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SENATE STATE OF MINNESOTA NINETY-FOURTH SESSION

S.F. No. 2388

(SENATE AUTHORS: MANN)

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Introduction and first reading Referred to Human Services OFFICIAL STATUS

1.1 A bill for an act

relating to human services; modifying home and community-based service standards for service suspensions and service terminations; modifying appeal hearings of service suspensions and service terminations of home and community-based services; amending Minnesota Statutes 2024, sections 245D.051, subdivision 2; 245D.10, subdivisions 3, 3a, 4; 245D.11, subdivision 4; 256.045, subdivisions 3, 4, 6; proposing coding for new law in Minnesota Statutes, chapter 245D.

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

Section 1. Minnesota Statutes 2024, section 245D.051, subdivision 2, is amended to read:

Subd. 2. **Refusal to authorize psychotropic medication.** If the person or the person's legal representative refuses to authorize the administration of a psychotropic medication as ordered by the prescriber, the license holder must not administer the medication. The refusal to authorize medication administration must be reported to the prescriber as expediently as possible. After reporting the refusal to the prescriber, the license holder must follow any directives or orders given by the prescriber. A refusal may not be overridden without a court order. Refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. A decision to terminate services must be reached in compliance with section 245D.10, subdivision 3 3a.

EFFECTIVE DATE. This section is effective August 1, 2025.

- Sec. 2. Minnesota Statutes 2024, section 245D.10, subdivision 3, is amended to read:
- Subd. 3. **Service suspension.** (a) The license holder must establish policies and procedures for temporary service suspension that promote continuity of care and service coordination with the person and the case manager and with other licensed caregivers, if

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any, who also provide support to the person. The policy must include the requirements specified in paragraphs (b) to (f).

- (b) The license holder must limit temporary service suspension to situations in which:
- (1) the person's conduct poses an imminent risk of physical harm to self or others and either positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety, or less restrictive measures would not resolve the issues leading to the suspension;
- (2) the person has emergent medical issues that exceed the license holder's ability to meet the person's needs; or
 - (3) the program has not been paid for services.

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- (c) Prior to giving notice of temporary service suspension, the license holder must document actions taken to minimize or eliminate the need for service suspension. Action taken by the license holder must include, at a minimum:
- (1) consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
- (2) a request to the case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to temporary suspensions issued under paragraph (b), clause (3).
- If, based on the best interests of the person, the circumstances at the time of the notice were such that the license holder was unable to take the action specified in clauses (1) and (2), the license holder must document the specific circumstances and the reason for being unable to do so.
 - (d) The notice of temporary service suspension must meet the following requirements:
- (1) the license holder must notify the person or the person's legal representative and case 2.26 manager in writing of the intended temporary service suspension. If the temporary service suspension is from residential supports and services as defined in section 245D.03, subdivision 1, paragraph (c), clause (3), the license holder must also notify the commissioner in writing; 2.30
 - (2) notice of temporary service suspension must be given on the first day of the service suspension; and

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- (3) the notice must include the reason for the action, a summary of actions taken to minimize or eliminate the need for temporary service suspension as required under this paragraph, and why these measures failed to prevent the suspension, and a statement of the person's right to file an appeal of a temporary service suspension under section 256.045, subdivision 3, paragraph (a), clause (11).
 - (e) During the temporary suspension period, the license holder must:
 - (1) provide information requested by the person or case manager;

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- (2) work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
- (3) maintain information about the service suspension, including the written notice of temporary service suspension, in the service recipient record.
- (f) If, based on a review by the person's support team or expanded support team, that team determines the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services. If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program. If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the license holder must document the specific reasons why a contrary decision was made.

EFFECTIVE DATE. This section is effective August 1, 2025.

- Sec. 3. Minnesota Statutes 2024, section 245D.10, subdivision 3a, is amended to read:
 - Subd. 3a. **Service termination.** (a) The license holder must establish policies and procedures for service termination that promote continuity of care and service coordination with the person and the case manager and with other licensed caregivers, if any, who also provide support to the person. The policy must include the requirements specified in paragraphs (b) to (f) (g).
 - (b) The license holder must permit each person to remain in the program or to continue receiving services and must not terminate services unless:

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(1) the termination is necessary for the person's welfare and the license holder cannot meet the person's needs;

- (2) the safety of the person, others in the program, or staff is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;
- (3) the health of the person, others in the program, or staff would otherwise be endangered;
 - (4) the license holder has not been paid for services;
- (5) the program or license holder ceases to operate;

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- (6) the person has been terminated by the lead agency from waiver eligibility; or
- (7) for state-operated community-based services, the person no longer demonstrates complex behavioral needs that cannot be met by private community-based providers identified in section 252.50, subdivision 5, paragraph (a), clause (1).
- (c) Prior to giving notice of service termination, the license holder must document actions taken to minimize or eliminate the need for termination. Action taken by the license holder must include, at a minimum:
- (1) consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the termination notice;
- (2) a request to the case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to notices of service termination issued under paragraph (b), clauses (4) and (7); and
- (3) for state-operated community-based services terminating services under paragraph (b), clause (7), the state-operated community-based services must engage in consultation with the person's support team or expanded support team to:
- (i) identify that the person no longer demonstrates complex behavioral needs that cannot be met by private community-based providers identified in section 252.50, subdivision 5, paragraph (a), clause (1);
- (ii) provide notice of intent to issue a termination of services to the lead agency when a finding has been made that a person no longer demonstrates complex behavioral needs that cannot be met by private community-based providers identified in section 252.50, subdivision 5, paragraph (a), clause (1);

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(iii) assist the lead agency and case manager in developing a person-centered transition 5.1 plan to a private community-based provider to ensure continuity of care; and 5.2 (iv) coordinate with the lead agency to ensure the private community-based service 5.3 provider is able to meet the person's needs and criteria established in a person's 5.4 person-centered transition plan. 5.5 If, based on the best interests of the person, the circumstances at the time of the notice were 5.6 such that the license holder was unable to take the action specified in clauses (1) and (2), 5.7 the license holder must document the specific circumstances and the reason for being unable 5.8 to do so. 5.9 (d) Prior to giving notice of service termination from residential supports and services 5.10 as defined in section 245D.03, subdivision 1, paragraph (c), clause (3), the license holder 5.11 must document compliance with the relocation plan requirements under section 245D.101, 5.12 subdivision 4. 5.13 (d) (e) The notice of service termination must meet the following requirements: 5.14 (1) the license holder must notify the person or the person's legal representative and the 5.15 case manager in writing of the intended service termination. If the service termination is 5.16 from residential supports and services as defined in section 245D.03, subdivision 1, paragraph 5.17 (c), clause (3), the license holder must also notify the commissioner in writing; and 5.18 (2) the notice must include: 5.19 (i) the reason for the action; 5.20 (ii) except for a service termination under paragraph (b), clause (5), a summary of actions 5.21 taken to minimize or eliminate the need for service termination or temporary service 5.22 suspension as required under paragraph (c), and why these measures failed to prevent the 5.23 termination or suspension; 5.24 (iii) for service termination from residential supports and services as defined in section 5.25 245D.03, subdivision 1, paragraph (c), clause (3), a summary of the relocation plan required 5.26 under section 245D.101, subdivision 4; and 5.27 (iii) (iv) the person's right to appeal the termination of services under section 256.045, 5.28 subdivision 3, paragraph (a); and, including informing the person that the commissioner 5.29 will issue a stay of a proposed termination of services while the appeal is pending if the 5.30

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person chooses to appeal.

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(iv) the person's right to seek a temporary order staying the termination of services 6.1 according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c). 6.2 (e) (f) Notice of the proposed termination of service, including those situations that 6.3 began with a temporary service suspension, must be given at least 90 days prior to termination 6.4 of services under paragraph (b), clause (7), 60 days prior to termination when a license 6.5 holder is providing intensive supports and services identified in section 245D.03, subdivision 6.6 1, paragraph (c), and 30 days prior to termination for all other services licensed under this 6.7 chapter. This notice may be given in conjunction with a notice of temporary service 6.8 suspension under subdivision 3. 6.9 6.10 (f) (g) During the service termination notice period, the license holder must: (1) continue to provide services to the person unless the license holder has issued a notice 6.11 of temporary suspension of services; 6.12 (1) (2) work with the support team or expanded support team to develop reasonable 6.13 alternatives to protect the person and others and to support continuity of care; 6.14 (2) (3) provide information requested by the person or case manager; and 6.15 (3) (4) maintain information about the service termination, including the written notice 6.16 of intended service termination, in the service recipient record. 6.17 (g) (h) For notices issued under paragraph (b), clause (7), the lead agency shall provide 6.18 notice to the commissioner and the Direct Care and Treatment executive board at least 30 6.19 days before the conclusion of the 90-day termination period, if an appropriate alternative 6.20 provider cannot be secured. Upon receipt of this notice, the commissioner and the executive 6.21 board shall reassess whether a private community-based service can meet the person's needs. 6.22 If the commissioner determines that a private provider can meet the person's needs, the 6.23 executive board shall, if necessary, extend notice of service termination until placement can 6.24 6.25 be made. If the commissioner determines that a private provider cannot meet the person's needs, the executive board shall rescind the notice of service termination and re-engage 6.26 with the lead agency in service planning for the person. 6.27 (h) (i) For state-operated community-based services, the license holder shall prioritize 6.28 the capacity created within the existing service site by the termination of services under 6.29 paragraph (b), clause (7), to serve persons described in section 252.50, subdivision 5, 6.30 paragraph (a), clause (1). 6.31 **EFFECTIVE DATE.** This section is effective August 1, 2025. 6.32

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Sec. 4. Minnesota Statutes 2024, section 245D.10, subdivision 4, is amended to read:

- Subd. 4. **Availability of current written policies and procedures.** (a) The license holder must review and update, as needed, the written policies and procedures required under this chapter.
- (b)(1) The license holder must inform the person and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of those policies and procedures, within five working days of service initiation.
- (2) If a license holder only provides basic services and supports, this includes the:
- 7.9 (i) grievance policy and procedure required under subdivision 2; and
- (ii) service suspension and termination policy and procedure required under subdivision
 subdivisions 3 and 3a.
 - (3) For all other license holders this includes the:
- 7.13 (i) policies and procedures in clause (2);

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- (ii) emergency use of manual restraints policy and procedure required under section
 245D.061, subdivision 9, or successor provisions; and
- 7.16 (iii) data privacy requirements under section 245D.11, subdivision 3.
 - (c) The license holder must provide a written notice to all persons or their legal representatives and case managers at least 30 days before implementing any procedural revisions to policies affecting a person's service-related or protection-related rights under section 245D.04 and maltreatment reporting policies and procedures. The notice must explain the revision that was made and include a copy of the revised policy and procedure. The license holder must document the reasonable cause for not providing the notice at least 30 days before implementing the revisions.
 - (d) Before implementing revisions to required policies and procedures, the license holder must inform all employees of the revisions and provide training on implementation of the revised policies and procedures.
 - (e) The license holder must annually notify all persons, or their legal representatives, and case managers of any procedural revisions to policies required under this chapter, other than those in paragraph (c). Upon request, the license holder must provide the person, or the person's legal representative, and case manager with copies of the revised policies and procedures.

EFFECTIVE DATE. This section is effective August 1, 2025.

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Subdivision 1. Applicability. This section applies solely to service terminations issued under section 245D.10, subdivision 3a, from residential supports and services as defined in section 245D.03, subdivision 1, paragraph (c), clause (3).

- Subd. 2. **Duties of license holder.** (a) Immediately upon a service termination under section 245D.10, subdivision 3a, a license holder:
- (1) must ensure, subject to paragraph (b), a coordinated move to a safe location that is appropriate for the person and that was identified by the license holder prior to any hearing under section 256.045;
- (2) must ensure, subject to paragraph (b), a coordinated move of the person to an appropriate service provider that was identified by the license holder prior to any hearing under section 256.045, provided the person still wants services; and
- (3) must give consideration to the person's goals while consulting and cooperating with the person, the person's legal representative, the person's designated representative, the case manager for a person who receives home and community-based waiver services under sections 256B.49 and 256B.092, relevant health professionals, and any other persons of the person's choosing to make arrangements to help the person move.
- (b) A person may decline to move to the safe location the license holder identifies or to accept services from a service provider the license holder identifies and may choose instead to move to a location of the person's choosing or receive services from a service provider of the person's choosing within the timeline prescribed in the termination notice.
- Subd. 3. Safe location. A license holder may not terminate a person's services if a safe location or adequate and needed service provider has not been identified. A safe location is not a private home where the occupant is unwilling or unable to care for the person, an emergency room, a homeless shelter, a hotel, or a motel. A license holder may not terminate a person's services if the person will become homeless, as defined in section 116L.361, subdivision 5, as the result of the termination unless the person receiving services declines to move to the identified safe location or needed service provider or chooses to become homeless.
- Subd. 4. Relocation plan required. The license holder must prepare a relocation plan to prepare for the move to a new safe location or appropriate service provider, as required by this section. A license holder must demonstrate compliance with this subdivision in any service termination notice issued pursuant to section 245D.10, subdivision 3a.

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Subd. 5. No waiver. The rights established under this section do not limit any other rights available under other law. No license holder may request or require that any person waive the person's rights at any time for any reason, including as a condition of receiving services.

EFFECTIVE DATE. This section is effective August 1, 2025.

- Sec. 6. Minnesota Statutes 2024, section 245D.11, subdivision 4, is amended to read:
- Subd. 4. Admission criteria. The license holder must establish policies and procedures that promote continuity of care by ensuring that admission or service initiation criteria:
 - (1) is consistent with the service-related rights identified in section 245D.04, subdivisions 2, clauses (4) to (7), and 3, clause (8);
 - (2) identifies the criteria to be applied in determining whether the license holder can develop services to meet the needs specified in the person's support plan;
 - (3) requires a license holder providing services in a health care facility to comply with the requirements in section 243.166, subdivision 4b, to provide notification to residents when a registered predatory offender is admitted into the program or to a potential admission when the facility was already serving a registered predatory offender. For purposes of this clause, "health care facility" means a facility licensed by the commissioner as a residential facility under chapter 245A to provide adult foster care or residential services to persons with disabilities;
 - (4) requires that when a person or the person's legal representative requests services from the license holder, a refusal to admit the person must be based on an evaluation of the person's assessed needs and the license holder's lack of capacity to meet the needs of the person. The license holder must not refuse to admit a person based solely on the type of residential services the person is receiving, or solely on the person's severity of disability, orthopedic or neurological handicaps, sight or hearing impairments, lack of communication skills, physical disabilities, toilet habits, behavioral disorders, or past failure to make progress. Documentation of the basis for refusal must be provided to the person or the person's legal representative and case manager upon request; and
 - (5) requires the person or the person's legal representative and license holder to sign and date the residency agreement when the license holder provides foster care or supported living services under section 245D.03, subdivision 1, paragraph (c), clause (3), item (i) or (ii), to a person living in community residential settings defined in section 245D.02, subdivision 4a; an adult foster home defined in Minnesota Rules, part 9555.5105, subpart

Sec. 6. 9 5; or a foster family home defined in Minnesota Rules, part 9560.0521, subpart 12. The residency agreement must include service termination requirements specified in section 245D.10, subdivision 3a, paragraphs (b) to (f)(g). The residency agreement must be reviewed annually, dated, and signed by the person or the person's legal representative and license holder.

EFFECTIVE DATE. This section is effective August 1, 2025.

- Sec. 7. Minnesota Statutes 2024, section 256.045, subdivision 3, is amended to read:
- Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:
- 10.9 (1) any person:

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- 10.10 (i) applying for, receiving or having received public assistance, medical care, or a program
 10.11 of social services administered by the commissioner or a county agency on behalf of the
 10.12 commissioner; and
- 10.13 (ii) whose application for assistance is denied, not acted upon with reasonable promptness, 10.14 or whose assistance is suspended, reduced, terminated, or claimed to have been incorrectly 10.15 paid;
- 10.16 (2) any patient or relative aggrieved by an order of the commissioner under section 252.27;
 - (3) a party aggrieved by a ruling of a prepaid health plan;
- (4) except as provided under chapter 245C, any individual or facility determined by a lead investigative agency to have maltreated a vulnerable adult under section 626.557 after they have exercised their right to administrative reconsideration under section 626.557;
- 10.22 (5) any person to whom a right of appeal according to this section is given by other provision of law;
- 10.24 (6) an applicant aggrieved by an adverse decision to an application for a hardship waiver under section 256B.15;
- 10.26 (7) an applicant aggrieved by an adverse decision to an application or redetermination 10.27 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;
- 10.28 (8) except as provided under chapter 245A, an individual or facility determined to have maltreated a minor under chapter 260E, after the individual or facility has exercised the right to administrative reconsideration under chapter 260E;

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(9) except as provided under chapter 245C, an individual disqualified under sections 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23, on the basis of serious or recurring maltreatment; a preponderance of the evidence that the individual has committed an act or acts that meet the definition of any of the crimes listed in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding a maltreatment determination under clause (4) or (8), and a disqualification under this clause in which the basis for a disqualification is serious or recurring maltreatment, shall be consolidated into a single fair hearing. In such cases, the scope of review by the human services judge shall include both the maltreatment determination and the disqualification. The failure to exercise the right to an administrative reconsideration shall not be a bar to a hearing under this section if federal law provides an individual the right to a hearing to dispute a finding of maltreatment;

- (10) any person with an outstanding debt resulting from receipt of public assistance administered by the commissioner or medical care who is contesting a setoff claim by the Department of Human Services or a county agency. The scope of the appeal is the validity of the claimant agency's intention to request a setoff of a refund under chapter 270A against the debt;
- (11) a person issued a notice of <u>temporary service suspension or service termination</u> under section 245D.10, subdivision <u>3 or 3a</u>, by a licensed provider of any <u>residential supports</u> or <u>services service</u> listed in section 245D.03, subdivision 1, paragraphs (b) and (c), that is not otherwise subject to appeal under subdivision 4a;
- (12) an individual disability waiver recipient based on a denial of a request for a rate exception under section 256B.4914;
- 11.25 (13) a person issued a notice of service termination under section 245A.11, subdivision 11.26 11, that is not otherwise subject to appeal under subdivision 4a; or
 - (14) a recovery community organization seeking medical assistance vendor eligibility under section 254B.01, subdivision 8, that is aggrieved by a membership or accreditation determination and that believes the organization meets the requirements under section 254B.05, subdivision 1, paragraph (d), clauses (1) to (10). The scope of the review by the human services judge shall be limited to whether the organization meets each of the requirements under section 254B.05, subdivision 1, paragraph (d), clauses (1) to (10).
 - (b) The hearing for an individual or facility under paragraph (a), clause (4), (8), or (9), is the only administrative appeal to the final agency determination specifically, including

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a challenge to the accuracy and completeness of data under section 13.04. Hearings requested under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged to have maltreated a resident prior to October 1, 1995, shall be held as a contested case proceeding under the provisions of chapter 14. Hearings requested under paragraph (a), clause (8), apply only to incidents of maltreatment that occur on or after July 1, 1997. A hearing for an individual or facility under paragraph (a), clause (4), (8), or (9), is only available when there is no district court action pending. If such action is filed in district court while an administrative review is pending that arises out of some or all of the events or circumstances on which the appeal is based, the administrative review must be suspended until the judicial actions are completed. If the district court proceedings are completed, dismissed, or overturned, the matter may be considered in an administrative hearing.

- (c) For purposes of this section, bargaining unit grievance procedures are not an administrative appeal.
- (d) The scope of hearings involving claims to foster care payments under section 142A.20, subdivision 2, clause (2), shall be limited to the issue of whether the county is legally responsible for a child's placement under court order or voluntary placement agreement and, if so, the correct amount of foster care payment to be made on the child's behalf and shall not include review of the propriety of the county's child protection determination or child placement decision.
- (e) The scope of hearings under paragraph (a), elauses clause (11) and (13), shall be limited to whether the proposed temporary suspension of services or proposed termination of services is authorized under section 245D.10, subdivision 3, paragraph (b), or 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements of section 245D.10, subdivision 3, paragraphs (c) and (d), or 3a, paragraphs (c) to (e) (f), or 245A.11, subdivision 2a, paragraphs (d) and (e), were met. The scope of hearings under paragraph (a), clause (13), shall be limited to whether the proposed termination of services is authorized under section 245A.11, subdivision 11, and whether the requirements of section 245A.11, subdivision 2a, paragraphs (d) and (e), were met. If the appeal includes a request for a temporary stay of concerns a termination of services, the scope of the hearing shall also include whether the case management provider has finalized arrangements for a residential facility, a program, or services that will meet the assessed needs of the recipient by the effective date of the service termination.
- (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor under contract with a county agency to provide social services is not a party and may not

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request a hearing under this section, except if assisting a recipient as provided in subdivision 4.

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- (g) An applicant or recipient is not entitled to receive social services beyond the services prescribed under chapter 256M or other social services the person is eligible for under state law.
- (h) The commissioner may summarily affirm the county or state agency's proposed action without a hearing when the sole issue is an automatic change due to a change in state or federal law, except in matters covered by paragraph (i).
- (i) When the subject of an administrative review is a matter within the jurisdiction of the Direct Care and Treatment executive board as a part of the board's powers and duties under chapter 246C, the executive board may summarily affirm the county or state agency's proposed action without a hearing when the sole issue is an automatic change due to a change in state or federal law.
- (j) Unless federal or Minnesota law specifies a different time frame in which to file an appeal, an individual or organization specified in this section may contest the specified action, decision, or final disposition before the state agency by submitting a written request for a hearing to the state agency within 30 days after receiving written notice of the action, decision, or final disposition, or within 90 days of such written notice if the applicant, recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision 13, why the request was not submitted within the 30-day time limit. The individual filing the appeal has the burden of proving good cause by a preponderance of the evidence.

EFFECTIVE DATE. This section is effective August 1, 2025.

Sec. 8. Minnesota Statutes 2024, section 256.045, subdivision 4, is amended to read:

Subd. 4. Conduct of hearings. (a) All hearings held pursuant to subdivision 3, 3a, 3b, or 4a shall be conducted according to the provisions of the federal Social Security Act and the regulations implemented in accordance with that act to enable this state to qualify for federal grants-in-aid, and according to the rules and written policies of the commissioner of human services. County agencies shall install equipment necessary to conduct telephone hearings. A state human services judge may schedule a telephone conference hearing when the distance or time required to travel to the county agency offices will cause a delay in the issuance of an order, or to promote efficiency, or at the mutual request of the parties. Hearings may be conducted by telephone conferences unless the applicant, recipient, former recipient, person, or facility contesting maltreatment objects. A human services judge may grant a

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request for a hearing in person by holding the hearing by interactive video technology or in person. The human services judge must hear the case in person if the person asserts that either the person or a witness has a physical or mental disability that would impair the person's or witness's ability to fully participate in a hearing held by interactive video technology. The hearing shall not be held earlier than five days after filing of the required notice with the county or state agency. The state human services judge shall notify all interested persons of the time, date, and location of the hearing at least five days before the date of the hearing. Interested persons may be represented by legal counsel or other representative of their choice, including a provider of therapy services, at the hearing and may appear personally, testify and offer evidence, and examine and cross-examine witnesses. The applicant, recipient, former recipient, person, or facility contesting maltreatment shall have the opportunity to examine the contents of the case file and all documents and records to be used by the county or state agency at the hearing at a reasonable time before the date of the hearing and during the hearing. In hearings under subdivision 3, paragraph (a), clauses (4), (8), and (9), either party may subpoen the private data relating to the investigation prepared by the agency under section 626.557 or chapter 260E that is not otherwise accessible under section 13.04, provided the identity of the reporter may not be disclosed.

- (b) The private data obtained by subpoena in a hearing under subdivision 3, paragraph (a), clause (4), (8), or (9), must be subject to a protective order which prohibits its disclosure for any other purpose outside the hearing provided for in this section without prior order of the district court. Disclosure without court order is punishable by a sentence of not more than 90 days imprisonment or a fine of not more than \$1,000, or both. These restrictions on the use of private data do not prohibit access to the data under section 13.03, subdivision 6. Except for appeals under subdivision 3, paragraph (a), clauses (4), (8), and (9), upon request, the county agency shall provide reimbursement for transportation, child care, photocopying, medical assessment, witness fee, and other necessary and reasonable costs incurred by the applicant, recipient, or former recipient in connection with the appeal. All evidence, except that privileged by law, commonly accepted by reasonable people in the conduct of their affairs as having probative value with respect to the issues shall be submitted at the hearing and such hearing shall not be "a contested case" within the meaning of section 14.02, subdivision 3. The agency must present its evidence prior to or at the hearing, and may not submit evidence after the hearing except by agreement of the parties at the hearing, provided the petitioner has the opportunity to respond.
- (c) In hearings under subdivision 3, paragraph (a), clause (4), (8), or (9), involving determinations of maltreatment or disqualification made by more than one county agency,

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by a county agency and a state agency, or by more than one state agency, the hearings may be consolidated into a single fair hearing upon the consent of all parties and the state human services judge.

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(d) For hearings under subdivision 3, paragraph (a), clause (4) or (9), involving a vulnerable adult, the human services judge shall notify the vulnerable adult who is the subject of the maltreatment determination and, if known, a guardian of the vulnerable adult appointed under section 524.5-310, or a health care agent designated by the vulnerable adult in a health care directive that is currently effective under section 145C.06 and whose authority to make health care decisions is not suspended under section 524.5-310, of the hearing. The notice must be sent by certified mail and inform the vulnerable adult of the right to file a signed written statement in the proceedings. A guardian or health care agent who prepares or files a written statement for the vulnerable adult must indicate in the statement that the person is the vulnerable adult's guardian or health care agent and sign the statement in that capacity. The vulnerable adult, the guardian, or the health care agent may file a written statement with the human services judge hearing the case no later than five business days before commencement of the hearing. The human services judge shall include the written statement in the hearing record and consider the statement in deciding the appeal. This subdivision does not limit, prevent, or excuse the vulnerable adult from being called as a witness testifying at the hearing or grant the vulnerable adult, the guardian, or health care agent a right to participate in the proceedings or appeal the human services judge's decision in the case. The lead investigative agency must consider including the vulnerable adult victim of maltreatment as a witness in the hearing. If the lead investigative agency determines that participation in the hearing would endanger the well-being of the vulnerable adult or not be in the best interests of the vulnerable adult, the lead investigative agency shall inform the human services judge of the basis for this determination, which must be included in the final order. If the human services judge is not reasonably able to determine the address of the vulnerable adult, the guardian, or the health care agent, the human services judge is not required to send a hearing notice under this subdivision.

(e) For hearings under subdivision 3, paragraph (a), clause (11), involving temporary service suspensions, the commissioner of human services must schedule an appeal hearing within seven days of receipt of the appeal. The commissioner must issue an order within seven days of the appeal hearing regarding whether the temporary service suspension may continue or whether the license holder must resume providing services to the person.

EFFECTIVE DATE. This section is effective August 1, 2025.

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REVISOR

Sec. 9. Minnesota Statutes 2024, section 256.045, subdivision 6, is amended to read:

Subd. 6. Additional powers of commissioner; subpoenas. (a) The commissioner of human services, the commissioner of health for matters within the commissioner's jurisdiction under subdivision 3b, or the Direct Care and Treatment executive board for matters within the jurisdiction of the executive board under subdivision 5a, may initiate a review of any action or decision of a county agency and direct that the matter be presented to a state human services judge for a hearing held under subdivision 3, 3a, 3b, or 4a. In all matters dealing with human services committed by law to the discretion of the county agency, the judgment of the applicable commissioner or executive board may be substituted for that of the county agency. The applicable commissioner or executive board may order an independent examination when appropriate.

- (b) Any party to a hearing held pursuant to subdivision 3, 3a, 3b, or 4a may request that the applicable commissioner or executive board issue a subpoena to compel the attendance of witnesses and the production of records at the hearing. A local agency may request that the applicable commissioner or executive board issue a subpoena to compel the release of information from third parties prior to a request for a hearing under section 256.046 upon a showing of relevance to such a proceeding. The issuance, service, and enforcement of subpoenas under this subdivision is governed by section 357.22 and the Minnesota Rules of Civil Procedure.
- (c) Except as provided under paragraph (d), the commissioner of human services may issue a temporary order staying a proposed demission by a residential facility licensed under chapter 245A:
 - (1) while an appeal by a recipient under subdivision 3 is pending; or
- (2) for the period of time necessary for the case management provider to implement the commissioner's order; or.
- (3) for appeals under subdivision 3, paragraph (a), clause (11), when the individual is seeking a temporary stay of demission on the basis that the county has not yet finalized an alternative arrangement for a residential facility, a program, or services that will meet the assessed needs of the individual by the effective date of the service termination, a temporary stay of demission may be issued for no more than 30 calendar days to allow for such arrangements to be finalized.
- (d) For appeals under subdivision 3, paragraph (a), clause (11) or (13), the commissioner of human services may issue at any time a temporary order staying a proposed service termination or staying a proposed temporary service suspension. The commissioner of

Sec. 9. 16 human services must issue a temporary stay of a proposed service termination while an appeal of a service termination by a recipient under subdivision 3, paragraph (a), clause (11) or (13), is pending. The commissioner must issue an order requiring the license holder to continue providing services to the appellant if the commissioner determines following the appeal hearing that the license holder did not comply with section 245D.101. When the commissioner issues an order permitting a service termination following an appeal that included a claim that the case management provider had not finalized arrangements for services to meet the assessed needs of the recipient by the effective date of the service termination, the commissioner's order must include a temporary stay of the order permitting the service termination, not to exceed 30 calendar days, to allow for the arrangements to be finalized.

EFFECTIVE DATE. This section is effective August 1, 2025.

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