (18) the address, Social Security or individual taxpayer identification number, and, if  
6.17 available, photograph of any member of a household receiving SNAP benefits shall be made  
6.18 available, on request, to a local, state, or federal law enforcement officer if the officer  
6.19 furnishes the agency with the name of the member and notifies the agency that:

6.20 (i) the member:

6.21 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a  
6.22 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

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

6.24 or

6.25 (C) has information that is necessary for the officer to conduct an official duty related  
6.26 to conduct described in subitem (A) or (B);

6.27 (ii) locating or apprehending the member is within the officer's official duties; and

6.28 (iii) the request is made in writing and in the proper exercise of the officer's official duty;

6.29 (19) the current address of a recipient of Minnesota family investment program, general  
6.30 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,  
6.31 provide the name of the recipient and notify the agency that the recipient is a person required

7.1 to register under section 243.166, but is not residing at the address at which the recipient is  
7.2 registered under section 243.166;

7.3 (20) certain information regarding child support obligors who are in arrears may be  
7.4 made public according to section 518A.74;

7.5 (21) data on child support payments made by a child support obligor and data on the  
7.6 distribution of those payments excluding identifying information on obligees may be  
7.7 disclosed to all obligees to whom the obligor owes support, and data on the enforcement  
7.8 actions undertaken by the public authority, the status of those actions, and data on the income  
7.9 of the obligor or obligee may be disclosed to the other party;

7.10 (22) data in the work reporting system may be disclosed under section 256.998,  
7.11 subdivision 7;

7.12 (23) to the Department of Education for the purpose of matching Department of Education  
7.13 student data with public assistance data to determine students eligible for free and  
7.14 reduced-price meals, meal supplements, and free milk according to United States Code,  
7.15 title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state  
7.16 funds that are distributed based on income of the student's family; and to verify receipt of  
7.17 energy assistance for the telephone assistance plan;

7.18 (24) the current address and telephone number of program recipients and emergency  
7.19 contacts may be released to the commissioner of health or a community health board as  
7.20 defined in section 145A.02, subdivision 5, when the commissioner or community health  
7.21 board has reason to believe that a program recipient is a disease case, carrier, suspect case,  
7.22 or at risk of illness, and the data are necessary to locate the person;

7.23 (25) to other state agencies, statewide systems, and political subdivisions of this state,  
7.24 including the attorney general, and agencies of other states, interstate information networks,  
7.25 federal agencies, and other entities as required by federal regulation or law for the  
7.26 administration of the child support enforcement program;

7.27 (26) to personnel of public assistance programs as defined in section 256.741, for access  
7.28 to the child support system database for the purpose of administration, including monitoring  
7.29 and evaluation of those public assistance programs;

7.30 (27) to monitor and evaluate the Minnesota family investment program by exchanging  
7.31 data between the Departments of Human Services and Education, on recipients and former  
7.32 recipients of SNAP benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child

8.1 care assistance under chapter 119B, medical programs under chapter 256B or 256L, or a  
8.2 medical program formerly codified under chapter 256D;

8.3 (28) to evaluate child support program performance and to identify and prevent fraud  
8.4 in the child support program by exchanging data between the Department of Human Services,  
8.5 Department of Revenue under section 270B.14, subdivision 1, paragraphs (a) and (b),  
8.6 without regard to the limitation of use in paragraph (c), Department of Health, Department  
8.7 of Employment and Economic Development, and other state agencies as is reasonably  
8.8 necessary to perform these functions;

8.9 (29) counties and the Department of Human Services operating child care assistance  
8.10 programs under chapter 119B may disseminate data on program participants, applicants,  
8.11 and providers to the commissioner of education;

8.12 (30) child support data on the child, the parents, and relatives of the child may be  
8.13 disclosed to agencies administering programs under titles IV-B and IV-E of the Social  
8.14 Security Act, as authorized by federal law;

8.15 (31) to a health care provider governed by sections 144.291 to 144.298, to the extent  
8.16 necessary to coordinate services;

8.17 (32) to the chief administrative officer of a school to coordinate services for a student  
8.18 and family; data that may be disclosed under this clause are limited to name, date of birth,  
8.19 gender, and address;

8.20 (33) to county correctional agencies to the extent necessary to coordinate services and  
8.21 diversion programs; data that may be disclosed under this clause are limited to name, client  
8.22 demographics, program, case status, and county worker information; or

8.23 (34) between the Department of Human Services and the Metropolitan Council for the  
8.24 following purposes:

8.25 (i) to coordinate special transportation service provided under section 473.386 with  
8.26 services for people with disabilities and elderly individuals funded by or through the  
8.27 Department of Human Services; and

8.28 (ii) to provide for reimbursement of special transportation service provided under section  
8.29 473.386.

8.30 The data that may be shared under this clause are limited to the individual's first, last, and  
8.31 middle names; date of birth; residential address; and program eligibility status with expiration  
8.32 date for the purposes of informing the other party of program eligibility.

9.1 (b) Information on persons who have been treated for drug or alcohol abuse may only  
9.2 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections  
9.3 2.1 to 2.67.

9.4 (c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16),  
9.5 (17), or (18), or paragraph (b), are investigative data and are confidential or protected  
9.6 nonpublic while the investigation is active. The data are private after the investigation  
9.7 becomes inactive under section 13.82, subdivision 7, clause (a) or (b).

9.8 (d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are  
9.9 not subject to the access provisions of subdivision 10, paragraph (b).

9.10 For the purposes of this subdivision, a request will be deemed to be made in writing if  
9.11 made through a computer interface system.

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

9.13 Sec. 4. Minnesota Statutes 2022, section 13.46, subdivision 10, is amended to read:

9.14 Subd. 10. **Responsible authority.** (a) Notwithstanding any other provision of this chapter  
9.15 to the contrary, the responsible authority for each component of the welfare system listed  
9.16 in subdivision 1, clause (c), shall be as follows:

9.17 (1) the responsible authority for the Department of Human Services, ~~state hospitals, and~~  
9.18 ~~nursing homes~~ is the commissioner of the Department of Human Services;

9.19 (2) the responsible authority of a county welfare agency is the director of the county  
9.20 welfare agency;

9.21 (3) the responsible authority for a local social services agency, human services board,  
9.22 or community mental health center board is the chair of the board;

9.23 (4) the responsible authority of any person, agency, institution, organization, or other  
9.24 entity under contract to any of the components of the welfare system listed in subdivision  
9.25 1, clause (c), is the person specified in the contract;

9.26 (5) the responsible authority of the public authority for child support enforcement is the  
9.27 head of the public authority for child support enforcement; ~~and~~

9.28 (6) the responsible authority for county veteran services is the county veterans service  
9.29 officer pursuant to section 197.603, subdivision 2; and

9.30 (7) the responsible authority for Direct Care and Treatment is the chief executive officer  
9.31 of Direct Care and Treatment.

10.1 (b) A responsible authority shall allow another responsible authority in the welfare  
10.2 system access to data classified as not public data when access is necessary for the  
10.3 administration and management of programs, or as authorized or required by statute or  
10.4 federal law.

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

10.6 Sec. 5. Minnesota Statutes 2023 Supplement, section 15.01, is amended to read:

10.7 **15.01 DEPARTMENTS OF THE STATE.**

10.8 The following agencies are designated as the departments of the state government: the  
10.9 Department of Administration; the Department of Agriculture; the Department of Children,  
10.10 Youth, and Families; the Department of Commerce; the Department of Corrections; ~~the~~  
10.11 ~~Department of Direct Care and Treatment~~; the Department of Education; the Department  
10.12 of Employment and Economic Development; the Department of Health; the Department of  
10.13 Human Rights; the Department of Human Services; the Department of Information  
10.14 Technology Services; the Department of Iron Range Resources and Rehabilitation; the  
10.15 Department of Labor and Industry; the Department of Management and Budget; the  
10.16 Department of Military Affairs; the Department of Natural Resources; the Department of  
10.17 Public Safety; the Department of Revenue; the Department of Transportation; the Department  
10.18 of Veterans Affairs; and their successor departments.

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

10.20 Sec. 6. Minnesota Statutes 2023 Supplement, section 15.06, subdivision 1, is amended to  
10.21 read:

10.22 Subdivision 1. **Applicability.** This section applies to the following departments or  
10.23 agencies: the Departments of Administration; Agriculture; Children, Youth, and Families;  
10.24 Commerce; Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic  
10.25 Development; Health; Human Rights; Human Services; Labor and Industry; Management  
10.26 and Budget; Natural Resources; Public Safety; Revenue; Transportation; and Veterans  
10.27 Affairs; the Housing Finance and Pollution Control Agencies; the Office of Commissioner  
10.28 of Iron Range Resources and Rehabilitation; the Department of Information Technology  
10.29 Services; the Bureau of Mediation Services; and their successor departments and agencies.  
10.30 The heads of the foregoing departments or agencies are "commissioners."

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

11.1 Sec. 7. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1, is amended  
11.2 to read:

11.3 Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees  
11.4 who are:

11.5 (1) chosen by election or appointed to fill an elective office;

11.6 (2) heads of agencies required by law to be appointed by the governor or other elective  
11.7 officers, and the executive or administrative heads of departments, bureaus, divisions, and  
11.8 institutions specifically established by law in the unclassified service;

11.9 (3) deputy and assistant agency heads and one confidential secretary in the agencies  
11.10 listed in subdivision 1a;

11.11 (4) the confidential secretary to each of the elective officers of this state and, for the  
11.12 secretary of state and state auditor, an additional deputy, clerk, or employee;

11.13 (5) intermittent help employed by the commissioner of public safety to assist in the  
11.14 issuance of vehicle licenses;

11.15 (6) employees in the offices of the governor and of the lieutenant governor and one  
11.16 confidential employee for the governor in the Office of the Adjutant General;

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

11.18 (8) employees of the legislature and of legislative committees or commissions; provided  
11.19 that employees of the Legislative Audit Commission, except for the legislative auditor, the  
11.20 deputy legislative auditors, and their confidential secretaries, shall be employees in the  
11.21 classified service;

11.22 (9) presidents, vice-presidents, deans, other managers and professionals in academic  
11.23 and academic support programs, administrative or service faculty, teachers, research  
11.24 assistants, and student employees eligible under terms of the federal Economic Opportunity  
11.25 Act work study program in the Perpich Center for Arts Education and the Minnesota State  
11.26 Colleges and Universities, but not the custodial, clerical, or maintenance employees, or any  
11.27 professional or managerial employee performing duties in connection with the business  
11.28 administration of these institutions;

11.29 (10) officers and enlisted persons in the National Guard;

11.30 (11) attorneys, legal assistants, and three confidential employees appointed by the attorney  
11.31 general or employed with the attorney general's authorization;

12.1 (12) judges and all employees of the judicial branch, referees, receivers, jurors, and  
 12.2 notaries public, except referees and adjusters employed by the Department of Labor and  
 12.3 Industry;

12.4 (13) members of the State Patrol; provided that selection and appointment of State Patrol  
 12.5 troopers must be made in accordance with applicable laws governing the classified service;

12.6 (14) examination monitors and intermittent training instructors employed by the  
 12.7 Departments of Management and Budget and Commerce and by professional examining  
 12.8 boards and intermittent staff employed by the technical colleges for the administration of  
 12.9 practical skills tests and for the staging of instructional demonstrations;

12.10 (15) student workers;

12.11 (16) executive directors or executive secretaries appointed by and reporting to any  
 12.12 policy-making board or commission established by statute;

12.13 (17) employees unclassified pursuant to other statutory authority;

12.14 (18) intermittent help employed by the commissioner of agriculture to perform duties  
 12.15 relating to pesticides, fertilizer, and seed regulation;

12.16 (19) the administrators and the deputy administrators at the State Academies for the  
 12.17 Deaf and the Blind; and

12.18 (20) the chief executive officers in the Department of Human Services officer of Direct  
 12.19 Care and Treatment.

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

12.21 Sec. 8. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended  
 12.22 to read:

12.23 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following  
 12.24 agencies may designate additional unclassified positions according to this subdivision: the  
 12.25 Departments of Administration; Agriculture; Children, Youth, and Families; Commerce;  
 12.26 Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic  
 12.27 Development; Explore Minnesota Tourism; Management and Budget; Health; Human  
 12.28 Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue;  
 12.29 Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies;  
 12.30 the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the  
 12.31 Department of Information Technology Services; the Offices of the Attorney General,  
 12.32 Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the

13.1 Minnesota Office of Higher Education; the Perpich Center for Arts Education; Direct Care  
13.2 and Treatment; and the Minnesota Zoological Board.

13.3 A position designated by an appointing authority according to this subdivision must  
13.4 meet the following standards and criteria:

13.5 (1) the designation of the position would not be contrary to other law relating specifically  
13.6 to that agency;

13.7 (2) the person occupying the position would report directly to the agency head or deputy  
13.8 agency head and would be designated as part of the agency head's management team;

13.9 (3) the duties of the position would involve significant discretion and substantial  
13.10 involvement in the development, interpretation, and implementation of agency policy;

13.11 (4) the duties of the position would not require primarily personnel, accounting, or other  
13.12 technical expertise where continuity in the position would be important;

13.13 (5) there would be a need for the person occupying the position to be accountable to,  
13.14 loyal to, and compatible with, the governor and the agency head, the employing statutory  
13.15 board or commission, or the employing constitutional officer;

13.16 (6) the position would be at the level of division or bureau director or assistant to the  
13.17 agency head; and

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

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

13.21 Sec. 9. Minnesota Statutes 2022, section 145.61, subdivision 5, is amended to read:

13.22 Subd. 5. **Review organization.** "Review organization" means a nonprofit organization  
13.23 acting according to clause (1), a committee as defined under section 144E.32, subdivision  
13.24 2, or a committee whose membership is limited to professionals, administrative staff, and  
13.25 consumer directors, except where otherwise provided for by state or federal law, and which  
13.26 is established by one or more of the following: a hospital, a clinic, a nursing home, an  
13.27 ambulance service or first responder service regulated under chapter 144E, one or more  
13.28 state or local associations of professionals, an organization of professionals from a particular  
13.29 area or medical institution, a health maintenance organization as defined in chapter 62D, a  
13.30 community integrated service network as defined in chapter 62N, a nonprofit health service  
13.31 plan corporation as defined in chapter 62C, a preferred provider organization, a professional  
13.32 standards review organization established pursuant to United States Code, title 42, section

14.1 1320c-1 et seq., a medical review agent established to meet the requirements of section  
14.2 256B.04, subdivision 15, the Department of Human Services, Direct Care and Treatment,  
14.3 or a nonprofit corporation that owns, operates, or is established by one or more of the above  
14.4 referenced entities, to gather and review information relating to the care and treatment of  
14.5 patients for the purposes of:

14.6 (a) evaluating and improving the quality of health care;

14.7 (b) reducing morbidity or mortality;

14.8 (c) obtaining and disseminating statistics and information relative to the treatment and  
14.9 prevention of diseases, illness and injuries;

14.10 (d) developing and publishing guidelines showing the norms of health care in the area  
14.11 or medical institution or in the entity or organization that established the review organization;

14.12 (e) developing and publishing guidelines designed to keep within reasonable bounds the  
14.13 cost of health care;

14.14 (f) developing and publishing guidelines designed to improve the safety of care provided  
14.15 to individuals;

14.16 (g) reviewing the safety, quality, or cost of health care services provided to enrollees of  
14.17 health maintenance organizations, community integrated service networks, health service  
14.18 plans, preferred provider organizations, and insurance companies;

14.19 (h) acting as a professional standards review organization pursuant to United States  
14.20 Code, title 42, section 1320c-1 et seq.;

14.21 (i) determining whether a professional shall be granted staff privileges in a medical  
14.22 institution, membership in a state or local association of professionals, or participating status  
14.23 in a nonprofit health service plan corporation, health maintenance organization, community  
14.24 integrated service network, preferred provider organization, or insurance company, or  
14.25 whether a professional's staff privileges, membership, or participation status should be  
14.26 limited, suspended or revoked;

14.27 (j) reviewing, ruling on, or advising on controversies, disputes or questions between:

14.28 (1) health insurance carriers, nonprofit health service plan corporations, health  
14.29 maintenance organizations, community integrated service networks, self-insurers and their  
14.30 insureds, subscribers, enrollees, or other covered persons;

14.31 (2) professional licensing boards and health providers licensed by them;

15.1 (3) professionals and their patients concerning diagnosis, treatment or care, or the charges  
15.2 or fees therefor;

15.3 (4) professionals and health insurance carriers, nonprofit health service plan corporations,  
15.4 health maintenance organizations, community integrated service networks, or self-insurers  
15.5 concerning a charge or fee for health care services provided to an insured, subscriber,  
15.6 enrollee, or other covered person;

15.7 (5) professionals or their patients and the federal, state, or local government, or agencies  
15.8 thereof;

15.9 (k) providing underwriting assistance in connection with professional liability insurance  
15.10 coverage applied for or obtained by dentists, or providing assistance to underwriters in  
15.11 evaluating claims against dentists;

15.12 (l) acting as a medical review agent under section 256B.04, subdivision 15;

15.13 (m) providing recommendations on the medical necessity of a health service, or the  
15.14 relevant prevailing community standard for a health service;

15.15 (n) providing quality assurance as required by United States Code, title 42, sections  
15.16 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;

15.17 (o) providing information to group purchasers of health care services when that  
15.18 information was originally generated within the review organization for a purpose specified  
15.19 by this subdivision;

15.20 (p) providing information to other, affiliated or nonaffiliated review organizations, when  
15.21 that information was originally generated within the review organization for a purpose  
15.22 specified by this subdivision, and as long as that information will further the purposes of a  
15.23 review organization as specified by this subdivision; or

15.24 (q) participating in a standardized incident reporting system, including Internet-based  
15.25 applications, to share information for the purpose of identifying and analyzing trends in  
15.26 medical error and iatrogenic injury.

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

15.28 Sec. 10. Minnesota Statutes 2022, section 246.018, subdivision 3, is amended to read:

15.29 Subd. 3. **Duties.** The medical director shall:

15.30 (1) oversee the clinical provision of inpatient mental health services provided in the  
15.31 state's regional treatment centers;

16.1 (2) recruit and retain psychiatrists to serve on the state medical staff established in  
16.2 subdivision 4;

16.3 (3) consult with the ~~commissioner of human services~~ Direct Care and Treatment executive  
16.4 board, the chief executive officer, and community mental health center directors, ~~and the~~  
16.5 ~~state-operated services governing body~~ to develop standards for treatment and care of  
16.6 patients in state-operated service programs;

16.7 (4) develop and oversee a continuing education program for members of the medical  
16.8 staff; and

16.9 (5) participate and cooperate in the development and maintenance of a quality assurance  
16.10 program for state-operated services that assures that residents receive quality inpatient care  
16.11 and continuous quality care once they are discharged or transferred to an outpatient setting.

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

16.13 Sec. 11. Minnesota Statutes 2022, section 246.13, subdivision 2, is amended to read:

16.14 Subd. 2. **Definitions; risk assessment and management.** (a) As used in this section:

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

16.22 (2) "community-based treatment" means the community support services listed in section  
16.23 253B.02, subdivision 4b;

16.24 (3) "criminal history data" means those data maintained or used by the Departments of  
16.25 Corrections and Public Safety and by the supervisory authorities listed in section 13.84,  
16.26 subdivision 1, that relate to an individual's criminal history or propensity for violence,  
16.27 including data in the Corrections Offender Management System (COMS) and Statewide  
16.28 Supervision System (S3) maintained by the Department of Corrections; and criminal history  
16.29 data as defined in section 13.87, Integrated Search Service as defined in section 13.873,  
16.30 and the Predatory Offender Registration (POR) system maintained by the Department of  
16.31 Public Safety;

16.32 (4) "designated agency" means the agency defined in section 253B.02, subdivision 5;

17.1 (5) "law enforcement agency" means the law enforcement agency having primary  
17.2 jurisdiction over the location where the offender expects to reside upon release;

17.3 (6) "predatory offender" and "offender" mean a person who is required to register as a  
17.4 predatory offender under section 243.166; and

17.5 (7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.

17.6 (b) To promote public safety and for the purposes and subject to the requirements of  
17.7 this paragraph, the ~~commissioner~~ executive board or the ~~commissioner's~~ designee of the  
17.8 executive board shall have access to, and may review and disclose, medical and criminal  
17.9 history data as provided by this section, as necessary to comply with Minnesota Rules, part  
17.10 1205.0400:

17.11 (1) to determine whether a patient is required under state law to register as a predatory  
17.12 offender according to section 243.166;

17.13 (2) to facilitate and expedite the responsibilities of the special review board and  
17.14 end-of-confinement review committees by corrections institutions and state treatment  
17.15 facilities;

17.16 (3) to prepare, amend, or revise the abuse prevention plans required under section  
17.17 626.557, subdivision 14, and individual patient treatment plans required under section  
17.18 253B.03, subdivision 7;

17.19 (4) to facilitate the custody, supervision, and transport of individuals transferred between  
17.20 the Department of Corrections and ~~the Department of Human Services~~ Direct Care and  
17.21 Treatment; or

17.22 (5) to effectively monitor and supervise individuals who are under the authority of the  
17.23 Department of Corrections, ~~the Department of Human Services~~ Direct Care and Treatment,  
17.24 and the supervisory authorities listed in section 13.84, subdivision 1.

17.25 (c) The state-operated services treatment facility must make a good faith effort to obtain  
17.26 written authorization from the patient before releasing information from the patient's medical  
17.27 record.

17.28 (d) If the patient refuses or is unable to give informed consent to authorize the release  
17.29 of information required above, the chief executive officer ~~for state-operated services~~ shall  
17.30 provide the appropriate and necessary medical and other records. The chief executive officer  
17.31 shall comply with the minimum necessary requirements.

18.1 (e) The ~~commissioner~~ executive board may have access to the National Crime Information  
18.2 Center (NCIC) database, through the Department of Public Safety, in support of the law  
18.3 enforcement functions described in paragraph (b).

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

18.5 Sec. 12. Minnesota Statutes 2023 Supplement, section 246C.01, is amended to read:

18.6 **246C.01 TITLE.**

18.7 This chapter may be cited as the "~~Department of~~ Direct Care and Treatment Act."

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

18.9 Sec. 13. **[246C.015] DEFINITIONS.**

18.10 Subdivision 1. **Scope.** For the purposes of this chapter, the following terms have the  
18.11 meanings given.

18.12 Subd. 2. **Board or executive board.** "Board" or "executive board" means the Direct  
18.13 Care and Treatment executive board established under section 246C.06.

18.14 Subd. 3. **Chief executive officer.** "Chief executive officer" means the Direct Care and  
18.15 Treatment chief executive officer appointed according to section 246C.08.

18.16 Subd. 4. **Community preparation services.** "Community preparation services" means  
18.17 specialized inpatient or outpatient services operated outside of a secure environment but  
18.18 administered by a secure treatment facility.

18.19 Subd. 5. **Direct Care and Treatment.** "Direct Care and Treatment" means the agency  
18.20 of Direct Care and Treatment established under this chapter.

18.21 Subd. 6. **Secure treatment facility.** "Secure treatment facility" means a facility as  
18.22 defined in section 253B.02, subdivision 18a; or 253D.02, subdivision 13.

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

18.24 Sec. 14. Minnesota Statutes 2023 Supplement, section 246C.02, is amended to read:

18.25 **246C.02 DEPARTMENT OF DIRECT CARE AND TREATMENT;**  
18.26 **ESTABLISHMENT.**

18.27 ~~(a) The Department of Direct Care and Treatment is created; as an agency headed by an~~  
18.28 ~~executive board shall head the Department of Direct Care and Treatment. The executive~~  
18.29 ~~board shall develop and maintain direct care and treatment in a manner consistent with~~

19.1 ~~applicable law, including chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A,~~  
19.2 ~~254B, and 256. The Department of~~ Direct Care and Treatment shall provide direct care and  
19.3 treatment services ~~in coordination with counties and other vendors. Direct care and treatment~~  
19.4 ~~services shall~~ that include specialized inpatient programs at secure treatment facilities as  
19.5 ~~defined in sections 253B.02, subdivision 18a, and 253D.02, subdivision 13; community~~  
19.6 preparation services; regional treatment centers; enterprise services; consultative services;  
19.7 aftercare services; community-based services and programs; transition services; nursing  
19.8 home services; and other services consistent with ~~the mission of the Department of Direct~~  
19.9 ~~Care and Treatment~~ state law, including this chapter and chapters 245, 246, 246B, 252, 253,  
19.10 253B, 253C, 253D, 254A, 254B, and 256. Direct Care and Treatment shall provide direct  
19.11 care and treatment services in coordination with counties and other vendors.

19.12 (b) ~~"Community preparation services" means specialized inpatient or outpatient services~~  
19.13 ~~or programs operated outside of a secure environment but administered by a secure treatment~~  
19.14 ~~facility.~~

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

19.16 Sec. 15. Minnesota Statutes 2023 Supplement, section 246C.04, is amended to read:

19.17 **246C.04 TRANSFER OF DUTIES.**

19.18 (a) Section 15.039 applies to the transfer of ~~duties~~ responsibilities from the Department  
19.19 of Human Services to Direct Care and Treatment required by this chapter.

19.20 (b) The commissioner of administration, with the governor's approval, shall issue  
19.21 reorganization orders under section 16B.37 as necessary to carry out the transfer of duties  
19.22 required by ~~section 246C.03~~ this chapter. The provision of section 16B.37, subdivision 1,  
19.23 stating that transfers under section 16B.37 may only be to an agency that has existed for at  
19.24 least one year does not apply to transfers to an agency created by this chapter.

19.25 (c) ~~The initial salary for the health systems chief executive officer of the Department of~~  
19.26 ~~Direct Care and Treatment is the same as the salary for the health systems chief executive~~  
19.27 ~~officer of direct care and treatment at the Department of Human Services immediately before~~  
19.28 ~~July 1, 2024.~~

19.29 (c) The commissioner of human services shall continue to exercise all authorities and  
19.30 responsibilities under this chapter and chapters 13, 245, 246, 246B, 252, 253, 253B, 253C,  
19.31 253D, 254A, 254B, and 256, with reference to any state-operated service, program, or  
19.32 facility subject to transfer under this act until July 1, 2025. Effective July 1, 2025, the powers  
19.33 and duties vested in or imposed upon the commissioner of human services with reference

20.1 to any state operated service, program, or facility are transferred to, vested in, and imposed  
 20.2 upon the executive board according to this chapter and applicable state law. Effective July  
 20.3 1, 2025, the executive board has the exclusive power of administration and management of  
 20.4 all state hospitals for persons with a developmental disability, mental illness, or substance  
 20.5 use disorder. Effective July 1, 2025, the executive board has the power and authority to  
 20.6 determine all matters relating to the development of all foregoing institutions and other  
 20.7 institutions vested in the executive board. Effective July 1, 2025, the powers, functions, and  
 20.8 authority vested in the commissioner of human services relative to such state institutions  
 20.9 are transferred to the executive board according to this chapter and applicable state law.

20.10 (d) The commissioner of human services shall continue to exercise all authority and  
 20.11 responsibility for and retain custody of persons subject to civil commitment under chapter  
 20.12 253B or 253D until July 1, 2025. Effective July 1, 2025, custody of persons subject to civil  
 20.13 commitment under chapter 253B or 253D and in the custody of the commissioner of human  
 20.14 services as of that date is hereby transferred to the executive board without further act or  
 20.15 proceeding. Authority and responsibility for the commitment of such persons is transferred  
 20.16 to the executive board on July 1, 2025.

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

20.18 Sec. 16. Minnesota Statutes 2023 Supplement, section 246C.05, is amended to read:

20.19 **246C.05 EMPLOYEE PROTECTIONS FOR ESTABLISHING THE NEW**  
 20.20 **~~DEPARTMENT OF DIRECT CARE AND TREATMENT.~~**

20.21 (a) Personnel whose duties relate to the functions assigned to the ~~Department of Direct~~  
 20.22 ~~Care and Treatment~~ executive board in ~~section 246C.03~~ this chapter are transferred to the  
 20.23 ~~Department of Direct Care and Treatment~~ effective 30 days after approval by the  
 20.24 commissioner of ~~direct care and treatment~~ management and budget.

20.25 (b) Before the ~~Department of Direct Care and Treatment~~ executive board is appointed,  
 20.26 personnel whose duties relate to the functions in this ~~section~~ chapter may be transferred  
 20.27 beginning July 1, 2024, with 30 days' notice from the commissioner of management and  
 20.28 budget.

20.29 (c) The following protections shall apply to employees who are transferred from the  
 20.30 Department of Human Services to ~~the Department of Direct Care and Treatment~~:

20.31 (1) No transferred employee shall have their employment status and job classification  
 20.32 altered as a result of the transfer.

21.1 (2) Transferred employees who were represented by an exclusive representative prior  
21.2 to the transfer shall continue to be represented by the same exclusive representative after  
21.3 the transfer.

21.4 (3) The applicable collective bargaining agreements with exclusive representatives shall  
21.5 continue in full force and effect for such transferred employees after the transfer.

21.6 (4) The state shall have the obligation to meet and negotiate with the exclusive  
21.7 representatives of the transferred employees about any proposed changes affecting or relating  
21.8 to the transferred employees' terms and conditions of employment to the extent such changes  
21.9 are not addressed in the applicable collective bargaining agreement.

21.10 (5) When an employee in a temporary unclassified position is transferred to ~~the~~  
21.11 ~~Department of~~ Direct Care and Treatment, the total length of time that the employee has  
21.12 served in the appointment shall include all time served in the appointment at the transferring  
21.13 agency and the time served in the appointment at ~~the Department of~~ Direct Care and  
21.14 Treatment. An employee in a temporary unclassified position who was hired by a transferring  
21.15 agency through an open competitive selection process in accordance with a policy enacted  
21.16 by Minnesota Management and Budget shall be considered to have been hired through such  
21.17 process after the transfer.

21.18 (6) In the event that the state transfers ownership or control of any of the facilities,  
21.19 services, or operations of ~~the Department of~~ Direct Care and Treatment to another entity,  
21.20 whether private or public, by subcontracting, sale, assignment, lease, or other transfer, the  
21.21 state shall require as a written condition of such transfer of ownership or control the following  
21.22 provisions:

21.23 (i) Employees who perform work in transferred facilities, services, or operations must  
21.24 be offered employment with the entity acquiring ownership or control before the entity  
21.25 offers employment to any individual who was not employed by the transferring agency at  
21.26 the time of the transfer.

21.27 (ii) The wage and benefit standards of such transferred employees must not be reduced  
21.28 by the entity acquiring ownership or control through the expiration of the collective  
21.29 bargaining agreement in effect at the time of the transfer or for a period of two years after  
21.30 the transfer, whichever is longer.

21.31 (d) There is no liability on the part of, and no cause of action arises against, the state of  
21.32 Minnesota or its officers or agents for any action or inaction of any entity acquiring ownership  
21.33 or control of any facilities, services, or operations of ~~the Department of~~ Direct Care and  
21.34 Treatment.

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

22.2 Sec. 17. **[246C.06] EXECUTIVE BOARD; MEMBERSHIP; GOVERNANCE.**

22.3 Subdivision 1. **Establishment.** The Direct Care and Treatment executive board is  
22.4 established.

22.5 Subd. 2. **Membership.** (a) The Direct Care and Treatment executive board consists of  
22.6 nine members with seven voting members and two nonvoting members. The seven voting  
22.7 members must include six members appointed by the governor with the advice and consent  
22.8 of the senate in accordance with paragraph (b) and the commissioner of human services or  
22.9 a designee. The two nonvoting members must be appointed in accordance with paragraph  
22.10 (c). Section 15.0597 applies to all executive board appointments except for the commissioner  
22.11 of human services.

22.12 (b) The executive board voting members appointed by the governor must meet the  
22.13 following qualifications:

22.14 (1) one member must be a licensed physician who is a psychiatrist or has experience in  
22.15 serving behavioral health patients;

22.16 (2) two members must have experience serving on a hospital or nonprofit board; and

22.17 (3) three members must have experience working: (i) as a public labor union  
22.18 representative; (ii) in the delivery of behavioral health services or care coordination or in  
22.19 traditional healing practices; (iii) as a licensed health care professional; (iv) within health  
22.20 care administration; or (v) with residential services.

22.21 (c) The executive board nonvoting members must be appointed as follows:

22.22 (1) one member appointed by the Association of Counties; and

22.23 (2) one member who has an active role as a union representative representing staff at

22.24 Direct Care and Treatment appointed by joint representatives of the following unions:

22.25 American Federation of State and Municipal Employees (AFSCME); Minnesota Association

22.26 of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle

22.27 Management Association (MMA); and State Residential Schools Education Association

22.28 (SRSEA).

22.29 (d) Membership on the board must include representation from outside the seven-county  
22.30 metropolitan area, as defined in section 473.121, subdivision 2.

22.31 (e) A voting member of the executive board must not be or must not have been within  
22.32 one year prior to appointment: (1) an employee of Direct Care and Treatment; (2) an

23.1 employee of a county, including a county commissioner; (3) an active employee or  
23.2 representative of a labor union that represents employees of Direct Care and Treatment; or  
23.3 (4) a member of the state legislature. This paragraph does not apply to the nonvoting members  
23.4 or the commissioner of human services or designee.

23.5 Subd. 3. **Procedures.** Except as otherwise provided for in this section, the membership  
23.6 terms, compensation, and removal and filling of vacancies for the executive board are  
23.7 governed by section 15.0575.

23.8 Subd. 4. **Compensation.** Notwithstanding section 15.0575, subdivision 3, paragraph  
23.9 (a), voting members of the executive board must receive compensation at a rate of \$500 a  
23.10 day spent on executive board activities authorized by the executive board, plus expenses in  
23.11 the same manner and amount as authorized by the commissioner's plan adopted under section  
23.12 43A.18, subdivision 2. All other requirements under section 15.0575, subdivision 3, apply  
23.13 to the compensation of voting members of the executive board.

23.14 Subd. 5. **Acting chair; officers.** (a) The governor shall designate one member from the  
23.15 voting membership appointed by the governor as acting chair of the executive board.

23.16 (b) At the first meeting of the executive board, the executive board must elect a chair  
23.17 from among the voting membership appointed by the governor.

23.18 (c) The executive board must annually elect a chair from among the voting membership  
23.19 appointed by the governor.

23.20 (d) The executive board must elect officers from among the voting membership appointed  
23.21 by the governor. The elected officers shall serve for one year.

23.22 Subd. 6. **Terms.** (a) Except for the commissioner of human services, executive board  
23.23 members must not serve more than two consecutive terms unless service beyond two  
23.24 consecutive terms is approved by the majority of voting members. The commissioner or  
23.25 designee shall serve until replaced by the governor.

23.26 (b) An executive board member may resign at any time by giving written notice to the  
23.27 executive board.

23.28 (c) The initial term of the member appointed under subdivision 2, paragraph (b), clause  
23.29 (1), is two years. The initial term of the members appointed under subdivision 2, paragraph  
23.30 (b), clause (2), is three years. The initial term of the members appointed under subdivision  
23.31 2, paragraph (b), clause (3), and the members appointed under subdivision 2, paragraph (c),  
23.32 is four years.

24.1 (d) After the initial term, the term length of all appointed executive board members is  
24.2 four years.

24.3 Subd. 7. **Conflicts of interest.** Executive board members must recuse themselves from  
24.4 discussion of and voting on an official matter if the executive board member has a conflict  
24.5 of interest. A conflict of interest means an association, including a financial or personal  
24.6 association, that has the potential to bias or have the appearance of biasing an executive  
24.7 board member's decision in matters related to Direct Care and Treatment or the conduct of  
24.8 activities under this chapter.

24.9 Subd. 8. **Meetings.** The executive board must meet at least four times per fiscal year at  
24.10 a place and time determined by the executive board.

24.11 Subd. 9. **Quorum.** A majority of the voting members of the executive board constitutes  
24.12 a quorum. The affirmative vote of a majority of the voting members of the executive board  
24.13 is necessary and sufficient for action taken by the executive board.

24.14 Subd. 10. **Immunity; indemnification.** (a) Members of the executive board are immune  
24.15 from civil liability for any act or omission occurring within the scope of the performance  
24.16 of their duties under this chapter.

24.17 (b) When performing executive board duties or actions, members of the executive board  
24.18 are employees of the state for purposes of indemnification under section 3.736, subdivision  
24.19 9.

24.20 Subd. 11. **Rulemaking.** (a) The executive board is authorized to adopt, amend, and  
24.21 repeal rules in accordance with chapter 14 under the executive board's authority to implement  
24.22 this chapter or any responsibilities of Direct Care and Treatment specified in state law.

24.23 (b) Until July 1, 2030, the executive board may adopt rules using the expedited  
24.24 rulemaking process in section 14.389.

24.25 (c) All orders, rules, delegations, permits, and other privileges issued or granted by the  
24.26 Department of Human Services with respect to any function of Direct Care and Treatment  
24.27 and in effect at the time of the establishment of Direct Care and Treatment shall continue  
24.28 in effect as if such establishment had not occurred. The executive board may amend or  
24.29 repeal rules applicable to Direct Care and Treatment that were established by the Department  
24.30 of Human Services in accordance with chapter 14.

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

25.1 **Sec. 18. [246C.07] POWERS AND DUTIES OF EXECUTIVE BOARD.**

25.2 Subdivision 1. **Generally.** (a) The executive board must operate the agency according  
25.3 to this chapter and applicable state and federal law. The overall management and control  
25.4 of the agency is vested in the executive board in accordance with this chapter.

25.5 (b) The executive board must appoint a chief executive officer according to section  
25.6 246C.08. The chief executive officer is responsible for the administrative and operational  
25.7 duties of Direct Care and Treatment in accordance with this chapter.

25.8 (c) The executive board may delegate duties imposed by this chapter and under applicable  
25.9 state and federal law as deemed appropriate by the board and in accordance with this chapter.  
25.10 Any delegation of a specified statutory duty or power to an employee of Direct Care and  
25.11 Treatment other than the chief executive officer must be made by written order and filed  
25.12 with the secretary of state. Only the chief executive officer shall have the powers and duties  
25.13 of the executive board as specified in section 246C.08.

25.14 Subd. 2. **Principles.** The executive board, in undertaking its duties and responsibilities  
25.15 and within Direct Care and Treatment resources, shall act according to the following  
25.16 principles:

25.17 (1) prevent the waste or unnecessary spending of public money;

25.18 (2) use innovative fiscal and human resource practices to manage the state's resources  
25.19 and operate the agency as efficiently as possible;

25.20 (3) coordinate Direct Care and Treatment activities wherever appropriate with the  
25.21 activities of other governmental agencies;

25.22 (4) use technology where appropriate to increase agency productivity, improve customer  
25.23 service, increase public access to information about government, and increase public  
25.24 participation in the business of government; and

25.25 (5) utilize constructive and cooperative labor management practices to the extent  
25.26 otherwise required by chapter 43A or 179A.

25.27 Subd. 3. **Powers and duties.** (a) The executive board has the power and duty to:

25.28 (1) set the overall strategic direction for Direct Care and Treatment, ensuring that Direct  
25.29 Care and Treatment delivers exceptional care and supports the well-being of all individuals  
25.30 served by Direct Care and Treatment;

25.31 (2) establish policies and procedures to govern the operation of the facilities, programs,  
25.32 and services under the direct authority of Direct Care and Treatment;

26.1 (3) employ personnel and delegate duties and responsibilities to personnel as deemed  
26.2 appropriate by the executive board, subject to chapters 43A and 179A and in accordance  
26.3 with this chapter;

26.4 (4) review and approve the operating budget proposal for Direct Care and Treatment;

26.5 (5) accept and use gifts, grants, or contributions from any nonstate source or refuse to  
26.6 accept any gift, grant, or contribution if acceptance would not be in the best interest of the  
26.7 state;

26.8 (6) deposit all money received as gifts, grants, or contributions pursuant to section  
26.9 246C.09, subdivision 1;

26.10 (7) enter into information-sharing agreements with federal and state agencies and other  
26.11 entities, provided the agreements include adequate protections with respect to the  
26.12 confidentiality and integrity of the information to be shared and comply with all applicable  
26.13 state and federal laws, regulations, and rules;

26.14 (8) enter into interagency or service level agreements with a state department listed in  
26.15 section 15.01; a multimember state agency described in section 15.012, paragraph (a); or  
26.16 the Department of Information Technology Services;

26.17 (9) enter into contractual agreements with federally recognized Indian Tribes with a  
26.18 reservation in Minnesota;

26.19 (10) enter into contracts with public and private agencies, private and nonprofit  
26.20 organizations, and individuals, using appropriated funds;

26.21 (11) establish and maintain any administrative units reasonably necessary for the  
26.22 performance of administrative functions common to all programs or divisions of Direct  
26.23 Care and Treatment;

26.24 (12) authorize the method of payment to or from Direct Care and Treatment as part of  
26.25 programs administered by Direct Care and Treatment, including authorization of the receipt  
26.26 or disbursement of funds held by Direct Care and Treatment in a fiduciary capacity as part  
26.27 of the programs administered by Direct Care and Treatment;

26.28 (13) inform Tribal Nations and county agencies, on a timely basis, of changes in statute,  
26.29 rule, federal law, regulation, and policy necessary to Tribal or county agency administration  
26.30 of Direct Care and Treatment programs and services;

27.1 (14) report to the legislature on the performance of Direct Care and Treatment operations  
27.2 and the accomplishment of Direct Care and Treatment goals in its biennial budget in  
27.3 accordance with section 16A.10, subdivision 1;

27.4 (15) recommend to the legislature appropriate changes in law necessary to carry out the  
27.5 principles and improve the performance of Direct Care and Treatment; and

27.6 (16) exercise all powers reasonably necessary to implement and administer the  
27.7 requirements of this chapter and applicable state and federal law.

27.8 (b) The specific enumeration of powers and duties as set forth in this section shall not  
27.9 be construed as a limitation upon the general transfer of Direct Care and Treatment facilities,  
27.10 programs, and services from the Department of Human Services to Direct Care and Treatment  
27.11 under this chapter.

27.12 Subd. 4. **Creation of bylaws.** The board may establish bylaws governing its operations  
27.13 and the operations of Direct Care and Treatment in accordance with this chapter.

27.14 Subd. 5. **Reciprocal exchange of certain persons.** The executive board is authorized  
27.15 and empowered with the approval of the governor to enter into reciprocal agreements with  
27.16 another state or states regarding the mutual exchange, return, and transportation of persons  
27.17 with a mental illness or a developmental disability who are within the confines of one state  
27.18 but have legal residence or legal settlement for the purposes of relief in another state. Any  
27.19 agreement entered into under this subdivision must not contain any provision that conflicts  
27.20 with any state law.

27.21 Subd. 6. **Acceptance of voluntary, uncompensated services.** For the purpose of carrying  
27.22 out a duty, the executive board may accept uncompensated and voluntary services and may  
27.23 enter into contracts or agreements with private or public agencies, organizations, or persons,  
27.24 for uncompensated and voluntary services, as the executive board may deem practicable.  
27.25 Uncompensated and voluntary services do not include services mandated by licensure or  
27.26 certification requirements for health care facilities. The volunteer agencies, organizations,  
27.27 or persons who provide services to residents of state facilities operated under the authority  
27.28 of Direct Care and Treatment are not subject to the procurement requirements of chapter  
27.29 16A or 16C.

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

27.31 Sec. 19. **[246C.08] CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES.**

27.32 Subdivision 1. **Service.** (a) The Direct Care and Treatment chief executive officer is  
27.33 appointed by the executive board and serves at the pleasure of the executive board.

28.1 (b) The chief executive officer shall serve in the unclassified service in accordance with  
28.2 section 43A.08 and shall be governed by a compensation plan prepared by the executive  
28.3 board, submitted to the commissioner of management and budget for review and comment,  
28.4 and approved by the Legislative Coordinating Commission and the legislature in accordance  
28.5 with section 3.855.

28.6 Subd. 2. Powers and duties. (a) The chief executive officer's primary duty is to assist  
28.7 the executive board. The chief executive officer is responsible for the administrative and  
28.8 operational management of the agency.

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

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

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

28.19 Sec. 20. **[246C.09] DIRECT CARE AND TREATMENT ACCOUNTS.**

28.20 Subdivision 1. **Gifts, grants, and contributions account.** (a) A gifts, grants, and  
28.21 contributions account is created in the special revenue fund in the state treasury. All money  
28.22 received by the executive board as a gift, grant, or contribution must be deposited in the  
28.23 gifts, grants, and contributions account. Except as provided in paragraph (b), money in the  
28.24 account is annually appropriated to the executive board to accomplish the purposes of this  
28.25 chapter. Gifts, grants, or contributions received by the executive board exceeding current  
28.26 agency needs must be invested by the State Board of Investment in accordance with section  
28.27 11A.24. Disbursements from the gifts, grants, and contributions account must be made in  
28.28 the manner provided for the issuance of other state payments.

28.29 (b) If the gift or contribution is designated for a certain person, institution, or purpose,  
28.30 the executive board must use the gift or contribution as specified in accordance with the  
28.31 conditions of the gift or contribution if compatible with the best interests of the person and  
28.32 the state. If a gift or contribution is accepted for the use and benefit of a person with a  
28.33 developmental disability, including those within a state hospital, research relating to persons

29.1 with a developmental disability must be considered an appropriate use of the gift or  
29.2 contribution. Such money must not be used for any structures or installations which by their  
29.3 nature would require state expenditures for their operation or maintenance without specific  
29.4 legislative enactment.

29.5 Subd. 2. **Facilities management account.** A facilities management account is created  
29.6 in the special revenue fund of the state treasury. Money in the account is appropriated to  
29.7 the executive board and may be used to maintain buildings, acquire facilities, renovate  
29.8 existing buildings, or acquire land for the design and construction of buildings for Direct  
29.9 Care and Treatment use. Money received for maintaining state property under control of  
29.10 the executive board may be deposited into this account.

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

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

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

29.21 Sec. 21. Minnesota Statutes 2022, section 256.88, is amended to read:

29.22 **256.88 SOCIAL WELFARE FUND ESTABLISHED.**

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

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

30.1 Sec. 22. Minnesota Statutes 2022, section 256.89, is amended to read:

30.2 **256.89 FUND DEPOSITED IN STATE TREASURY.**

30.3 The social welfare fund and all accretions thereto shall be deposited in the state treasury,  
30.4 as a separate and distinct fund, to the credit of the commissioner of human services and the  
30.5 Direct Care and Treatment executive board as ~~trustee~~ trustees for ~~the~~ their respective  
30.6 beneficiaries ~~thereof~~ in proportion to ~~their~~ the beneficiaries' several interests. The  
30.7 commissioner of management and budget shall be responsible only to the commissioner of  
30.8 human services and the Direct Care and Treatment executive board for the sum total of the  
30.9 fund, and shall have no duties nor direct obligations toward the beneficiaries thereof  
30.10 individually. Subject to the applicable rules of the commissioner of human services or the  
30.11 Direct Care and Treatment executive board, money so received by a local social services  
30.12 agency may be deposited by the executive secretary of the local social services agency in  
30.13 a local bank carrying federal deposit insurance, designated by the local social services  
30.14 agency for this purpose. The amount of such deposit in each such bank at any one time shall  
30.15 not exceed the amount protected by federal deposit insurance.

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

30.17 Sec. 23. Minnesota Statutes 2022, section 256.90, is amended to read:

30.18 **256.90 SOCIAL WELFARE FUND; USE; DISPOSITION; DEPOSITORIES.**

30.19 The commissioner of human services, in consultation with the Direct Care and Treatment  
30.20 executive board, at least 30 days before the first day of January and the first day of July in  
30.21 each year shall file with the commissioner of management and budget an estimate of the  
30.22 amount of the social welfare fund to be held in the treasury during the succeeding six-month  
30.23 period, subject to current disbursement. Such portion of the remainder thereof as may be at  
30.24 any time designated by the request of the commissioner of human services may be invested  
30.25 by the commissioner of management and budget in bonds in which the permanent trust  
30.26 funds of the state of Minnesota may be invested, upon approval by the State Board of  
30.27 Investment. The portion of such remainder not so invested shall be placed by the  
30.28 commissioner of management and budget at interest for the period of six months, or when  
30.29 directed by the commissioner of human services, for the period of 12 months thereafter at  
30.30 the highest rate of interest obtainable in a bank, or banks, designated by the board of deposit  
30.31 as a suitable depository therefor. All the provisions of law relative to the designation and  
30.32 qualification of depositories of other state funds shall be applicable to sections 256.88 to  
30.33 256.92, except as herein otherwise provided. Any bond given, or collateral assigned or both,  
30.34 to secure a deposit hereunder may be continuous in character to provide for the repayment

31.1 of any moneys belonging to the fund theretofore or thereafter at any time deposited in such  
 31.2 bank until its designation as such depository is revoked and the security thereof shall be not  
 31.3 impaired by any subsequent agreement or understanding as to the rate of interest to be paid  
 31.4 upon such deposit, or as to time for its repayment. The amount of money belonging to the  
 31.5 fund deposited in any bank, including other state deposits, shall not at any time exceed the  
 31.6 amount of the capital stock thereof. In the event of the closing of the bank any sum deposited  
 31.7 therein shall immediately become due and payable.

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

31.9 Sec. 24. Minnesota Statutes 2022, section 256.91, is amended to read:

31.10 **256.91 PURPOSES.**

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

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

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

31.28 Sec. 25. Minnesota Statutes 2022, section 256.92, is amended to read:

31.29 **256.92 COMMISSIONER OF HUMAN SERVICES AND DIRECT CARE AND**  
 31.30 **TREATMENT, ACCOUNTS.**

31.31 It shall be the duty of the commissioner of human services, the Direct Care and Treatment  
 31.32 executive board, and ~~of~~ the local social services agencies of the several counties of this state

32.1 to cause to be deposited with the commissioner of management and budget all moneys and  
 32.2 funds in their possession or under their control and designated by section 256.91 as and for  
 32.3 the social welfare fund; and all such moneys and funds shall be so deposited in the state  
 32.4 treasury as soon as received. The commissioner of human services, in consultation with the  
 32.5 Direct Care and Treatment executive board, shall keep books of account or other records  
 32.6 showing separately the principal amount received and deposited in the social welfare fund  
 32.7 for the benefit of any person, together with the name of such person, and the name and  
 32.8 address, if known to the commissioner of human services or the Direct Care and Treatment  
 32.9 executive board, of the person from whom such money was received; and, at least once  
 32.10 every two years, the amount of interest, if any, which the money has earned in the social  
 32.11 welfare fund shall be apportioned thereto and posted in the books of account or records to  
 32.12 the credit of such beneficiary.

32.13 The provisions of sections 256.88 to 256.92 shall not apply to any fund or money now  
 32.14 or hereafter deposited or otherwise disposed of pursuant to the lawful orders, decrees,  
 32.15 judgments, or other directions of any district court having jurisdiction thereof.

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

32.17 Sec. 26. Laws 2023, chapter 61, article 8, section 1, the effective date, is amended to read:

32.18 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

32.19 Sec. 27. Laws 2023, chapter 61, article 8, section 2, the effective date, is amended to read:

32.20 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

32.21 Sec. 28. Laws 2023, chapter 61, article 8, section 3, the effective date, is amended to read:

32.22 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

32.23 Sec. 29. Laws 2023, chapter 61, article 8, section 8, the effective date, is amended to read:

32.24 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

32.25 Sec. 30. **INITIAL APPOINTMENTS OF THE DIRECT CARE AND TREATMENT**  
 32.26 **EXECUTIVE BOARD AND CHIEF EXECUTIVE OFFICER.**

32.27 **Subdivision 1. Executive board.** (a) The initial appointments of the members of the  
 32.28 Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06,  
 32.29 must be made by January 1, 2025.

33.1 (b) The executive board is exempt from Minnesota Statutes, section 13D.01, until the  
33.2 authority and responsibilities for Direct Care and Treatment are transferred to the executive  
33.3 board in accordance with Minnesota Statutes, section 246C.04.

33.4 Subd. 2. **Chief executive officer.** (a) The Direct Care and Treatment executive board  
33.5 must appoint as the initial chief executive officer for Direct Care and Treatment under  
33.6 Minnesota Statutes, section 246C.07, the chief executive officer of the direct care and  
33.7 treatment division of the Department of Human Services holding that position at the time  
33.8 the initial appointment is made by the board. The initial appointment of the chief executive  
33.9 officer must be made by the executive board by July 1, 2025.

33.10 (b) Notwithstanding Minnesota Statutes, section 246C.08, the salary of the initial chief  
33.11 executive officer must not be less than the amount paid to the chief executive officer of the  
33.12 direct care and treatment division of the Department of Human Services as of the date of  
33.13 the initial appointment.

33.14 Subd. 3. **Commissioner of human services to consult.** In preparing the budget estimates  
33.15 required under Minnesota Statutes, section 16A.10, for the direct care and treatment division  
33.16 for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative  
33.17 session that involve direct care and treatment operations, the commissioner of human services  
33.18 must consult with the Direct Care and Treatment executive board before submitting the  
33.19 budget estimates or legislative proposals. If the executive board is not appointed by the date  
33.20 the budget estimates must be submitted to the commissioner of management and budget,  
33.21 the commissioner of human services must provide the executive board with a summary of  
33.22 the budget estimates that were submitted.

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

33.24 Sec. 31. **REPEALER.**

33.25 (a) Minnesota Statutes 2023 Supplement, section 246C.03, is repealed.

33.26 (b) Minnesota Statutes 2022, sections 246.01; 246.12; 246.234; 246.36; and 246.41, are  
33.27 repealed.

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

**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

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.