State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 3172

03/17/2014 Authorized by Carlson and Hausman
The bill was read for the first time and referred to the Committee on Ways and Means

04/01/2014 Adoption of Report: Amended and Placed on the General Register
Read Second Time

04/03/2014 Calendar for the Day, Amended
Read Third Time as Amended
Passed by the House as Amended and transmitted to the Senate to include Floor Amendments

04/09/2014 Returned to the House as Amended by the Senate
Refused to concur and Conference Committee appointed

05/16/2014 Third Reading as Amended by Conference
Repassed by the House

A bill for an act
relating to state government; providing supplemental appropriations for Office
of Higher Education, Board of Trustees of the Minnesota State Colleges and
University of Minnesota; Board of Regents of the University of Minnesota; jobs, economic
development, labor, commerce and housing finance; state government and
veterans; public safety and corrections; transportation; agriculture, environment,
natural resources and clean water; early childhood education; kindergarten
through grade 12; community and adult education including general education;
education excellence; special education; education facilities; nutrition; state
education agencies; health and human services; making certain appropriations
adjustments; modifying disposition of certain revenues; providing a grant
to College Possible; providing funding for regenerative medicine research;
regulating study abroad programs; providing resident tuition rates for certain
military veterans; authorizing participation in the interstate reciprocity
agreement; authorizing student loan refinancing; requiring a transfer from the
assigned risk plan in the event of surplus; establishing broadband development
grants; modifying workforce development outcomes; requiring workers'
compensation reform; modifying an energy loan program; establishing deaf,
deafblind, and hard-of-hearing grants; modifying distribution of a taconite tax;
implementing an innovation voucher pilot program; establishing competency
standards for certain industries; creating the Legislative Water Commission;
making changes to the Compensation Council; expediting professional
licensure for members of the military; transferring funds to a disaster assistance
contingency account; modifying certain provisions pertaining to victims of
domestic violence; permitting the court to continue a juvenile case without a
finding of delinquency; continuing the fire safety advisory committee; lowering
the penalty for the performance of acts prohibited by statutes for which no penalty
is specified; extending University of Minnesota service of alcohol; providing
for disaster assistance for public entities with and without federal assistance;
providing for railroad and railroad yard safety and emergency preparedness;
designating the Trooper Glen Skolman Memorial Highway; modifying various
provisions governing fund use, driver's licenses and permits, license plates, speed
limits, work zones, gross vehicle weights and permits, products and services
billing, safety oversight, light rail vehicle design, transit shelters and stops,
highway turnbacks, and watercraft decontamination sites; providing for federal
conformity; establishing a community destination sign pilot program; providing
for transit service on election day; modifying off-highway motorcycle provisions;
creating accounts; providing for certain grants; providing for protection
of pollinators; modifying the Water Law; modifying recycling provisions;
amending Minnesota Statutes 2012, sections 12.03,
by adding subdivisions; 12.221, subdivision 4, by adding a subdivision;
12A.02, subdivision 2, by adding subdivisions; 12A.03, subdivision 3; 12A.15,
subdivision 1; 13.43, subdivision 16; 13.46, subdivision 4; 13.643, subdivision 6;
13.681, by adding a subdivision; 13.84, subdivisions 5, 6; 15A.082, subdivision
4; 16A.125, subdivision 5; 16A.28, by adding a subdivision; 16C.16, subdivision
6a; 16C.19; 18B.01, by adding subdivisions; 18B.03, by adding a subdivision;
18B.04; 84.788, subdivision 2; 85.053, subdivision 2; 85.34, subdivision 7;
85A.02, subdivision 2; 103G.251; 103G.271, subdivisions 5, 6; 103G.281, by
adding a subdivision; 115A.151, as amended; 115A.55, subdivision 4; 115A.551,
subdivisions 1, 2a; 115A.557, subdivisions 2, 3; 115E.01, by adding subdivisions;
115E.08, by adding subdivisions; 116J.423, subdivision 2; 116J.8731, subdivision
5; 116L.98; 119B.09, subdivision 9a; 122A.18, by adding a subdivision;
122A.40, subdivision 13; 122A.41, subdivision 6; 122A.414, subdivision 2, as
amended if enacted; 122A.415, subdivision 1; 123A.05, subdivision 2; 123A.64;
123B.57, subdivision 6; 123B.71, subdivisions 8, 9; 123B.72, subdivisions 1, 3;
124D.09, subdivisions 9, 13; 124D.111, by adding a subdivision; 124D.1158,
subdivisions 3, 4; 124D.13, subdivisions 2, as amended, 4, 9, 13, by adding
subdivisions; 124D.135, subdivisions 1, 3; 124D.16, subdivision 2; 124D.522;
124D.531, subdivision 3; 124D.59, subdivision 2; 125A.76, subdivision 2;
126C.10, subdivisions 25, 26; 127A.45, subdivisions 2, 3; 129C.10, subdivision
2, 3; 129C.10, subdivision 3, by adding a subdivision; 136A.01, subdivision
2; 136A.1702; 136A.1785; 144.0724, as amended; 144.1501, subdivision
1; 144.551, subdivision 1; 144A.073, by adding a subdivision; 144A.33,
subdivision 2; 148.624, by adding a subdivision; 148B.53, subdivision 3;
150A.091, by adding a subdivision; 153.16, by adding a subdivision; 154.11, as
amended; 155A.27, by adding a subdivision; 161.14, by adding a subdivision;
165.15, subdivision 2; 169.011, by adding a subdivision; 169.06, subdivision
4, by adding a subdivision; 169.14, subdivision 5d, by adding a subdivision;
169.305, subdivision 1; 169.826, by adding a subdivision; 169.8261, by adding
a subdivision; 169.86, subdivision 5; 169.863, by adding a subdivision; 169.865,
subdivisions 1, 2, by adding a subdivision; 169.866, subdivision 3, by adding
a subdivision; 171.02, subdivision 3; 171.06, subdivision 2; 171.13, subdivision
1; 174.02, by adding a subdivision; 174.56, subdivision 1; 179.02, by adding
a subdivision; 181A.07, by adding a subdivision; 216B.241, subdivision 1d;
216C.145; 216C.146; 219.015, subdivisions 1, 2; 222.50, subdivision 7;
245.466, by adding a subdivision; 245A.03, subdivision 2c; 245A.04, by
adding a subdivision; 245C.03, by adding a subdivision; 245C.04, by adding
a subdivision; 245C.05, subdivision 5; 245C.10, by adding a subdivision;
245C.33, subdivisions 1, 4; 252.451, subdivision 2; 253B.066, subdivision 1;
254B.04, subdivision 3; 254B.12; 256.01, by adding a subdivision; 256.9685,
subdivisions 1, 1a; 256.9686, subdivision 2; 256.969, subdivisions 1, 2, 2b, 3a,
3b, 3e, 6a, 8a, 9, 10, 12, 14, 17, 18, 25, 30, by adding subdivisions; 256.9752,
subdivision 2; 256B.04, by adding a subdivision; 256B.0615, subdivision 3;
256B.0624, subdivisions 2, 5, 6, 10; 256B.0625, subdivisions 18b, 18e, 18d, 18g,
30, by adding a subdivision; 256B.0751, by adding a subdivision; 256B.199;
256B.35, subdivision 1; 256B.441, by adding a subdivision; 256B.5012, by
adding a subdivision; 256D.02, subdivisions 8, 12; 256D.05, subdivision 5;
3.1 256D.06, subdivision 1; 256D.08, subdivision 1, by adding a subdivision;
3.2 256D.10; 256D.405, subdivisions 1, 3; 256D.425, subdivision 2; 256L.03, by
adding a subdivision; 256L.04, subdivision 1; 256L.05, subdivision 2; 256L.08,
subdivisions 47, 57, 83, by adding a subdivision; 256L.10; 256L.21, subdivision 4;
3.3 256L.30, subdivision 4; 256L.32, subdivision 1; 256L.33, subdivision 2; 256L.37,
as amended; 256L.425, subdivisions 1, 7; 256L.49, subdivision 13; 256L.53,
subdivisions 1, 2, 5; 256L.531; 256J.95, subdivisions 8, 9, 10; 257.85, subdivision
11; 260B.198, subdivision 7; 260C.212, subdivision 1; 260C.515, subdivision
3.4 9; 260C.611; 268A.01, subdivision 14; 298.28, subdivisions 2, 7a, as added;
3.5 299F.012, subdivision 2; 326.04, as amended; 326.10, by adding a subdivision;
3.6 326.3382, by adding a subdivision; 326A.04, by adding a subdivision; 363A.44,
subdivision 1, as added; 611A.06, by adding a subdivision; 645.241; Minnesota
3.7 Statutes 2013 Supplement, sections 15A.082, subdivisions 1, 3; 16A.724,
subdivision 3; 103J.205, subdivision 4; 116V.03; 123B.53, subdivisions 1, 5;
3.8 123B.54; 123B.75, subdivision 5; 124D.11, subdivision 1; 124D.111, subdivision
1; 124D.165, subdivisions 3, 4, 5; 124D.531, subdivision 1; 124D.862,
subdivisions 1, 2; 125A.0942; 125A.11, subdivision 1; 125A.76, subdivisions
3.9 1, 2a, 2b, 2c; 125A.79, subdivisions 1, 5, 8; 126C.05, subdivision 15; 126C.10,
subdivisions 2, 2a, 2c, 2d, 24, 31; 126C.17, subdivisions 6, 7b, 9, 9a; 126C.40,
subdivision 1; 126C.44; 126C.48, subdivision 8; 127A.47, subdivision 7;
3.10 145.4716, subdivision 2; 148B.17, subdivision 2; 174.12, subdivision 2; 174.42,
subdivision 2; 245.8251; 245A.03, subdivision 7; 245A.04, subdivision 3;
3.11 245A.16, subdivision 1; 245C.08, subdivision 1; 245D.02, subdivisions 3, 4b,
3.12 8b, 11, 15b, 23, 29, 34, 34a, by adding a subdivision; 245D.03, subdivisions 1,
3.13 2, 3, by adding a subdivision; 245D.04, subdivision 3; 245D.05, subdivisions
3.14 1, 1a, 1b, 2, 4, 5; 245D.051; 245D.06, subdivisions 1, 2, 4, 6, 7, 8; 245D.071,
subdivisions 3, 4, 5; 245D.081, subdivision 2; 245D.09, subdivisions 3, 4a;
3.15 245D.091, subdivisions 2, 3, 4; 245D.10, subdivisions 3, 4; 245D.11, subdivision
3.16 2; 252.27, subdivision 2a; 256B.04, subdivision 21; 256B.055, subdivision
3.17 1; 256B.06, subdivision 4; 256B.0625, subdivisions 17, 18; 256B.0949, subdivisions
3.18 4, 5, 11, by adding a subdivision; 256B.439, subdivisions 1, 7;
3.19 256B.441, subdivision 63; 256B.4912, subdivision 1; 256B.4913, subdivision 4a;
3.20 256B.4914, subdivisions 2, 4, 5, 6, 7, 9, 10, 15; 256B.492; 256B.69, subdivision
3.21 34; 256B.766; 256B.767; 256B.85, subdivisions 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13,
3.22 15, 16, 17, 18, 23, 24, by adding subdivisions; 256L.21, subdivision 3; 256L.30,
subdivision 9; 256N.02, by adding a subdivision; 256N.21, subdivision 2, by
adding a subdivision; 256N.22, subdivisions 1, 2, 4, 6; 256N.23, subdivisions 1,
3.23 4; 256N.24, subdivisions 9, 10; 256N.25, subdivisions 2, 3; 256N.26, subdivision
1; 256N.27, subdivision 4; 297A.815, subdivision 3; 326A.04, subdivision 5;
3.24 Laws 2008, chapter 363, article 5, section 4, subdivision 7, as amended; Laws
3.25 2009, chapter 83, article 1, section 10, subdivision 7; Laws 2010, chapter 189,
sections 15, subdivision 12; 26, subdivision 4; Laws 2012, chapter 247, article 4,
section 47; Laws 2012, chapter 263, section 1; Laws 2012, chapter 287, article 2,
sections 1; 3; Laws 2012, First Special Session chapter 1, article 1, section 28;
3.26 Laws 2013, chapter 1, section 6, as amended; Laws 2013, chapter 85, article 1,
sections 3, subdivisions 2, 5, 6; 4, subdivisions 1, 2, 5, 13, subdivision 5; Laws
3.27 2013, chapter 86, article 1, sections 12, subdivisions 1, 3, as amended; 13; Laws
3.28 2013, chapter 108, article 1, section 24; article 7, sections 15, 49; article 14,
sections 2, subdivisions 1, 3, 4, as amended, 6, as amended; 3, subdivisions 1, 4;
3.29 4, subdivision 8; 12; Laws 2013, chapter 114, article 3, sections 3, subdivision 6;
3.30 4, subdivision 3; article 4, section 47; Laws 2013, chapter 116, article 1, section
58, subdivisions 2, 3, 4, 5, 6, 7, 11; article 3, section 37, subdivisions 3, 4, 5, 6, 8,
15, 18, 20; article 4, section 9, subdivision 2; article 5, section 31, subdivisions
3.31 2, 3, 4, 5, 8; article 6, section 12, subdivisions 2, 3, 4, 6; article 7, section 21,
subdivisions 2, 3, 4, 6, 7, 9; article 8, section 5, subdivisions 2, 3, 4, 8, 9, 10,
11, 14; article 9, sections 1, subdivision 2; 2; Laws 2013, chapter 117, article 1,
sections 3, subdivisions 2, 3, 6; 4, subdivisions 2, 3, 4; Laws 2013, chapter
3.32 143, article 11, section 10; Laws 2014, chapter 235, section 43; Laws 2014,
chapter 240, section 26; 2014 H.F. No. 2180, section 11, if enacted; proposing
coding for new law in Minnesota Statutes, chapters 3; 5; 18B; 84; 85; 87A;
103G; 115E; 116J; 123A; 123B; 124D; 129C; 135A; 136A; 144; 144A; 145;
148; 168; 171; 197; 219; 268A; 299A; 347; 473; proposing coding for new law
as Minnesota Statutes, chapters 12B; 256P; repealing Minnesota Statutes 2012,
sections 115A.551, subdivision 2; 116J.997; 123B.71, subdivisions 1, 4; 256.969,
subdivisions 2c, 8b, 9a, 9b, 11, 13, 20, 21, 22, 26, 27, 28; 256.9695, subdivisions
3, 4; 256D.06, subdivision 1b; 256D.08, subdivision 2; 256D.405, subdivisions
1a, 2; 256J.08, subdivisions 42, 55a, 82a; 256J.20; 256J.24, subdivision 9;
256J.32, subdivisions 2, 3, 4, 5a, 6, 7, 7a, 8; Minnesota Statutes 2013 Supplement,
sections 256B.0625, subdivision 18f; 256J.08, subdivision 24; 256N.26,
subdivision 7; Laws 2014, chapter 272, article 1, section 22; article 3, section 32.

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

ARTICLE 1

HIGHER EDUCATION

Section 1. APPROPRIATIONS.

The sums shown in the columns marked "Appropriations" are added to the
appropriations in Laws 2013, chapter 99, article 1, unless otherwise specified, to the
agencies and for the purposes specified in this article. The appropriations are from the
general fund, or another named fund, and are available for the fiscal year indicated for
each purpose. The figure "2015" used in this article means that the appropriation listed
under it is available for the fiscal year ending June 30, 2015.

<table>
<thead>
<tr>
<th>APPROPRIATIONS</th>
<th>Available for the Year</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Ending June 30</td>
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<td>2014 2015</td>
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Sec. 2. OFFICE OF HIGHER EDUCATION $750,000

This appropriation is for immediate transfer
to College Possible for the purpose of
expanding College Possible coaching and
mentoring programs in Minnesota schools.
The appropriation shall be used for:
(1) increasing the number of low-income
high school students served by College
Possible by adding at least 150 students and
partnering with at least three additional high
schools in 2015;
(2) expenses related to direct support
for low-income high school students in
after-school programming led by College
Possible; and
(3) coaching and support of low-income
college students through the completion of
their college degree.

College Possible must, by February 1, 2015,
report to the chairs and ranking minority
members of the legislative committees
and divisions with jurisdiction over higher
education and E-12 education on activities
funded by this appropriation. The report must
include, but is not limited to, information
about the expansion of College Possible in
Minnesota, the number of College Possible
coaches hired, the expansion within existing
partner high schools, the expansion of high
school partnerships, the number of high
school and college students served, the
total hours of community service by high
school and college students, and a list of
communities and organizations benefitting
from student service hours.

This appropriation must not be used for the
expansion and support of College Possible
outside of Minnesota.

This is a onetime appropriation.

Sec. 3. BOARD OF TRUSTEES OF THE
MINNESOTA STATE COLLEGES AND
UNIVERSITIES

$17,000,000
costs associated with the settlement of
employment contracts for fiscal year 2014.
The board's appropriation base is increased
by $17,000,000 in fiscal years 2016 and 2017.

Sec. 4. BOARD OF REGENTS OF THE
UNIVERSITY OF MINNESOTA

Subdivision 1. Total Appropriation $ 4,500,000

Subd. 2. Health Sciences Special 4,500,000

(a) This appropriation is from the general
fund for the direct and indirect expenses
of the collaborative partnership between
the University of Minnesota and the Mayo
Clinic for regenerative medicine research,
clinical translation, and commercialization.
In addition to representatives from the
University of Minnesota and the Mayo
Clinic, the collaborative partnership must
include representatives of private industry
and others with expertise in regenerative
medicine research, clinical translation,
commercialization, and medical venture
financing who are not affiliated with either the
University of Minnesota or the Mayo Clinic.

(b) By January 15 of each odd-numbered
year beginning in 2017, the partnership must
submit an independent financial audit to the
chairs and ranking minority members of the
committees of the house of representatives
and senate having jurisdiction over higher
education and economic development. The
audit must include the names of all recipients
of grants awarded by the partnership and
their affiliation, if any, with the University of
Minnesota or the Mayo Clinic.
(c) The full amount of this appropriation is for the partnership and may not be used by the University of Minnesota for administrative or monitoring expenses.

(d) For fiscal year 2016 and thereafter, the base for this program is $4,350,000.

Sec. 5. [5.39] STUDY ABROAD PROGRAMS.

Subdivision 1. Definitions. (a) For purposes of this section, the terms defined in this subdivision have the meanings given them.

(b) "Postsecondary institution" means an institution that meets the eligibility requirements under section 136A.103 to participate in state financial aid programs.

(c) "Program" means a study abroad program offered or approved for credit by a postsecondary institution in which program participants travel outside of the United States in connection with an educational experience.

Subd. 2. Report. (a) A postsecondary institution, must file by November 1 of each year a report on its programs with the secretary of state. The report must contain the following information from the previous academic year, including summer terms:

(1) deaths of program participants that occurred during program participation as a result of program participation; and

(2) accidents and illnesses that occurred during program participation as a result of program participation and that required hospitalization.

Information reported under clause (1) may be supplemented by a brief explanatory statement.

(b) A postsecondary institution must report to the secretary of state annually by November 1 whether its program complies with health and safety standards set by the Forum on Education Abroad or a similar study abroad program standard setting agency.

Subd. 3. Secretary of state; publication of program information. (a) The secretary of state must publish the reports required by subdivision 2, on its Web site in a format that facilitates identifying information related to a particular postsecondary institution.

(b) The secretary of state shall publish on its Web site the best available information by country on sexual assaults and other criminal acts affecting study abroad program participants during program participation. This information shall not be limited to programs subject to this section.

Subd. 4. Office of Higher Education. The secretary of state shall provide the information it posts on its Web site under subdivision 3 to the Office of Higher Education.
in electronic format, at the time it posts the information. The Office of Higher Education
shall post the information on its Web site and may otherwise distribute the information. In
materials distributed or posted, the Office of Higher Education must reference this section.

Subd. 5. Program material. A postsecondary institution must include in its written
materials provided to prospective program participants a link to the secretary of state Web
site stating that program health and safety information is available at the Web site.

EFFECTIVE DATE. This section is effective August 1, 2014, provided that the
initial reports under subdivision 2 are due November 1, 2015.

Sec. 6. [135A.0431] MILITARY VETERANS; RESIDENT TUITION.

(a) A person who is honorably discharged from the armed forces of the United States
is entitled to the resident tuition rate at Minnesota public postsecondary institutions.

(b) This section is in addition to any other statute, rule, or higher education
institution regulation or policy providing eligibility for a resident tuition rate or its
equivalent to a student.

EFFECTIVE DATE. This section is effective for academic terms beginning after
August 1, 2014.

Sec. 7. Minnesota Statutes 2012, section 136A.01, subdivision 2, is amended to read:

Subd. 2. Responsibilities. (a) The Minnesota Office of Higher Education is
responsible for:

(1) necessary state level administration of financial aid programs, including
accounting, auditing, and disbursing state and federal financial aid funds, and reporting on
financial aid programs to the governor and the legislature;

(2) approval, registration, licensing, and financial aid eligibility of private collegiate
and career schools, under sections 136A.61 to 136A.71 and chapter 141;

(3) determining whether to enter into an interstate reciprocity agreement regarding
postsecondary distance education;

(4) negotiating and administering reciprocity agreements;

(5) publishing and distributing financial aid information and materials, and other
information and materials under section 136A.87, to students and parents;

(6) collecting and maintaining student enrollment and financial aid data and
reporting data on students and postsecondary institutions to develop and implement a
process to measure and report on the effectiveness of postsecondary institutions;
9.1 (6) (7) administering the federal programs that affect students and institutions on a
distinct basis; and
9.2 (7) (8) prescribing policies, procedures, and rules under chapter 14 necessary to
administer the programs under its supervision.
9.3 (b) The office may match individual student data from the student record enrollment
database with individual student financial aid data collected and maintained by the office
in order to audit or evaluate federal or state supported education programs as permitted by
United States Code, title 20, section 1232g(b)(3), and Code of Federal Regulations, title
34, section 99.35. The office shall not release data that personally identifies parents or
students other than to employees and contractors of the office.
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9.6 Sec. 8. Minnesota Statutes 2012, section 136A.1702, is amended to read:
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9.11 136A.1702 LEGISLATIVE OVERSIGHT.

9.12 The office shall notify the chairs of the legislative committees with primary
9.13 jurisdiction over higher education finance of any proposed material change to any of its
9.14 student loan programs, including loan refinancing under section 136A.1704, prior to
9.15 making the change.
9.16 Sec. 9. [136A.1704] STUDENT LOAN REFINANCING.

9.17 The office may refinance student and parent loans as provided by this section and
9.18 on other terms and conditions the office prescribes. The office may establish credit
9.19 requirements for borrowers and determine what types of student and parent loans will be
9.20 eligible for refinancing. The refinanced loan need not have been made through a loan
9.21 program administered by the office. Loans shall be made with available funds in the
9.22 loan capital fund under section 136A.1785. The maximum amount of outstanding loans
9.23 refinanced under this section may not exceed $100,000,000. The maximum loan under
9.24 this section may not exceed $70,000.
9.25 EFFECTIVE DATE. This section is effective the day following final enactment,
9.26 provided no loans may be refinanced prior to June 1, 2015.
9.27 Sec. 10. Minnesota Statutes 2012, section 136A.1785, is amended to read:
9.28 136A.1785 LOAN CAPITAL FUND.

9.29 The office may deposit and hold assets derived from the operation of its student loan
9.30 programs and refinanced education loans authorized by this chapter in a fund known as
9.31 the loan capital fund. Assets in the loan capital fund are available to the office solely
for carrying out the purposes and terms of sections 136A.15 to 136A.1703, 136A.1704, including, but not limited to, making student loans authorized by this chapter, refinancing education loans authorized by this chapter, paying administrative expenses associated with the operation of its student loan programs, repurchasing defaulted student loans, and paying expenses in connection with the issuance of revenue bonds authorized under this chapter. Assets in the loan capital fund may be invested as provided in sections 11A.24 and 136A.16, subdivision 8. All interest and earnings from the investment of the loan capital fund inure to the benefit of the fund and are deposited into the fund.

Sec. 11. [136A.658] EXEMPTION; STATE AUTHORIZATION RECIPROCITY AGREEMENT SCHOOLS.

(a) The office may participate in an interstate reciprocity agreement regarding postsecondary distance education if it determines that participation is in the best interest of Minnesota postsecondary students.

(b) If the office decides to participate in an interstate reciprocity agreement, an institution that meets the following requirements is exempt from the provisions of sections 136A.61 to 136A.71:

(1) the institution is situated in a state which is also participating in the interstate reciprocity agreement;

(2) the institution has been approved to participate in the interstate reciprocity agreement by the institution's home state and other entities with oversight of the interstate reciprocity agreement; and

(3) the institution has elected to participate in and operate in compliance with the terms of the interstate reciprocity agreement.

Sec. 12. MINNESOTA STATE COLLEGES AND UNIVERSITIES BACCALAUREATE DEGREE COMPLETION PLAN.

The Board of Trustees of the Minnesota State Colleges and Universities shall develop a plan to implement multi-campus articulation agreements that lead to baccalaureate degree completion upon earning the number of credits required for the degree minus 60 credits at a system university after transfer to the system university by a student with an associate in arts degree, associate of science degree, or an associate of fine arts (AFA) degree from a system college. The board shall assign the task of developing the plan to the appropriate committee formed under the board's "Charting the Future" initiative. The board shall report on this plan to the legislative committees with primary jurisdiction over higher education finance and policy by March 15, 2015.
Sec. 13. REPORT; OFFICE OF HIGHER EDUCATION.

The Office of Higher Education shall, by February 1, 2015, report to the committees of the legislature with primary jurisdiction over higher education policy and finance, its plans and proposed terms and conditions for operating a student loan refinancing program under section 136A.1704, along with any recommended legislation.

Sec. 14. STUDY ABROAD PROGRAM; ASSESSMENT OF APPROPRIATE REGULATION.

The Office of Higher Education shall, using existing staff and budget, assess the appropriate state regulation of postsecondary study abroad programs. The assessment must be based on a balanced approach of protecting the health and safety of program participants and maintaining the opportunity of students to study abroad. The office shall report the results of its assessment with any legislative recommendation by February 1, 2015, to the committees of the legislature with primary jurisdiction over higher education.

Sec. 15. UNIVERSITY OF MINNESOTA BASE ADJUSTMENT.

For fiscal years 2016 to 2041, $3,500,000 is added to the base operations and maintenance appropriation to the Board of Regents of the University of Minnesota in Laws 2013, chapter 99, article 1, section 5.

Sec. 16. JAMES FORD BELL NATURAL HISTORY MUSEUM AND PLANETARIUM.

The Board of Regents of the University of Minnesota is requested to complete the design of and to construct, furnish, and equip a new James Ford Bell Natural History Museum and Planetarium on the St. Paul campus.

ARTICLE 2

APPROPRIATIONS FOR DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT, DEPARTMENT OF LABOR AND INDUSTRY, DEPARTMENT OF COMMERCE, AND HOUSING FINANCE

Section 1. APPROPRIATIONS.

The sums shown in the columns under "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2013, chapter 85, article 1, or other law to the specified agencies. The appropriations are from the general fund, or another named fund, and are available for the fiscal years indicated for each purpose. The figures "2014" and "2015" used in this article mean that the appropriations listed under them are available for the fiscal year ending June 30, 2014, or June 30, 2015, respectively.
12.1 Appropriations for the fiscal year ending June 30, 2014, are effective the day following final enactment. Reductions may be taken in either fiscal year.

12.2

<table>
<thead>
<tr>
<th>APPROPRIATIONS</th>
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</tr>
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<tbody>
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<td>2014</td>
<td>2015</td>
</tr>
</tbody>
</table>

12.3

Sec. 2. DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT

12.4 Subdivision 1. Total Appropriation

12.5 Appropriations by Fund

12.6

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>-0-</td>
<td>28,175,000</td>
</tr>
<tr>
<td>Workforce</td>
<td>-0-</td>
<td>1,300,000</td>
</tr>
<tr>
<td>Development</td>
<td>-0-</td>
<td>-0-</td>
</tr>
</tbody>
</table>

12.7 The amounts that may be spent for each purpose are specified in the following subdivisions.

12.8

Subd. 2. Business and Community Development

12.9 Appropriations

12.10

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>27,225,000</td>
</tr>
</tbody>
</table>

12.11 (a)(1) $20,000,000 in fiscal year 2015 is from the general fund for deposit in the border-to-border broadband fund account created under Minnesota Statutes, section 116J.396, and may be used for the purposes provided in Minnesota Statutes, section 116J.395, and as provided for under clause (2). This is a onetime appropriation and is available until June 30, 2017.

12.12 (2) Of the appropriation under clause (1), up to three percent is for: (i) costs incurred by the commissioner to administer Minnesota Statutes, section 116J.395; and (ii) one or more contracts with an independent organization that has extensive experience working with Minnesota broadband providers to continue to:
(A) collect broadband deployment data from Minnesota providers, verify its accuracy through on-the-ground testing, and create state and county maps available to the public showing the availability of broadband service at various upload and download speeds throughout Minnesota, in order to measure progress in achieving the state's broadband goals established in Minnesota Statutes, section 237.012;

(B) analyze the deployment data collected to help inform future investments in broadband infrastructure; and

(C) conduct business and residential surveys that measure broadband adoption and use in the state.

Data provided by a broadband provider to the contractor under this paragraph is nonpublic data under Minnesota Statutes, section 13.02, subdivision 9. Maps produced under this paragraph are public data under Minnesota Statutes, section 13.03.

(b) $475,000 in fiscal year 2015 is from the general fund for a grant to the Southwest Initiative Foundation for business revolving loans or other lending programs at below market interest rates. This is a onetime appropriation.

(c) $475,000 in fiscal year 2015 is from the general fund for a grant to the West Central Initiative Foundation for business revolving loans or other lending programs at below market interest rates. This is a onetime appropriation.
(d) $475,000 in fiscal year 2015 is from the general fund for a grant to the Southern Minnesota Initiative Foundation for business revolving loans or other lending programs at below market interest rates. This is a onetime appropriation.

(e) $475,000 in fiscal year 2015 is from the general fund for a grant to the Northwest Minnesota Initiative Foundation for business revolving loans or other lending programs at below market interest rates. This is a onetime appropriation.

(f) $475,000 in fiscal year 2015 is from the general fund for a grant to the Initiative Foundation for business revolving loans or other lending programs at below market interest rates. This is a onetime appropriation.

(g) $475,000 in fiscal year 2015 is from the general fund for a grant to the Northland Foundation for business revolving loans or other lending programs at below market interest rates. This is a onetime appropriation.

(h) $650,000 in fiscal year 2015 is from the general fund for a grant to the Urban Initiative Board under Minnesota Statutes, chapter 116M, for loans at below market interest rates, business technical assistance, or organizational capacity building. Funds available under this paragraph must be allocated as follows: (1) 50 percent of the funds must be allocated for projects in the counties of Dakota, Ramsey, and Washington; and (2) 50 percent of the funds must be allocated for projects in the counties...
15.1 of Anoka, Carver, Hennepin, and Scott. This
15.2 is a onetime appropriation.
15.3 (i) $500,000 in fiscal year 2015 is from the
15.4 general fund for grants to small business
15.5 development centers under Minnesota
15.6 Statutes, section 116J.68. Funds made
15.7 available under this paragraph may be used to
15.8 match funds under the federal Small Business
15.9 Development Center (SBDC) program under
15.10 United States Code, title 15, section 648, to
15.11 provide consulting and technical services, or
15.12 to build additional SBDC network capacity
15.13 to serve entrepreneurs and small businesses.
15.14 The commissioner shall allocate funds
15.15 equally among the nine regional centers and
15.16 lead center. This is a onetime appropriation.
15.17 (j) $400,000 in fiscal year 2015 is from the
15.18 general fund for the innovation voucher pilot
15.19 program. This is a onetime appropriation
15.20 and is available until June 30, 2017. Of
15.21 this amount, up to five percent may be used
15.22 for administration. Vouchers require a 50
15.23 percent match by recipients.
15.24 (k) $475,000 in fiscal year 2015 is from
15.25 the general fund for the Minnesota Jobs
15.26 Skills Partnership program under Minnesota
15.27 Statutes, section 116L.02. This is a onetime
15.28 appropriation.
15.29 (l) $2,200,000 in fiscal year 2015 is from
15.30 the general fund for the greater Minnesota
15.31 business development public infrastructure
15.32 grant program under Minnesota Statutes,
15.33 section 116J.431, for grants to design,
15.34 construct, prepare, and improve infrastructure
15.35 for economic development. This is a onetime
appropriation and is available until June 30, 2017.

16.3 (m) $150,000 in fiscal year 2015 is from the general fund for a grant to the city of Proctor to design and construct a sand and salt storage facility to prevent runoff into surface water. This appropriation is not available until the commissioner determines that at least an equal amount is committed to the project from nonstate sources. This is a onetime appropriation.

Subd. 3. Workforce Development

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
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<td></td>
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<td></td>
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</table>

(a) $300,000 in fiscal year 2015 is from the workforce development fund for workforce program outcome activities under Minnesota Statutes, section 116L.98. This is a onetime appropriation.

(b) $250,000 in fiscal year 2015 is from the workforce development fund for a grant to the Northwest Indian Opportunities Industrialization Center and may be used for a green jobs deconstruction pilot program in collaboration with a research institute and a nonprofit organization with experience developing deconstruction jobs, new products from reclaimed materials, and reuse of materials. This is a onetime appropriation.

(c) $250,000 in fiscal year 2015 is from the workforce development fund for a grant to the Northeast Minnesota Office of Job Training. This is a onetime appropriation.

(d) $250,000 in fiscal year 2015 is from the workforce development fund for a grant to Twin Cities RISE! to provide job training. This is a onetime appropriation.
Subd. 4. General Support Services

$500,000 in fiscal year 2015 is from the general fund for establishing and operating the interagency Olmstead Implementation Office. The base appropriation for the office is $875,000 each year for fiscal years 2016 and 2017. The state recognizes its obligations under Jensen, et al. v. Minnesota Department of Human Services, et al. During the 2015 legislative session, the legislature intends to review the funding levels provided for the Olmstead Implementation Office to ensure that amounts sufficient to comply with the obligations imposed by the court's order are appropriated in fiscal years 2016 and 2017.

Subd. 5. Vocational Rehabilitation

Appropriations by Fund

General -0- 450,000
Workforce -0- 250,000

(a) $250,000 in fiscal year 2015 is from the workforce development fund for rate increases to providers of extended employment services for persons with severe disabilities under Minnesota Statutes, section 268A.15. This is a onetime appropriation.

(b) $450,000 in fiscal year 2015 is from the general fund for grants to the eight Minnesota Centers for Independent Living. This is a onetime appropriation.

Subd. 6. Transfer

The commissioner shall transfer $7,100,000 from the Minnesota minerals 21st century fund to the commissioner of the Iron Range Resources and Rehabilitation Board for...
a grant or forgivable loan to the city of Hoyt Lakes for building and municipal infrastructure in support of a biochemical manufacturing project to be located in the city. This transfer is available until June 30, 2018.

Sec. 3. DEPARTMENT OF LABOR AND INDUSTRY $ 250,000

For the purpose of establishing competency standards for programs in advanced manufacturing, health care services, information technology, and agriculture. This is a onetime appropriation.

Sec. 4. DEPARTMENT OF COMMERCE $ (350,000) $ -0- $350,000 in fiscal year 2014 is a onetime reduction to the appropriation for the gold bullion dealer registration program.

Sec. 5. HOUSING FINANCE AGENCY $ -0- $ 2,200,000 $2,200,000 in fiscal year 2015 is from the general fund for up to two grants for housing projects, not to exceed $1,100,000 per grant or 50 percent of the total development costs of the housing project, whichever is less, in communities that have:

(1) low housing vacancy rates; and

(2) education and training centers for jobs in the natural resources or aviation maintenance fields, or other fields with anticipated significant job growth potential.

Funds must be used for grants for housing projects with financial and in-kind contributions from nonagency resources that, when combined with a grant under this
section, are sufficient to complete the housing project. This is a onetime appropriation. If funds remain uncommitted by the end of calendar year 2015, the agency may transfer the uncommitted funds to the economic development and housing challenge program under Minnesota Statutes, section 462A.33.

Sec. 6. Laws 2013, chapter 85, article 1, section 3, subdivision 2, is amended to read:

Subd. 2. Business and Community Development Appropriations by Fund

<table>
<thead>
<tr>
<th></th>
<th>General</th>
<th>Remediation</th>
</tr>
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<tbody>
<tr>
<td>19.14(a)(1)</td>
<td>52,942,000</td>
<td>700,000</td>
</tr>
<tr>
<td>19.15</td>
<td>53,642,000</td>
<td>45,407,000</td>
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</table>

Of this amount, the commissioner of employment and economic development may use up to three percent for administrative expenses and technology upgrades. This appropriation is available until spent.

(2) Of the amount available under clause (1), up to $3,000,000 in fiscal year 2014 is for a loan to facilitate initial investment in the purchase and operation of a biopharmaceutical manufacturing facility. This loan is not subject to the loan limitations under Minnesota Statutes, section 116J.8731, and shall be forgiven by the commissioner of employment and economic development upon verification of meeting performance goals. Purchases related to and for the purposes of this loan award must be made between January 1, 2013, and June 30, 2015.
The amount under this clause is available until expended.

Of the amount available under clause (1), up to $2,000,000 is available for subsequent investment in the biopharmaceutical facility project in clause (2). The amount under this clause is available until expended. Loan thresholds under clause (2) must be achieved and maintained to receive funding. Loans are not subject to the loan limitations under Minnesota Statutes, section 116J.8731, and shall be forgiven by the commissioner of employment and economic development upon verification of meeting performance goals. Purchases related to and for the purposes of loan awards must be made during the biennium the loan was received.

Notwithstanding any law to the contrary, the biopharmaceutical manufacturing facility in this paragraph shall be deemed eligible for the Minnesota job creation fund under Minnesota Statutes, section 116J.8748, by having at least $25,000,000 in capital investment and 190 retained employees.

For purposes of clauses (1) to (4), "biopharmaceutical" and "biologics" are interchangeable and mean medical drugs or medicinal preparations produced using technology that uses biological systems, living organisms, or derivatives of living organisms, to make or modify products or processes for specific use. The medical drugs or medicinal preparations include but are not limited to proteins, antibodies, nucleic acids, and vaccines.
(b) $12,000,000 each year is for the
Minnesota job creation fund under Minnesota
Statutes, section 116J.8748. Of this amount,
the commissioner of employment and
economic development may use up to three
percent for administrative expenses. This
appropriation is available until spent. The
base funding for this program shall be
$12,500,000 each year in the fiscal year
2016-2017 biennium.

(c) $1,272,000 each year is from the
general fund for contaminated site cleanup
and development grants under Minnesota
Statutes, sections 116J.551 to 116J.558. This
appropriation is available until expended.

(d) $700,000 each year is from the
remediation fund for contaminated site
cleanup and development grants under
Minnesota Statutes, sections 116J.551 to
116J.558. This appropriation is available
until expended.

(e) $1,425,000 the first year and $1,425,000
the second year are from the general fund for
the business development competitive grant
program. Of this amount, up to five percent
is for administration and monitoring of the
business development competitive grant
program. All grant awards shall be for two
consecutive years. Grants shall be awarded
in the first year.

(f) $4,195,000 each year is from the general
fund for the Minnesota job skills partnership
program under Minnesota Statutes, sections
116L.01 to 116L.17. If the appropriation for
either year is insufficient, the appropriation
for the other year is available. This

appropriation is available until spent.

(g) $6,000,000 the first year is from the
general fund for the redevelopment program
under Minnesota Statutes, section 116J.571.
This is a onetime appropriation and is
available until spent.

(h) $12,000 each year is from the general
fund for a grant to the Upper Minnesota Film
Office.

(i) $325,000 each year is from the general
fund for the Minnesota Film and TV Board.
The appropriation in each year is available
only upon receipt by the board of $1 in
matching contributions of money or in-kind
contributions from nonstate sources for every
$3 provided by this appropriation, except that
each year up to $50,000 is available on July
1 even if the required matching contribution
has not been received by that date.

(j) $100,000 each year is for a grant to the
Northern Lights International Music Festival.

(k) $5,000,000 each year is from the general
fund for a grant to the Minnesota Film
and TV Board for the film production jobs
program under Minnesota Statutes, section
116U.26. This appropriation is available
until expended. The base funding for this
program shall be $1,500,000 each year in the
fiscal year 2016-2017 biennium.

(l) $375,000 each year is from the general
fund for a grant to Enterprise Minnesota, Inc.,
for the small business growth acceleration
program under Minnesota Statutes, section
116O.115. This is a onetime appropriation.
(m) $160,000 each year is from the general fund for a grant to develop and implement a southern and southwestern Minnesota initiative foundation collaborative pilot project. Funds available under this paragraph must be used to support and develop entrepreneurs in diverse populations in southern and southwestern Minnesota. This is a onetime appropriation and is available until expended.

(n) $100,000 each year is from the general fund for the Center for Rural Policy and Development. This is a onetime appropriation.

(o) $250,000 each year is from the general fund for the Broadband Development Office.

(p) $250,000 the first year is from the general fund for a onetime grant to the St. Paul Planning and Economic Development Department for neighborhood stabilization use in NSP3.

(q) $1,235,000 the first year is from the general fund for a onetime grant to a city of the second class that is designated as an economically depressed area by the United States Department of Commerce. The appropriation is for economic development, redevelopment, and job creation programs and projects. This appropriation is available until expended.

(r) $875,000 each year is from the general fund for the Host Community Economic Development Program established in Minnesota Statutes, section 116J.548.
(s) $750,000 the first year is from the general

fund for a onetime grant to the city of Morris

for loans or grants to agricultural processing

facilities for energy efficiency improvements.

Funds available under this section shall be

used to increase conservation and promote

energy efficiency through retrofitting existing

systems and installing new systems to

recover waste heat from industrial processes

and reuse energy. This appropriation is not

available until the commissioner determines

that at least $1,250,000 a match of $750,000

is committed to the project from nonpublic

sources. This appropriation is available until

expended.

EFFECTIVE DATE. This section is effective retroactively from July 1, 2013.

Sec. 7. Laws 2013, chapter 85, article 1, section 3, subdivision 5, is amended to read:

Subd. 5. Minnesota Trade Office

2,322,000 2,292,000

(a) $330,000 in fiscal year 2014 and $300,000

in fiscal year 2015 are for the STEP grants

in Minnesota Statutes, section 116J.979. Of

the fiscal year 2014 appropriation, $30,000

is available for expenditure until June 30,

2015, for establishing trade, export, and

cultural exchange relations between the state

of Minnesota and east African nations.

(b) $180,000 in fiscal year 2014 and

$180,000 in fiscal year 2015 are for the Invest

Minnesota marketing initiative in Minnesota

Statutes, section 116J.9781. Notwithstanding

any other law, this provision does not expire.

(c) $270,000 each year is from the general

fund for the expansion of Minnesota Trade
25.1 Offices under Minnesota Statutes, section 216J.978.

25.2 (d) $50,000 each year is from the general fund for the trade policy advisory group under Minnesota Statutes, section 216J.9661.

25.3 (e) The commissioner of employment and economic development, in consultation with the commissioner of agriculture, shall identify and increase export opportunities for Minnesota agricultural products.

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

25.12 Sec. 8. Laws 2013, chapter 85, article 1, section 3, subdivision 6, is amended to read:

25.13 Subd. 6. Vocational Rehabilitation

25.14 Appropriations by Fund

25.15 General 20,861,000 20,861,000

25.16 Workforce Development 6,830,000 6,830,000

25.17 (a) $10,800,000 each year is from the general fund for the state's vocational rehabilitation program under Minnesota Statutes, chapter 268A.

25.18 (b) $2,261,000 each year is from the general fund for grants to centers for independent living under Minnesota Statutes, section 268A.11.

25.19 (c) $5,745,000 each year from the general fund and $6,830,000 each year from the workforce development fund is for extended employment services for persons with severe disabilities under Minnesota Statutes, section 268A.15. The allocation of extended employment funds to Courage Center from July 1, 2012 to June 30, 2013 must be contracted to Allina Health systems from...
July 1, 2013 to June 30, 2015 to provide
extended employment services in accordance
with Minnesota Rules, parts 3300.2005 to
3300.2055.

(d) $2,055,000 each year is from the general
fund for grants to programs that provide
employment support services to persons with
mental illness under Minnesota Statutes,
sections 268A.13 and 268A.14. The base
appropriation for this program is $1,555,000
each year in the fiscal year 2016-2017
biennium.

Sec. 9. Laws 2013, chapter 85, article 1, section 4, subdivision 1, is amended to read:

Subdivision 1. **Total Appropriation**

<table>
<thead>
<tr>
<th></th>
<th>$58,748,000</th>
<th>$42,748,000</th>
</tr>
</thead>
</table>

The amounts that may be spent for each
purpose are specified in the following
subdivisions.

Unless otherwise specified, this appropriation
is for transfer to the housing development
fund for the programs specified in this
section. Except as otherwise indicated, this
transfer is part of the agency's permanent
budget base.

The Housing Finance Agency must make
continuous improvements to its ongoing
efforts to reduce the racial and ethnic
inequalities in homeownership rates and
must seek opportunities to deploy increasing
levels of resources toward these efforts.

Sec. 10. Laws 2013, chapter 85, article 1, section 4, subdivision 2, is amended to read:

Subd. 2. **Challenge Program**

<table>
<thead>
<tr>
<th></th>
<th>19,203,000</th>
<th>9,203,000</th>
</tr>
</thead>
</table>

Article 2 Sec. 10.
(a) This appropriation is for the economic development and housing challenge program under Minnesota Statutes, section 462A.33. The agency must continue to strengthen its efforts to address the disparity rate between white households and indigenous American Indians and communities of color. Of this amount, $1,208,000 each year shall be made available during the first 11 months of the fiscal year exclusively for housing projects for American Indians. Any funds not committed to housing projects for American Indians in the first 11 months of the fiscal year shall be available for any eligible activity under Minnesota Statutes, section 462A.33.

(b) Of this amount, $10,000,000 is a onetime appropriation and is targeted for housing in communities and regions that have:

(1)(i) low housing vacancy rates; and
(ii) cooperatively developed a plan that identifies current and future housing needs; and

(2)(i) experienced job growth since 2005 and have at least 2,000 jobs within the commuter shed;  
(ii) evidence of anticipated job expansion; or
(iii) a significant portion of area employees who commute more than 30 miles between their residence and their employment.

(c) Priority shall be given to programs and projects that are land trust programs and programs that work in coordination with a land trust program.
(d) Of this amount, $500,000 is for
homeownership opportunities for families
who have been evicted or been given
notice of an eviction due to a disabled
child in the home, including adjustments
for the incremental increase in costs of
addressing the unique housing needs of those
households. Any funds not expended for this
purpose may be returned to the challenge
fund after October 31, 2014.

(e) The base funding for this program in
the 2016-2017 biennium is $12,925,000 each
year.

Sec. 11. Laws 2013, chapter 85, article 1, section 5, is amended to read:

Sec. 5. EXPLORE MINNESOTA TOURISM $ 13,988,000 $ 13,988,000

(a) To develop maximum private sector
involvement in tourism, $500,000 in fiscal
year 2014 and $500,000 in fiscal year 2015
must be matched by Explore Minnesota
Tourism from nonstate sources. Each $1 of
state incentive must be matched with $6 of
private sector funding. Cash match is defined
as revenue to the state or documented cash
expenditures directly expended to support
Explore Minnesota Tourism programs. Up
to one-half of the private sector contribution
may be in-kind or soft match. The incentive
in fiscal year 2014 shall be based on fiscal
year 2013 private sector contributions. The
incentive in fiscal year 2015 shall be based on
fiscal year 2014 private sector contributions.
This incentive is ongoing.

Funding for the marketing grants is available
either year of the biennium. Unexpended
grant funds from the first year are available in the second year.

(b) $100,000 of the second year appropriation is for a grant to the Mille Lacs Tourism Council to enhance marketing activities related to tourism promotion in the Mille Lacs Lake area.

(c) $100,000 of the second year appropriation is for additional marketing activities.

Sec. 12. Laws 2013, chapter 85, article 1, section 13, subdivision 5, is amended to read:

Subd. 5. Telecommunications 1,949,000 2,249,000

Appropriations by Fund

<table>
<thead>
<tr>
<th>Fund Type</th>
<th>Fiscal Year 2014</th>
<th>Fiscal Year 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>1,009,000</td>
<td>1,009,000</td>
</tr>
<tr>
<td>Special Revenue</td>
<td>940,000</td>
<td>1,240,000</td>
</tr>
</tbody>
</table>

$940,000 in fiscal year 2014 and $1,240,000 in fiscal year 2015 are appropriated to the commissioner from the telecommunication access fund for the following transfers. This appropriation is added to the department's base.

(1) $500,000 in fiscal year 2014 and $800,000 in fiscal year 2015 to the commissioner of human services to supplement the ongoing operational expenses of the Commission of Deaf, DeafBlind, and Hard-of-Hearing Minnesotans;

(2) $290,000 in fiscal year 2014 and $290,000 in fiscal year 2015 to the chief information officer for the purpose of coordinating technology accessibility and usability; and

(3) $150,000 in fiscal year 2014 and $150,000 in fiscal year 2015 to the Legislative Coordinating Commission for captioning of
legislative coverage and for a consolidated
access fund for other state agencies. These
transfers are subject to Minnesota Statutes,
section 16A.281.

Sec. 13. EXTENDED EMPLOYMENT CARRYFORWARD.

Notwithstanding Minnesota Statutes, section 268A.15, subdivision 8, appropriations
from the general fund and workforce development fund in fiscal years 2014 and 2015
to the commissioner of employment and economic development for the purposes of
Minnesota Statutes, sections 268A.13 and 268A.14, are available until June 30, 2015.

Sec. 14. ASSIGNED RISK TRANSFER.

(a) By June 30, 2015, if the commissioner of commerce determines on the basis of
an audit that there is an excess surplus in the assigned risk plan created under Minnesota
Statutes, section 79.252, the commissioner of management and budget shall transfer
the amount of the excess surplus, not to exceed $10,500,000, to the general fund. This
transfer occurs prior to any transfer under Minnesota Statutes, section 79.251, subdivision
1, paragraph (a), clause (1). This is a onetime transfer.

(b) By June 30, 2015, and each year thereafter, if the commissioner of commerce
determines on the basis of an audit that there is an excess surplus in the assigned risk plan
created under Minnesota Statutes, section 79.252, the commissioner of management and
budget shall transfer the amount of the excess surplus, not to exceed $4,820,000 each
year, to the Minnesota minerals 21st century fund under Minnesota Statutes, section
116J.423. This transfer occurs prior to any transfer under Minnesota Statutes, section
79.251, subdivision 1, paragraph (a), clause (1), but after the transfer authorized in
paragraph (a). The total amount authorized for all transfers under this paragraph must not
exceed $24,100,000. This paragraph expires the day following the transfer in which the
total amount transferred under this paragraph to the Minnesota minerals 21st century
fund equals $24,100,000.

(c) By June 30, 2015, if the commissioner of commerce determines on the basis of
an audit that there is an excess surplus in the assigned risk plan created under Minnesota
Statutes, section 79.252, the commissioner of management and budget shall transfer the
amount of the excess surplus, not to exceed $4,820,000, to the general fund. This transfer
occurs prior to any transfer under Minnesota Statutes, section 79.251, subdivision 1,
paragraph (a), clause (1), but after any transfers authorized in paragraphs (a) and (b). If
a transfer occurs under this paragraph, the amount transferred is appropriated from the
general fund in fiscal year 2015 to the commissioner of labor and industry for the purposes of section 15. Both the transfer and appropriation under this paragraph are onetime.

(d) By June 30, 2016, if the commissioner of commerce determines on the basis of an audit that there is an excess surplus in the assigned risk plan created under Minnesota Statutes, section 79.252, the commissioner of management and budget shall transfer the amount of the excess surplus, not to exceed $4,820,000, to the general fund. This transfer occurs prior to any transfer under Minnesota Statutes, section 79.251, subdivision 1, paragraph (a), clause (1), but after the transfers authorized in paragraphs (a) and (b). If a transfer occurs under this paragraph, the amount transferred is appropriated from the general fund in fiscal year 2016 to the commissioner of labor and industry for the purposes of section 15. Both the transfer and appropriation under this paragraph are onetime.

(e) Notwithstanding Minnesota Statutes, section 16A.28, the commissioner of management and budget shall transfer to the assigned risk plan under Minnesota Statutes, section 79.252, any unencumbered or unexpended balance of the appropriations under paragraphs (c) and (d) remaining on June 30, 2017, or the date the commissioner of commerce determines that an excess surplus in the assigned risk plan does not exist, whichever occurs earlier.

Sec. 15. WORKERS’ COMPENSATION SYSTEM REFORM; USE OF FUNDS.

(a) The appropriations under section 14 to the commissioner of labor and industry are for reform of the workers' compensation system. Funds appropriated under section 14, paragraphs (c) and (d), may be expended by the commissioner only after the advisory council on workers' compensation created under Minnesota Statutes, section 175.007, has approved a new system including, but not limited to: a Medicare-based diagnosis-related group (MS-DRG) or similar system for payment of workers' compensation inpatient hospital services. Of the amount appropriated under section 14, paragraphs (c) and (d), up to $100,000 may be used by the commissioner to develop and implement the new system approved by the advisory council on workers' compensation.

(b) Funds available for expenditure under paragraph (a) may be used by the commissioner for reimbursement of expenditures that are reasonable and necessary to defray the costs of the implementation by hospitals, insurers, and self-insured employers of the new system including, but not limited to: a Medicare-based diagnosis-related group (MS-DRG) or similar system for payment of workers' compensation inpatient hospital services, litigation expense reform, worker safety training, administrative costs, or other related system reform.
(c) For the purposes of this section, reasonable and necessary system reform and implementation costs include, but are not limited to:

1. the cost of analyzing data to determine the anticipated costs and savings of implementing the new system;
2. the cost of analyzing system or organizational changes necessary for implementation;
3. the cost of determining how an organization would implement group or other software;
4. the cost of upgrading existing software or purchasing new software and other technology upgrades needed for implementation;
5. the cost of educating and training staff about the new system as applied to workers' compensation; and
6. the cost of integrating the new system with electronic billing and remittance systems.

Sec. 16. AFFORDABLE HOUSING PLAN; DISPARITIES REPORT.

(a) The Housing Finance Agency shall provide the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over the agency with the draft and final versions of its affordable housing plan before and after it has been submitted to the agency board for consideration.

(b) The Housing Finance Agency shall annually report to the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over the agency on the progress, if any, the agency has made in closing the racial disparity gap and low-income concentrated housing disparities.

ARTICLE 3

JOBS, ECONOMIC DEVELOPMENT, ENERGY, AND LABOR

Section 1. Minnesota Statutes 2012, section 13.681, is amended by adding a subdivision to read:

Subd. 9. Community energy efficiency and renewable energy loan. Energy usage data provided by an industrial, commercial, or health care facility customer for community energy efficiency and renewable energy loans are governed by section 216C.145, subdivision 3.

Sec. 2. [116J.394] DEFINITIONS.
(a) For the purposes of sections 116J.394 to 116J.396, the following terms have
the meanings given them.

(b) "Broadband" or "broadband service" has the meaning given in section 116J.39.

(c) "Broadband infrastructure" means networks of deployed telecommunications
equipment and technologies necessary to provide high-speed Internet access and other
advanced telecommunications services for end users.

(d) "Commissioner" means the commissioner of employment and economic
development.

(e) "Last-mile infrastructure" means broadband infrastructure that serves as the
final leg connecting the broadband service provider's network to the end-use customer's
on-premises telecommunications equipment.

(f) "Middle-mile infrastructure" means broadband infrastructure that links a
broadband service provider's core network infrastructure to last-mile infrastructure.

(g) "Political subdivision" means any county, city, town, school district, special
district or other political subdivision, or public corporation.

(h) "Underserved areas" means areas of Minnesota in which households or businesses
lack access to wire-line broadband service at speeds that meet the state broadband goals of
ten to 20 megabits per second download and five to ten megabits per second upload.

(i) "Unserved areas" means areas of Minnesota in which households or businesses
lack access to wire-line broadband service at speeds that meet a Federal Communications
Commission threshold of four megabits per second download and one megabit per second
upload.

Sec. 3. [116J.395] BORDER-TO-BORDER BROADBAND DEVELOPMENT GRANT PROGRAM.

Subdivision 1. Establishment. A grant program is established under the Department
of Employment and Economic Development to award grants to eligible applicants in order
to promote the expansion of access to broadband service in unserved or underserved
areas of the state.

Subd. 2. Eligible expenditures. Grants may be awarded under this section to fund
the acquisition and installation of middle-mile and last-mile infrastructure that support
broadband service scalable to speeds of at least 100 megabits per second download and
100 megabits per second upload.

Subd. 3. Eligible applicants. Eligible applicants for grants awarded under this
section include:
(1) an incorporated business or a partnership;
(2) a political subdivision;
(3) an Indian tribe;
(4) a Minnesota nonprofit organization organized under chapter 317A;
(5) a Minnesota cooperative association organized under chapter 308A or 308B; and
(6) a Minnesota limited liability corporation organized under chapter 322B for the
purpose of expanding broadband access.

Subd. 4. Application process. An eligible applicant must submit an application
to the commissioner on a form prescribed by the commissioner. The commissioner shall
develop administrative procedures governing the application and grant award process.
The commissioner shall act as fiscal agent for the grant program and shall be responsible
for receiving and reviewing grant applications and awarding grants under this section.

Subd. 5. Application contents. An applicant for a grant under this section shall
provide the following information on the application:

(1) the location of the project;
(2) the kind and amount of broadband infrastructure to be purchased for the project;
(3) evidence regarding the unserved or underserved nature of the community in
which the project is to be located;
(4) the number of households passed that will have access to broadband service as a
result of the project, or whose broadband service will be upgraded as a result of the project;
(5) significant community institutions that will benefit from the proposed project;
(6) evidence of community support for the project;
(7) the total cost of the project;
(8) sources of funding or in-kind contributions for the project that will supplement
any grant award; and
(9) any additional information requested by the commissioner.

Subd. 6. Awarding grants. (a) In evaluating applications and awarding grants, the
commissioner shall give priority to applications that are constructed in areas identified by
the director of the Office of Broadband Development as unserved.
(b) In evaluating applications and awarding grants, the commissioner may give
priority to applications that:
(1) are constructed in areas identified by the director of the Office of Broadband
Development as underserved;
(2) offer new or substantially upgraded broadband service to important community
institutions including, but not limited to, libraries, educational institutions, public safety
facilities, and healthcare facilities;
(3) facilitate the use of telemedicine and electronic health records;

(4) serve economically distressed areas of the state, as measured by indices of unemployment, poverty, or population loss that are significantly greater than the statewide average;

(5) provide technical support and train residents, businesses, and institutions in the community served by the project to utilize broadband service;

(6) include a component to actively promote the adoption of the newly available broadband services in the community;

(7) provide evidence of strong support for the project from citizens, government, businesses, and institutions in the community;

(8) provide access to broadband service to a greater number of unserved or underserved households and businesses; or

(9) leverage greater amounts of funding for the project from other private and public sources.

(c) The commissioner shall endeavor to award grants under this section to qualified applicants in all regions of the state.

Subd. 7. Limitation. (a) No grant awarded under this section may fund more than 50 percent of the total cost of a project.

(b) Grants awarded to a single project under this section must not exceed $5,000,000.

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

Sec. 4. [116J.396] BORDER-TO-BORDER BROADBAND FUND.

Subdivision 1. Account established. The border-to-border broadband fund account is established as a separate account in the special revenue fund in the state treasury. The commissioner shall credit to the account appropriations and transfers to the account.

Earnings, such as interest, dividends, and any other earnings arising from assets of the account, must be credited to the account. Funds remaining in the account at the end of a fiscal year are not canceled to the general fund, but remain in the account until expended.

The commissioner shall manage the account.

Subd. 2. Expenditures. Money in the account may be used only:

(1) for grant awards made under section 116J.395, including costs incurred by the Department of Employment and Economic Development to administer that section;

(2) to supplement revenues raised by bonds sold by local units of government for broadband infrastructure development; or

(3) to contract for the collection of broadband deployment data from providers and the creation of maps showing the availability of broadband service.
Subd. 3. **Appropriation.** Money in the account is appropriated to the commissioner for the purposes of subdivision 2.

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

Sec. 5. Minnesota Statutes 2012, section 116J.423, subdivision 2, is amended to read:

Subd. 2. **Use of fund.** The commissioner shall use money in the fund to make loans or equity investments in mineral or taconite processing facilities including, but not limited to, taconite processing, direct reduction processing, and steel production facilities, facilities for the manufacturing of renewable energy products, or facilities for the manufacturing of biobased or biomass products, and that are located within the taconite relief tax area as defined under section 273.134. The commissioner must, prior to making any loans or equity investments and after consultation with industry and public officials, develop a strategy for making loans and equity investments that assists the Minnesota mineral industry in becoming globally competitive. Money in the fund may also be used to pay for the costs of carrying out the commissioner's due diligence duties under this section.

Sec. 6. Minnesota Statutes 2012, section 116J.8731, subdivision 5, is amended to read:

Subd. 5. **Grant limits.** A Minnesota investment fund grant may not be approved for an amount in excess of $1,000,000. This limit covers all money paid to complete the same project, whether paid to one or more grant recipients and whether paid in one or more fiscal years. A local community or recognized Indian tribal government may retain 20 percent, but not more than $100,000 of a Minnesota investment fund grant when it is repaid to the local community or recognized Indian tribal government by the person or entity to which it was loaned by the local community or Indian tribal government. Money repaid to the state must be credited to a Minnesota investment revolving loan account in the state treasury. Funds in the account are appropriated to the commissioner and must be used in the same manner as are funds appropriated to the Minnesota investment fund. Funds repaid to the state through existing Minnesota investment fund agreements must be credited to the Minnesota investment revolving loan account effective July 1, 2005. A grant or loan may not be made to a person or entity for the operation or expansion of a casino or a store which is used solely or principally for retail sales. Persons or entities receiving grants or loans must pay each employee total compensation, including benefits not mandated by law, that on an annualized basis is equal to at least 110 percent of the federal poverty level for a family of four.
Sec. 7. Minnesota Statutes 2012, section 116L.98, is amended to read:

**116L.98 WORKFORCE PROGRAM OUTCOMES.**

**Subdivision 1. Requirements.** The commissioner shall develop and implement a set of standard approaches for assessing the outcomes of workforce programs under this chapter. The outcomes assessed must include, but are not limited to, periodic comparisons of workforce program participants and nonparticipants uniform outcome measurement and reporting system for adult workforce-related programs funded in whole or in part by the workforce development fund.

The commissioner shall also monitor the activities and outcomes of programs and services funded by legislative appropriations and administered by the department on a pass-through basis and develop a consistent and equitable method of assessing recipients for the costs of its monitoring activities.

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

(b) "Credential" means postsecondary degrees, diplomas, licenses, and certificates awarded in recognition of an individual's attainment of measurable technical or occupational skills necessary to obtain employment or advance with an occupation. This definition does not include certificates awarded by workforce investment boards or work-readiness certificates.

(c) "Exit" means to have not received service under a workforce program for 90 consecutive calendar days. The exit date is the last date of service.

(d) "Net impact" means the use of matched control groups and regression analysis to estimate the impacts attributable to program participation net of other factors, including observable personal characteristics and economic conditions.

(e) "Pre-enrollment" means the period of time before an individual was enrolled in a workforce program.

**Subd. 3. Uniform outcome report card; reporting by commissioner.** (a) By December 31 of each even-numbered year, the commissioner must report to the chairs and ranking minority members of the committees of the house of representatives and the senate having jurisdiction over economic development and workforce policy and finance the following information separately for each of the previous two fiscal or calendar years, for each program subject to the requirements of subdivision 1:

(1) the total number of participants enrolled;

(2) the median pre-enrollment wages based on participant wages for the second through the fifth calendar quarters immediately preceding the quarter of enrollment excluding those with zero income;
(3) the total number of participants with zero income in the second through fifth calendar quarters immediately preceding the quarter of enrollment;

(4) the total number of participants enrolled in training;

(5) the total number of participants enrolled in training by occupational group;

(6) the total number of participants that exited the program and the average enrollment duration of participants that have exited the program during the year;

(7) the total number of exited participants who completed training;

(8) the total number of exited participants who attained a credential;

(9) the total number of participants employed during three consecutive quarters immediately following the quarter of exit, by industry;

(10) the median wages of participants employed during three consecutive quarters immediately following the quarter of exit;

(11) the total number of participants employed during eight consecutive quarters immediately following the quarter of exit, by industry; and

(12) the median wages of participants employed during eight consecutive quarters immediately following the quarter of exit,

(b) The report to the legislature must contain participant information by education level, race and ethnicity, gender, and geography, and a comparison of exited participants who completed training and those who did not.

(c) The requirements of this section apply to programs administered directly by the commissioner or administered by other organizations under a grant made by the department.

Subd. 4. Data to commissioner; uniform report card. (a) A recipient of a future or past grant or direct appropriation made by or through the department must report data to the commissioner by September 1 of each even-numbered year on each of the items in subdivision 3 for each program it administers except wages and number employed, which the department shall provide. The data must be in a format prescribed by the commissioner.

(b) Beginning July 1, 2014, the commissioner shall provide notice to grant applicants and recipients regarding the data collection and reporting requirements under this subdivision and must provide technical assistance to applicants and recipients to assist in complying with the requirements of this subdivision.

Subd. 5. Information. The information collected and reported under subdivisions 3 and 4 shall be made available on the department's Web site.

Subd. 6. Limitations on future appropriations. (a) A program that is a recipient of public funds and subject to the requirements of this section as of May 1, 2014, is not eligible for additional state appropriations for any fiscal year beginning after June 30, 2015, unless all of the reporting requirements under subdivision 4 have been satisfied.
(b) A program with an initial request for funds on or after the effective date of this section may be considered for receipt of public funds for the first two fiscal years only if a plan that demonstrates how the data collection and reporting requirements under subdivision 4 will be met has been submitted and approved by the commissioner. Any subsequent request for funds after an initial request is subject to the requirements of paragraph (a).

Subd. 7. Workforce program net impact analysis. (a) By January 15, 2015, the commissioner must report to the committees of the house of representatives and the senate having jurisdiction over economic development and workforce policy and finance on the results of the net impact pilot project already underway as of the date of enactment of this section.

(b) The commissioner shall contract with an independent entity to conduct an ongoing net impact analysis of the programs included in the net impact pilot project under paragraph (a) and any other programs deemed appropriate by the commissioner. The net impact methodology used by the independent entity under this paragraph must be based on the methodology and evaluation design used in the net impact pilot project under paragraph (a).

(c) By January 15, 2017, and every four years thereafter, the commissioner must report to the committees of the house of representatives and the senate having jurisdiction over economic development and workforce policy and finance the following information for each program subject to paragraph (b):

(1) the net impact of workforce services on individual employment, earnings, and public benefit usage outcomes; and

(2) a cost-benefit analysis for understanding the monetary impacts of workforce services from the participant and taxpayer points of view.

The report under this paragraph must be made available to the public in an electronic format on the Department of Employment and Economic Development's Web site.

(d) The department is authorized to create and maintain data-sharing agreements with other departments, including corrections, human services, and any other department that are necessary to complete the analysis. The department shall supply the information collected for use by the independent entity conducting net impact analysis pursuant to the data practices requirements under chapters 13, 13A, 13B, and 13C.

Sec. 8. Minnesota Statutes 2012, section 179.02, is amended by adding a subdivision to read:
Subd. 6. **Receipt of gifts, money: appropriation.** (a) The commissioner may apply for, accept, and disburse gifts, bequests, grants, or payments for services from the United States, the state, private foundations, or any other source.

(b) Money received by the commissioner under this subdivision must be deposited in a separate account in the state treasury and invested by the State Board of Investment. The amount deposited, including investment earnings, is appropriated to the commissioner to carry out duties of the commissioner.

(c) The commissioner must post and maintain, on the Bureau of Mediation Services Web site, a list of the sources of funds and amounts received under this subdivision.

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

Sec. 9. Minnesota Statutes 2012, section 181A.07, is amended by adding a subdivision to read:

**Subd. 7. Approved training programs.** The commissioner may grant exemptions from any provisions of sections 181A.01 to 181A.12 for minors participating in training programs approved by the commissioner; or students in a valid apprenticeship program taught by or required by a trade union, the commissioner of education, the commissioner of employment and economic development, the Board of Trustees of the Minnesota State Colleges and Universities, or the Board of Regents of the University of Minnesota.

Sec. 10. Minnesota Statutes 2012, section 216B.241, subdivision 1d, is amended to read:

**Subd. 1d. Technical assistance.** (a) The commissioner shall evaluate energy conservation improvement programs on the basis of cost-effectiveness and the reliability of the technologies employed. The commissioner shall, by order, establish, maintain, and update energy-savings assumptions that must be used when filing energy conservation improvement programs. The commissioner shall establish an inventory of the most effective energy conservation programs, techniques, and technologies, and encourage all Minnesota utilities to implement them, where appropriate, in their service territories. The commissioner shall describe these programs in sufficient detail to provide a utility reasonable guidance concerning implementation. The commissioner shall prioritize the opportunities in order of potential energy savings and in order of cost-effectiveness. The commissioner may contract with a third party to carry out any of the commissioner's duties under this subdivision, and to obtain technical assistance to evaluate the effectiveness of any conservation improvement program. The commissioner may assess up to $800,000 annually until June 30, 2009, and $450,000 $850,000 annually thereafter for the purposes of this subdivision. The assessments must be deposited in the state treasury and credited...
to the energy and conservation account created under subdivision 2a. An assessment
made under this subdivision is not subject to the cap on assessments provided by section
216B.62, or any other law.

(b) Of the assessment authorized under paragraph (a), the commissioner may expend
up to $400,000 annually for the purpose of developing, operating, maintaining, and
providing technical support for a uniform electronic data reporting and tracking system
available to all utilities subject to this section, in order to enable accurate measurement of
the cost and energy savings of the energy conservation improvements required by this
section. This paragraph expires June 30, 2017, and may be used for no more than three
annual assessments occurring prior to that date.

EFFECTIVE DATE. This section is effective the day following final enactment
and applies to assessments made after June 30, 2014.

Sec. 11. Minnesota Statutes 2012, section 216C.145, is amended to read:

216C.145 MICROENERGY COMMUNITY ENERGY EFFICIENCY AND
RENEWABLE ENERGY LOAN PROGRAM.

Subdivision 1. Definitions. (a) The definitions in this subdivision apply to this
section.

(b) "Small-scale Community energy efficiency and renewable energy projects"
projects include means solar thermal water heating, solar electric or photovoltaic
equipment, small wind energy conversion systems of less than 250 kW, anaerobic digester
gas systems, microhydro systems up to 100 kW, and heating and cooling applications
using geothermal energy solar thermal or ground source technology, and cost-effective
energy efficiency projects installed in industrial, commercial or public buildings, or health
care facilities.

(c) "Health care facilities" means a hospital licensed under sections 144.50 to
144.56, or a nursing home licensed under chapter 144A.

(d) "Industrial customer" means a business that is classified under the North
American Industrial Classification System under codes 21, 31 to 33, 48, 49, or 562.

(e) "Small business" means a business that employs 50 or fewer employees.

(f) "Unit of local government" means any home rule charter or statutory city,
county, commission, district, authority, or other political subdivision or instrumentality
of this state, including a sanitary district, park district, the Metropolitan Council, a port
authority, an economic development authority, or a housing and redevelopment authority.
Subd. 2. **Program established.** The commissioner of commerce shall develop, implement, and administer a microenergy community energy efficiency and renewable energy loan program under this section.

Subd. 3. **Loan purposes.** (a) The commissioner may issue low-interest, long-term loans to units of local government to:

(1) finance community-owned or publicly owned small-scale renewable energy systems or to cost-effective energy efficiency improvements to public buildings; or

provide loans or other aids to small businesses to install small-scale renewable energy systems

(2) provide loans or other aids to industrial or commercial businesses or health care facilities for cost-effective energy efficiency projects or to install renewable energy systems.

(b) The commissioner may participate in loans made by the Housing Finance Agency to residential property owners, private developers, nonprofit organizations, or units of local government under sections 462A.05, subdivisions 14 and 18; and 462A.33 for the construction, purchase, or rehabilitation of residential housing to facilitate the installation of small-scale renewable energy systems in residential housing and cost-effective energy conservation improvements identified in an energy efficiency audit.

The commissioner shall assist the Housing Finance Agency in assessing the technical qualifications of loan applicants.

(c) If an industrial, commercial, or health care facility customer seeks a loan under paragraph (a), clause (2), the commissioner may require an individual industrial, commercial, or health care facility customer to provide its energy usage data for the limited purpose of assessing the energy and cost savings of the project that is subject to the loan. Industrial, commercial, or health care facility customer's energy usage data may only be released upon the express, written consent of the individual industrial, commercial, or health care facility customer. The commissioner shall not require an industrial, commercial, or health care facility customer to provide energy usage data or aggregation of energy usage data that includes an industrial, commercial, or health care facility customer for any other loan under this section. Any individual industrial, commercial, or health care facility customer's energy usage data provided under this section shall be classified as nonpublic data as defined in section 13.02, subdivision 9.

Subd. 4. **Technical standards.** The commissioner shall determine technical standards for small-scale renewable energy systems community energy efficiency and renewable energy projects to qualify for loans under this section.

Subd. 5. **Loan proposals.** (a) At least once a year, the commissioner shall publish in the State Register a request for proposals from units of local government for a loan under
this section. Within 45 days after the deadline for receipt of proposals, the commissioner
shall select proposals based on the following criteria:

(1) the reliability and cost-effectiveness of the renewable or energy efficiency
technology to be installed under the proposal;
(2) the extent to which the proposal effectively integrates with the conservation and
energy efficiency programs or goals of the energy utilities serving the proposer;
(3) the total life cycle energy use and greenhouse gas emissions reductions per
dollar of installed cost;
(4) the diversity of the renewable energy or energy efficiency technology installed
under the proposal;
(5) the geographic distribution of projects throughout the state;
(6) the percentage of total project cost requested;
(7) the proposed security for payback of the loan; and
(8) other criteria the commissioner may determine to be necessary and appropriate.

Subd. 6. Loan terms. A loan under this section must be issued at the lowest interest
rate required to recover principal and interest plus the costs of issuing the loan, and must
be for a minimum of 15 years, unless the commissioner determines that a shorter loan
period of no less than ten five years is necessary and feasible.

Subd. 7. Account. A microenergy community energy efficiency and renewable
energy loan account is established in the state treasury. Money in the account consists of
the proceeds of revenue bonds issued under section 216C.146, interest and other earnings
on money in the account, money received in repayment of loans from the account,
legislative appropriations, and money from any other source credited to the account.

Subd. 8. Appropriation. Money in the account is appropriated to the commissioner
of commerce to make microenergy community energy efficiency and renewable energy
loans under this section and to the commissioner of management and budget to pay debt
service and other costs under section 216C.146. Payment of debt service costs and funding
reserves take priority over use of money in the account for any other purpose.

Sec. 12. Minnesota Statutes 2012, section 216C.146, is amended to read:

216C.146 MICROENERGY COMMUNITY ENERGY EFFICIENCY AND
RENEWABLE ENERGY LOAN REVENUE BONDS.

Subdivision 1. Bonding authority; definition. (a) The commissioner of
management and budget, if requested by the commissioner of commerce, shall sell and
issue state revenue bonds for the following purposes:
(1) to make microenergy community energy efficiency and renewable energy loans under section 216C.145;

(2) to pay the costs of issuance, debt service, including capitalized interest, and bond insurance or other credit enhancements, and to fund reserves, and make payments under other agreements entered into under subdivision 2, but excludes refunding bonds sold and issued under this subdivision; and

(3) to refund bonds issued under this section.

(b) The aggregate principal amount of bonds for the purposes of paragraph (a), clause (1), that may be outstanding at any time may not exceed $100,000,000, of which up to $20,000,000 shall be reserved for community energy efficiency and renewable energy projects taking place in small businesses and public buildings; the principal amount of bonds that may be issued for the purposes of paragraph (a), clauses (2) and (3), is not limited.

(c) For the purpose of this section, "commissioner" means the commissioner of management and budget.

(d) Revenue bonds may be issued from time to time in one or more series on the terms and conditions the commissioner determines to be in the best interests of the state at any price or percentages of par value, but the term on any series of revenue bonds may not exceed 25 years. The revenue bonds of each issue and series thereof shall be dated and bear interest, and may be includable in or excludable from the gross income of the owners for federal income tax purposes.

(e) Revenue bonds may be sold at either public or private sale. Any bid received may be rejected.

(f) The revenue bonds are not subject to chapter 16C.

(g) Notwithstanding any other law, revenue bonds issued under this section shall be fully negotiable.

(h) Revenue bond terms must be no longer than the term of any corresponding loan made under section 216C.145.

Subd. 2. **Procedure.** The commissioner may sell and issue the bonds on the terms and conditions the commissioner determines to be in the best interests of the state. The bonds may be sold at public or private sale. The commissioner may enter into any agreements or pledges the commissioner determines necessary or useful to sell the bonds that are not inconsistent with section 216C.145. Sections 16A.672 to 16A.675 apply to the bonds. The proceeds of the bonds issued under this section must be credited to the microenergy community energy efficiency and renewable energy loan account created under section 216C.145.
Subd. 3. **Revenue sources.** The debt service on the bonds is payable only from the following sources:

1. revenue credited to the microenergy community energy efficiency and renewable energy loan account from the sources identified in section 216C.145 or from any other source; and

2. other revenues pledged to the payment of the bonds, including reserves established by a local government unit.

Subd. 4. **Refunding bonds.** The commissioner may issue bonds to refund outstanding bonds issued under subdivision 1, including the payment of any redemption premiums on the bonds and any interest accrued or to accrue to the first redemption date after delivery of the refunding bonds. The proceeds of the refunding bonds may, at the discretion of the commissioner, be applied to the purchases or payment at maturity of the bonds to be refunded, or the redemption of the outstanding bonds on the first redemption date after delivery of the refunding bonds and may, until so used, be placed in escrow to be applied to the purchase, retirement, or redemption. Refunding bonds issued under this subdivision must be issued and secured in the manner provided by the commissioner.

Subd. 5. **Not a general or moral obligation.** Bonds issued under this section are not public debt, and the full faith, credit, and taxing powers of the state are not pledged for their payment. The bonds may not be paid, directly in whole or in part from a tax of statewide application on any class of property, income, transaction, or privilege. Payment of the bonds is limited to the revenues explicitly authorized to be pledged under this section. The state neither makes nor has a moral obligation to pay the bonds if the pledged revenues and other legal security for them is insufficient.

Subd. 6. **Trustee.** The commissioner may contract with and appoint a trustee for bondholders. The trustee has the powers and authority vested in it by the commissioner under the bond and trust indentures.

Subd. 7. **Pledges.** A pledge made by the commissioner is valid and binding from the time the pledge is made. The money or property pledged and later received by the commissioner is immediately subject to the lien of the pledge without any physical delivery of the property or money or further act, and the lien of the pledge is valid and binding as against all parties having claims of any kind in tort, contract, or otherwise against the commissioner, whether or not those parties have notice of the lien or pledge. Neither the order nor any other instrument by which a pledge is created need be recorded.

Subd. 8. **Bonds; purchase and cancellation.** The commissioner, subject to agreements with bondholders that may then exist, may, out of any money available for the purpose, purchase bonds of the commissioner at a price not exceeding (1) if the bonds are
then redeemable, the redemption price then applicable plus accrued interest to the next
interest payment date thereon, or (2) if the bonds are not redeemable, the redemption price
applicable on the first date after the purchase upon which the bonds become subject to
redemption plus accrued interest to that date.

Subd. 9. **State pledge against impairment of contracts.** The state pledges and
agrees with the holders of any bonds that the state will not limit or alter the rights vested in
the commissioner to fulfill the terms of any agreements made with the bondholders, or
in any way impair the rights and remedies of the holders until the bonds, together with
interest on them, with interest on any unpaid installments of interest, and all costs and
expenses in connection with any action or proceeding by or on behalf of the bondholders,
are fully met and discharged. The commissioner may include this pledge and agreement
of the state in any agreement with the holders of bonds issued under this section.

Subd. 10. **Revenue bonds as legal investments.** Any of the following entities may
legally invest any sinking funds, money, or other funds belonging to them or under their
control in any revenue bonds issued under this section:

(1) the state, the investment board, public officers, municipal corporations, political
subdivisions, and public bodies;

(2) banks and bankers, savings and loan associations, credit unions, trust companies,
savings banks and institutions, investment companies, insurance companies, insurance
associations, and other persons carrying on a banking or insurance business; and

(3) personal representatives, guardians, trustees, and other fiduciaries.

Subd. 11. **Waiver of immunity.** The waiver of immunity by the state provided for
by section 3.751, subdivision 1, shall be applicable to the revenue bonds and any ancillary
contracts to which the commissioner is a party.

Sec. 13. Minnesota Statutes 2012, section 268A.01, subdivision 14, is amended to read:

terprise employment" means employment which provides paid work on the premises of
an affirmative business enterprise as certified by the commissioner.

Affirmative business enterprise employment is considered community employment
for purposes of funding under Minnesota Rules, parts 3300.1000 to 3300.2055, provided
that the wages for individuals reported must be at or above customary wages for the same
employer. The employer must also provide one benefit package that is available to all
employees at the specific site certified as an affirmative business enterprise.
Sec. 14. [268A.16] EMPLOYMENT SERVICES FOR PERSONS WHO ARE 
DEAF, DEAFBLIND, OR HARD-OF-HEARING.

Subdivision 1. Deaf, deafblind, and hard-of-hearing grants. (a) The 
commissioner shall develop and implement a specialized statewide grant program to 
provide long-term supported employment services for persons who are deaf, deafblind, 
and hard-of-hearing. Programs and services eligible for grants under this section must:

(1) assist persons who are deaf, deafblind, and hard-of-hearing in retaining and 
advancing in employment;

(2) provide services with staff who must possess fluency in all forms of manual 
communication, including American Sign Language; knowledge of hearing loss and 
psychosocial implications; sensitivity to cultural issues; familiarity with community 
services and communication strategies for people who are hard-of-hearing and do not sign; 
and awareness of adaptive technology options;

(3) provide specialized employment support services for individuals who have 
a combined hearing and vision loss that address the individual's unique ongoing visual 
and auditory communication needs; and

(4) involve clients in the planning, development, oversight, and delivery of 
long-term ongoing support services.

(b) Priority for funding shall be given to organizations with experience in developing 
innovative employment support services for persons who are deaf, deafblind, and 
hard-of-hearing. Each applicant for funds under this section shall submit an evaluation 
protocol as part of the grant application.

Subd. 2. Employment services for transition-aged youth who are deaf, 
deafblind, and hard-of-hearing. (a) The commissioner shall develop statewide or 
regional grant programs to provide school-based communication, access, and employment 
services for youth who are deaf, deafblind, and hard-of-hearing. Services must include 
staff who have the skills addressed in subdivision 1, clauses (2) and (3), and expertise 
in serving transition-aged youth.

(b) Priority for funding shall be given to organizations with experience in providing 
innovative employment support services and readiness for postsecondary training for 
transition-aged youths who are deaf, deafblind, and hard-of-hearing. Each applicant for 
funds under this section shall submit an evaluation protocol as part of the grant application.

Subd. 3. Administration. Up to five percent of the biennial appropriation for the 
purpose of this section is available to the commissioner for administration of the program.

EFFECTIVE DATE. This section is effective upon enactment of a direct 
appropriation for grants under this section.
Sec. 15. Minnesota Statutes 2012, section 298.28, subdivision 2, is amended to read:

Subd. 2. City or town where quarried or produced. (a) 4.5 cents per gross ton of merchantable iron ore concentrate, hereinafter referred to as "taxable ton," plus the amount provided in paragraph (c), must be allocated to the city or town in the county in which the lands from which taconite was mined or quarried were located or within which the concentrate was produced. If the mining, quarrying, and concentration, or different steps in either thereof are carried on in more than one taxing district, the commissioner shall apportion equitably the proceeds of the part of the tax going to cities and towns among such subdivisions upon the basis of attributing 50 percent of the proceeds of the tax to the operation of mining or quarrying the taconite, and the remainder to the concentrating plant and to the processes of concentration, and with respect to each thereof giving due consideration to the relative extent of such operations performed in each such taxing district. The commissioner's order making such apportionment shall be subject to review by the Tax Court at the instance of any of the interested taxing districts, in the same manner as other orders of the commissioner.

(b) Four cents per taxable ton shall be allocated to cities and organized townships affected by mining because their boundaries are within three miles of a taconite mine pit that has been actively mined in at least one of the prior three years. If a city or town is located near more than one mine meeting these criteria, the city or town is eligible to receive aid calculated from only the mine producing the largest taxable tonnage. When more than one municipality qualifies for aid based on one company's production, the aid must be apportioned among the municipalities in proportion to their populations. Of the amounts distributed under this paragraph to each municipality, one-half must be used for infrastructure improvement projects, and one-half must be used for projects in which two or more municipalities cooperate. Each municipality that receives a distribution under this paragraph must report annually to the Iron Range Resources and Rehabilitation Board and the commissioner of Iron Range resources and rehabilitation on the projects involving cooperation with other municipalities.

(c) The amount that would have been computed for the current year under Minnesota Statutes 2008, section 126C.21, subdivision 4, for a school district shall be distributed to the cities and townships within the school district in the proportion that their taxable net tax capacity within the school district bears to the taxable net tax capacity of the school district for property taxes payable in the year prior to distribution.

Sec. 16. Laws 2013, chapter 143, article 11, section 10, is amended to read:

Sec. 10. 2013 DISTRIBUTION ONLY.
For the 2013 distribution, a special fund is established to receive 38.7 cents per ton of any excess of the balance remaining after distribution of amounts required under Minnesota Statutes, section 298.28, subdivision 6. The following amounts are allocated to St. Louis County acting as the fiscal agent for the recipients for the following specific purposes:

1. 5.1 cents per ton to the city of Hibbing for improvements to the city's water supply system;
2. 4.3 cents per ton to the city of Mountain Iron for the cost of moving utilities required as a result of actions undertaken by United States Steel Corporation;
3. 2.5 cents per ton to the city of Biwabik for improvements to the city's water supply system, payable upon agreement with ArcelorMittal to satisfy water permit conditions; system to further the established collaborative efforts between the city of Biwabik, the city of Aurora, and surrounding communities;
4. 2 cents per ton to the city of Tower for the Tower Marina;
5. 2.4 cents per ton to the city of Grand Rapids for an eco-friendly heat transfer system to replace aging effluent lines and for parking lot repaving;
6. 2.4 cents per ton to the city of Two Harbors for wastewater treatment plant improvements;
7. 0.9 cents per ton to the city of Ely for the sanitary sewer replacement project;
8. 0.6 cents per ton to the town of Crystal Bay for debt service of the Claire Nelson Intermodal Transportation Center;
9. 0.5 cents per ton to the Greenway Joint Recreation Board for the Coleraine hockey arena renovations;
10. 1.2 cents per ton for the West Range Regional Fire Hall and Training Center to merge the existing fire services of Coleraine, Bovey, Taconite Marble, Calumet, and Greenway Township;
11. 2.5 cents per ton to the city of Hibbing for the Memorial Building;
12. 0.7 cents per ton to the city of Chisholm for public works infrastructure;
13. 1.8 cents per ton to the Crane Lake Water and Sanitary District for sanitary sewer extension;
14. 2.5 cents per ton for the city of Buhl for the roof on the Mesabi Academy;
15. 1.2 cents per ton to the city of Gilbert for the New Jersey/Ohio Avenue project;
16. 4.5 cents per ton to the city of Cook for street improvements, business park infrastructure, and a maintenance garage;
17. 0.5 cents per ton to the city of Cook for a water line project;
18. 1.8 cents per ton to the city of Eveleth to be used for Jones Street reconstruction and the city auditorium;
(49) (18) 0.5 cents per ton for the city of Keewatin for an electrical substation and
water line replacements;
(50) (19) 3.3 cents per ton for the city of Virginia for Fourth Street North
infrastructure and Franklin Park improvement; and
(51) (20) 0.5 cents per ton to the city of Grand Rapids for an economic development
project.

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

Sec. 17. 2014 DISTRIBUTION ONLY.

For the 2014 distribution, a special fund is established to receive 18.84 cents per ton of
any excess of the balance remaining after distribution of amounts required under Minnesota
Statutes, section 298.28, subdivision 6. The following amounts are allocated to St. Louis
County acting as the fiscal agent for the recipients for the following specific purposes:
(1) 1.3 cents per ton to the city of Silver Bay for a water project under Highway 61;
(2) 0.5 cents per ton to the city of Grand Rapids for soil and landscape remediation
at the Reif Center;
(3) 0.65 cents per ton to the city of LaPrairie for sewer, water, and road improvements
to accommodate business expansion in the city;
(4) 0.78 cents per ton to the city of Cohasset for an infrastructure project;
(5) 0.39 cents per ton to Balkan Township for a salt storage building and
energy-efficient cold storage building;
(6) 3.0 cents per ton to the city of McKinley to construct a water line from the city
of Gilbert or the city of Biwabik to the city of McKinley's distribution center in order to
secure a potable water source for the city, provided that the city of McKinley secures
the remainder of the project costs from other sources, and expires three years following
the date of distribution;
(7) 6.5 cents per ton to the Iron Range Resources and Rehabilitation Board for
township block grants to be distributed by the board;
(8) 0.5 cents per ton to the city of Marble for a water main and looping project;
(9) 0.65 cents per ton to the city of Nashwauk for an infrastructure project;
(10) 0.35 cents per ton to the city of Babbitt for demolition of a public building;
(11) 0.65 cents per ton to the city of Hoyt Lakes for a storm water project;
(12) 0.65 cents per ton to the city of Aurora for an infrastructure project;
(13) 0.65 cents per ton to the town of Silver Creek for an infrastructure project;
(14) 0.5 cents per ton to the city of Calumet for an infrastructure project;
(15) 0.5 cents per ton to Nashwauk Township for the Nashwauk town hall;
(16) 0.5 cents per ton to the city of Biwabik for emergency repair of a wastewater treatment project;

(17) 0.47 cents per ton to the city of Cuyuna for improvements to city properties and facilities, including construction, electrical, water, sewer, and site preparation; and

(18) 0.3 cents per ton to Morse Township for a recreational trail.

EFFECTIVE DATE. This section is effective for the 2014 distribution, and all payments must be made separately and within ten days of the date of the August 2014 payment.

Sec. 18. CIP ELECTRONIC DATA REPORTING AND TRACKING SYSTEM;

EVALUATION.

The commissioner of commerce may utilize a stakeholder group to annually monitor the usability and product development of systems for electronic data reporting and tracking for the use of utilities under the conservation improvement plan program under Minnesota Statutes, section 216B.241. The initial group may be convened by November 1, 2014, and must, among others, include representatives from all sectors of the gas and electric utility industry and providers of energy conservation.

Sec. 19. INNOVATION VOUCHER PILOT PROGRAM.

(a) The commissioner of employment and economic development shall develop and implement an innovation voucher pilot program to provide financing to small businesses to purchase technical assistance and services from public higher education institutions and nonprofit entities to assist in the development or commercialization of innovative new products or services.

(b) Funds available under this section may be used by a small business to access technical assistance and other services including, but not limited to: research, technical development, product development, commercialization, market development, technology exploration, and improved business practices including strategies to grow business and create operational efficiencies.

(c) To be eligible for a voucher under this section, a business must enter into an agreement with the commissioner that includes:

(1) a list of the technical assistance and services the business proposes to purchase and from whom the services will be purchased; and

(2) deliverable outcomes in one of the following areas:

(i) research and development;

(ii) business model development;
(iii) market feasibility;
(iv) operations; or
(v) other outcomes determined by the commissioner.

As part of the agreement, the commissioner must approve the technical assistance and services to be purchased, and the entities from which the services or technical assistance will be purchased.

(d) For the purposes of this section, a small business means a business with fewer than 40 employees.

(e) A voucher award must not exceed $25,000 per business.

(f) The commissioner must report to the chairs of the committees of the house of representatives and senate having jurisdiction over economic development and workforce policy and finance issues by December 1, 2014, on the vouchers awarded to date.

Sec. 20. COMMISSIONER'S ACCOUNTABILITY PLAN.

By December 1, 2014, the commissioner shall report to the committees of the house of representatives and senate having jurisdiction over workforce development and economic development policy and finance issues, on the department's plan, and any request for funding, to design and implement a performance accountability outcome measurement system for programs under Minnesota Statutes, chapters 116J and 116L.

Sec. 21. COMPETENCY STANDARDS: ADVANCED MANUFACTURING, HEALTH CARE SERVICES, INFORMATION TECHNOLOGY, AND AGRICULTURE.

(a) The commissioner of labor and industry, in collaboration with the commissioner of employment and economic development, shall establish competency standards for programs in advanced manufacturing, health care services, information technology, and agriculture. This initiative shall be administered by the Department of Labor and Industry. In establishing the competency standards, the commissioner shall convene recognized industry experts, representative employers, higher education institutions, and representatives of labor to assist in defining credible competency standards acceptable to the advanced manufacturing, health care services, information technology, and agriculture industries.

(b) The outcomes expected from the initiatives in this section include:

(1) establishment of competency standards for entry level and at least two additional higher skill levels in each industry;
verification of competency standards and skill levels and their transferability by representatives of each respective industry;

(3) models of ways for Minnesota educational institutions to engage in providing education and training to meet the competency standards established; and

(4) participation from the identified industry sectors.

c) By January 15, 2015, the commissioner of labor and industry shall report to the legislative committees with jurisdiction over jobs on the progress and success, including outcomes, of the initiatives in this section and recommendations on occupations in which similar competency standards should be developed and implemented.

Sec. 22. AGRICULTURAL EMPLOYMENT; REPORT.

The commissioner of labor and industry shall report by January 1, 2015, to the chairs and ranking minority members of the standing committees of the house of representatives and senate with jurisdiction over labor policy and finance issues on the number of agricultural employers who are using a 48 hour work week and the number of employees affected. The commissioner shall include recommendations for appropriate compensation for such agricultural employees. For the purposes of this section, "agriculture" has the meaning given in Minnesota Rules, part 5200.0260.

Sec. 23. REPEALER.

Minnesota Statutes 2012, section 116J.997, is repealed.

ARTICLE 4

STATE DEPARTMENTS AND VETERANS

Section 1. STATE DEPARTMENTS AND VETERANS APPROPRIATIONS.

The sums shown in the columns marked "Appropriations" are added to the appropriations in Laws 2013, chapter 142, article 1, to the agencies and for the purposes specified in this article. The appropriations are from the general fund, or another named fund, and are available for the fiscal years indicated for each purpose. The figures "2014" and "2015" used in this article mean that the addition to the appropriation listed under them is available for the fiscal year ending June 30, 2014, or June 30, 2015, respectively. Supplemental appropriations for the fiscal year ending June 30, 2014, are effective the day following final enactment.

<table>
<thead>
<tr>
<th>Appropriations Available for the Year</th>
<th>Ending June 30</th>
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<td>2014</td>
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<td>2015</td>
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Sec. 2. STATE DEPARTMENTS AND VETERANS APPROPRIATIONS

Subdivision 1. Legislative Coordinating Commission

$ -0- $ 380,000

$225,000 is for operating costs of the joint legislative offices. $150,000 each year is added to the base.

$155,000 is for the Legislative Water Commission established in section 3.

$145,000 each fiscal year is added to the base through fiscal year 2019.

Subd. 2. Minnesota Housing Finance Agency

-0- 250,000

$250,000 is for at least five grants of up to $50,000 each to conduct a housing needs assessment for veterans in any community within the state. No more than five percent may be used by the Minnesota Housing Finance Agency to administer these grants. The grants may be awarded to any government or nongovernmental organization. The assessment, which may be a study or a survey, may examine the need for scattered site housing for veterans and their families who are homeless or in danger of homelessness or for housing that addresses the health care needs of disabled or aging veterans. The assessment must be started by July 30, 2015, and completed by July 30, 2016. The commissioner of the Minnesota Housing Finance Agency must provide copies of any completed assessment to the chairs and ranking minority members of the legislative committees with jurisdiction over housing and veterans affairs no later
55.1 than January 1, 2017. This is a onetime appropriation.

55.3 Subd. 3. Racing Commission

| 100,000 | 85,000 |

55.4 These appropriations are from the racing and card playing regulation accounts in the special revenue fund. These appropriations are onetime and are available in either year of the biennium.

55.6 Subd. 4. Amateur Sports Commission

| -0- | 50,000 |

55.9 $50,000 is to develop a pilot program to prevent and reduce childhood obesity. This appropriation is onetime and is available until June 30, 2017.

55.11 Subd. 5. Minnesota Historical Society

| -0- | 25,000 |

55.15 $25,000 is for a grant to Farm America for repairs and maintenance of the Minnesota Agricultural Interpretive Center and for audit expenses. This is a onetime appropriation and is available until June 30, 2017.

55.19 Subd. 6. Board of the Arts

| -0- | 750,000 |

55.24 $750,000 is appropriated from the arts and cultural heritage fund for arts education in partnership with the President's Turnaround Arts Initiative. This appropriation is contingent on Minnesota being designated a Turnaround site. This appropriation is available until June 30, 2015. This is a onetime appropriation.

55.29 Subd. 7. Minnesota Humanities Center

| -0- | 225,000 |

55.30 $125,000 is from the arts and cultural heritage fund for the Veterans' Voices program to educate and engage the community regarding veterans' contributions, knowledge, skills,
and experiences. Of this amount, $25,000 is
for transfer to the Association of Minnesota
Public Education Radio Stations for statewide
programming to promote the Veterans' Voices
program. This is a onetime appropriation.

$100,000 is from the arts and cultural
heritage fund for professional development
for kindergarten through grade 12 educators
to better culturally engage their work with
at-risk student populations. This may include
new and original literature that addresses
literacy of emerging cultural communities.
This is a onetime appropriation.

Subd. 8. Department of Education
This appropriation is to implement expedited
and temporary licensing provisions of
Minnesota Statutes, section 197.4552. This
is a onetime appropriation.

Subd. 9. Board of Accountancy
This appropriation is to implement expedited
and temporary licensing provisions of
Minnesota Statutes, section 197.4552. This
is a onetime appropriation.

Subd. 10. Board of Architecture, Engineering,
Land Surveying, Landscape, Architecture,
Geoscience, and Interior Design
This appropriation is to implement expedited
and temporary licensing provisions of
Minnesota Statutes, section 197.4552. This
is a onetime appropriation.

Subd. 11. Board of Cosmetologist Examiners
This appropriation is to implement expedited
and temporary licensing provisions of
Minnesota Statutes, section 197.4552. This is a onetime appropriation.

Subd. 12. **Board of Barber Examiners**

-0- 10,000

This appropriation is to implement expedited and temporary licensing provisions of Minnesota Statutes, section 197.4552. This is a onetime appropriation.

Subd. 13. **Board of Private Detectives**

-0- 44,000

This appropriation is to implement expedited and temporary licensing provisions of Minnesota Statutes, section 197.4552. This is a onetime appropriation.

Subd. 14. **Board of Behavioral Health and Therapy**

-0- 15,000

This appropriation is from the state government special revenue fund to implement expedited and temporary licensing provisions of Minnesota Statutes, section 197.4552. This is a onetime appropriation.

Subd. 15. **Board of Dentistry**

-0- 10,000

This appropriation is from the state government special revenue fund to implement expedited and temporary licensing provisions of Minnesota Statutes, section 197.4552. This is a onetime appropriation.

Subd. 16. **Board of Dietetics and Nutrition Practice**

-0- 10,000

This appropriation is from the state government special revenue fund to implement expedited and temporary licensing provisions of Minnesota Statutes, section 197.4552. This is a onetime appropriation.

Subd. 17. **Board of Marriage and Family Therapy**

-0- 14,000

This appropriation is from the state government special revenue fund to implement expedited and temporary licensing provisions of Minnesota Statutes, section 197.4552. This is a onetime appropriation.
This appropriation is from the state government special revenue fund to implement expedited and temporary licensing provisions of Minnesota Statutes, section 197.4552. This is a onetime appropriation.

Subd. 18. **Board of Nursing Home Administrators**

This appropriation is from the state government special revenue fund to implement expedited and temporary licensing provisions of Minnesota Statutes, section 197.4552. This is a onetime appropriation.

Subd. 19. **Board of Optometry**

This appropriation is from the state government special revenue fund to implement expedited and temporary licensing provisions of Minnesota Statutes, section 197.4552. This is a onetime appropriation.

Subd. 20. **Board of Podiatric Medicine**

This appropriation is from the state government special revenue fund to implement expedited and temporary licensing provisions of Minnesota Statutes, section 197.4552. This is a onetime appropriation.

Subd. 21. **Board of Social Work**

This appropriation is from the state government special revenue fund to implement expedited and temporary licensing provisions of Minnesota Statutes, section 197.4552. This is a onetime appropriation.

Sec. 3. [3.886] **LEGISLATIVE WATER COMMISSION.**

Subdivision 1. **Establishment.** A Legislative Water Commission is established.
Subd. 2. Membership. (a) The Legislative Water Commission consists of 12 members appointed as follows:

1. six members of the senate, including three majority party members appointed by the majority leader and three minority party members appointed by the minority leader; and
2. six members of the house of representatives, including three majority party members appointed by the speaker of the house and three minority party members appointed by the minority leader.

(b) Members serve at the pleasure of the appointing authority and continue to serve until their successors are appointed or until a member is no longer a member of the legislative body that appointed the member to the commission. Vacancies shall be filled in the same manner as the original positions. Vacancies occurring on the commission do not affect the authority of the remaining members of the Legislative Water Commission to carry out the function of the commission.

(c) Members shall elect a chair, vice chair, and other officers as determined by the commission. The chair may convene meetings as necessary to conduct the duties prescribed by this section.

Subd. 3. Commission staffing. The Legislative Coordinating Commission must employ staff and contract with consultants as necessary to enable the Legislative Water Commission to carry out its duties and functions.

Subd. 4. Powers and duties. (a) The Legislative Water Commission shall review water policy reports and recommendations of the Environmental Quality Board, the Board of Water and Soil Resources, the Pollution Control Agency, the Department of Natural Resources, the Metropolitan Council, and other water-related reports as may be required by law or the legislature.

(b) The commission may conduct public hearings and otherwise secure data and comments.

(c) The commission shall make recommendations as it deems proper to assist the legislature in formulating legislation.

(d) Data or information compiled by the Legislative Water Commission or its subcommittees shall be made available to the Legislative-Citizen Commission on Minnesota Resources, the Clean Water Council, and standing and interim committees of the legislature on request of the chair of the respective commission, council, or committee.

(e) The commission shall coordinate with the Clean Water Council.

Subd. 5. Compensation. Members of the commission may receive per diem and expense reimbursement incurred doing the work of the commission in the manner and amount prescribed for per diem and expense payments by the senate Committee on Rules.
and Administration and the house of representatives Committee on Rules and Legislative Administration.

Subd. 6. Expiration. This section expires July 1, 2019.

Sec. 4. Minnesota Statutes 2013 Supplement, section 15A.082, subdivision 1, is amended to read:

Subdivision 1. Creation. A Compensation Council is created each odd-numbered year to assist the legislature in establishing the compensation of constitutional officers, members of the legislature, justices of the Supreme Court, judges of the Court of Appeals and district court, and the heads of state and metropolitan agencies included in section 15A.0815.

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

Sec. 5. Minnesota Statutes 2013 Supplement, section 15A.082, subdivision 3, is amended to read:

Subd. 3. Submission of recommendations. (a) By March 15 in each odd-numbered year, the Compensation Council shall submit to the speaker of the house and the president of the senate the salary recommendations for constitutional officers, legislators, justices of the Supreme Court, and judges of the Court of Appeals and district court. The recommended salary for each other office must take effect on the first Monday in January of the next odd-numbered year, with no more than one adjustment, to take effect on January 1 of the year after that. The salary recommendations for legislators, judges, and constitutional officers take effect if an appropriation of money to pay the recommended salaries is enacted after the recommendations are submitted and before their effective date. Recommendations may be expressly modified or rejected. The salary recommendations for legislators are subject to additional terms that may be adopted according to section 3.099, subdivisions 1 and 3.

(b) The council shall also submit to the speaker of the house and the president of the senate the recommendations for the salary ranges of the heads of state and metropolitan agencies, to be effective retroactively from January 1 of that year if enacted into law. The recommendations shall include the appropriate group in section 15A.0815 to which each agency head should be assigned and the appropriate limitation on the maximum range of the salaries of the agency heads in each group, expressed as a percentage of the salary of the governor.

EFFECTIVE DATE. This section is effective the day following final enactment.
Sec. 6. Minnesota Statutes 2012, section 15A.082, subdivision 4, is amended to read:

Subd. 4. Criteria. In making compensation recommendations, the council shall consider the amount of compensation paid in government service and the private sector to persons with similar qualifications, the amount of compensation needed to attract and retain experienced and competent persons, and the ability of the state to pay the recommended compensation. In making recommendations for legislative compensation, the council shall also consider the average length of a legislative session, the amount of work required of legislators during interim periods, and opportunities to earn income from other sources without neglecting legislative duties.

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

Sec. 7. Minnesota Statutes 2012, section 16C.16, subdivision 6a, is amended to read:

Subd. 6a. Veteran-owned small businesses. (a) Except when mandated by the federal government as a condition of receiving federal funds, the commissioner shall award up to a six percent preference, but no less than the percentage awarded to any other group under this section, in the amount bid on state procurement to certified small businesses that are majority-owned and operated by veterans.

(1) recently separated veterans who have served in active military service, at any time on or after September 11, 2001, and who have been discharged under honorable conditions from active service, as indicated by the person's United States Department of Defense form DD-214 or by the commissioner of veterans affairs;

(2) veterans with service connected disabilities, as determined at any time by the United States Department of Veterans Affairs; or

(3) any other veteran-owned small businesses certified under section 16C.19, paragraph (d);

(b) The purpose of this designation is to facilitate the transition of veterans from military to civilian life, and to help compensate veterans for their sacrifices, including but not limited to their sacrifice of health and time, to the state and nation during their military service, as well as to enhance economic development within Minnesota.

Sec. 8. Minnesota Statutes 2012, section 16C.19, is amended to read:

16C.19 ELIGIBILITY; RULES.

(a) A small business wishing to participate in the programs under section 16C.16, subdivisions 4 to 7, must be certified by the commissioner. The commissioner shall adopt by rule standards and procedures for certifying that small businesses, small targeted
62.1 group businesses, and small businesses located in economically disadvantaged areas,
62.2 and veteran-owned small businesses are eligible to participate under the requirements
62.3 of sections 16C.16 to 16C.21. The commissioner shall adopt by rule standards and
62.4 procedures for hearing appeals and grievances and other rules necessary to carry out the
62.5 duties set forth in sections 16C.16 to 16C.21.
62.6 (b) The commissioner may make rules which exclude or limit the participation of
62.7 nonmanufacturing business, including third-party lessors, brokers, franchises, jobbers,
62.8 manufacturers' representatives, and others from eligibility under sections 16C.16 to 16C.21.
62.9 (c) The commissioner may make rules that set time limits and other eligibility limits
62.10 on business participation in programs under sections 16C.16 to 16C.21.
62.11 (d) Notwithstanding paragraph (c), for purposes of sections 16C.16 to 16C.21, a
62.12 veteran-owned small business, the principal place of business of which is in Minnesota, is
62.13 certified if it has been verified by the United States Department of Veterans Affairs as being
62.14 either a veteran-owned small business or a service-disabled veteran-owned small business,
62.16 (e) Until rules are adopted pursuant to paragraph (a) for the purpose of certifying
62.17 veteran-owned small businesses, the provisions of Minnesota Rules, part 1230.1700, may
62.18 be read to include veteran-owned small businesses. In addition to the documentation
62.19 required in Minnesota Rules, part 1230.1700, the veteran owner must have been
62.20 discharged under honorable conditions from active service, as indicated by the veteran

Sec. 9. Minnesota Statutes 2012, section 122A.18, is amended by adding a subdivision
62.22 to read:
62.23 Subd. 7c. Temporary military license. The Board of Teaching shall establish
62.24 a temporary license in accordance with section 197.4552 for teaching. The fee for a
62.25 temporary license under this subdivision shall be $87.90 for an online application or
62.26 $86.40 for a paper application.

Sec. 10. [148.595] TEMPORARY MILITARY PERMIT; FEE.
62.28 The Board of Optometry shall establish a temporary permit in accordance with
62.29 section 197.4552. The fee for the temporary military permit is $250.

Sec. 11. Minnesota Statutes 2012, section 148.624, is amended by adding a subdivision
62.31 to read:
Subd. 5. **Temporary military permit.** The board shall issue a temporary permit to members of the military in accordance with section 197.4552. The fee for the temporary permit is $250.

Sec. 12. Minnesota Statutes 2013 Supplement, section 148B.17, subdivision 2, is amended to read:

Subd. 2. **Licensure and application fees.** Nonrefundable licensure and application fees established by the board shall not exceed the following amounts:

(1) application fee for national examination is $110;

(2) application fee for Licensed Marriage and Family Therapist (LMFT) state examination is $110;

(3) initial LMFT license fee is prorated, but cannot exceed $125;

(4) annual renewal fee for LMFT license is $125;

(5) late fee for LMFT license renewal is $50;

(6) application fee for LMFT licensure by reciprocity is $220;

(7) fee for initial Licensed Associate Marriage and Family Therapist (LAMFT) license is $75;

(8) annual renewal fee for LAMFT license is $75;

(9) late fee for LAMFT renewal is $25;

(10) fee for reinstatement of license is $150; and

(11) fee for emeritus status is $125; and

(12) fee for temporary license for members of the military is $100.

Sec. 13. Minnesota Statutes 2012, section 148B.53, subdivision 3, is amended to read:

Subd. 3. **Fee.** Nonrefundable fees are as follows:

(1) initial license application fee for licensed professional counseling (LPC) - $150;

(2) initial license fee for LPC - $250;

(3) annual active license renewal fee for LPC - $250 or equivalent;

(4) annual inactive license renewal fee for LPC - $125;

(5) initial license application fee for licensed professional clinical counseling (LPCC) - $150;

(6) initial license fee for LPCC - $250;

(7) annual active license renewal fee for LPCC - $250 or equivalent;

(8) annual inactive license renewal fee for LPCC - $125;

(9) license renewal late fee - $100 per month or portion thereof;

(10) copy of board order or stipulation - $10;
(11) certificate of good standing or license verification - $25;
(12) duplicate certificate fee - $25;
(13) professional firm renewal fee - $25;
(14) sponsor application for approval of a continuing education course - $60;
(15) initial registration fee - $50;
(16) annual registration renewal fee - $25; and
(17) approved supervisor application processing fee - $30; and
(18) temporary license for members of the military - $250.

Sec. 14. Minnesota Statutes 2012, section 150A.091, is amended by adding a subdivision to read:

Subd. 9c. Temporary permit. Applications for a temporary military permit in accordance with section 197.4552 shall submit a fee not to exceed the amount of $250.

Sec. 15. Minnesota Statutes 2012, section 153.16, is amended by adding a subdivision to read:

Subd. 4. Temporary military permit. The board shall establish a temporary permit in accordance with section 197.4552. The fee for the temporary military permit is $250.

Sec. 16. Minnesota Statutes 2012, section 154.11, as amended by Laws 2013, chapter 85, article 5, section 12, is amended to read:

154.11 EXAMINATION OF NONRESIDENT BARBERS AND INSTRUCTORS OF BARBERING; TEMPORARY APPRENTICE PERMITS; TEMPORARY MILITARY LICENSE AND APPRENTICE PERMITS.

Subdivision 1. Examination of nonresidents. A person who meets all of the requirements for barber registration in sections 154.001, 154.002, 154.003, 154.01 to 154.161, 154.19 to 154.21, and 154.24 to 154.26 and either has a license, certificate of registration, or an equivalent as a practicing barber or instructor of barbering from another state or country which in the discretion of the board has substantially the same requirements for registering barbers and instructors of barbering as required by sections 154.001, 154.002, 154.003, 154.01 to 154.161, 154.19 to 154.21, and 154.24 to 154.26 or can prove by sworn affidavits practice as a barber or instructor of barbering in another state or country for at least five years immediately prior to making application in this state, shall, upon payment of the required fee, be issued a certificate of registration without examination.

Subd. 2. Temporary apprentice permits for nonresidents. Any person who qualifies for examination as a registered barber under this section may apply for a
temporary apprentice permit which is effective no longer than six months. All persons
holding a temporary apprentice permit are subject to all provisions of sections 154.001,
154.002, 154.003, 154.01 to 154.161, 154.19 to 154.21, and 154.24 to 154.26 and the
rules adopted by the board under those sections concerning the conduct and obligations
of registered apprentices.

Subd. 3. Temporary military license. The board shall establish a temporary license
for barbers and master barbers and a temporary permit for apprentices in accordance with
section 197.4552. The fee for a temporary license under this subdivision for a master
barber is $85. The fee for a temporary license under this subdivision for a barber is $180.
The fee for a temporary permit under this subdivision for an apprentice is $80.

Sec. 17. Minnesota Statutes 2012, section 155A.27, is amended by adding a
subdivision to read:

Subd. 5a. Temporary military license. The board shall establish temporary
licenses for a cosmetologist, nail technician, and esthetician, in accordance with section
197.4552. The fee for a temporary license under this subdivision for a cosmetologist, nail
technician, or esthetician is $100.

Sec. 18. [197.4552] EXPEDITED AND TEMPORARY LICENSING FOR
FORMER AND CURRENT MEMBERS OF THE MILITARY.

Subdivision 1. Expedited licensing processing. Notwithstanding any other law to
the contrary, each professional licensing board defined in section 214.01, subdivisions 2
and 3, shall establish a procedure to expedite the issuance of a license or certification to
perform professional services regulated by each board to a qualified individual who is:

(1) an active duty military member;
(2) the spouse of an active duty military member; or
(3) a veteran who has left service in the two years preceding the date of license or
certification application, and has confirmation of an honorable or general discharge status.

Subd. 2. Temporary licenses. (a) Notwithstanding any other law to the contrary,
each professional licensing board defined in section 214.01, subdivisions 2 and 3, shall
establish a procedure to issue a temporary license or certification to perform professional
services regulated by each board to a qualified individual who is:

(1) an active duty military member;
(2) the spouse of an active duty military member; or
(3) a veteran who has left service in the two years preceding the date of license or
certification application, and has confirmation of an honorable or general discharge status.
(b) A qualified individual under paragraph (a) must provide evidence of:

(1) a current, valid license, certificate, or permit in another state without history of disciplinary action by a regulatory authority in the other state; and

(2) a current criminal background study without a criminal conviction that is determined by the board to adversely affect the applicants' ability to become licensed.

(c) A temporary license or certificate issued under this subdivision shall allow a qualified individual to perform regulated professional services for a limited length of time as determined by the licensing board. During the temporary license period, the individual shall complete the full application procedure as required by applicable law.

Subd. 3. Rulemaking. Each licensing board may adopt rules to carry out the provisions of this section.

Sec. 19. Minnesota Statutes 2012, section 326.04, as amended by Laws 2014, chapter 236, section 3, is amended to read:

326.04 BOARD ESTABLISHED.

Subdivision 1. Board composition. To carry out the provisions of sections 326.02 to 326.15 there is hereby created a Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience, and Interior Design consisting of 21 members, who shall be appointed by the governor. Three members shall be licensed architects, five members shall be licensed engineers, two members shall be licensed landscape architects, two members shall be licensed land surveyors, two members shall be certified interior designers, two members shall be licensed geoscientists, and five members shall be public members. Not more than one member of the board shall be from the same branch of the profession of engineering. Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements shall be as provided in sections 214.07 to 214.09. Members shall be limited to two terms. The provision of staff, administrative services and office space; the review and processing of complaints; the setting of board fees; and other provisions relating to board operations shall be as provided in chapter 214.

Subd. 2. Temporary military certificate. The board shall establish a temporary military certificate in accordance with section 197.4552.

Sec. 20. Minnesota Statutes 2012, section 326.10, is amended by adding a subdivision to read:

Subd. 10. Temporary military license. The board shall establish a temporary license in accordance with section 197.4552 for the practice of architecture, professional
engineering, geosciences, land surveying, landscape architecture, and interior design.

The fee for the temporary license under this subdivision for the practice of architecture, professional engineering, geosciences, land surveying, landscape architecture, or interior design is $132.

Sec. 21. Minnesota Statutes 2012, section 326.3382, is amended by adding a subdivision to read:

Subd. 6. Temporary military license. The board shall establish a temporary license to engage in the business of private detective or protective agent in accordance with section 197.4552. The fee for the temporary license under this subdivision for a private detective is $1,000. The fee for a temporary license under this subdivision for a protective agent is $800.

Sec. 22. Minnesota Statutes 2012, section 326A.04, is amended by adding a subdivision to read:

Subd. 1a. Temporary military certificate. The board shall establish a temporary military certificate in accordance with section 197.4552.

sec. 23. Minnesota Statutes 2013 Supplement, section 326A.04, subdivision 5, is amended to read:

Subd. 5. Fee. (a) The board shall charge a fee for each application for initial issuance or renewal of a certificate or temporary military certificate under this section as provided in paragraph (b). The fee for the temporary military certificate is $100.

(b) The board shall charge the following fees:

(1) initial issuance of certificate, $150;
(2) renewal of certificate with an active status, $100 per year;
(3) initial CPA firm permits, except for sole practitioners, $100;
(4) renewal of CPA firm permits, except for sole practitioners and those firms specified in clause (17), $35 per year;
(5) initial issuance and renewal of CPA firm permits for sole practitioners, except for those firms specified in clause (17), $35 per year;
(6) annual late processing delinquency fee for permit, certificate, or registration renewal applications not received prior to expiration date, $50;
(7) copies of records, per page, 25 cents;
(8) registration of noncertificate holders, nonlicensees, and nonregistrants in connection with renewal of firm permits, $45 per year;
(9) applications for reinstatement, $20;
(10) initial registration of a registered accounting practitioner, $50;
(11) initial registered accounting practitioner firm permits, $100;
(12) renewal of registered accounting practitioner firm permits, except for sole practitioners, $100 per year;
(13) renewal of registered accounting practitioner firm permits for sole practitioners, $35 per year;
(14) CPA examination application, $40;
(15) CPA examination, fee determined by third-party examination administrator;
(16) renewal of certificates with an inactive status, $25 per year; and
(17) renewal of CPA firm permits for firms that have one or more offices located in another state, $68 per year.

Sec. 24. Minnesota Statutes 2012, section 363A.44, subdivision 1, as added by Laws 2014, chapter 239, article 2, section 6, is amended to read:

Subdivision 1. **Scope.** (a) No department, agency of the state, the Metropolitan Council, or an agency subject to section 473.143, subdivision 1, shall execute a contract for goods or services or an agreement for goods or services in excess of $500,000 with a business that has 40 or more full-time employees in this state or a state where the business has its primary place of business on a single day during the prior 12 months, unless the business has an equal pay certificate or it has certified in writing that it is exempt. A certificate is valid for four years.

(b) This section does not apply to a business with respect to a specific contract if the commissioner of administration determines that application of this section would cause undue hardship to the contracting entity. This section does not apply to a contract to provide goods and services to individuals under chapters 43A, 62A, 62C, 62D, 62E, 256B, 256I, 256L, and 268A, with a business that has a license, certification, registration, provider agreement, or provider enrollment contract that is prerequisite to providing those goods and services. This section does not apply to contracts entered into by the State Board of Investment for investment options under section 352.965, subdivision 4.

**EFFECTIVE DATE.** This section is effective August 1, 2014.

Sec. 25. **LEGISLATIVE WATER COMMISSION INITIAL APPOINTMENTS AND FIRST MEETING.**

Initial appointments to the Legislative Water Commission established in section 3 must be made by September 1, 2014. The first meeting of the Legislative Water
Commission shall be convened by the chair or a designee of the Legislative Coordinating Commission by October 15, 2014. The Legislative Water Commission shall select a chair from its membership at its first meeting.

Sec. 26. STUDY OF SPECIAL REVENUE ACCOUNT FOR CENTRAL ACCOMMODATION.

The commissioner of management and budget, in consultation with the Commission of Deaf, DeafBlind and Hard-of-Hearing Minnesotans, must report to the chairs and ranking minority members of the senate Finance Committee, the house of representatives Ways and Means Committee, the house of representatives State Government Finance Committee, the senate State Departments and Veterans Budget Division, and the governor by January 5, 2015, on advantages and disadvantages of creating an account for the special revenue fund in the state treasury to pay for costs of providing accommodations to executive branch state employees with disabilities. The report must include:

1. a summary of money spent by executive branch state agencies in fiscal years 2012 and 2013 for providing accommodations to executive branch state employees, to the extent that such expenditures can be determined; and

2. recommendations for laws and policies needed to implement an account in the special revenue fund, if one is recommended under this section; or other recommendations related to best practices in provision of accommodations for employees with disabilities in the executive branch.

ARTICLE 5

PUBLIC SAFETY AND CORRECTIONS APPROPRIATIONS

Section 1. SUMMARY OF APPROPRIATIONS.

The amounts shown in this section summarize direct appropriations, by fund, made in this article.

<table>
<thead>
<tr>
<th>Fund</th>
<th>2014</th>
<th>2015</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>$-0-</td>
<td>$35,057,000</td>
<td>$35,057,000</td>
</tr>
<tr>
<td>State Government Special Revenue</td>
<td>12,361,000</td>
<td>6,865,000</td>
<td>19,226,000</td>
</tr>
<tr>
<td>Total</td>
<td>$12,361,000</td>
<td>$41,922,000</td>
<td>$54,283,000</td>
</tr>
</tbody>
</table>

Sec. 2. APPROPRIATIONS.

The sums shown in the columns marked "Appropriations" are added to the appropriations in Laws 2013, chapter 86, article 1, to the agencies and for the purposes specified in this article. The appropriations are from the general fund, or another named...
fund, and are available for the fiscal years indicated for each purpose. The figures "2014" and "2015" used in this article mean that the addition to the appropriation listed under them is available for the fiscal year ending June 30, 2014, or June 30, 2015, respectively.

Supplemental appropriations for the fiscal year ending June 30, 2014, are effective the day following final enactment.

<table>
<thead>
<tr>
<th>APPROPRIATIONS</th>
<th>Available for the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ending June 30</td>
</tr>
<tr>
<td></td>
<td>2014 2015</td>
</tr>
</tbody>
</table>

### Sec. 3. PUBLIC SAFETY

#### Subdivision 1. **Total Appropriation**

- **General**: $0-
- **State Government**: $1,773,000
- **Special Revenue**: $12,361,000
- **Total Appropriation**: $12,361,000

The amounts that may be spent for each purpose are specified in the following subdivisions.

#### Subd. 2. **Emergency Communication Networks**

- **Total Appropriation**: $5,059,000

This onetime appropriation is from the state government special revenue fund for 911 emergency telecommunications services.

#### Subd. 3. **Office of Justice Programs**

- **Total Appropriation**: $0-

(a) $500,000 in fiscal year 2015 is for youth intervention programs under Minnesota Statutes, section 299A.73. The appropriation must be used to create new programs statewide in underserved areas and to help existing programs serve unmet needs in program communities. Of this amount, $100,000 in fiscal year 2015 is for a youth intervention program targeted toward East African youth. This is a onetime appropriation and is available until expended.
(b) $500,000 in fiscal year 2015 is for a grant to provide emergency shelter programming for victims of domestic abuse and trafficking. The program shall provide shelter to East African women and children. The appropriation must be used for the operating expenses of a shelter. This is a onetime appropriation, and is available until June 30, 2017.

c) $300,000 in fiscal year 2015 is for grants to sexual assault advocacy programs for sexual violence community prevention networks. For purposes of this section, "sexual assault" means a violation of Minnesota Statutes, sections 609.342 to 609.3453. $300,000 in each of fiscal years 2016 and 2017 is added to the base.

Subd. 4. Fire Safety Account

$1,300,000 in fiscal year 2014 is from the fire safety account in the special revenue fund for activities and programs under Minnesota Statutes, section 299F.012. This is a onetime appropriation. By January 15, 2015, the commissioner shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over the fire safety account regarding the balances and uses of the account.

Subd. 5. Criminal Apprehension

$473,000 in fiscal year 2015 is to implement the expungement law changes in Laws 2014, chapter 246. The base for this activity shall be $583,000 in each of fiscal years 2016 and 2017.
Sec. 4. **CORRECTIONS**

Subdivision 1. **Total Appropriation** $ -0- $ 30,139,000

The amounts that may be spent for each purpose are specified in the following subdivisions.

Subd. 2. **Correctional Institutions** -0- 27,289,000

This includes a onetime appropriation of $11,089,000.

Subd. 3. **Community Services** -0- 1,950,000

$50,000 in fiscal year 2015 is a onetime appropriation to implement the victim notification provisions in article 6, sections 1, 2, and 5.

Subd. 4. **Operations Support** -0- 900,000

Sec. 5. **PEACE OFFICER STANDARDS AND TRAINING (POST) BOARD** -0- 50,000

$50,000 in fiscal year 2015 is for training state and local community safety personnel in the use of crisis de-escalation techniques for use with Minnesota veterans following their return from active military service in a combat zone. The director may consult with any other state or local governmental official or nongovernmental authority that the director determines to be relevant, to include postsecondary institutions, when selecting a service provider for this training. The training provider must have a demonstrated understanding of the transitions and challenges that veterans may experience during their re-entry into society following combat service. The training opportunities...
provided must be reasonably distributed statewide. This is a onetime appropriation.

Sec. 6. **HUMAN RIGHTS**

For outreach to the community regarding the role and duties of the Council on Black Minnesotans, the Council on Asian Pacific Minnesotans, the Chicano Latino Affairs Council, and the Minnesota Indian Affairs Council. This is a onetime appropriation.

Sec. 7. **HUMAN SERVICES**

$45,000 in fiscal year 2015 is to implement the expungement law changes in Laws 2014, chapter 246. The base for this activity shall be $90,000 in each of fiscal years 2016 and 2017.

Sec. 8. Laws 2009, chapter 83, article 1, section 10, subdivision 7, is amended to read:

**Subd. 7. Emergency Communication Networks**

This appropriation is from the state government special revenue fund for 911 emergency telecommunications services.

(a) **Public Safety Answering Points.**

$13,664,000 each year is to be distributed as provided in Minnesota Statutes, section 403.113, subdivision 2.

(b) **Medical Resource Communication Centers.**

$683,000 each year is for grants to the Minnesota Emergency Medical Services Regulatory Board for the Metro East and Metro West Medical Resource Communication Centers that were in operation before January 1, 2000.
(c) **ARMER Debt Service.** $17,557,000 the first year and $23,261,000 the second year are to the commissioner of finance to pay debt service on revenue bonds issued under Minnesota Statutes, section 403.275. Any portion of this appropriation not needed to pay debt service in a fiscal year may be used by the commissioner of public safety to pay cash for any of the capital improvements for which bond proceeds were appropriated by Laws 2005, chapter 136, article 1, section 9, subdivision 8, or Laws 2007, chapter 54, article 1, section 10, subdivision 8.

(d) **Metropolitan Council Debt Service.** $1,410,000 each year is to the commissioner of finance for payment to the Metropolitan Council for debt service on bonds issued under Minnesota Statutes, section 403.27.

(e) **ARMER State Backbone Operating Costs.** $5,060,000 each year is to the commissioner of transportation for costs of maintaining and operating the statewide radio system backbone.

(f) **ARMER Improvements.** $1,000,000 each year is for the Statewide Radio Board for costs of design, construction, maintenance of, and improvements to those elements of the statewide public safety radio and communication system that support mutual aid communications and emergency medical services or provide enhancement of public safety communication interoperability.

(g) **Next Generation 911.** $3,431,000 the first year and $6,490,000 the second year are to replace the current system with the...
Next Generation Internet Protocol (IP) based network. This appropriation is available until expended. The base level of funding for fiscal year 2012 shall be $2,965,000.

(h) **Grants to Local Government.**

$5,000,000 the first year is for grants to local units of government to assist with the transition to the ARMER system. This appropriation is available until June 30, 2012.

**EFFECTIVE DATE.** This section is effective retroactively from June 29, 2011.

Sec. 9. Laws 2013, chapter 86, article 1, section 12, subdivision 1, is amended to read:

Subdivision 1. **Total Appropriation**

<table>
<thead>
<tr>
<th>Appropriations by Fund</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>82,213,000</td>
<td>82,772,000</td>
</tr>
<tr>
<td>Special Revenue</td>
<td>14,062,000</td>
<td>13,062,000</td>
</tr>
<tr>
<td>State Government</td>
<td>59,241,000</td>
<td>63,742,000</td>
</tr>
<tr>
<td>Environmental</td>
<td>69,000</td>
<td>69,000</td>
</tr>
<tr>
<td>Trunk Highway</td>
<td>2,266,000</td>
<td>2,266,000</td>
</tr>
</tbody>
</table>

The amounts that may be spent for each purpose are specified in the following subdivisions.

Sec. 10. Laws 2013, chapter 86, article 1, section 12, subdivision 3, as amended by Laws 2013, chapter 140, section 2, is amended to read:

Subd. 3. **Criminal Apprehension**

<table>
<thead>
<tr>
<th>Appropriations by Fund</th>
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<th>2015</th>
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<tr>
<td>General</td>
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<td>42,924,000</td>
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<tr>
<td>Special Revenue</td>
<td>3,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>State Government</td>
<td>7,000</td>
<td>7,000</td>
</tr>
<tr>
<td>Special Revenue</td>
<td>2,266,000</td>
<td>2,266,000</td>
</tr>
</tbody>
</table>

(a) **DWI Lab Analysis; Trunk Highway Fund**
Notwithstanding Minnesota Statutes, section 76.1, subdivision 3, $1,941,000 each year is from the trunk highway fund for laboratory analysis related to driving-while-impaired cases.

(b) Criminal History System

$50,000 the first year and $580,000 the second year from the general fund and, notwithstanding Minnesota Statutes, section 299A.705, subdivision 4, $3,000,000 the first year and $2,000,000 the second year from the vehicle services account in the special revenue fund are to replace the state criminal history system. This appropriation is available until expended. Of this amount, $2,980,000 the first year and $2,580,000 the second year are for a onetime transfer to the Office of Enterprise Technology for start-up costs. Service level agreements must document all project-related transfers under this paragraph. Ongoing operating and support costs for this system shall be identified and incorporated into future service level agreements.

The commissioner is authorized to use funds appropriated under this paragraph for the purposes specified in paragraph (c).

The general fund base for this program is $4,930,000 in fiscal year 2016 and $417,000 in fiscal year 2017.

(c) Criminal Reporting System

$1,360,000 the first year and $1,360,000 the second year from the general fund are to replace the state's crime reporting system and include one full-time equivalent business
This appropriation is available until expended. Of these amounts, $1,360,000 the first year and $1,360,000 $1,290,000 the second year are for a onetime transfer to the Office of Enterprise Technology for start-up costs. Service level agreements must document all project-related transfers under this paragraph. Ongoing operating and support costs for this system shall be identified and incorporated into future service level agreements.

The commissioner is authorized to use funds appropriated under this paragraph for the purposes specified in paragraph (b).

The base funding for this program is $1,360,000 in fiscal year 2016 and $380,000 in fiscal year 2017.

(d) Forensic Laboratory

$125,000 the first year and $125,000 the second year from the general fund and, notwithstanding Minnesota Statutes, section 161.20, subdivision 3, $125,000 the first year and $125,000 the second year from the trunk highway fund are to replace forensic laboratory equipment at the Bureau of Criminal Apprehension.

$200,000 the first year and $200,000 the second year from the general fund and, notwithstanding Minnesota Statutes, section 161.20, subdivision 3, $200,000 the first year and $200,000 the second year from the trunk highway fund are to improve forensic laboratory staffing at the Bureau of Criminal Apprehension.

(e) Livescan Fingerprinting
$310,000 the first year and $389,000 the second year from the general fund are to maintain Livescan fingerprinting machines.

(f) Report

If the vehicle services special revenue account accrues an unallocated balance in excess of 50 percent of the previous fiscal year's expenditures, the commissioner of public safety shall submit a report to the chairs of the house and ranking minority members of the house of representatives and senate committees with jurisdiction over transportation and public safety policy and finance. The report must contain specific policy and legislative recommendations for reducing the fund balance and avoiding future excessive fund balances. The report is due within three months of the fund balance exceeding the threshold established in this paragraph.

Sec. 11. Laws 2013, chapter 86, article 1, section 13, is amended to read:

Sec. 13. PEACE OFFICER STANDARDS AND TRAINING (POST) BOARD $3,870,000 $3,870,000

(a) Excess Amounts Transferred

This appropriation is from the peace officer training account in the special revenue fund. Any new receipts credited to that account in the first year in excess of $3,870,000 must be transferred and credited to the general fund. Any new receipts credited to that account in the second year in excess of $3,870,000 must be transferred and credited to the general fund.

(b) Peace Officer Training Reimbursements
$2,734,000 each year is for reimbursements
to local governments for peace officer training costs.

(c) Training; Sexually Exploited and Trafficked Youth

Of the appropriation in paragraph (b),
$100,000 the first year is for reimbursements to local governments for peace officer training costs on sexually exploited and trafficked youth, including effectively identifying sex trafficked victims and traffickers, investigation techniques, and assisting sexually exploited youth. These funds are available until June 30, 2016.

Reimbursement shall be provided on a flat fee basis of $100 per diem per officer.

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

Sec. 12. TRANSFER; EMERGENCY MANAGEMENT.

On July 1, 2014, the commissioner of management and budget shall transfer $3,000,000 from the general fund to the disaster assistance contingency account created in article 7, section 4.

ARTICLE 6

PUBLIC SAFETY AND CORRECTIONS

Section 1. Minnesota Statutes 2012, section 13.84, subdivision 5, is amended to read:

Subd. 5. Disclosure. Private or confidential court services data shall not be disclosed except:

(a) pursuant to section 13.05;

(b) pursuant to a statute specifically authorizing disclosure of court services data;

(c) with the written permission of the source of confidential data;

(d) to the court services department, parole or probation authority or state or local correctional agency or facility having statutorily granted supervision over the individual subject of the data;
HF3172 THIRD ENGROSSMENT  REVISOR  NB  H3172-3

80.1 (e) pursuant to subdivision 6; or
80.2 (f) pursuant to a valid court order; or
80.3 (g) pursuant to section 611A.06, subdivision 6.

80.4 EFFECTIVE DATE. This section is effective January 1, 2015.

80.5 Sec. 2. Minnesota Statutes 2012, section 13.84, subdivision 6, is amended to read:
80.6 Subd. 6. Public benefit data. (a) The responsible authority or its designee of a parole or probation authority or correctional agency may release private or confidential court services data related to:
80.7 (1) criminal acts to any law enforcement agency, if necessary for law enforcement purposes; and
80.8 (2) criminal acts or delinquent acts to the victims of criminal or delinquent acts to the extent that the data are necessary for the victim to assert the victim's legal right to restitution.
80.9 (b) A parole or probation authority, a correctional agency, or agencies that provide correctional services under contract to a correctional agency may release to a law enforcement agency the following data on defendants, parolees, or probationers: current address, dates of entrance to and departure from agency programs, and dates and times of any absences, both authorized and unauthorized, from a correctional program.
80.10 (c) The responsible authority or its designee of a juvenile correctional agency may release private or confidential court services data to a victim of a delinquent act to the extent the data are necessary to enable the victim to assert the victim's right to request notice of release under section 611A.06. The data that may be released include only the name, home address, and placement site of a juvenile who has been placed in a juvenile correctional facility as a result of a delinquent act.
80.11 (d) Upon the victim's written or electronic request and, if the victim and offender have been household or family members as defined in section 518B.01, subdivision 2, paragraph (b), the commissioner of corrections or the commissioner's designee may disclose to the victim of an offender convicted of a qualified domestic violence-related offense as defined in section 609.02, subdivision 16, notification of the city and five-digit zip code of the offender's residency upon or after release from a Department of Corrections facility, unless:
80.12 (1) the offender is not under correctional supervision at the time of the victim's request;
80.13 (2) the commissioner or the commissioner's designee does not have the city or zip code; or
(3) the commissioner or the commissioner's designee reasonably believes that disclosure of the city or zip code of the offender's residency creates a risk to the victim, offender, or public safety.

(e) Paragraph (d) applies only where the offender is serving a prison term for a qualified domestic violence-related offense committed against the victim seeking notification.

EFFECTIVE DATE. This section is effective January 1, 2015.

Sec. 3. Minnesota Statutes 2012, section 260B.198, subdivision 7, is amended to read:

Subd. 7. Continuance. (a) When it is in the best interests of the child to do so and not inimical to public safety and when the child has admitted the allegations contained in the petition before the judge or referee, or when a hearing has been held as provided for in section 260B.163 and the allegations contained in the petition have been duly proven but, in either case, before a finding of delinquency has been entered, the court may continue the case for a period not to exceed 90 days on any one order. Such a continuance may be extended for one additional successive period not to exceed 90 days and only after the court has reviewed the case and entered its order for an additional continuance without a finding of delinquency. The continuance may be extended for one additional successive period not to exceed 180 days, but only with the consent of the prosecutor and only after the court has reviewed the case and entered its order for the additional continuance without a finding of delinquency. During this a continuance the court may enter an order in accordance with the provisions of subdivision 1, clause (1) or (2) except clause (4), or enter an order to hold the child in detention for a period not to exceed 15 days on any one order for the purpose of completing any consideration, or any investigation or examination ordered in accordance with the provisions of section 260B.157.

(b) A prosecutor may appeal a continuance ordered in contravention of this subdivision. This subdivision does not extend the court's jurisdiction under section 260B.193 and does not apply to an extended jurisdiction juvenile proceeding.

EFFECTIVE DATE. This section is effective August 1, 2014, and applies to offenses committed on or after that date.

Sec. 4. Minnesota Statutes 2012, section 299F.012, subdivision 2, is amended to read:

Subd. 2. Fire Service Advisory Committee. (a) The Fire Service Advisory Committee shall provide recommendations to the commissioner of public safety on fire service-related issues and shall consist of representatives of each of the following
organizations: two appointed by the president of the Minnesota State Fire Chiefs
Association, two appointed by the president of the Minnesota State Fire Department
Association, two appointed by the president of the Minnesota Professional Fire Fighters,
two appointed by the president of the League of Minnesota Cities, one appointed by the
president of the Minnesota Association of Townships, one appointed by the president
of the Insurance Federation of Minnesota, one appointed jointly by the presidents of
the Minnesota Chapter of the International Association of Arson Investigators and the
Fire Marshals Association of Minnesota, and the commissioner of public safety or the
commissioner's designee. The commissioner of public safety must ensure that at least
three of the members of the advisory committee work and reside in counties outside of the
seven-county metropolitan area. The committee shall provide funding recommendations
to the commissioner of public safety from the fire safety fund for the following purposes:

1. for the Minnesota Board of Firefighter Training and Education;
2. for programs and staffing for the State Fire Marshal Division; and
3. for fire-related regional response team programs and any other fire service
programs that have the potential for statewide impact.

(b) The committee under paragraph (a) does not expire.

Sec. 5. Minnesota Statutes 2012, section 611A.06, is amended by adding a subdivision
to read:

Subd. 6. **Offender location.** (a) Upon the victim's written or electronic request
and if the victim and offender have been household or family members as defined in
section 518B.01, subdivision 2, paragraph (b), the commissioner of corrections or
the commissioner's designee shall disclose to the victim of an offender convicted of a
qualified domestic violence-related offense as defined in section 609.02, subdivision 16,
notification of the city and five-digit zip code of the offender's residency upon release from
a Department of Corrections facility, unless:

1. the offender is not under correctional supervision at the time of the victim's
request;
2. the commissioner or the commissioner's designee does not have the city or zip
code; or
3. the commissioner or the commissioner's designee reasonably believes that
disclosure of the city or zip code of the offender's residency creates a risk to the victim,
offender, or public safety.

(b) All identifying information regarding the victim including, but not limited to, the
notification provided by the commissioner or the commissioner's designee is classified as
private data on individuals as defined in section 13.02, subdivision 12, and is accessible only to the victim.

(c) This subdivision applies only where the offender is serving a prison term for a qualified domestic violence-related offense committed against the victim seeking notification.

EFFECTIVE DATE. This section is effective January 15, 2015.

Sec. 6. Minnesota Statutes 2012, section 645.241, is amended to read:

645.241 PUNISHMENT FOR PROHIBITED ACTS.

(a) Except as provided in paragraph (b), when the performance of any act is prohibited by a statute, and no penalty for the violation of the same shall be imposed in any statute, the doing of such act shall be a misdemeanor.

(b) When the performance of any act is prohibited by a statute enacted or amended after September 1, 2014, and no penalty for the violation of the same shall be imposed in any statute, the doing of such act shall be a petty misdemeanor.

Sec. 7. Laws 2014, chapter 240, section 26, is amended to read:

Sec. 26. REPEALER.

Laws 2012, chapter 235, section 11, is repealed.

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

ARTICLE 7

DISASTER ASSISTANCE FOR PUBLIC ENTITIES; FEDERAL AID GRANTED

Section 1. Minnesota Statutes 2012, section 12.03, is amended by adding a subdivision to read:


Sec. 2. Minnesota Statutes 2012, section 12.03, is amended by adding a subdivision to read:

Subd. 6b. Nonfederal share. "Nonfederal share" has the meaning given in section 12A.02, subdivision 7.

Sec. 3. Minnesota Statutes 2012, section 12.221, subdivision 4, is amended to read:
84.1 Subd. 4. **Subgrant agreements; state share.** (a) The state director, serving as the governor's authorized representative, may enter into subgrant agreements with eligible applicants to provide federal and state financial assistance made available as a result of a disaster declaration.

(b) When state funds are used to provide the FEMA Public Assistance Program cost-share requirement for a local government, the state director must award a local government 100 percent of the nonfederal share of the local government's FEMA Public Assistance Program costs.

Sec. 4. Minnesota Statutes 2012, section 12.221, is amended by adding a subdivision to read:

**Subd. 6. Disaster assistance contingency account; appropriation.** (a) A disaster assistance contingency account is created in the special revenue fund in the state treasury.

Money in the disaster assistance contingency account is appropriated to the commissioner of public safety to provide:

1. cost-share for federal assistance under section 12A.15, subdivision 1; and
2. state public disaster assistance to eligible applicants under chapter 12B.

(b) For appropriations under paragraph (a), clause (1), the amount appropriated is 100 percent of any nonfederal share for state agencies and local governments. Money appropriated under paragraph (a), clause (1), may be used to pay all or a portion of the nonfederal share for publicly owned capital improvement projects.

(c) For appropriations under paragraph (a), clause (2), the amount appropriated is the amount required to pay eligible claims under chapter 12B, as certified by the commissioner of public safety.

(d) By January 15 of each year, the commissioner of management and budget shall submit a report to the chairs and ranking minority members of the house of representatives Ways and Means Committee and the senate Finance Committee detailing state disaster assistance appropriations and expenditures under this subdivision during the previous calendar year.

(e) The governor's budget proposal submitted to the legislature under section 16A.11 must include recommended appropriations to the disaster assistance contingency account.

The governor's appropriation recommendations must be informed by the commissioner of public safety's estimate of the amount of money that will be necessary to:

1. provide 100 percent of the nonfederal share for state agencies and local governments that will receive federal financial assistance from FEMA during the next biennium; and
(2) fully pay all eligible claims under chapter 12B.

(f) Notwithstanding section 16A.28:

(1) funds appropriated or transferred to the disaster assistance contingency account do not lapse but remain in the account until appropriated; and

(2) funds appropriated from the disaster assistance contingency account do not lapse and are available until expended.

Sec. 5. Minnesota Statutes 2012, section 12A.02, subdivision 2, is amended to read:

Subd. 2. Appropriation. "Appropriation" means an appropriation provided in law specifically to implement this chapter, including but not limited to a statutory appropriation to provide the required cost-share for federal disaster assistance under section 12.221.

Sec. 6. Minnesota Statutes 2012, section 12A.02, is amended by adding a subdivision to read:

Subd. 6. Local government. "Local government" has the meaning given in section 12.03, subdivision 5d.

Sec. 7. Minnesota Statutes 2012, section 12A.02, is amended by adding a subdivision to read:

Subd. 7. Nonfederal share. "Nonfederal share" means that portion of total FEMA Public Assistance Program costs that is no more than 25 percent and is not eligible for FEMA reimbursement.

Sec. 8. Minnesota Statutes 2012, section 12A.03, subdivision 3, is amended to read:

Subd. 3. Nonduplication of federal assistance. State assistance may not duplicate or supplement eligible FEMA Public Assistance Program assistance. For eligible Public Assistance Program costs, any state matching cost-share money made available for that assistance must be disbursed by the Department of Public Safety to a state agency, local political subdivision, Indian tribe government, or other applicant. State assistance distributed by a state agency, other than the Department of Public Safety, to a political subdivision local government or other applicant for disaster costs that are eligible for FEMA Public Assistance Program assistance constitutes an advance of funds. Such advances must be repaid to the applicable state agency when the applicant has received the FEMA Public Assistance Program assistance, and whatever state matching cost-share money may be made available for that assistance, from the Department of Public Safety.
Sec. 9. Minnesota Statutes 2012, section 12A.15, subdivision 1, is amended to read:

Subdivision 1. **State match cost-share for federal assistance.** State appropriations may be used for payment of the state match for federal disaster assistance to pay 100 percent of the nonfederal share for state agencies. If authorized in law, state appropriations may be used to pay all or a portion of the local share of the match for federal funds for political subdivisions and local governments under section 12.221. An appropriation from the bond proceeds fund may be used to fund federal match obligations as cost-share for federal disaster assistance for publicly owned capital improvement projects resulting from the receipt of federal disaster assistance.

Sec. 10. Minnesota Statutes 2012, section 16A.28, is amended by adding a subdivision to read:

**Subd. 9. Disaster assistance.** (a) The commissioner of management and budget must transfer the unexpended and unencumbered balance of a general fund disaster assistance appropriation that expires as provided under this section or as otherwise provided by law to the disaster assistance contingency account in section 12.221, subdivision 6.

(b) Expired disaster assistance transferred to the disaster assistance contingency account is appropriated as provided under section 12.221, subdivision 6, regardless of the specific disaster event or purpose for which the expired disaster assistance was originally appropriated.

(c) The commissioner must report each transfer to the chairs of the house of representatives Ways and Means Committee and the senate Finance Committee.

(d) For the purposes of this subdivision, "disaster assistance appropriation" means an appropriation from the general fund to provide cost-share required for federal disaster assistance or to provide other state disaster assistance under chapter 12A or 12B.

Sec. 11. **EFFECTIVE DATE.**

This article is effective the day following final enactment.

**ARTICLE 8**

**DISASTER ASSISTANCE FOR PUBLIC ENTITIES; ABSENT FEDERAL AID**

Section 1. **[12B.10] PUBLIC DISASTER ASSISTANCE; ABSENT FEDERAL AID.**

This chapter establishes a state public assistance program to provide cost-share assistance to local governments that sustain significant damage on a per capita basis but...
are not eligible for federal disaster assistance or corresponding state assistance under
chapter 12A.

Sec. 2. [12B.15] DEFINITIONS.

Subdivision 1. Application. The definitions in this section apply to this chapter.

Subd. 2. Applicant. "Applicant" means a local government that applies for state
disaster assistance under this chapter.

Subd. 3. Commissioner. "Commissioner" means the commissioner of public safety.

Subd. 4. Director. "Director" means the director of the Division of Homeland
Security and Emergency Management in the Department of Public Safety.

Subd. 5. Disaster. "Disaster" means any catastrophe, including but not limited
to a tornado, storm, high water, wind-driven water, tidal wave, earthquake, volcanic
eruption, landslide, mudslide, snowstorm, or drought or, regardless of cause, any fire,
flood, or explosion.

Subd. 6. FEMA. "FEMA" means the Federal Emergency Management Agency.

Subd. 7. Incident period. "Incident period" means the time interval of a disaster as
delineated by specific start and end dates.

Subd. 8. Local government. "Local government" has the meaning given in section
12.03, subdivision 5d.

Sec. 3. [12B.25] ELIGIBILITY CRITERIA; CONSIDERATIONS.

Subdivision 1. Payment required; eligibility criteria. The director, serving as
the governor's authorized representative, may enter into grant agreements with eligible
applicants to provide state financial assistance made available as a result of a disaster
that satisfies all of the following criteria:

(1) the state or applicable local government declares a disaster or emergency during
the incident period;

(2) damages suffered and eligible costs incurred are the direct result of the disaster;

(3) federal disaster assistance is not available to the applicant because the governor
did not request a presidential declaration of major disaster, the president denied the
governor's request, or the applicant is not eligible for federal disaster assistance because
the state or county did not meet the per capita impact indicator under FEMA's Public
Assistance Program;

(4) the applicant incurred eligible damages that, on a per capita basis, equal or
exceed 50 percent of the countywide per capita impact indicator under FEMA's Public
Assistance Program;
(5) the applicant assumes responsibility for 25 percent of the applicant's total eligible costs; and

(6) the applicant satisfies all requirements in this chapter.

Subd. 2. Considerations; other resources available. When evaluating applicant eligibility under subdivision 1, the director must consider:

(1) the availability of other resources from federal, state, local, private, or other sources; and

(2) the availability or existence of insurance.

Sec. 4. [12B.30] ELIGIBLE COSTS.

Subdivision 1. Eligible costs. Costs eligible for payment under this chapter are those costs that would be eligible for federal financial assistance under FEMA's Public Assistance Program.

Subd. 2. Ineligible costs. Ineligible costs are all costs not included in subdivision 1, including but not limited to:

(1) ordinary operating expenses, including salaries and expenses of employees and public officials that are not directly related to the disaster response;

(2) costs for which payment has been or will be received from any other funding source;

(3) disaster-related costs that should, in the determination of the director, be covered and compensated by insurance; and

(4) projects and claims totaling less than the minimum FEMA project threshold.

Sec. 5. [12B.35] APPLICANT'S SHARE.

An applicant's share of eligible costs incurred must not be less than 25 percent. The substantiated value of donated materials, equipment, services, and labor may be used as all or part of the applicant's share of eligible costs, subject to the following:

(1) all items and sources of donation must be indicated on the application and any supporting documentation submitted to the commissioner;

(2) the rate for calculating the value of donated, nonprofessional labor is the prevailing federal minimum wage;

(3) the value of donated equipment may not exceed the highway equipment rates approved by the commissioner of transportation; and

(4) the value of donated materials and professional services must conform to market rates and be established by invoice.
Sec. 6. [12B.40] APPLICATION PROCESS.

(a) The director must develop application materials and may update the materials as needed. Application materials must include instructions and requirements for assistance under this chapter.

(b) An applicant has 30 days from the end of the incident period or the president's official denial of the governor's request for a declaration of a major disaster to provide the director with written notice of intent to apply. The director may deny an application due to a late notice of intent to apply.

(c) Within 60 days after the end of the incident period or the president's official denial of the governor's request for a declaration of a major disaster, the applicant must submit a complete application to the director. A complete application includes the following:

1. the cause, location of damage, and incident period;

2. documentation of a local, tribal, county, or state disaster or emergency declaration in response to the disaster;

3. a description of damages, an initial damage assessment, and the amount of eligible costs incurred by the applicant;

4. a statement or evidence that the applicant has the ability to pay for at least 25 percent of total eligible costs incurred from the disaster; and

5. a statement or evidence that the local government has incurred damages equal to or exceeding 50 percent of the federal countywide threshold in effect during the incident period.

(d) The director must review the application and supporting documentation for completeness and may return the application with a request for more detailed information. The director may consult with local public officials to ensure the application reflects the extent and magnitude of the damage and to reconcile any differences. The application is not complete until the director receives all requested information.

(e) If the director returns an application with a request for more detailed information or for correction of deficiencies, the applicant must submit all required information within 30 days of the applicant's receipt of the director's request. The applicant's failure to provide the requested information in a timely manner without a reasonable explanation may be cause for denial of the application.

(f) The director has no more than 60 days from the receipt of a complete application to approve or deny the application, or the application is deemed approved. If the director denies an application, the director must send a denial letter. If the director approves an application or the application is automatically deemed approved after 60 days, the director must notify the applicant of the steps necessary to obtain reimbursement of eligible
costs, including submission of invoices or other documentation substantiating the costs submitted for reimbursement.

Sec. 7. [12B.45] CLAIMS PROCESS.

Subdivision 1. Claims; appeal. (a) An applicant must submit to the director completed claims for payment of actual and eligible costs on forms provided by the director. All eligible costs claimed for payment must be documented and consistent with the eligibility provisions of this chapter.

(b) If the director denies an applicant's claim for payment, the applicant has 30 days from receipt of the director's determination to appeal in writing to the commissioner. The appeal must include the applicant's rationale for reversing the director's determination. The commissioner has 30 days from receipt of the appeal to uphold or modify the director's determination and formally respond to the applicant. If, within 30 days of receiving the commissioner's decision, the applicant notifies the commissioner that the applicant intends to contest the commissioner's decision, the Office of Administrative Hearings shall conduct a hearing under the contested case provisions of chapter 14.

Subd. 2. Final inspection. Upon completion of all work by an applicant, the director may inspect all work claimed by the applicant. The applicant must provide the director with access to records pertaining to all claimed work and must permit the director to review all records relating to the work.

Subd. 3. Closeout. The director must close out an applicant's disaster assistance application after all of the following occur:

(1) eligible work is complete;

(2) the applicant receives the final amount due or pays any amount owed under section 12B.50; and

(3) any extant or scheduled audits are complete.

Subd. 4. Audit. (a) An applicant must account for all funds received under this chapter in conformance with generally accepted accounting principles and practices. The applicant must maintain detailed records of expenditures to show that grants received under this chapter were used for the purpose for which the payment was made. The applicant must maintain records for five years and make the records available for inspection and audit by the director or the state auditor. The applicant must keep all financial records for five years after the final payment, including but not limited to all invoices and canceled checks or bank statements that support all eligible costs claimed by the applicant.

(b) The director or state auditor may audit all applicant records pertaining to an application or payment under this chapter.
Subd. 5. Reporting payments. The director must post on the division website a list of the recipients and amounts of the payments made under this chapter.

Sec. 8. [12B.50] FUNDING FROM OTHER SOURCES; REPAYMENT REQUIRED.

If an applicant subsequently recovers eligible costs from another source after receiving payment under this chapter, the applicant must pay the commissioner an amount equal to the corresponding state funds received within 30 days. The commissioner must deposit any repayment in the disaster response contingency account in section 12.221, subdivision 6.

Sec. 9. EFFECTIVE DATE.

This article is effective the day following final enactment.

ARTICLE 9
TRANSPORTATION APPROPRIATIONS

Section 1. Laws 2010, chapter 189, section 15, subdivision 12, is amended to read:

Subd. 12. Rochester Maintenance Facility

This appropriation is from the bond proceeds account in the trunk highway fund.

To prepare a site for and design, construct, furnish, and equip a new maintenance facility in Rochester.

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

Sec. 2. Laws 2010, chapter 189, section 26, subdivision 4, is amended to read:

Subd. 4. Trunk highway fund bond proceeds account. To provide the money appropriated in this act from the bond proceeds account in the trunk highway fund, the commissioner of management and budget shall sell and issue bonds of the state in an amount up to $32,945,000 $31,452,000 in the manner, upon the terms, and with the effect prescribed by Minnesota Statutes, sections 167.50 to 167.52, and by the Minnesota Constitution, article XIV, section 11, at the times and in the amounts requested by the commissioner of transportation. The proceeds of the bonds, except accrued interest and

Article 9 Sec. 2. 91
any premium received from the sale of the bonds, must be credited to the bond proceeds
account in the trunk highway fund.

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

Sec. 3. Laws 2012, chapter 287, article 2, section 1, is amended to read:

Section 1. **ROCHESTER MAINTENANCE FACILITY.**

$16,120,000 $17,593,000 is appropriated to the commissioner of transportation
to design, construct, furnish, and equip the maintenance facility in Rochester and
corresponding remodeling of the existing district headquarters building. This appropriation
is from the bond proceeds account in the trunk highway fund.

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

Sec. 4. Laws 2012, chapter 287, article 2, section 3, is amended to read:

**Sec. 3. TRUNK HIGHWAY FUND BOND PROCEEDS ACCOUNT.**

To provide the money appropriated in this article from the bond proceeds account in
the trunk highway fund, the commissioner of management and budget shall sell and issue
bonds of the state in an amount up to $16,120,000 $17,613,000 in the manner, upon the
terms, and with the effect prescribed by Minnesota Statutes, sections 167.50 to 167.52,
and by the Minnesota Constitution, article XIV, section 11, at the times and in the amounts
requested by the commissioner of transportation. The proceeds of the bonds, except
accrued interest and any premium received from the sale of the bonds, must be credited
to the bond proceeds account in the trunk highway fund.

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

Sec. 5. Laws 2012, First Special Session chapter 1, article 1, section 28, is amended to
read:

**Sec. 28. TRANSFERS, REDUCTIONS, CANCELLATIONS, AND BOND
SALE AUTHORIZATIONS REDUCED.**

(a) The remaining balance of the appropriation in Laws 2010, Second Special
Session chapter 1, article 1, section 7, for the economic development and housing
challenge program, estimated to be $450,000, is transferred to the general fund.

(b) The appropriation in Laws 2010, Second Special Session chapter 1, article 1,
section 5, for Minnesota investment fund grants pursuant to Minnesota Statutes, section
12A.07, is reduced by $1,358,000.
(c) The appropriation in Laws 2010, Second Special Session chapter 1, article 1, section 12, subdivision 2, for disaster enrollment impact aid pursuant to Minnesota Statutes, section 12A.06, is reduced by $30,000.

(d) The appropriation in Laws 2010, Second Special Session chapter 1, article 1, section 12, subdivision 3, for disaster relief facilities grants pursuant to Minnesota Statutes, section 12A.06, is reduced by $392,000.

(e) The appropriation in Laws 2010, Second Special Session chapter 1, article 1, section 12, subdivision 4, for disaster relief operating grants pursuant to Minnesota Statutes, section 12A.06, is reduced by $2,000.

(f) The appropriation in Laws 2010, Second Special Session chapter 1, article 1, section 12, subdivision 5, for pupil transportation aid pursuant to Minnesota Statutes, section 12A.06, is reduced by $5,000.

(g) The appropriation in Laws 2010, Second Special Session chapter 1, article 2, section 5, subdivision 3, for pupil transportation aid pursuant to Minnesota Statutes, section 12A.06, is reduced by $271,000.

(h) The appropriation in Laws 2010, Second Special Session chapter 1, article 1, section 13, for public health activities pursuant to Minnesota Statutes, section 12A.08, is reduced by $103,000.

(i) $1,428,000 $534,000 of the appropriation in Laws 2007, First Special Session chapter 2, article 1, section 4, subdivision 3, for reconstruction and repair of trunk highways and trunk highway bridges is canceled. The bond sale authorization in Laws 2007, First Special Session chapter 2, article 1, section 15, subdivision 2, is reduced by $1,428,000 $534,000.

(j) $5,680,000 of the appropriation in Laws 2007, First Special Session chapter 2, article 1, section 4, subdivision 4, as amended by Laws 2008, chapter 289, section 2, for grants to local governments for capital costs related to rehabilitation and replacement of local roads and bridges damaged or destroyed by flooding pursuant to Minnesota Statutes, section 174.50, is canceled. The bond sale authorization in Laws 2007, First Special Session chapter 2, article 1, section 15, subdivision 3, is reduced by $5,680,000.

(k) $2,133,000 of the appropriation in Laws 2010, Second Special Session chapter 1, article 1, section 4, subdivision 3, for local road and bridge rehabilitation and replacement pursuant to Minnesota Statutes, section 12A.16, subdivision 3, is canceled. The bond sale authorization in Laws 2010, Second Special Session chapter 1, article 1, section 17, subdivision 2, is reduced by $2,133,000.
The appropriation in Laws 2010, Second Special Session chapter 1, article 1, section 4, subdivision 2, for state road infrastructure operations and maintenance pursuant to Minnesota Statutes, section 12A.16, subdivision 1, is reduced by $819,000.

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

Sec. 6. Laws 2013, chapter 117, article 1, section 3, subdivision 2, is amended to read:

Subd. 2. **Multimodal Systems**

(a) **Aeronautics**

(1) **Airport Development and Assistance**

This appropriation is from the state airports fund and must be spent according to Minnesota Statutes, section 360.305, subdivision 4.

The base appropriation for fiscal years 2016 and 2017 is $14,298,000 for each year.

Notwithstanding Minnesota Statutes, section 16A.28, subdivision 6, this appropriation is available for five years after appropriation. If the appropriation for either year is insufficient, the appropriation for the other year is available for it.

For the current biennium, the commissioner of transportation may establish different local contribution rates for airport projects than those established in Minnesota Statutes, section 360.305, subdivision 4.

(2) **Aviation Support and Services**

Appropriations by Fund

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<thead>
<tr>
<th>Fund</th>
<th>2016</th>
<th>2017</th>
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<tbody>
<tr>
<td>Airports</td>
<td>$5,286,000</td>
<td>$5,286,000</td>
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<tr>
<td>Trunk Highway</td>
<td>$1,100,000</td>
<td>$1,100,000</td>
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$65,000 in each year is from the state airports fund for the Civil Air Patrol.
General Appropriations by Fund

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<tr>
<th>Fund</th>
<th>Amount 1</th>
<th>Amount 2</th>
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<tbody>
<tr>
<td>General</td>
<td>16,451,000</td>
<td>23,002,000</td>
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<tr>
<td>Trunk Highway</td>
<td>775,000</td>
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</tbody>
</table>

$100,000 in each year is from the general fund for the administrative expenses of the Minnesota Council on Transportation Access under Minnesota Statutes, section 174.285.

$78,000 in each year is from the general fund for grants to greater Minnesota transit providers as reimbursement for the costs of providing fixed route public transit rides free of charge under Minnesota Statutes, section 174.24, subdivision 7, for veterans certified as disabled.

$32,000 in the second year is from the general fund for allocation to public transit systems under Minnesota Statutes, section 174.24, in amounts that reflect the respective foregone fare revenues from transit service under article 11, section 39.

The base appropriation from the general fund for fiscal years 2016 and 2017 is $17,245,000 in each year.

Passenger Rail

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<th>Amount</th>
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<td>500,000</td>
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This appropriation is from the general fund for passenger rail system planning, alternatives analysis, environmental analysis, design, and preliminary engineering under Minnesota Statutes, sections 174.632 to 174.636.

Freight

<table>
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<th>Amount</th>
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<tr>
<td>5,653,000</td>
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</table>

For passenger rail system planning, alternatives analysis, environmental analysis, design, and preliminary engineering under Minnesota Statutes, sections 174.632 to 174.636.
Appropriations by Fund

General 756,000 2,256,000
Trunk Highway 4,897,000 4,897,000

$500,000 in the first year is from the general fund to pay for the department's share of costs associated with the cleanup of contaminated state rail bank property. This appropriation is available until expended.

$2,000,000 in the second year is from the general fund for development and implementation of safety improvements at highway-rail grade crossings along rail corridors in which oil or other hazardous materials are transported. The commissioner shall identify highway-rail grade crossing locations and improvements in consultation with railroads and relevant road authorities. This is a onetime appropriation and is available until expended.

(e) Safe Routes to School 250,000 500,000

This appropriation is from the general fund for non-infrastructure activities in the safe routes to school program under Minnesota Statutes, section 174.40, subdivision 7a.

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

Sec. 7. Laws 2013, chapter 117, article 1, section 3, subdivision 3, is amended to read:

Subd. 3. State Roads

(a) Operations and Maintenance 262,395,000 262,395,000
$5,000,000 in each year is for accelerated replacement of snow plowing equipment.
$10,000,000 in the first year is for expenses related to pavement repairs necessitated by the effects of the 2013-2014 winter season.

The base appropriation for operations and maintenance for fiscal years 2016 and 2017 is $267,395,000 in each year.

(b) Program Planning and Delivery

<table>
<thead>
<tr>
<th>Appropriations by Fund</th>
<th>2014</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>H.U.T.D.</td>
<td>75,000</td>
<td>0</td>
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<tr>
<td>Trunk Highway</td>
<td>206,720,000</td>
<td>209,840,000</td>
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</tbody>
</table>

The base appropriation for program planning and delivery for fiscal years 2016 and 2017 is $206,720,000 in each year.

$250,000 in each year is for the department's administrative costs for creation and operation of the Joint Program Office for Economic Development and Alternative Finance, including costs of hiring a consultant and preparing required reports.

$130,000 in each year is available for administrative costs of the targeted group business program.

$266,000 in each year is available for grants to metropolitan planning organizations outside the seven-county metropolitan area.

$75,000 in each year is available for a transportation research contingent account to finance research projects that are reimbursable from the federal government or from other sources. If the appropriation for either year is insufficient, the appropriation for the other year is available for it.
98.1 $900,000 in each year is available for
98.2 grants for transportation studies outside
98.3 the metropolitan area to identify critical
98.4 concerns, problems, and issues. These
98.5 grants are available: (1) to regional
98.6 development commissions; (2) in regions
98.7 where no regional development commission
98.8 is functioning, to joint powers boards
98.9 established under agreement of two or
98.10 more political subdivisions in the region to
98.11 exercise the planning functions of a regional
98.12 development commission; and (3) in regions
98.13 where no regional development commission
98.14 or joint powers board is functioning, to the
98.15 department's district office for that region.
98.16 $75,000 in the first year is from the highway
98.17 user tax distribution fund to the commissioner
98.18 for a grant to the Humphrey School of Public
98.19 Affairs at the University of Minnesota for
98.20 WorkPlace Telework program congestion
98.21 relief efforts consisting of maintenance of
98.22 Web site tools and content. This is a onetime
98.23 appropriation and is available in the second
98.24 year.
98.25 $120,000 in the second year is from the trunk
98.26 highway fund for the purpose of education
98.27 and outreach related to highway work
98.28 zone safety initiatives. This is a onetime
98.29 appropriation.
98.30 (c) State Road Construction Activity
98.31 (1) Economic Recovery Funds - Federal
98.32 Highway Aid

|                | 1,000,000 | 1,000,000 |
98.33 This appropriation is to complete projects
98.34 using funds made available to the
98.35 commissioner of transportation under
title XII of the American Recovery and
Reinvestment Act of 2009, Public Law
111-5, and implemented under Minnesota
Statutes, section 161.36, subdivision 7. The
base appropriation is $1,000,000 in fiscal
year 2016 and $0 in fiscal year 2017.

(2) State Road Construction

<table>
<thead>
<tr>
<th>Appropriations by Fund</th>
<th>909,400,000</th>
<th>845,600,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Highway Aid</td>
<td>489,200,000</td>
<td>482,200,000</td>
</tr>
<tr>
<td>Highway User Taxes</td>
<td>440,700,000</td>
<td>379,905,000</td>
</tr>
</tbody>
</table>

It is estimated that these appropriations will
be funded as follows:

The commissioner of transportation shall
notify the chairs and ranking minority
members of the legislative committees with
jurisdiction over transportation finance of
any significant events that should cause these
estimates to change.

This appropriation is for the actual
construction, reconstruction, and
improvement of trunk highways, including
design-build contracts and consultant usage
to support these activities. This includes the
cost of actual payment to landowners for
lands acquired for highway rights-of-way,
payment to lessees, interest subsidies, and
relocation expenses.

The base appropriation for state road
construction for fiscal years 2016 and 2017
is $645,000,000 $645,505,000 in each year.

$10,000,000 in each year is for the
transportation economic development
program under Minnesota Statutes, section
174.12. This appropriation is available until
expended.

The commissioner may expend up to one-half
of one percent of the federal appropriations
under this clause as grants to opportunity
industrialization centers and other nonprofit
job training centers for job training programs
related to highway construction.

The commissioner may transfer up to
$15,000,000 each year to the transportation
revolving loan fund.

The commissioner may receive money
covering other shares of the cost of
partnership projects. These receipts are
appropriated to the commissioner for these
projects.

Notwithstanding subdivision 6 and the
restrictions on the use of trunk highway
funds in Minnesota Statutes, section 165.15,
the commissioner may transfer up to
$6,000,000 from the trunk highway fund
under this appropriation to the Stillwater lift
bridge endowment account under Minnesota
Statutes, section 165.15.

$6,500,000 in the first year and $25,000,000
in the second year are for the corridors
of commerce program under Minnesota
Statutes, section 161.088, and may include
right-of-way acquisition for projects included
in the program. The amount appropriated
in the first year is for projects located
outside of a metropolitan county, as defined
in Minnesota Statutes, section 473.121,
subdivision 4. The commissioner may
identify projects based on the most recent
101.1 selection process or may perform a new
101.2 selection. These are onetime appropriations
101.3 and are available until expended.
101.4 $14,000,000 in the first year and $21,000,000
101.5 in the second year are for the specific
101.6 improvements to "Old Highway 14"
101.7 described in the settlement agreement and
101.8 release executed January 7, 2014, between
101.9 the state and Steele and Waseca Counties.
101.10 These are onetime appropriations and are
101.11 available until expended.
101.12 $505,000 in the second year is for costs of
101.13 implementing highway work zone safety
101.14 initiatives. The base appropriation for this
101.15 purpose is $505,000 in each of fiscal years
101.17 (d) Highway Debt Service
101.18 $148,917,000 in the first year and
101.19 $180,321,000 in the second year are for
101.20 transfer to the state bond fund. If an
101.21 appropriation is insufficient to make all
101.22 transfers required in the year for which it is
101.23 made, the commissioner of management and
101.24 budget shall notify the senate Committee
101.25 on Finance and the house of representatives
101.26 Committee on Ways and Means of the
101.27 amount of the deficiency and shall then
101.28 transfer that amount under the statutory open
101.29 appropriation. Any excess appropriation
101.30 cancels to the trunk highway fund.
101.31 (e) Electronic Communications
101.32 Appropriations by Fund
101.33 General 3,000 3,000
101.34 Trunk Highway 5,168,000 5,168,000

Article 9 Sec. 7. 101
The general fund appropriation is to equip and operate the Roosevelt signal tower for Lake of the Woods weather broadcasting.

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

Sec. 8. Laws 2013, chapter 117, article 1, section 3, subdivision 6, is amended to read:

Subd. 6. **Transfers**

(a) With the approval of the commissioner of management and budget, the commissioner of transportation may transfer unencumbered balances among the appropriations from the trunk highway fund and the state airports fund made in this section. No transfer may be made from the appropriations for state road construction or for debt service.

Transfers under this paragraph may not be made between funds. Transfers under this paragraph must be reported immediately to the chairs and ranking minority members of the legislative committees with jurisdiction over transportation finance.

(b) The commissioner shall transfer from the flexible highway account in the county state-aid highway fund: (1) $5,700,000 in the first year and $21,000,000 in the second year to the trunk highway fund; (2) $13,000,000 in the first year to the municipal turnback account in the municipal state-aid street fund; (3) $10,000,000 in the second year to the municipal turnback account in the municipal state-aid street fund; and (4) the remainder in each year to the county turnback account in the county state-aid highway fund. The funds transferred are for highway turnback
purposes as provided under Minnesota Statutes, section 161.081, subdivision 3.

Sec. 9. Laws 2013, chapter 117, article 1, section 4, is amended to read:

Sec. 4. METROPOLITAN COUNCIL $ 107,889,000 $ 79,804,000

This appropriation is from the general fund for transit system operations under Minnesota Statutes, sections 473.371 to 473.449.

The base appropriation for fiscal years 2016 and 2017 is $76,686,000 $76,626,000 in each year.

$37,000,000 in the first year is for the Southwest Corridor light rail transit line from the Hiawatha light rail transit line in downtown Minneapolis to Eden Prairie, to be used for environmental studies, preliminary engineering, acquisition of real property, or interests in real property, and design. This is a onetime appropriation and is available until expended.

$500,000 in the second year is for transit shelter improvements under Minnesota Statutes, section 473.41. This is a onetime appropriation.

$144,000 in the second year is for foregone fare revenues from transit service under article 11, section 39. The Metropolitan Council shall allocate a portion of the funds under this appropriation to transit providers receiving financial assistance under Minnesota Statutes, section 473.388, based on respective foregone fare revenues. This is a onetime appropriation.
$250,000 in the second year is for allocation to replacement service providers operating under Minnesota Statutes, section 473.388.

This is a onetime appropriation.

$1,000,000 in the second year is for arterial bus rapid transit development, which may include, but is not limited to, design, engineering, construction, capital costs, technology, equipment, and rolling stock.

This is a onetime appropriation and is available until expended.

$1,000,000 in the second year is for design and construction of a bus rapid transit station on interstate 35W and Lake Street. This is a onetime appropriation and is available until expended.

Sec. 10. Laws 2013, chapter 117, article 1, section 5, subdivision 2, is amended to read:

Subd. 2. Administration and Related Services

(a) Office of Communications

Appropriations by Fund

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>111,000</td>
</tr>
<tr>
<td>Trunk Highway</td>
<td>393,000</td>
</tr>
</tbody>
</table>

504,000 504,000

(b) Public Safety Support

Appropriations by Fund

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>3,467,000</td>
</tr>
<tr>
<td>H.U.T.D.</td>
<td>1,366,000</td>
</tr>
<tr>
<td>Trunk Highway</td>
<td>3,606,000</td>
</tr>
</tbody>
</table>

8,439,000 8,499,000

$380,000 in each year is from the general fund for payment of public safety officer survivor benefits under Minnesota Statutes, section 299A.44. If the appropriation for
either year is insufficient, the appropriation
for the other year is available for it.

$1,367,000 in each year is from the general
fund to be deposited in the public safety
officer's benefit account. This money
is available for reimbursements under
Minnesota Statutes, section 299A.465.

$600,000 in each year is from the general
fund and $100,000 in each year is from the
trunk highway fund for soft body armor
reimbursements under Minnesota Statutes,
section 299A.38.

$792,000 in each year is from the general
fund for transfer by the commissioner of
management and budget to the trunk highway
fund on December 31, 2013, and December
31, 2014, respectively, in order to reimburse
the trunk highway fund for expenses not
related to the fund. These represent amounts
appropriated out of the trunk highway
fund for general fund purposes in the
administration and related services program.

$610,000 in each year is from the highway
user tax distribution fund for transfer by the
commissioner of management and budget
to the trunk highway fund on December 31,
2013, and December 31, 2014, respectively,
in order to reimburse the trunk highway
fund for expenses not related to the fund.
These represent amounts appropriated out
of the trunk highway fund for highway
user tax distribution fund purposes in the
administration and related services program.

$716,000 in each year is from the highway
user tax distribution fund for transfer by the
commissioner of management and budget to
the general fund on December 31, 2013, and
December 31, 2014, respectively, in order to
reimburse the general fund for expenses not
related to the fund. These represent amounts
appropriated out of the general fund for
operation of the criminal justice data network
related to driver and motor vehicle licensing.

Before January 15, 2015, the commissioner
of public safety shall review the amounts and
purposes of the transfers under this paragraph
and shall recommend necessary changes to
the legislative committees with jurisdiction
over transportation finance.

$60,000 in the second year is from the
general fund for light rail safety oversight
under Minnesota Statutes, section 299A.017.
The base appropriation from the general fund
for this purpose in fiscal years 2016 and 2017
is $60,000 each year.

(c) Technology and Support Service

Appropriations by Fund

<table>
<thead>
<tr>
<th></th>
<th>General</th>
<th>H.U.T.D.</th>
<th>Trunk Highway</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1,322,000</td>
<td>19,000</td>
<td>2,344,000</td>
</tr>
<tr>
<td>2014</td>
<td>1,322,000</td>
<td>19,000</td>
<td>2,344,000</td>
</tr>
</tbody>
</table>

Sec. 11. Laws 2013, chapter 117, article 1, section 5, subdivision 3, is amended to read:

Subd. 3. State Patrol

(a) Patrolling Highways

Appropriations by Fund

<table>
<thead>
<tr>
<th></th>
<th>General</th>
<th>H.U.T.D.</th>
<th>Trunk Highway</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>37,000</td>
<td>92,000</td>
<td>72,393,000</td>
</tr>
<tr>
<td>2014</td>
<td>37,000</td>
<td>92,000</td>
<td>72,393,000</td>
</tr>
</tbody>
</table>

72,522,000
78,471,000
$5,949,000 in the second year is from the trunk highway fund to recruit, hire, train at the State Patrol Academy, equip, and provide salary for 48 troopers.

The base appropriation from the trunk highway fund is $77,893,000 in each of fiscal years 2016 and 2017.

(b) Commercial Vehicle Enforcement

7,796,000 7,796,000

(c) Capitol Security

4,355,000 6,355,000

This appropriation is from the general fund.

$1,250,000 in each year 2014 and $3,250,000 in 2015 and each subsequent year is to implement the recommendations of the advisory committee on Capitol Area Security under Minnesota Statutes, section 299E.04, including the creation of an emergency manager position under Minnesota Statutes, section 299E.01, subdivision 2, and an increase in the number of State Patrol troopers and other security officers assigned to the Capitol complex.

The commissioner may not: (1) spend any money from the trunk highway fund for capitol security; or (2) permanently transfer any state trooper from the patrolling highways activity to capitol security.

The commissioner may not transfer any money appropriated to the commissioner under this section: (1) to capitol security; or (2) from capitol security.

(d) Vehicle Crimes Unit

693,000 693,000

This appropriation is from the highway user tax distribution fund.
This appropriation is to investigate: (1) registration tax and motor vehicle sales tax on liabilities from individuals and businesses that currently do not pay all taxes owed; and (2) illegal or improper activity related to sale, transfer, titling, and registration of motor vehicles.

Sec. 12. Laws 2013, chapter 117, article 1, section 5, subdivision 4, is amended to read:

Subd. 4. **Driver and Vehicle Services**

<table>
<thead>
<tr>
<th>Appointments by Fund</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Revenue</td>
<td>19,673,000</td>
</tr>
<tr>
<td>H.U.T.D.</td>
<td>8,236,000</td>
</tr>
<tr>
<td></td>
<td><strong>27,909,000</strong></td>
</tr>
<tr>
<td></td>
<td><strong>28,453,000</strong></td>
</tr>
</tbody>
</table>

The special revenue fund appropriation is from the vehicle services operating account.

$650,000 in each year is from the special revenue fund for seven additional positions to enhance customer service related to vehicle title issuance.

$521,000 in the second year is from the special revenue fund for the vehicle services portion of a new telephone system and is for transfer to the Office of Enterprise Technology for construction and development of the system. This is a onetime appropriation and is available until expended.

$23,000 in the second year is from the special revenue fund for expenses related to the task force on motor vehicle insurance coverage verification. This is a onetime appropriation.

The base appropriation from the special revenue fund is **$27,909,000** $19,673,000
for fiscal year 2016 and $27,909,000
$19,673,000 for fiscal year 2017.

(b) **Driver Services**

<table>
<thead>
<tr>
<th>Fund</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Revenue</td>
<td>28,749,000</td>
<td>30,001,000</td>
</tr>
<tr>
<td>Trunk Highway</td>
<td>1,000</td>
<td>1,000</td>
</tr>
</tbody>
</table>

The special revenue fund appropriation is from the driver services operating account.

$71,000 in the second year is from the special revenue fund for one additional position related to facial recognition.

$279,000 in the second year is from the special revenue fund for the driver services portion of a new telephone system and is for transfer to the Office of Enterprise Technology for construction and development of the system. This is a onetime appropriation and is available until expended.

$37,000 in the first year and $33,000 in the second year are from the special revenue fund for one half-time position to assist with the Novice Driver Improvement Task Force under Minnesota Statutes, section 171.0701, subdivision 1a. The base appropriation for this position is $6,000 in fiscal year 2016 and $0 in fiscal year 2017.

$67,000 in the second year is from the special revenue fund for one new position to administer changes to the ignition interlock program. The base appropriation for this position in fiscal years 2016 and 2017 is $62,000 in each year.
$23,000 in the second year is from the special revenue fund for expenses related to the task force on motor vehicle insurance coverage verification. This is a onetime appropriation.

$816,000 in the second year is from the special revenue fund for expenses related to the task force on motor vehicle insurance verification. This is a onetime appropriation.

$816,000 in the second year is from the special revenue fund for expenses related to the task force on motor vehicle insurance verification. This is a onetime appropriation.

$816,000 in the second year is from the special revenue fund for expenses related to the task force on motor vehicle insurance verification. This is a onetime appropriation.

$28,851,000 $29,609,000 for fiscal year 2016 and $28,845,000 $29,618,000 for fiscal year 2017.

Sec. 13. TRANSFER; RAILROAD AND PIPELINE SAFETY.

On or before July 31, 2014, the commissioner of management and budget shall transfer $1,574,000 from the general fund to the railroad and pipeline safety account in the special revenue fund under Minnesota Statutes, section 299A.55. This is a onetime transfer.

ARTICLE 10

RAILROAD AND PIPELINE SAFETY

Section 1. Minnesota Statutes 2012, section 115E.01, is amended by adding a subdivision to read:

Subd. 6a. Incident commander. "Incident commander" means the official at the site of a discharge who has the responsibility for operations at the site, as established following National Incident Management System guidelines.

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

Sec. 2. Minnesota Statutes 2012, section 115E.01, is amended by adding a subdivision to read:

Subd. 7a. Listed sensitive area. "Listed sensitive area" means an area or location listed as an area of special economic or environmental importance in an Area Contingency
Plan or a Sub-Area Contingency Plan prepared under the federal Clean Water Act, United States Code, title 33, section 1321(j)(4).

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

Sec. 3. Minnesota Statutes 2012, section 115E.01, is amended by adding a subdivision to read:

Subd. 11d. Unit train. "Unit train" means a train with more than 25 tanker railcars carrying oil or hazardous substance cargo.

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

Sec. 4. [115E.042] PREPAREDNESS AND RESPONSE FOR CERTAIN RAILROADS.

Subdivision 1. Application. In addition to the requirements of section 115E.04, a person who owns or operates railroad car rolling stock transporting a unit train must comply with this section.

Subd. 2. Training. (a) Each railroad must offer training to each fire department having jurisdiction along the route of unit trains. Initial training under this subdivision must be offered to each fire department by June 30, 2016, and refresher training must be offered to each fire department at least once every three years thereafter.

(b) The training must address the general hazards of oil and hazardous substances, techniques to assess hazards to the environment and to the safety of responders and the public, factors an incident commander must consider in determining whether to attempt to suppress a fire or to evacuate the public and emergency responders from an area, and other strategies for initial response by local emergency responders. The training must include suggested protocol or practices for local responders to safely accomplish these tasks.

Subd. 3. Coordination. Beginning June 30, 2015, each railroad must communicate at least annually with each county or city emergency manager, safety representatives of railroad employees governed by the Railway Labor Act, and a senior fire department officer of each fire department having jurisdiction along the route of a unit train, to ensure coordination of emergency response activities between the railroad and local responders.

Subd. 4. Response capabilities; time limits. (a) Following confirmation of a discharge, a railroad must deliver and deploy sufficient equipment and trained personnel to contain and recover discharged oil or hazardous substances and to protect the environment and public safety.
(b) Within one hour of confirmation of a discharge, a railroad must provide a qualified company employee to advise the incident commander. The employee may be made available by telephone, and must be authorized to deploy all necessary response resources of the railroad.

c) Within three hours of confirmation of a discharge, a railroad must be capable of delivering monitoring equipment and a trained operator to assist in protection of responder and public safety. A plan to ensure delivery of monitoring equipment and an operator to a discharge site must be provided each year to the commissioner of public safety.

d) Within three hours of confirmation of a discharge, a railroad must provide qualified personnel at a discharge site to assess the discharge and to advise the incident commander.

e) A railroad must be capable of deploying containment boom from land across sewer outfalls, creeks, ditches, and other places where oil or hazardous substances may drain, in order to contain leaked material before it reaches those resources. The arrangement to provide containment boom and staff may be made by:

1. training and caching equipment with local jurisdictions;
2. training and caching equipment with a fire mutual-aid group;
3. means of an industry cooperative or mutual-aid group;
4. deployment of a contractor;
5. deployment of a response organization under state contract; or
6. other dependable means acceptable to the Pollution Control Agency.

(f) Each arrangement under paragraph (e) must be confirmed each year. Each arrangement must be tested by drill at least once every five years.

g) Within eight hours of confirmation of a discharge, a railroad must be capable of delivering and deploying containment boom, boats, oil recovery equipment, trained staff, and all other materials needed to provide:

1. on-site containment and recovery of a volume of oil equal to ten percent of the calculated worst case discharge at any location along the route; and
2. protection of listed sensitive areas and potable water intakes within one mile of a discharge site and within eight hours of water travel time downstream in any river or stream that the right-of-way intersects.

(h) Within 60 hours of confirmation of a discharge, a railroad must be capable of delivering and deploying additional containment boom, boats, oil recovery equipment, trained staff, and all other materials needed to provide containment and recovery of a worst case discharge and to protect listed sensitive areas and potable water intakes at any location along the route.
Subd. 5. Railroad drills. Each railroad must conduct at least one oil containment, recovery, and sensitive area protection drill every three years, at a location and time chosen by the Pollution Control Agency, and attended by safety representatives of railroad employees governed by the Railway Labor Act.

Subd. 6. Prevention and response plans. (a) By June 30, 2015, a railroad shall submit the prevention and response plan required under section 115E.04, as necessary to comply with the requirements of this section, to the commissioner of the Pollution Control Agency on a form designated by the commissioner.

(b) By June 30 of every third year following a plan submission under this subdivision, a railroad must update and resubmit the prevention and response plan to the commissioner.

EFFECTIVE DATE. Subdivisions 1 to 3 and 6 are effective the day following final enactment. Subdivisions 4 and 5 are effective July 1, 2015.

Sec. 5. Minnesota Statutes 2012, section 115E.08, is amended by adding a subdivision to read:

Subd. 3a. Railroad preparedness; pollution control. The Pollution Control Agency shall carry out environmental protection activities related to railroad discharge preparedness. Duties under this subdivision include, but are not limited to:

(1) assisting local emergency managers and fire officials in understanding the hazards of oil and hazardous substances, as well as general strategies for containment and environmental protection;

(2) assisting railroads to identify natural resources and sensitive areas, and to devise strategies to contain and recover oil and hazardous substances from land and waters along routes;

(3) facilitating cooperation between railroads for mutual aid arrangements that provide training, staff, and equipment as required by this chapter;

(4) participating in drills and training sessions;

(5) reviewing each railroad's prevention and response plan for compliance with the requirements of this chapter, and assessing each railroad's readiness to protect the environment;

(6) conducting inspections and drills as necessary to determine the railroad's compliance with the requirements of this chapter and ability to protect the environment;

(7) conducting follow-up corrective action directives, orders, and enforcement as necessary based on a finding of inadequate environmental protection preparedness; and
(8) soliciting involvement and advice concerning preparedness activities and requirements from safety representatives of railroad employees governed by the Railway Labor Act.

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

Sec. 6. Minnesota Statutes 2012, section 115E.08, is amended by adding a subdivision to read:

Subd. 3b. **Railroad and pipeline preparedness; public safety.** The commissioner of public safety shall carry out public safety protection activities related to railroad and pipeline spill and discharge preparedness. Duties under this subdivision include, but are not limited to:

1. assisting local emergency managers and fire officials to understand the hazards of oil and hazardous substances, as well as general strategies for hazard identification, initial isolation, and other actions necessary to ensure public safety;
2. assisting railroads and pipeline companies to develop suggested protocols and practices for local first responder use in protecting the public's safety;
3. facilitating cooperation between railroads, pipeline companies, county and city emergency managers, and other public safety organizations;
4. participating in major exercises and training sessions;
5. assisting local units of government to incorporate railroad and pipeline hazard and response information into local emergency operations plans;
6. monitoring the public safety-related training and planning requirements of section 115E.03; and
7. referring noncompliance with section 115E.03 to the Pollution Control Agency.

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

Sec. 7. Minnesota Statutes 2012, section 219.015, subdivision 1, is amended to read:

**Subdivision 1. Position Positions established; duties.** (a) The commissioner of transportation shall establish a position of three state rail safety inspector positions in the Office of Freight and Commercial Vehicle Operations of the Minnesota Department of Transportation. On or after July 1, 2015, the commissioner may establish a fourth state rail safety inspector position following consultation with railroad companies.

The commissioner shall apply to and enter into agreements with the Federal Railroad Administration (FRA) of the United States Department of Transportation to participate in the federal State Rail Safety Partnership Participation Program for training and participation.
The (b) A state rail safety inspector shall inspect mainline track, secondary track, and yard and industry track; inspect railroad right-of-way, including adjacent or intersecting drainage, culverts, bridges, overhead structures, and traffic and other public crossings; inspect yards and physical plants; review and enforce safety requirements; review maintenance and repair records; and review railroad security measures.

(c) A state rail safety inspector may perform, but is not limited to, the duties described in the federal State Rail Safety Participation Program. An inspector may train, be certified, and participate in any of the federal State Rail Safety Participation Program disciplines, including: track, signal and train control, motive power and equipment, operating practices compliance, hazardous materials, and highway-rail grade crossings.

(d) To the extent delegated by the Federal Railroad Administration and authorized by the commissioner, the _an_ inspector may issue citations for violations of this chapter, or to ensure railroad employee and public safety and welfare.

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

Sec. 8. Minnesota Statutes 2012, section 219.015, subdivision 2, is amended to read:

Subd. 2. **Railroad company assessment; account; appropriation.** (a) As provided in this subdivision, the commissioner shall annually assess railroad companies that are (1) defined as common carriers under section 218.011; (2) classified by federal law or regulation as Class I Railroads, or Class I Rail Carriers, Class II Railroads, or Class II Carriers; and (3) operating in this state;

(b) The assessment must be by a division of state rail safety inspector program costs in equal proportion between carriers based on route miles operated in Minnesota, assessed in equal amounts for 365 days of the calendar year. The commissioner shall assess all start-up or re-establishment costs, and all related costs of initiating the state rail safety inspector program beginning July 1, 2008. The, and ongoing state rail inspector duties must begin and be assessed on January 1, 2009.

(c) The assessments must be deposited in a special account in the special revenue fund, to be known as the state rail safety inspection account. Money in the account is appropriated to the commissioner and may be expended to cover the costs incurred for the establishment and ongoing responsibilities of the state rail safety inspector program.

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

Article 10 Sec. 8.
Sec. 9. [299A.55] RAILROAD AND PIPELINE SAFETY; OIL AND OTHER
HAZARDOUS MATERIALS.

Subdivision 1. Definitions. (a) For purposes of this section, the following terms
have the meanings given them.
(b) "Applicable rail carrier" means a railroad company that is subject to an
assessment under section 219.015, subdivision 2.
(c) "Hazardous substance" has the meaning given in section 115B.02, subdivision 8.
(d) "Oil" has the meaning given in section 115E.01, subdivision 8.
(e) "Pipeline company" means any individual, partnership, association, or public
or private corporation who owns and operates pipeline facilities and is required to show
specific preparedness under section 115E.03, subdivision 2.

Subd. 2. Railroad and pipeline safety account. (a) A railroad and pipeline safety
account is created in the special revenue fund. The account consists of funds collected
under subdivision 4 and funds donated, allotted, transferred, or otherwise provided to the
account.
(b) $104,000 is annually appropriated from the railroad and pipeline safety account
to the commissioner of the Pollution Control Agency for environmental protection
activities related to railroad discharge preparedness under chapter 115E.
(c) Following the appropriation in paragraph (b), the remaining money in the
account is annually appropriated to the commissioner of public safety for the purposes
specified in subdivision 3.

Subd. 3. Allocation of funds. (a) Subject to funding appropriated for this
subdivision, the commissioner shall provide funds for training and response preparedness
related to (1) derailments, discharge incidents, or spills involving trains carrying oil or
other hazardous substances, and (2) pipeline discharge incidents or spills involving oil
or other hazardous substances.
(b) The commissioner shall allocate available funds as follows:
(1) $100,000 annually for emergency response teams; and
(2) the remaining amount to the Board of Firefighter Training and Education under
section 299N.02 and the Division of Homeland Security and Emergency Management.
(c) Prior to making allocations under paragraph (b), the commissioner shall consult
with the Fire Service Advisory Committee under section 299F.012, subdivision 2.
(d) The commissioner and the entities identified in paragraph (b), clause (2), shall
prioritize uses of funds based on:
(1) firefighter training needs;
(2) community risk from discharge incidents or spills;
(3) geographic balance; and
(4) recommendations of the Fire Service Advisory Committee.
(e) The following are permissible uses of funds provided under this subdivision:
(1) training costs, which may include, but are not limited to, training curriculum,
trainers, trainee overtime salary, other personnel overtime salary, and tuition;
(2) costs of gear and equipment related to hazardous materials readiness, response,
and management, which may include, but are not limited to, original purchase,
maintenance, and replacement;
(3) supplies related to the uses under clauses (1) and (2); and
(4) emergency preparedness planning and coordination.
(f) Notwithstanding paragraph (b), clause (2), from funds in the railroad and pipeline
safety account provided for the purposes under this subdivision, the commissioner may
retain a balance in the account for budgeting in subsequent fiscal years.
Subd. 4. Assessments. (a) The commissioner of public safety shall annually assess
$2,500,000 to railroad and pipeline companies based on the formula specified in paragraph
(b). The commissioner shall deposit funds collected under this subdivision in the railroad
and pipeline safety account under subdivision 2.
(b) The assessment for each railroad is 50 percent of the total annual assessment
amount, divided in equal proportion between applicable rail carriers based on route miles
operated in Minnesota. The assessment for each pipeline company is 50 percent of the
total annual assessment amount, divided in equal proportion between companies based
on the yearly aggregate gallons of oil and hazardous substance transported by pipeline
in Minnesota.
(c) The assessments under this subdivision expire July 1, 2017.
Sec. 10. IMPROVEMENTS STUDY ON GRADE CROSSINGS AND
RAIL SAFETY FOR OIL AND OTHER HAZARDOUS MATERIALS
TRANSPORTATION.
(a) The commissioner of transportation shall conduct a study on highway-rail grade
crossing improvement for oil and other hazardous materials transported by rail, and on
rail safety. At a minimum, the study must:
(1) provide information that assists in risk management associated with
transportation of oil and other hazardous materials by rail;
(2) develop criteria to prioritize needs and improvements at highway-rail grade
crossings;
118.1 (3) consider alternatives for safety improvements, including but not limited to active
118.2 warning devices such as gates and signals, closings, and grade separation;
118.3 (4) provide findings and recommendations that serve to direct accelerated
118.4 investments in highway-rail grade crossing safety improvements; and
118.5 (5) analyze state inspection activities and staffing for track and hazardous materials
118.6 under Minnesota Statutes, section 219.015.
118.7 (b) The commissioner shall submit an interim update on the study by August 31,
118.8 2014, and a final report by October 31, 2014, to the chairs and ranking minority members
118.9 of the legislative committees with jurisdiction over transportation policy and finance.
118.10 EFFECTIVE DATE. This section is effective the day following final enactment.

118.11 Sec. 11. REPORTS ON INCIDENT PREPAREDNESS FOR OIL
118.12 TRANSPORTATION.
118.13 Subdivision 1. Report on response preparedness. By January 15, 2015, the
118.14 commissioner of public safety shall submit a report on emergency response preparedness
118.15 in the public and private sectors for incidents involving transportation of oil to the chairs
118.16 and ranking minority members of the legislative committees with jurisdiction over
118.17 transportation and public safety policy and finance. At a minimum, the report must:
118.18 (1) summarize the preparedness and emergency response framework in the state;
118.19 (2) provide an assessment of costs and needs of fire departments and other
118.20 emergency first responders for training and equipment to respond to discharge or spill
118.21 incidents involving transportation of oil;
118.22 (3) develop a comprehensive public and private response capacity inventory that,
118.23 to the extent feasible, includes statewide identification of major emergency response
118.24 equipment, equipment staging locations, mutual aid agreements, and capacities across
118.25 industries involved in transportation and storage of oil;
118.26 (4) provide information and analysis that forms the basis for allocation of funds
118.27 under Minnesota Statutes, section 299A.55;
118.28 (5) develop benchmarks or assessment criteria for the evaluation under subdivision 2;
118.29 (6) assist in long-range oil transportation incident preparedness planning; and
118.30 (7) make recommendations for any legislative changes.
118.31 Subd. 2. Evaluation of response preparedness and funding. By January 15,
118.32 2017, the commissioner of public safety shall submit an evaluation of safety preparedness
118.33 and funding related to incidents involving transportation of oil to the chairs and ranking
118.34 minority members of the legislative committees with jurisdiction over transportation and
118.35 public safety policy and finance. At a minimum, the evaluation must:
(1) provide an update to the report under subdivision 1 that identifies notable
changes and provides updated information as appropriate;

(2) evaluate the effectiveness of training and response preparedness activities under
Minnesota Statutes, section 299A.55, using the criteria established under subdivision
1, clause (5):

(3) identify current sources of funds, funding levels, and any unfunded needs for
preparedness activities;

(4) analyze equity in the distribution of funding sources for preparedness activities,
which must include but is not limited to (i) examination of the public-private partnership
financing model, and (ii) review of balance across industries involved in storage and
distribution of oil; and

(5) make recommendations for any programmatic or legislative changes.

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

**ARTICLE 11**

**TRANSPORTATION FINANCE PROVISIONS**

Section 1. Minnesota Statutes 2012, section 161.14, is amended by adding a
subdivision to read:

Subd. 78. *Trooper Glen Skalman Memorial Highway.* That segment of signed
U.S. Highway 61 from the intersection with signed U.S. Highway 8 in Forest Lake to
the intersection with 260th Street in Wyoming is designated as "Trooper Glen Skalman
Memorial Highway." Subject to section 161.139, the commissioner shall adopt a suitable
design to mark this highway and erect appropriate signs in the vicinity of the location
where Trooper Skalman died.

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

Sec. 2. Minnesota Statutes 2012, section 165.15, subdivision 2, is amended to read:

Subd. 2. *Use of funds.* (a) Income derived from the investment of principal in the
account may be used by the commissioner of transportation for operations and routine
maintenance of the Stillwater lift bridge, including bridge safety inspections and reactive
repairs. No money from this account may be used for any purposes except those described
in this section, and no money from this account may be transferred to any other account
in the state treasury without specific legislative authorization. Any money transferred
from the trunk highway fund may only be used for trunk highway purposes. For the
purposes of this section:
120.1 (1) "Income" is the amount of interest on debt securities and dividends on equity securities. Any gains or losses from the sale of securities must be added to the principal of the account.

120.4 (2) "Routine maintenance" means activities that are predictable and repetitive, but not activities that would constitute major repairs or rehabilitation.

120.6 (b) Investment management fees incurred by the State Board of Investment are eligible expenses for reimbursement from the account.

120.8 (c) The commissioner of transportation has authority to approve or deny expenditures of funds in the account.

120.10 Sec. 3. [168.1299] MINNESOTA GOLF PLATES.

120.11 Subdivision 1. Issuance. Notwithstanding section 168.1293, the commissioner shall issue special Minnesota golf plates or a single motorcycle plate to an applicant who:

120.13 (1) is a registered owner of a passenger automobile, one-ton pickup truck, motorcycle, or recreational vehicle;

120.15 (2) pays a fee of $10 and any other fees required by this chapter;

120.16 (3) contributes a minimum of $30 annually after January 1, 2017, to the Minnesota Section PGA Foundation account; and

120.18 (4) complies with this chapter and rules governing registration of motor vehicles and licensing of drivers.

120.20 Subd. 2. Design. After consultation with the Minnesota Section PGA and the Minnesota Golf Association, the commissioner shall design the special plate.

120.22 Subd. 3. Plates transfer. On payment of a fee of $5, plates issued under this section may be transferred to another passenger automobile, one-ton pickup truck, motorcycle, or other recreational vehicle registered to the individual to whom the special plates were issued.

120.26 Subd. 4. Fees. Fees collected under subdivision 1, clause (2), and subdivision 3 are credited to the vehicle services operating account in the special revenue fund.

120.28 Subd. 5. Contributions. Contributions collected under subdivision 1, clause (3), are credited first to the commissioner of public safety for the cost of administering the Minnesota Section PGA Foundation account, which is established in the special revenue fund. After the commissioner's administration costs are paid each year, remaining contributions are credited to the Minnesota Section PGA Foundation account. Money in the account is appropriated to the commissioner of public safety for distribution to the Minnesota Section PGA Foundation, to be used to enhance and promote the game of golf throughout Minnesota.
EFFECTIVE DATE. Subdivisions 1 to 4 are effective January 1, 2015, for special

Minnesota golf plates issued on or after that date. Subdivision 5 is effective January 1, 2017.

Sec. 4. Minnesota Statutes 2012, section 169.011, is amended by adding a subdivision
to read:

Subd. 95. Work zone. "Work zone" means a segment of street or highway for which:

(1) a road authority or its agent is constructing, reconstructing, or maintaining the
physical structure of the roadway, which may include, but is not limited to, shoulders,
features adjacent to the roadway, and utilities and highway appurtenances, whether
underground or overhead; and

(2) any of the following applies:

(i) official traffic-control devices that indicate the segment of street or highway under
construction, reconstruction, or maintenance, are erected;

(ii) one or more lanes of traffic are closed;

(iii) a flagger under section 169.06, subdivision 4a, is present;

(iv) a construction zone speed limit under section 169.14, subdivision 4, is
established; or

(v) a workers present speed limit under section 169.14, subdivision 5d, is in effect.

EFFECTIVE DATE. This section is effective August 1, 2014.

Sec. 5. Minnesota Statutes 2012, section 169.06, subdivision 4, is amended to read:

Subd. 4. Obedience to traffic-control signal or flagger authorized persons;

presumptions. (a) The driver of any vehicle shall obey the instructions of any official
traffic-control device applicable thereto placed in accordance with the provisions of this
chapter, unless otherwise directed by a police officer or by a flagger authorized under this
subdivision, subject to the exceptions granted the driver of an authorized emergency
vehicle in this chapter.

(b) No provision of this chapter for which official traffic-control devices are required
shall be enforced against an alleged violator if at the time and place of the alleged
violation an official device is not in proper position and sufficiently legible to be seen by
an ordinarily observant person. Whenever a particular section does not state that official
traffic-control devices are required, such section shall be effective even though no devices
are erected or in place.

(c) Whenever official traffic-control devices are placed in position approximately
conforming to the requirements of this chapter, such devices shall be presumed to have
been so placed by the official act or direction of lawful authority, unless the contrary
shall be established by competent evidence.

(d) Any official traffic-control device placed pursuant to the provisions of this
chapter and purporting to conform to the lawful requirements pertaining to such devices
shall be presumed to comply with the requirements of this chapter, unless the contrary
shall be established by competent evidence.

(e) A flagger in a designated work zone may stop vehicles and hold vehicles in place
until it is safe for the vehicles to proceed. A person operating a motor vehicle that has
been stopped by a flagger in a designated work zone may proceed after stopping only on
instruction by the flagger.

(f) An overdimensional load escort driver with a certificate issued under section
299D.085, while acting as a flagger escorting a legal overdimensional load, may stop
vehicles and hold vehicles in place until it is safe for the vehicles to proceed. A person
operating a motor vehicle that has been stopped by an escort driver acting as a flagger may
proceed only on instruction by the flagger or a police officer.

(g) (f) A person may stop and hold vehicles in place until it is safe for the vehicles to
proceed, if the person: (1) holds a motorcycle road guard certificate issued under section
171.60; (2) meets the safety and equipment standards for operating under the certificate;
(3) is acting as a flagger escorting a motorcycle group ride; (4) has notified each statutory
or home rule charter city through which the motorcycle group is proceeding; and (5)
has obtained consent from the chief of police, or the chief's designee, of any city of the
first class through which the group is proceeding. A flagger operating as provided under
this paragraph may direct operators of motorcycles within a motorcycle group ride or
other vehicle traffic, notwithstanding any contrary indication of a traffic-control device,
including stop signs or traffic-control signals. A person operating a vehicle that has been
stopped by a flagger under this paragraph may proceed only on instruction by the flagger
or a police officer.

EFFECTIVE DATE. This section is effective August 1, 2014.

Sec. 6. Minnesota Statutes 2012, section 169.06, is amended by adding a subdivision
to read:

Subd. 4a. Obedience to work zone flagger; violation, penalty. (a) A flagger in a
work zone may stop vehicles and hold vehicles in place until it is safe for the vehicles to
proceed. A person operating a motor vehicle that has been stopped by a flagger in a work
zone may proceed after stopping only on instruction by the flagger or a police officer.
(b) A person convicted of operating a motor vehicle in violation of a speed limit in a work zone, or any other provision of this section while in a work zone, shall be required to pay a fine of $300. This fine is in addition to the surcharge under section 357.021, subdivision 6.

c) If a motor vehicle is operated in violation of paragraph (a), the owner of the vehicle, or for a leased motor vehicle the lessee of the vehicle, is guilty of a petty misdemeanor and is subject to a fine as provided in paragraph (b). The owner or lessee may not be fined under this paragraph if (1) another person is convicted for that violation, or (2) the motor vehicle was stolen at the time of the violation. This paragraph does not apply to a lessor of a motor vehicle if the lessor keeps a record of the name and address of the lessee.

d) Paragraph (c) does not prohibit or limit the prosecution of a motor vehicle operator for violating paragraph (a).

e) A violation under paragraph (c) does not constitute grounds for revocation or suspension of a driver's license.

**EFFECTIVE DATE.** This section is effective August 1, 2014, and applies to violations committed on or after that date.

Sec. 7. Minnesota Statutes 2012, section 169.14, subdivision 5d, is amended to read:

*Subd. 5d. Speed zoning limit in work zone; surcharge when workers present.*

(a) Notwithstanding subdivision 2 and subject to subdivision 3, the speed limit on a road having an established speed limit of 50 miles per hour or greater is adjusted to 45 miles per hour in a work zone when (1) at least one lane or portion of a lane of traffic is closed in either direction, and (2) workers are present. A speed in excess of the adjusted speed limit is unlawful.

(b) Paragraph (a) does not apply to a segment of road in which:

(1) positive barriers are placed between workers and the traveled portion of the highway;

(2) the work zone is in place for less than 24 hours;

(3) a different speed limit for the work zone is determined by the road authority following an engineering and traffic investigation and based on accepted engineering practice; or

(4) a different speed limit for the work zone is established by the road authority under paragraph (c).

(c) The commissioner, on trunk highways and temporary trunk highways, and local authorities, on streets and highways under their jurisdiction, may authorize the use of reduced maximum speed limits in highway work zones. The commissioner or local
authority is not required to conduct a traffic investigation before authorizing a reduced speed limit in a highway work zone required. The work zone speed limit must not reduce the speed limit on the affected street or highway by more than:

(b) The minimum highway work zone speed limit is 20 miles per hour. The work zone speed limit must not reduce the established speed limit on the affected street or highway by more than 15 miles per hour, except that the highway work zone speed limit must not exceed 40 miles per hour. The commissioner or local authority shall post the limits of the work zone. Highway work zone speed limits are effective on erection of appropriate regulatory speed limit signs. The signs must be removed or covered when they are not required. A speed greater than the posted highway work zone speed limit is unlawful:

(c) Notwithstanding paragraph (b), on divided highways the commissioner or local authority may establish a highway work zone speed limit that does not exceed 55 miles per hour.

(d) Notwithstanding paragraph (b), on two-lane highways having one lane for each direction of travel with a posted speed limit of 60 miles per hour or greater, the commissioner or local authority may establish a highway work zone speed limit that does not exceed 40 miles per hour.

(e) For purposes of this subdivision, "highway work zone" means a segment of highway or street where a road authority or its agent is constructing, reconstructing, or maintaining the physical structure of the roadway, its shoulders, or features adjacent to the roadway, including underground and overhead utilities and highway appurtenances, when workers are present.

(f) Notwithstanding section 609.0331 or 609.101 or other law to the contrary, a person who violates a speed limit established under this subdivision, or who violates any other provision of this section while in a highway work zone, is assessed an additional surcharge equal to the amount of the fine imposed for the speed violation, but not less than $25:

(1) 20 miles per hour on a street or highway having an established speed limit of 55 miles per hour or greater; and

(2) 15 miles per hour on a street or highway having an established speed limit of 50 miles per hour or less.

(d) A work zone speed limit under paragraph (c) is effective on erection of appropriate regulatory speed limit signs. The signs must be removed or covered when they are not required. A speed in excess of the posted work zone speed limit is unlawful.

(e) For any speed limit under this subdivision, a road authority shall erect signs identifying the speed limit and indicating the beginning and end of the speed limit zone.
EFFECTIVE DATE. This section is effective August 1, 2014, and applies to violations committed on or after that date.

Sec. 8. Minnesota Statutes 2012, section 169.14, is amended by adding a subdivision to read:

Subd. 6a. Work zone speed limit violations. A person convicted of operating a motor vehicle in violation of a speed limit in a work zone, or any other provision of this section while in a work zone, shall be required to pay a fine of $300. This fine is in addition to the surcharge under section 357.021, subdivision 6.

EFFECTIVE DATE. This section is effective August 1, 2014, and applies to violations committed on or after that date.

Sec. 9. Minnesota Statutes 2012, section 169.305, subdivision 1, is amended to read:

Subdivision 1. Entrance and exit; crossover; use regulations; signs; rules. (a) No person shall drive a vehicle onto or from any controlled-access highway except at such entrances and exits as are established by public authority.

(b) When special crossovers between the main roadways of a controlled-access highway are provided for emergency vehicles or maintenance equipment and such crossovers are signed to prohibit "U" turns, it shall be unlawful for any vehicle, except an emergency vehicle, maintenance equipment, or construction equipment including contractor's and state-owned equipment when operating within a marked construction zone, or a vehicle operated by a commercial vehicle inspector of the Department of Public Safety, to use such crossover. Vehicles owned and operated by elderly and needy persons under contract with the commissioner of transportation pursuant to section 160.282 for maintenance services on highway rest stop and tourist centers outside the seven-county metropolitan area as defined in section 473.121, may also use these crossovers while those persons are proceeding to or from work in the rest area or tourist center if authorized by the commissioner, and the vehicle carries on its roof a distinctive flag designed and issued by the commissioner. For the purposes of this clause "emergency vehicle" includes a tow truck or towing vehicle if it is on the way to the location of an accident or a disabled vehicle.

(c) The commissioner of transportation may by order, and any public authority may by ordinance, with respect to any controlled-access highway under their jurisdictions prohibit or regulate the use of any such highway by pedestrians, bicycles, or other nonmotorized traffic, or by motorized bicycles, or by any class or kind of traffic which is found to be incompatible with the normal and safe flow of traffic.
Sec. 10. Minnesota Statutes 2012, section 169.826, is amended by adding a subdivision to read:

Subd. 7. Expiration date. Upon request of the permit applicant, the expiration date for a permit issued under this section must be the same as the expiration date of the permitted vehicle's registration.

EFFECTIVE DATE. This section is effective November 30, 2016, and applies to permits issued on and after that date.

Sec. 11. Minnesota Statutes 2012, section 169.8261, is amended by adding a subdivision to read:

Subd. 3. Expiration date. Upon request of the permit applicant, the expiration date for a permit issued under this section must be the same as the expiration date of the permitted vehicle's registration.

EFFECTIVE DATE. This section is effective November 30, 2016, and applies to permits issued on and after that date.

Sec. 12. Minnesota Statutes 2012, section 169.86, subdivision 5, is amended to read:

Subd. 5. Fees; proceeds deposited; appropriation. The commissioner, with respect to highways under the commissioner's jurisdiction, may charge a fee for each permit issued. The fee for an annual permit that expires by law on the date of the vehicle registration expiration must be based on the proportion of the year that remains until the expiration date. Unless otherwise specified, all fees for permits issued by the commissioner of transportation must be deposited in the state treasury and credited to the trunk highway fund. Except for those annual permits for which the permit fees are specified elsewhere in this chapter, the fees are:

(a) $15 for each single trip permit.

(b) $36 for each job permit. A job permit may be issued for like loads carried on a specific route for a period not to exceed two months. "Like loads" means loads of the same product, weight, and dimension.
(c) $60 for an annual permit to be issued for a period not to exceed 12 consecutive months. Annual permits may be issued for:

(1) motor vehicles used to alleviate a temporary crisis adversely affecting the safety or well-being of the public;

(2) motor vehicles that travel on interstate highways and carry loads authorized under subdivision 1a;

(3) motor vehicles operating with gross weights authorized under section 169.826, subdivision 1a;

(4) special pulpwood vehicles described in section 169.863;

(5) motor vehicles bearing snowplow blades not exceeding ten feet in width;

(6) noncommercial transportation of a boat by the owner or user of the boat;

(7) motor vehicles carrying bales of agricultural products authorized under section 169.862; and

(8) special milk-hauling vehicles authorized under section 169.867.

(d) $120 for an oversize annual permit to be issued for a period not to exceed 12 consecutive months. Annual permits may be issued for:

(1) mobile cranes;

(2) construction equipment, machinery, and supplies;

(3) manufactured homes and manufactured storage buildings;

(4) implements of husbandry;

(5) double-deck buses;

(6) commercial boat hauling and transporting waterfront structures, including, but not limited to, portable boat docks and boat lifts;

(7) three-vehicle combinations consisting of two empty, newly manufactured trailers for cargo, horses, or livestock, not to exceed 28-1/2 feet per trailer; provided, however, the permit allows the vehicles to be moved from a trailer manufacturer to a trailer dealer only while operating on twin-trailer routes designated under section 169.81, subdivision 3, paragraph (c); and

(8) vehicles operating on that portion of marked Trunk Highway 36 described in section 169.81, subdivision 3, paragraph (e).

(e) For vehicles that have axle weights exceeding the weight limitations of sections 169.823 to 169.829, an additional cost added to the fees listed above. However, this paragraph applies to any vehicle described in section 168.013, subdivision 3, paragraph (b), but only when the vehicle exceeds its gross weight allowance set forth in that paragraph, and then the additional cost is for all weight, including the allowance weight, in excess of the permitted maximum axle weight. The additional cost is equal to the
product of the distance traveled times the sum of the overweight axle group cost factors shown in the following chart:

<table>
<thead>
<tr>
<th>Weight (pounds) exceeding weight limitations on axles</th>
<th>Overweight Axle Group Cost Factors</th>
<th>Cost Per Mile For Each Group Of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2,000</td>
<td>.12</td>
<td>Two consecutive axles spaced within 8 feet or less</td>
</tr>
<tr>
<td>2,001-4,000</td>
<td>.14</td>
<td>.05</td>
</tr>
<tr>
<td>4,001-6,000</td>
<td>.18</td>
<td>Three consecutive axles spaced within 9 feet or less</td>
</tr>
<tr>
<td>6,001-8,000</td>
<td>.21</td>
<td>.07</td>
</tr>
<tr>
<td>8,001-10,000</td>
<td>.26</td>
<td>Four consecutive axles spaced within 14 feet or less</td>
</tr>
<tr>
<td>10,001-12,000</td>
<td>.30</td>
<td>.10</td>
</tr>
<tr>
<td>12,001-14,000</td>
<td>Not permitted</td>
<td>.14</td>
</tr>
<tr>
<td>14,001-16,000</td>
<td>Not permitted</td>
<td>.17</td>
</tr>
<tr>
<td>16,001-18,000</td>
<td>Not permitted</td>
<td>.19</td>
</tr>
<tr>
<td>18,001-20,000</td>
<td>Not permitted</td>
<td>Not permitted</td>
</tr>
<tr>
<td>20,001-22,000</td>
<td>Not permitted</td>
<td>Not permitted</td>
</tr>
</tbody>
</table>

The amounts added are rounded to the nearest cent for each axle or axle group. The additional cost does not apply to paragraph (c), clauses (1) and (3).

For a vehicle found to exceed the appropriate maximum permitted weight, a cost-per-mile fee of 22 cents per ton, or fraction of a ton, over the permitted maximum weight is imposed in addition to the normal permit fee. Miles must be calculated based on the distance already traveled in the state plus the distance from the point of detection to a transportation loading site or unloading site within the state or to the point of exit from the state.

(f) As an alternative to paragraph (e), an annual permit may be issued for overweight, or oversize and overweight, mobile cranes; construction equipment, machinery, and supplies; implements of husbandry; and commercial boat hauling. The fees for the permit are as follows:

<table>
<thead>
<tr>
<th>Gross Weight (pounds) of Vehicle</th>
<th>Annual Permit Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>90,000 or less</td>
<td>$200</td>
</tr>
<tr>
<td>90,001 - 100,000</td>
<td>$300</td>
</tr>
<tr>
<td>100,001 - 110,000</td>
<td>$400</td>
</tr>
<tr>
<td>110,001 - 120,000</td>
<td>$500</td>
</tr>
<tr>
<td>120,001 - 130,000</td>
<td>$600</td>
</tr>
<tr>
<td>130,001 - 140,000</td>
<td>$700</td>
</tr>
</tbody>
</table>
129.1 140,001 - 145,000 $800
129.2 145,001 - 155,000 $900

129.3 If the gross weight of the vehicle is more than 155,000 pounds the permit fee is determined
under paragraph (e).

129.5 (g) For vehicles which exceed the width limitations set forth in section 169.80 by
more than 72 inches, an additional cost equal to $120 added to the amount in paragraph (a)
when the permit is issued while seasonal load restrictions pursuant to section 169.87 are
in effect.

129.9 (h) $85 for an annual permit to be issued for a period not to exceed 12 months, for
refuse-compactor vehicles that carry a gross weight of not more than: 22,000 pounds on
a single rear axle; 38,000 pounds on a tandem rear axle; or, subject to section 169.828,
subdivision 2, 46,000 pounds on a tridem rear axle. A permit issued for up to 46,000 pounds
on a tridem rear axle must limit the gross vehicle weight to not more than 62,000 pounds.

129.14 (i) $300 for a motor vehicle described in section 169.8261. The fee under this
paragraph must be deposited as follows:

129.16 (1) the first $50,000 in each fiscal year must be deposited in the trunk highway fund for
costs related to administering the permit program and inspecting and posting bridges; and
129.18 (2) all remaining money in each fiscal year must be deposited in the bridge
inspection and signing account as provided under subdivision 5b.

129.22 EFFECTIVE DATE. This section is effective November 30, 2016, and applies
to permits issued on and after that date.

129.24 Sec. 13. Minnesota Statutes 2012, section 169.863, is amended by adding a subdivision
to read:

Subd. 3. Expiration date. Upon request of the permit applicant, the expiration
date for a permit issued under this section must be the same as the expiration date of the
permitted vehicle’s registration.

129.29 EFFECTIVE DATE. This section is effective November 30, 2016, and applies
to permits issued on and after that date.

129.31 Sec. 14. Minnesota Statutes 2012, section 169.865, subdivision 1, is amended to read:
Subdivision 1. **Six-axle vehicles.** (a) A road authority may issue an annual permit authorizing a vehicle or combination of vehicles with a total of six or more axles to haul raw or unprocessed agricultural products and be operated with a gross vehicle weight of up to:

(1) 90,000 pounds; and

(2) 99,000 pounds during the period set by the commissioner under section 169.826, subdivision 1.

(b) Notwithstanding subdivision 3, paragraph (a), clause (4), a vehicle or combination of vehicles operated under this subdivision and transporting only sealed intermodal containers may be operated on an interstate highway if allowed by the United States Department of Transportation.

(c) The fee for a permit issued under this subdivision is $300, or a proportional amount as provided in section 169.86, subdivision 5.

**EFFECTIVE DATE.** This section is effective November 30, 2016, and applies to permits issued on and after that date.

Sec. 15. Minnesota Statutes 2012, section 169.865, subdivision 2, is amended to read:

Subd. 2. **Seven-axle vehicles.** (a) A road authority may issue an annual permit authorizing a vehicle or combination of vehicles with a total of seven or more axles to haul raw or unprocessed agricultural products and be operated with a gross vehicle weight of up to:

(1) 97,000 pounds; and

(2) 99,000 pounds during the period set by the commissioner under section 169.826, subdivision 1.

(b) Drivers of vehicles operating under this subdivision must comply with driver qualification requirements adopted under section 221.0314, subdivisions 2 to 5, and Code of Federal Regulations, title 49, parts 40 and 382.

(c) The fee for a permit issued under this subdivision is $500, or a proportional amount as provided in section 169.86, subdivision 5.

**EFFECTIVE DATE.** This section is effective November 30, 2016, and applies to permits issued on and after that date.

Sec. 16. Minnesota Statutes 2012, section 169.865, is amended by adding a subdivision to read:
Subd. 5. **Expiration date.** Upon request of the permit applicant, the expiration date for a permit issued under this section must be the same as the expiration date of the permitted vehicle's registration.

**EFFECTIVE DATE.** This section is effective November 30, 2016, and applies to permits issued on and after that date.

Sec. 17. Minnesota Statutes 2012, section 169.866, subdivision 3, is amended to read:

Subd. 3. **Permit fee; appropriation.** Vehicle permits issued under subdivision 1 must be annual permits. The fee is $850 for each vehicle, or a proportional amount as provided in section 169.86, subdivision 5, and must be deposited in the trunk highway fund. An amount sufficient to administer the permit program is appropriated from the trunk highway fund to the commissioner for the costs of administering the permit program.

**EFFECTIVE DATE.** This section is effective November 30, 2016, and applies to permits issued on and after that date.

Sec. 18. Minnesota Statutes 2012, section 169.866, is amended by adding a subdivision to read:

Subd. 4. **Expiration date.** Upon request of the permit applicant, the expiration date for a permit issued under this section must be the same as the expiration date of the permitted vehicle's registration.

**EFFECTIVE DATE.** This section is effective November 30, 2016, and applies to permits issued on and after that date.

Sec. 19. Minnesota Statutes 2012, section 171.02, subdivision 3, is amended to read:

Subd. 3. **Motorized bicycle.** (a) A motorized bicycle may not be operated on any public roadway by any person who does not possess a valid driver's license, unless the person has obtained a motorized bicycle operator's permit or motorized bicycle instruction permit from the commissioner of public safety. The operator's permit may be issued to any person who has attained the age of 15 years and who has passed the examination prescribed by the commissioner. The instruction permit may be issued to any person who has attained the age of 15 years and who has successfully completed an approved safety course and passed the written portion of the examination prescribed by the commissioner.

(b) This course must consist of, but is not limited to, a basic understanding of:

(1) motorized bicycles and their limitations;

(2) motorized bicycle laws and rules;
(3) safe operating practices and basic operating techniques;
(4) helmets and protective clothing;
(5) motorized bicycle traffic strategies; and
(6) effects of alcohol and drugs on motorized bicycle operators.
(c) The commissioner may adopt rules prescribing the content of the safety course, examination, and the information to be contained on the permits. A person operating a motorized bicycle under a motorized bicycle permit is subject to the restrictions imposed by section 169.974, subdivision 2, on operation of a motorcycle under a two-wheel instruction permit.

(d) The fees for motorized bicycle operator's permits are as follows:

(1) Examination and operator’s permit, valid for one year $6.75
(2) Duplicate $3.75
(3) (1) Renewal Motorized bicycle operator's permit before age 21 and valid until age 21 $9.75
(4) (2) Renewal permit age 21 or older and valid for four years $15.75
(5) (3) Duplicate of any renewal permit $5.25
(6) (4) Written examination and instruction permit, valid for 30 days $6.75

Sec. 20. Minnesota Statutes 2012, section 171.06, subdivision 2, is amended to read:

Subd. 2. **Fees.** (a) The fees for a license and Minnesota identification card are as follows:

<table>
<thead>
<tr>
<th>License Type</th>
<th>D ($)</th>
<th>C ($)</th>
<th>B ($)</th>
<th>A ($)</th>
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<tbody>
<tr>
<td>Classified Driver's License</td>
<td>$17.25</td>
<td>$21.25</td>
<td>$28.25</td>
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<td>Enhanced Driver's License</td>
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<td>$51.25</td>
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<td>Enhanced Instruction Permit</td>
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<td>Commercial Learner's Permit</td>
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<td>$2.50</td>
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<tr>
<td>Provisional License</td>
<td></td>
<td></td>
<td></td>
<td>$8.25</td>
</tr>
<tr>
<td>Enhanced Provisional License</td>
<td></td>
<td></td>
<td></td>
<td>$23.25</td>
</tr>
<tr>
<td>Duplicate License or duplicate</td>
<td></td>
<td></td>
<td></td>
<td>$6.75</td>
</tr>
<tr>
<td>identification card</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhanced Duplicate License or enhanced</td>
<td></td>
<td></td>
<td></td>
<td>$21.75</td>
</tr>
<tr>
<td>duplicate identification card</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In addition to each fee required in this paragraph, the commissioner shall collect a surcharge of: (1) $1.75 until June 30, 2012; and (2) $1.00 from July 1, 2012, to June 30, 2016. Surcharges collected under this paragraph must be credited to the driver and vehicle services technology account in the special revenue fund under section 299A.705.

(b) Notwithstanding paragraph (a), an individual who holds a provisional license and has a driving record free of (1) convictions for a violation of section 169A.20, 169A.33, 169A.35, or sections 169A.50 to 169A.53, (2) convictions for crash-related moving violations, and (3) convictions for moving violations that are not crash related, shall have a $3.50 credit toward the fee for any classified under-21 driver's license. "Moving violation" has the meaning given it in section 171.04, subdivision 1.

(c) In addition to the driver's license fee required under paragraph (a), the commissioner shall collect an additional $4 processing fee from each new applicant or individual renewing a license with a school bus endorsement to cover the costs for processing an applicant's initial and biennial physical examination certificate. The department shall not charge these applicants any other fee to receive or renew the endorsement.

(d) In addition to the fee required under paragraph (a), a driver's license agent may charge and retain a filing fee as provided under section 171.061, subdivision 4.

(e) In addition to the fee required under paragraph (a), the commissioner shall charge a filing fee at the same amount as a driver's license agent under section 171.061, subdivision 4. Revenue collected under this paragraph must be deposited in the driver services operating account.

(f) An application for a Minnesota identification card, instruction permit, provisional license, or driver's license, including an application for renewal, must contain a provision that allows the applicant to add to the fee under paragraph (a), a $2 donation for the purposes of public information and education on anatomical gifts under section 171.075.

Sec. 21. Minnesota Statutes 2012, section 171.13, subdivision 1, is amended to read:
Subdivision 1. Examination subjects and locations; provisions for color blindness, disabled veterans. (a) Except as otherwise provided in this section, the commissioner shall examine each applicant for a driver's license by such agency as the commissioner directs. This examination must include:

(1) a test of the applicant's eyesight;
(2) a test of the applicant's ability to read and understand highway signs regulating, warning, and directing traffic;
(3) a test of the applicant's knowledge of (i) traffic laws; (ii) the effects of alcohol and drugs on a driver's ability to operate a motor vehicle safely and legally, and of the legal penalties and financial consequences resulting from violations of laws prohibiting the operation of a motor vehicle while under the influence of alcohol or drugs; (iii) railroad grade crossing safety; (iv) slow-moving vehicle safety; (v) laws relating to pupil transportation safety, including the significance of school bus lights, signals, stop arm, and passing a school bus; (vi) traffic laws related to bicycles; and (vii) the circumstances and dangers of carbon monoxide poisoning;
(4) an actual demonstration of ability to exercise ordinary and reasonable control in the operation of a motor vehicle; and
(5) other physical and mental examinations as the commissioner finds necessary to determine the applicant's fitness to operate a motor vehicle safely upon the highways.

(b) Notwithstanding paragraph (a), no driver's license may be denied an applicant on the exclusive grounds that the applicant's eyesight is deficient in color perception. War veterans operating motor vehicles especially equipped for disabled persons, if otherwise entitled to a license, must be granted such license.

(c) The commissioner shall make provision for giving the examinations under this subdivision either in the county where the applicant resides or at a place adjacent thereto reasonably convenient to the applicant.

(d) The commissioner shall ensure that an applicant is able to obtain an appointment for an examination to demonstrate ability under paragraph (a), clause (4), within 14 days of the applicant's request if, under the applicable statutes and rules of the commissioner, the applicant is eligible to take the examination.

EFFECTIVE DATE. This section is effective May 1, 2015.

Sec. 22. [171.161] COMMERCIAL DRIVER'S LICENSE; FEDERAL CONFORMITY.

Subdivision 1. Conformity with federal law. The commissioner of public safety shall ensure the programs and policies related to commercial drivers' licensure and the...
operation of commercial motor vehicles in Minnesota conform with the requirements of Code of Federal Regulations, title 49, part 383.

Subd. 2. Conflicts. To the extent a requirement of sections 171.162 to 171.169, or any other state or local law, conflicts with a provision of Code of Federal Regulations, title 49, part 383, the federal provision prevails.

Sec. 23. Minnesota Statutes 2012, section 174.02, is amended by adding a subdivision to read:

Subd. 10. Products and services; billing. The commissioner of transportation may bill operations units of the department for costs of centrally managed products or services that benefit multiple operations units. These costs may include equipment acquisition and rental, labor, materials, and other costs determined by the commissioner. Receipts must be credited to the special products and services account, which is established in the trunk highway fund, and are appropriated to the commissioner to pay the costs for which the billings are made.

Sec. 24. Minnesota Statutes 2013 Supplement, section 174.12, subdivision 2, is amended to read:

Subd. 2. Transportation economic development accounts. (a) A transportation economic development account is established in the special revenue fund under the budgetary jurisdiction of the legislative committees having jurisdiction over transportation finance. Money in the account may be expended only as appropriated by law. The account may not contain money transferred or otherwise provided from the trunk highway fund.

(b) A transportation economic development account is established in the trunk highway fund. The account consists of funds donated, allotted, transferred, or otherwise provided to the account. Money in the account may be used only for trunk highway purposes. All funds in the account available prior to August 1, 2012, are available until expended.

Sec. 25. Minnesota Statutes 2013 Supplement, section 174.42, subdivision 2, is amended to read:

Subd. 2. Funding requirement. In each federal fiscal year, the commissioner shall obtain a total amount in federal authorizations for reimbursement on transportation alternatives projects that is equal to or greater than the annual average of federal authorizations on transportation alternatives projects calculated over the preceding four federal fiscal years 2010 to 2012.
EFFECTIVE DATE. This section is effective the day following final enactment and applies to authorizations for federal fiscal year 2015 and subsequent federal fiscal years.

Sec. 26. Minnesota Statutes 2012, section 174.56, subdivision 1, is amended to read:

Subdivision 1. Report required. (a) The commissioner of transportation shall submit a report by December 15 of each year on (1) the status of major highway projects completed during the previous two years or under construction or planned during the year of the report and for the ensuing 15 years, and (2) trunk highway fund expenditures, and (3) beginning with the report due in 2016, efficiencies achieved during the previous two fiscal years.

(b) For purposes of this section, a "major highway project" is a highway project that has a total cost for all segments that the commissioner estimates at the time of the report to be at least (1) $15,000,000 in the metropolitan highway construction district, or (2) $5,000,000 in any nonmetropolitan highway construction district.

Sec. 27. [219.375] RAILROAD YARD LIGHTING.

Subdivision 1. Lighting status reports submitted by railroad common carriers.

By January 15 of each year, each Class I and Class II railroad common carrier that operates one or more railroad yards in this state, where, between sunset and sunrise, cars or locomotives are frequently switched, repaired, or inspected, or where trains are assembled and disassembled, shall submit to the commissioner of transportation a plan that:

1. identifies all railroad yards operated by the railroad where the described work is frequently accomplished between sunset and sunrise;
2. describes the nature and placement of lighting equipment currently in use in the yard and the maintenance status and practices regarding this equipment;
3. states whether the lighting meets or exceeds guidelines for illumination established by the American Railway Engineering and Maintenance-of-Way Association;
4. describes whether existing lighting is installed and operated in a manner consistent with energy conservation, glare reduction, minimization of light pollution, and preservation of the natural night environment; and
5. identifies plans and timelines to bring into compliance railroad yards that do not utilize and maintain lighting equipment that meets or exceeds the standards and guidelines under clauses (3) and (4), or states any reason why the standards and guidelines should not apply.

Subd. 2. Maintenance of lighting equipment. A railroad common carrier that is required to file a report under subdivision 1 shall maintain all railroad yard
lighting equipment in good working order and shall repair or replace any malfunctioning equipment within 48 hours after the malfunction has been reported to the carrier. Repairs must be made in compliance with, or to exceed the standards in, the Minnesota Electrical Code and chapter 326B.

Subd. 3. **Lighting status reports submitted by worker representative.** By January 15 of each year, the union representative of the workers at each railroad yard required to submit a report under subdivision 1 shall submit to the commissioner of transportation a report that:

1. (1) describes the nature and placement of lighting equipment currently in use in the yard and maintenance status and practices regarding the equipment;
2. (2) describes the level of maintenance of lighting equipment and the carrier's promptness in responding to reports of lighting malfunction;
3. (3) states whether the available lighting is adequate to provide safe working conditions for crews working at night; and
4. (4) describes changes in the lighting equipment and its adequacy that have occurred since the last previous worker representative report.

Subd. 4. **Commissioner response.** The commissioner shall review the reports submitted under subdivisions 1 and 3. The commissioner shall investigate any discrepancies between lighting status reports submitted under subdivisions 1 and 3, and shall report findings to the affected yard's owner and worker representative. The commissioner shall annually advise the chairs and ranking minority members of the house of representatives and senate committees and divisions with jurisdiction over transportation budget and policy as to the content of the reports submitted, discrepancies investigated, the progress achieved by the railroad common carriers towards achieving the standards and guidelines under clauses (3) and (4), and any recommendations for legislation to achieve compliance with the standards and guidelines within a reasonable period of time.

Subd. 5. **Required lighting.** By December 31, 2015, a railroad common carrier shall establish lighting that meets the standards and guidelines under subdivision 1, clauses (3) and (4), at each railroad yard where:

1. (1) between sunset and sunrise:
   i. locomotives, or railcars carrying placarded hazardous materials, are frequently switched, repaired, or inspected; or
   ii. trains with more than 25 tanker railcars carrying placarded hazardous materials are assembled and disassembled; and
2. (2) the yard is located within two miles of a petroleum refinery having a crude oil production capacity of 150,000 or more barrels per day.
Sec. 28. Minnesota Statutes 2012, section 222.50, subdivision 7, is amended to read:

Subd. 7. Expenditures. (a) The commissioner may expend money from the rail service improvement account for the following purposes:

(1) to make transfers as provided under section 222.57 or to pay interest adjustments on loans guaranteed under the state rail user and rail carrier loan guarantee program;

(2) to pay a portion of the costs of capital improvement projects designed to improve rail service of a rail user or a rail carrier;

(3) to pay a portion of the costs of rehabilitation projects designed to improve rail service of a rail user or a rail carrier;

(4) to acquire, maintain, manage, and dispose of railroad right-of-way pursuant to the state rail bank program;

(5) to provide for aerial photography survey of proposed and abandoned railroad tracks for the purpose of recording and reestablishing by analytical triangulation the existing alignment of the inplace track;

(6) to pay a portion of the costs of acquiring a rail line by a regional railroad authority established pursuant to chapter 398A;

(7) to pay the state matching portion of federal grants for rail-highway grade crossing improvement projects; and

(8) for expenditures made before July 1, 2017, to pay the state matching portion of grants under the federal Transportation Investment Generating Economic Recovery (TIGER) program of the United States Department of Transportation; and

(9) to fund rail planning studies.

(b) All money derived by the commissioner from the disposition of railroad right-of-way or of any other property acquired pursuant to sections 222.46 to 222.62 shall be deposited in the rail service improvement account.

Sec. 29. Minnesota Statutes 2013 Supplement, section 297A.815, subdivision 3, is amended to read:

Subd. 3. Motor vehicle lease sales tax revenue. (a) For purposes of this subdivision, "net revenue" means an amount equal to:

(1) the revenues, including interest and penalties, collected under this section, during the fiscal year; less

(2) in fiscal year 2011, $30,100,000; in fiscal year 2012, $31,100,000; and in fiscal year 2013 and following fiscal years, $32,000,000 in each fiscal year.
(b) On or before June 30 of each fiscal year, the commissioner of revenue shall estimate the amount of the net revenue for the current fiscal year.

(c) On or after July 1 of the subsequent fiscal year, the commissioner of management and budget shall transfer the net revenue as estimated in paragraph (b) from the general fund, as follows:

1. $9,000,000 annually until January 1, 2016, and 50 percent annually thereafter to the county state-aid highway fund. Notwithstanding any other law to the contrary, the commissioner of transportation shall allocate the funds transferred under this clause to the counties in the metropolitan area, as defined in section 473.121, subdivision 4, excluding the counties of Hennepin and Ramsey, so that each county shall receive of such amount the percentage that its population, as defined in section 477A.011, subdivision 3, estimated or established by July 15 of the year prior to the current calendar year, bears to the total population of the counties receiving funds under this clause; and

2. (the remainder to the greater Minnesota transit account.

Sec. 30. [299A.017] STATE SAFETY OVERSIGHT.

Subdivision 1. Office created. The commissioner of public safety shall establish an Office of State Safety Oversight in the Department of Public Safety for safety oversight of rail fixed guideway public transportation systems within the state. The commissioner shall designate a director of the office.

Subd. 2. Authority. The director shall implement and has regulatory authority to enforce the requirements for the state set forth in United States Code, title 49, sections 5329 and 5330, federal regulations adopted pursuant to those sections, and successor or supplemental requirements.

Sec. 31. [473.4056] LIGHT RAIL TRANSIT VEHICLE DESIGN.

Subdivision 1. Adoption of standards. (a) By January 1, 2015, the Metropolitan Council shall adopt and may thereafter amend standards for the design of light rail vehicles that are reasonably necessary to provide access for, and to protect the health and safety of, persons who use the service. All light rail transit vehicles procured on and after January 1, 2015, must conform to the standards then in effect.

(b) The Transportation Accessibility Advisory Committee must review the standards and all subsequent amendments before the Metropolitan Council adopts them.

(c) The Metropolitan Council shall post adopted standards, including amendments, on its Web site.
Subd. 2. **Minimum standards.** Standards adopted under this section must include,
but are not limited to:

(1) two dedicated spaces for wheelchair users in each car;
(2) seating for a companion adjacent to at least two wheelchair-dedicated spaces; and
(3) further specifications that meet or exceed the standards established in the
Americans with Disabilities Act.

Sec. 32. [473.41] **TRANSIT SHELTERS AND STOPS.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms
have the meanings given,

(b) "Transit authority" means:
(1) a statutory or home rule charter city, with respect to rights-of-way at bus stop and
train stop locations, transit shelters, and transit passenger seating facilities owned by the
city or established pursuant to a vendor contract with the city;
(2) the Metropolitan Council, with respect to transit shelters and transit passenger
seating facilities owned by the council or established pursuant to a vendor contract with
the council; or
(3) a replacement service provider under section 473.388, with respect to
rights-of-way at bus stop and train stop locations, transit shelters, and transit passenger
seating facilities owned by the provider or established pursuant to a vendor contract
with the provider.

(c) "Transit shelter" means a wholly or partially enclosed structure provided for
public use as a waiting area in conjunction with light rail transit, bus rapid transit, or
regular route transit.

Subd. 2. **Design.** (a) A transit authority shall establish design specifications for
establishment and replacement of its transit shelters, which must include:

(1) engineering standards, as appropriate;
(2) maximization of protection from the wind, snow, and other elements;
(3) to the extent feasible, inclusion of warming capability at each shelter in which
there is a proportionally high number of transit service passenger boardings; and
(4) full accessibility for the elderly and persons with disabilities.

(b) The council shall consult with the Transportation Accessibility Advisory
Committee.

Subd. 3. **Maintenance.** A transit authority shall ensure transit shelters are
maintained in good working order and are accessible to all users of the transit system.
This requirement includes but is not limited to:
(1) keeping transit shelters reasonably clean and free from graffiti; and
(2) removing snow and ice in a manner that provides accessibility for the elderly
and persons with disabilities to be able to enter and exit transit shelters, and board and
exit trains at each stop.

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

Sec. 33. **TRANSPORTATION EFFICIENCIES.**

The commissioner of transportation shall include in the report under Minnesota
Statutes, section 174.56, due by December 15, 2015, information on efficiencies
implemented in fiscal year 2015 in planning and project management and delivery,
along with an explanation of the efficiencies employed to achieve the savings and the
methodology used in the calculations. The level of savings achieved must equal, in
comparison with the total state road construction budget for that year, a minimum of five
percent in fiscal year 2015. The report must identify the projects that have been advanced
or completed due to the implementation of efficiency measures.

Sec. 34. **WATERCRAFT DECONTAMINATION SITES; REST AREAS.**

Where feasible with existing resources, the commissioners of natural resources
and transportation shall cooperate in an effort to use rest areas as sites for watercraft
decontamination and other activities to prevent the spread of aquatic invasive species.

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

Sec. 35. **HIGHWAY 14 TURNBACK.**

(a) Notwithstanding Minnesota Statutes, sections 161.081, subdivision 3, and
161.16, or any other law to the contrary, the commissioner of transportation may:
(1) by temporary order, take over the road described as "Old Highway 14" in the
settlement agreement and release executed January 7, 2014, between the state and Waseca
and Steele Counties; and
(2) upon completion of the work described in the settlement agreement, release "Old
Highway 14" back to Steele and Waseca Counties.
(b) Upon completion of the work described in the settlement agreement between the
state and Waseca and Steele Counties, the counties shall accept responsibility for the road
described in the agreement as "Old Highway 14."

Sec. 36. **EVALUATION OF CERTAIN TRUNK HIGHWAY SPEED LIMITS.**
Subdivision 1. Engineering and traffic investigations. The commissioner of transportation shall perform engineering and traffic investigations on trunk highway segments that are two-lane, two-way roadways with a posted speed limit of 55 miles per hour. On determining upon the basis of the investigation that the 55 miles per hour speed limit can be reasonably and safely increased under the conditions found to exist on any of the trunk highway segments examined, the commissioner may designate an increased limit applicable to those segments and erect appropriate signs designating the speed limit. The new speed limit shall be effective when the signs are erected. Of all the roadways to be studied under this section, approximately one-fifth must be subject to investigation each year until the statewide study is complete in 2019.

Subd. 2. Report. By January 15 annually, the commissioner shall provide to the chairs and ranking minority members of the senate and house of representatives committees with jurisdiction over transportation policy and finance a list of trunk highways or segments of trunk highways that were subject to an engineering and safety investigation in the previous calendar year, specifying in each case the applicable speed limits before and after the investigation.

EFFECTIVE DATE. This section is effective the day following final enactment and expires on the earlier of January 15, 2019, or the date the final report is submitted to the legislative committees under this section.

Sec. 37. TASK FORCE ON MOTOR VEHICLE INSURANCE COVERAGE

VERIFICATION.

Subdivision 1. Establishment. The task force on motor vehicle insurance coverage verification is established to review and evaluate approaches to insurance coverage verification and recommend legislation to create and fund a program in this state.

Subd. 2. Membership; meetings; staff. (a) The task force shall be composed of 13 members, who must be appointed by July 1, 2014, and who serve at the pleasure of their appointing authorities:

(1) the commissioner of public safety or a designee;
(2) the commissioner of commerce or a designee;
(3) two members of the house of representatives, one appointed by the speaker of the house and one appointed by the minority leader;
(4) two members of the senate, one appointed by the Subcommittee on Committees of the Committee on Rules and Administration and one appointed by the minority leader;
(5) a representative of Minnesota Deputy Registrars Association;
(6) a representative of AAA Minnesota;
(7) a representative of AARP Minnesota;
(8) a representative of the Insurance Federation of Minnesota;
(9) a representative of the Minnesota Bankers Association;
(10) a representative of the Minnesota Bar Association; and
(b) Compensation and expense reimbursement must be as provided under Minnesota Statutes, section 15.059, subdivision 3, to members of the task force.
Subd. 3. Duties. The task force shall review and evaluate programs established in other states as well as programs proposed by third parties, identify one or more programs recommended for implementation in this state, and, as to the recommended programs, adopt findings concerning:
(1) comparative costs of programs;
(2) implementation considerations, and in particular, identifying the appropriate supervising agency and assessing compatibility with existing and planned computer systems;
(3) effectiveness in verifying existence of motor vehicle insurance coverage;
(4) identification of categories of authorized users;
(5) simplicity of access and use for authorized users;
(6) data privacy considerations;
(7) data retention policies; and
(8) statutory changes necessary for implementation.
Subd. 4. Report. By February 1, 2015, the task force must submit to the chairs and ranking minority members of the house of representatives and senate committees and divisions with primary jurisdiction over commerce and transportation its written recommendations, including any draft legislation necessary to implement the recommendations.
Subd. 5. Sunset. The task force shall sunset the day after submitting the report under subdivision 4, or February 2, 2015, whichever is earlier.
EFFECTIVE DATE. This section is effective the day following final enactment.
Sec. 38. COMMUNITY DESTINATION SIGN PILOT PROGRAM.
Subdivision 1. Definition. (a) For purposes of this section, the following terms have the meanings given.
(b) "City" means the city of Two Harbors.

(c) "General retail services" means a business that sells goods or services (1) at retail and directly to an end-use consumer, and (2) that are of interest to tourists or the traveling public.

Subd. 2. Pilot program established. (a) In consultation with the city of Two Harbors, the commissioner of transportation shall establish a community destination sign pilot program for wayfinding within the city to destinations or attractions of interest to the traveling public.

(b) For purposes of Minnesota Statutes, chapter 173, signs under the pilot program are official signs.

Subd. 3. Signage, design. (a) The pilot program must include as eligible attractions and destinations:

(1) minor traffic generators; and

(2) general retail services, specified by business name, that are identified in a community wayfinding program established by the city.

(b) The commissioner of transportation, in coordination with the city, may establish sign design specifications for signs under the pilot program. Design specifications must allow for placement of:

(1) a city name and city logo or symbol; and

(2) up to five attractions or destinations on a community destination sign assembly.

Subd. 4. Program costs. The city shall pay costs of design, construction, erection, and maintenance of the signs and sign assemblies under the pilot program. The commissioner shall not impose fees for the pilot program.

Subd. 5. Pilot program evaluation. In coordination with the city, the commissioner of transportation shall evaluate effectiveness of the pilot program under this section, which must include analysis of traffic safety impacts, utility to motorists and tourists, costs and expenditures, extent of community support, and pilot program termination or continuation. By January 15, 2021, the commissioner shall submit a report on the evaluation to the chairs and ranking minority members of the legislative committees with jurisdiction over transportation policy and finance.


EFFECTIVE DATE. This section is effective the day after the governing body of the city of Two Harbors and its chief clerical officer timely complete their compliance with Minnesota Statutes, section 645.021, subdivisions 2 and 3.

Sec. 39. TRANSIT SERVICE ON ELECTION DAY.
Subdivision 1. **Operating assistance recipients.** An eligible recipient of operating assistance under Minnesota Statutes, section 174.24, who contracts or has contracted to provide fixed route public transit shall provide fixed route public transit service free of charge on a day a state general election is held.

Subd. 2. **Metropolitan Council.** (a) The Metropolitan Council shall provide regular route transit, as defined under Minnesota Statutes, section 473.385, subdivision 1, paragraph (b), free of charge on a day a state general election is held.

(b) The requirements under this subdivision apply to operators of regular route transit (1) receiving financial assistance under Minnesota Statutes, section 473.388, or (2) operating under Minnesota Statutes, section 473.405, subdivision 12.

**EFFECTIVE DATE.** This section is effective July 1, 2014, and expires November 5, 2014.

**ARTICLE 12**

**AGRICULTURE, ENVIRONMENT, AND NATURAL RESOURCES APPROPRIATIONS**

Section 1. **SUMMARY OF APPROPRIATIONS.**

The amounts shown in this section summarize direct appropriations, by fund, made in this article.

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<td>Parks and Trails</td>
<td>530,000</td>
<td>-0-</td>
<td>530,000</td>
</tr>
<tr>
<td>Environmental</td>
<td>-0-</td>
<td>4,000,000</td>
<td>4,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$530,000</td>
<td>$19,208,000</td>
<td>$19,738,000</td>
</tr>
</tbody>
</table>

Sec. 2. **APPROPRIATIONS.**

The sums shown in the columns marked "Appropriations" are added to the appropriations in Laws 2013, chapter 114, or appropriated to the agencies and for the purposes specified in this article. The appropriations are from the general fund, or another named fund, and are available for the fiscal year indicated for each purpose. The figures "2014" and "2015" used in this article means that the addition to the appropriations listed under them are available for the fiscal year ending June 30, 2014, or June 30,
2015, respectively. Appropriations for fiscal year 2014 are effective the day following final enactment.

### APPROPRIATIONS

<table>
<thead>
<tr>
<th>Available for the Year</th>
<th>Ending June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2015</td>
</tr>
</tbody>
</table>

**Sec. 3. AGRICULTURE.**

$ 2,000,000 in 2015 is for a grant to Second Harvest Heartland on behalf of the six Feeding America food banks that serve Minnesota to compensate agricultural producers and processors for costs incurred to harvest and package for transfer surplus fruits, vegetables, or other agricultural commodities that would otherwise go unharvested or be discarded. Surplus commodities must be distributed statewide to food shelves and other charitable organizations that are eligible to receive food from the food banks. Surplus food acquired under this appropriation must be from Minnesota producers and processors.

Second Harvest Heartland must report when required by, and in the form prescribed by, the commissioner. For fiscal year 2015, Second Harvest Heartland may use up to 11 percent of any grant received for administrative expenses. For fiscal years 2016 and 2017, Second Harvest Heartland may use up to five percent of any grant received for administrative expenses. This is a onetime appropriation and is available until June 30, 2017.

The commissioner shall examine how other states are implementing the industrial hemp.
research authority provided in Public Law 113-79 and gauge the interest of Minnesota higher education institutions. No later than January 15, 2015, the commissioner must report the information and items for legislative consideration to the legislative committees with jurisdiction over agriculture policy and finance.

$350,000 in 2015 is for an increase in retail food handler inspections.

$200,000 in 2015 is added to the appropriation in Laws 2013, chapter 114, article 1, section 3, subdivision 4, for distribution to the state's county fairs. This is a onetime appropriation.

$200,000 in 2015 is for a grant as determined by the commissioner to a public higher education institution to research porcine epidemic diarrhea virus. This is a onetime appropriation and is available until June 30, 2017.

Sec. 4. **BOARD OF ANIMAL HEALTH** $ 310,000

$310,000 in 2015 is to administer the dog and cat breeder licensing and inspection program. The base in fiscal year 2016 is $426,000 and the base in fiscal year 2017 is $435,000.

Sec. 5. **POLLUTION CONTROL AGENCY** $ 4,650,000

<table>
<thead>
<tr>
<th>Appropriations by Fund</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Remediation</td>
<td>-0- 650,000</td>
</tr>
<tr>
<td>Environmental</td>
<td>-0- 4,000,000</td>
</tr>
</tbody>
</table>

$650,000 in 2015 from the remediation fund for additional staff and administrative expenses to manage and oversee investigation
and mitigation efforts at superfund sites.

This is a onetime appropriation.

The agency shall compile information on the presence of plastic microbeads in the state's waters and their potential impacts on aquatic ecosystems and human health, in consultation with the University of Minnesota. No later than December 15, 2014, the commissioner must present the information to the legislative committees with jurisdiction over environment and natural resources policy and finance and make recommendations.

$4,000,000 in 2015 is from the environmental fund for the purposes of Minnesota Statutes, section 115A.557, subdivision 2. $3,000,000 per year from the environmental fund is added to the base.

Sec. 6. NATURAL RESOURCES

Subdivision 1. Total Appropriation

<table>
<thead>
<tr>
<th>Appropriations by Fund</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>-0-</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Game and Fish</td>
<td>-0-</td>
<td>2,412,000</td>
</tr>
<tr>
<td>Natural Resources</td>
<td>-0-</td>
<td>450,000</td>
</tr>
<tr>
<td>Parks and Trails</td>
<td>530,000</td>
<td>-0-</td>
</tr>
</tbody>
</table>

$1,000,000 in 2015 is for meeting the state's fiduciary duty to Minnesota children with regard to school trust land. By January 15, 2015, the commissioner, in consultation with the commissioner of education, shall submit a report to the chairs and ranking Article 12 Sec. 6.
minority members of the senate and house of representatives committees with jurisdiction over natural resources and education policy and finance on the intended use of these funds. The legislature must approve expenditures of these funds by law. This is a onetime appropriation and is available until June 30, 2017.

Subd. 3. Ecological and Water Resources

$50,000 in 2015 is for a study of the effects of the Lake Emily dam in Crow Wing County on water clarity and water levels in Lake Emily, Lake Mary, and the Little Pine River. This is a onetime appropriation.

Subd. 4. Parks and Trails Management

$1,600,000 in 2015 is for the improvement, maintenance, and conditions of facilities and infrastructure in state parks for safety and general use. This is a onetime appropriation.

$450,000 in 2015 is from the natural resources fund for state trail, park, and recreation area operations. This appropriation is from the revenue deposited in the natural resources fund under Minnesota Statutes, section 297A.94, paragraph (e), clause (2). This is a onetime appropriation.

$200,000 in 2014 is from the parks and trails fund for the Greater Minnesota Regional Parks and Trails Commission to develop a statewide system plan for regional parks and
trails outside the seven-county metropolitan area. This is a onetime appropriation and is subject to the availability of appropriations in Laws 2013, chapter 137, article 3, section 2, subdivision 2.

$330,000 in 2014 is from the parks and trails fund for a grant to St. Louis and Lake Counties Regional Railroad Authority for planning, engineering, right-of-way acquisition, or construction of portions of the Mesabi Trail in the corridor from Giants Ridge to Tower. This is a onetime appropriation and is subject to the availability of appropriations in Laws 2013, chapter 137, article 3, section 2, subdivision 2.

$350,000 in 2015 is for the development of the segment of the Willard Munger Trail system that originates in Chisago County and extends into Hinckley in Pine County, to be named the James L. Oberstar Trail. This is a onetime appropriation and is available until spent.

Subd. 5. Fish and Wildlife Management

$3,000 in 2015 is from the heritage enhancement account in the game and fish fund for a report on aquatic plant management permitting policies for the management of narrow-leaved and hybrid cattail in a range of basin types across the state. The report shall be submitted to the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over environment and natural resources by December 15, 2014, and include recommendations for any necessary changes.
in statutes, rules, or permitting procedures.

This is a onetime appropriation.

$9,000 in 2015 is from the game and fish

fund for the commissioner, in consultation

with interested parties, agencies, and other

states, to develop a detailed restoration plan

to recover the historical native population of

bobwhite quail in Minnesota for its ecological

and recreational benefits to the citizens of the

state. The commissioner shall conduct public

meetings in developing the plan. No later

than January 15, 2015, the commissioner

must report on the plan's progress to the

legislative committees with jurisdiction over

environment and natural resources policy

and finance. This is a onetime appropriation.

$2,000,000 in 2015 is from the game and fish

fund for shooting sports facility grants under

Minnesota Statutes, section 87A.10. This is

a onetime appropriation and is available until

June 30, 2017.

$400,000 in 2015 is from the heritage

enhancement account in the game and fish

fund for grants to local chapters of Let's Go

Fishing of Minnesota to provide community

outreach to senior citizens, youth, and

veterans and for the costs associated with

establishing and recruiting new chapters.

The grants must be matched with cash or

in-kind contributions from nonstate sources.

Of this amount, $25,000 is for Asian Outdoor

Heritage for youth fishing recruitment

efforts and outreach in the metropolitan area.

The commissioner shall establish a grant

application process that includes a standard
for ownership of equipment purchased
under the grant program and contract
requirements that cover the disposition
of purchased equipment if the grantee no
longer exists. Any equipment purchased
with state grant money must be specified
on the grant application and approved by
the commissioner. The commissioner may
spend up to three percent of the appropriation
to administer the grant. This is a onetime
appropriation and is available until June 30,
2016.

Subd. 6. Parks and trails fund cancellation

The appropriation for $530,000 from the
parks and trails fund for trail improvements
on the Duluth Cross City West Trail and the
Superior Hiking Trail in St. Louis County in
Laws 2013, chapter 137, article 3, section 3,
paragraph (c), clause (12), is canceled.

Sec. 7. METROPOLITAN COUNCIL $ 0- $ 525,000

$450,000 in 2015 is from the natural
resources fund for metropolitan area regional
parks and trails maintenance and operations.
This appropriation is from the revenue
deposited in the natural resources fund
under Minnesota Statutes, section 297A.94,
paragraph (e), clause (3). This is a onetime
appropriation.

$75,000 in 2015 is for a grant to the city of
Shoreview for a feasibility study regarding
the lowering of the water level of Turtle Lake
and the possible effects of an augmentation
of the lake. This is a onetime appropriation.
Sec. 8. UNIVERSITY OF MINNESOTA $4,890,000

Appropriations by Fund

General 4,400,000
Environment and Natural Resources 490,000

$3,400,000 in 2015 is from the general fund for the Invasive Terrestrial Plants and Pests Center requested under this act, including a director, graduate students, and necessary supplies. This is a onetime appropriation and is available until June 30, 2022.

$490,000 in 2015 is from the environment and natural resources trust fund for the Invasive Terrestrial Plants and Pests Center requested under this act, including a director, graduate students, and necessary supplies. This is a onetime appropriation and is available until June 30, 2022.

$970,000 from the environment and natural resources trust fund appropriated in Laws 2011, First Special Session chapter 2, article 3, section 2, subdivision 9, paragraph (d), Reinvest in Minnesota Wetlands Reserve Acquisition and Restoration Program Partnership, is transferred to the Board of Regents of the University of Minnesota for the Invasive Terrestrial Plants and Pests Center requested under this act, including a director, graduate students, and necessary supplies and is available until June 30, 2022.

$1,000,000 in 2015 is for the Forever Green Agricultural Initiative and to protect the state's natural resources while increasing efficiency, profitability, and productivity of Minnesota farmers by incorporating...
perennial and winter annual crops into existing agricultural practices. By January 15, 2015, as a condition of this appropriation, the Board of Regents of the University of Minnesota shall submit a report to the chairs and ranking minority members of the house of representatives and senate policy and finance committees with jurisdiction over environment and natural resources and agriculture on the activities and outcomes of the Forever Green Agricultural Initiative. This is a onetime appropriation and is available until June 30, 2017.

Sec. 9. ADMINISTRATION $ -0- $185,000

$185,000 in 2015 is for activities and the administrative expenses of the school trust lands director and additional staff, under Minnesota Statutes, section 127A.353.

Sec. 10. LEGISLATIVE COORDINATING COMMISSION $ -0- $15,000

$15,000 in 2015 is for the administrative expenses of the Permanent School Fund Commission under Minnesota Statutes, section 127A.30, and for compensation and expense reimbursement of commission members.

Sec. 11. Laws 2013, chapter 114, article 3, section 3, subdivision 6, is amended to read:

Subd. 6. Remediation Fund

The commissioner shall transfer up to $46,000,000 $47,150,000 from the environmental fund to the remediation fund for the purposes of the remediation fund.
under Minnesota Statutes, section 116.155,
subdivision 2.

Sec. 12. Laws 2013, chapter 114, article 3, section 4, subdivision 3, is amended to read:

**Subd. 3. Ecological and Water Resources**

<table>
<thead>
<tr>
<th>Appropriations by Fund</th>
<th>31,582,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>27,182,000</td>
</tr>
<tr>
<td>Natural Resources</td>
<td>31,603,000</td>
</tr>
<tr>
<td>Game and Fish</td>
<td>16,817,000</td>
</tr>
<tr>
<td></td>
<td>16,838,000</td>
</tr>
<tr>
<td></td>
<td>10,702,000</td>
</tr>
<tr>
<td></td>
<td>4,063,000</td>
</tr>
</tbody>
</table>

$3,542,000 the first year and $3,242,000 the second year are from the invasive species account in the natural resources fund and $2,906,000 the first year and $3,206,000 the second year are from the general fund for management, public awareness, assessment and monitoring research, and water access inspection to prevent the spread of invasive species; management of invasive plants in public waters; and management of terrestrial invasive species on state-administered lands.

$5,000,000 the first year and $5,000,000 the second year are from the water management account in the natural resources fund for only the purposes specified in Minnesota Statutes, section 103G.27, subdivision 2.

$103,000 the first year and $103,000

$124,000 the second year are for a grant to the Mississippi Headwaters Board for up to 50 percent of the cost of implementing the comprehensive plan for the upper Mississippi within areas under the board's jurisdiction.

The base for this grant in fiscal year 2016 and later is $103,000. By January 15, 2015, the board shall submit a report detailing the
results achieved with the fiscal year 2014 appropriation and the anticipated results that will be achieved with the fiscal year 2015 appropriation to the commissioner and the chairs and ranking minority members of the senate and house of representatives committees and divisions with jurisdiction over environment and natural resources policy and finance.

$10,000 the first year and $10,000 the second year are for payment to the Leech Lake Band of Chippewa Indians to implement the band's portion of the comprehensive plan for the upper Mississippi.

$264,000 the first year and $264,000 the second year are for grants for up to 50 percent of the cost of implementation of the Red River mediation agreement. The commissioner shall submit a report to the chairs of the legislative committees having primary jurisdiction over environment and natural resources policy and finance on the accomplishments achieved with the grants by January 15, 2015.

$1,643,000 the first year and $1,643,000 the second year are from the heritage enhancement account in the game and fish fund for only the purposes specified in Minnesota Statutes, section 297A.94, paragraph (e), clause (1).

$1,223,000 the first year and $1,223,000 the second year are from the nongame wildlife management account in the natural resources fund for the purpose of nongame wildlife management. Notwithstanding Minnesota
Statutes, section 290.431, $100,000 the first year and $100,000 the second year may be used for nongame wildlife information, education, and promotion.

$1,600,000 the first year and $6,000,000 the second year are from the general fund for the following activities:

1. increased financial reimbursement and technical support to soil and water conservation districts or other local units of government for groundwater level monitoring;
2. additional surface water monitoring and analysis, including installation of monitoring gauges;
3. additional groundwater analysis to assist with water appropriation permitting decisions;
4. additional permit application review incorporating surface water and groundwater technical analysis;
5. enhancement of precipitation data and analysis to improve the use of irrigation;
6. enhanced information technology, including electronic permitting and integrated data systems; and
7. increased compliance and monitoring.

Of this amount, $600,000 the first year is for silica sand rulemaking and is available until spent.

The commissioner, in cooperation with the commissioner of agriculture, shall enforce compliance with aquatic plant management requirements regulating the control of
Section 1. Minnesota Statutes 2012, section 13.643, subdivision 6, is amended to read:

Subd. 6. Animal premises data. (a) The following data collected and maintained by the Board of Animal Health related to registration and identification of premises and animals under chapter 35, are classified as private or nonpublic:

(1) the names and addresses;
(2) the location of the premises where animals are kept; and
(3) the identification number of the premises or the animal.

(b) Except as provided in section 347.58, subdivision 5, data collected and maintained by the Board of Animal Health under sections 347.57 to 347.64 are classified as private or nonpublic.

(c) The Board of Animal Health may disclose data collected under paragraph (a) or (b) to any person, agency, or to the public if the board determines that the access will aid in the law enforcement process or the protection of public or animal health or safety.

Sec. 2. Minnesota Statutes 2012, section 16A.125, subdivision 5, is amended to read:

Subd. 5. Forest trust lands. (a) The term "state forest trust fund lands" as used in this subdivision, means public land in trust under the Constitution set apart as "forest lands under the authority of the commissioner" of natural resources as defined by section 89.001, subdivision 13.

(b) The commissioner of management and budget shall credit the revenue from the forest trust fund lands to the forest suspense account. The account must specify the trust funds interested in the lands and the respective receipts of the lands.

(c) After a fiscal year, the commissioner of management and budget shall certify the costs incurred for forestry during that year under appropriations for the improvement, administration, and management of state forest trust fund lands and construction and improvement of forest roads to enhance the forest value of the lands. The certificate must specify the trust funds interested in the lands. After presentation to the Legislative Permanent School Fund Commission, the commissioner of natural resources shall supply the commissioner of management and budget with the information needed for the
certificate. The certificate shall include an analysis that compares costs certified under this section with costs incurred on other public and private lands with similar land assets.

(d) After a fiscal year, the commissioner shall distribute the receipts credited to the suspense account during that fiscal year as follows:

(1) the amount of the certified costs incurred by the state for forest management, forest improvement, and road improvement during the fiscal year shall be transferred to the forest management investment account established under section 89.039;

(2) the amount of costs incurred by the Legislative Permanent School Fund Commission under section 127A.30, and by the school trust lands director under section 127A.353, shall be transferred to the general fund;

(3) the balance of the certified costs incurred by the state during the fiscal year shall be transferred to the general fund; and

(4) the balance of the receipts shall then be returned prorated to the trust funds in proportion to their respective interests in the lands which produced the receipts.

Sec. 3. Minnesota Statutes 2012, section 18B.01, is amended by adding a subdivision to read:

Subd. 1c. Apiary. "Apiary" means a place where a collection of one or more hives or colonies of bees or the nuclei of bees are kept.

Sec. 4. Minnesota Statutes 2012, section 18B.01, is amended by adding a subdivision to read:

Subd. 2a. Bee. "Bee" means any stage of the common honeybee, Apis mellifera (L).

Sec. 5. Minnesota Statutes 2012, section 18B.01, is amended by adding a subdivision to read:

Subd. 2b. Bee owner. "Bee owner" means a person who owns an apiary.

Sec. 6. Minnesota Statutes 2012, section 18B.01, is amended by adding a subdivision to read:

Subd. 4c. Colony. "Colony" means the aggregate of worker bees, drones, the queen, and developing young bees living together as a family unit in a hive or other dwelling.

Sec. 7. Minnesota Statutes 2012, section 18B.01, is amended by adding a subdivision to read:
Subd. 11a. **Hive.** "Hive" means a frame hive, box hive, box, barrel, log gum, skep, or any other receptacle or container, natural or artificial, or any part of one, which is used as domicile for bees.

Sec. 8. Minnesota Statutes 2012, section 18B.01, is amended by adding a subdivision to read:

**Subd. 20a. Pollinator.** "Pollinator" means an insect that pollinates flowers.

Sec. 9. Minnesota Statutes 2012, section 18B.03, is amended by adding a subdivision to read:

**Subd. 4. Pollinator enforcement.** The commissioner may take enforcement action under chapter 18D for a violation of this chapter, or any rule adopted under this chapter, that results in harm to pollinators, including but not limited to applying a pesticide in a manner inconsistent with the pesticide product's label or labeling and resulting in pollinator death or willfully applying pesticide in a manner inconsistent with the pesticide product's label or labeling. The commissioner must deposit any penalty collected under this subdivision in the pesticide regulatory account in section 18B.05.

Sec. 10. Minnesota Statutes 2012, section 18B.04, is amended to read:

**18B.04 PESTICIDE IMPACT ON ENVIRONMENT.**

(a) The commissioner shall:

1. determine the impact of pesticides on the environment, including the impacts on surface water and groundwater in this state;
2. develop best management practices involving pesticide distribution, storage, handling, use, and disposal; and
3. cooperate with and assist other state agencies and local governments to protect public health, pollinators, and the environment from harmful exposure to pesticides.

(b) The commissioner may assemble a group of experts under section 16C.10, subdivision 2, to consult in the investigation of pollinator deaths or illnesses. The group of experts may include representatives from local, state, and federal agencies; academia, including the University of Minnesota; the state pollinator bank; or other professionals as deemed necessary by the commissioner. The amount necessary for the purposes of this paragraph, not to exceed $100,000 per fiscal year, is appropriated from the pesticide regulatory account in section 18B.05.
Sec. 11. [18B.055] COMPENSATION FOR BEES KILLED BY PESTICIDE;

APPROPRIATION.

Subdivision 1. Compensation required. (a) The commissioner of agriculture must compensate a person for an acute pesticide poisoning resulting in the death of bees or loss of bee colonies owned by the person, provided:

(1) the person who applied the pesticide cannot be determined;

(2) the person who applied the pesticide did so in a manner consistent with the pesticide product's label or labeling; or

(3) the person who applied the pesticide did so in a manner inconsistent with the pesticide product's label or labeling.

(b) Except as provided in this section, the bee owner is entitled to the fair market value of the dead bees and bee colonies losses as determined by the commissioner upon recommendation by academic experts and bee keepers. In any fiscal year, a bee owner must not be compensated for a claim that is less than $100 or compensated more than $20,000 for all eligible claims.

Subd. 2. Applicator responsible. In the event a person applies a pesticide in a manner inconsistent with the pesticide product's label or labeling requirements as approved by the commissioner and is determined to have caused the acute pesticide poisoning of bees, resulting in death or loss of a bee colony kept for commercial purposes, then the person so identified must bear the responsibility of restitution for the value of the bees to the owner. In these cases the commissioner must not provide compensation as provided in this section.

Subd. 3. Claim form. The bee owner must file a claim on forms provided by the commissioner and available on the Department of Agriculture's Web site.

Subd. 4. Determination. The commissioner must determine whether the death of the bees or loss of bee colonies was caused by an acute pesticide poisoning, whether the pesticide applicator can be determined, and whether the pesticide applicator applied the pesticide product in a manner consistent with the pesticide product's label or labeling.

Subd. 5. Payments; denial of compensation. (a) If the commissioner determines the bee death or loss of bee colony was caused by an acute pesticide poisoning and either the pesticide applicator cannot be determined or the pesticide applicator applied the pesticide product in a manner consistent with the pesticide product's label or labeling, the commissioner may award compensation from the pesticide regulatory account. If the pesticide applicator can be determined and the applicator applied the pesticide product in a manner inconsistent with the product's label or labeling, the commissioner may collect a penalty from the pesticide applicator sufficient to compensate the bee owner
for the fair market value of the dead bees and bee colonies losses, and must award the
money to the bee owner.

(b) If the commissioner denies compensation claimed by a bee owner under this
section, the commissioner must issue a written decision based upon the available evidence.
The decision must include specification of the facts upon which the decision is based and
the conclusions on the material issues of the claim. The commissioner must mail a copy
of the decision to the bee owner.

(c) A decision to deny compensation claimed under this section is not subject to the
contested case review procedures of chapter 14, but may be reviewed upon a trial de
novo in a court in the county where the loss occurred. The decision of the court may be
appealed as in other civil cases. Review in court may be obtained by filing a petition for
review with the administrator of the court within 60 days following receipt of a decision
under this section. Upon the filing of a petition, the administrator must mail a copy to the
commissioner and set a time for hearing within 90 days of the filing.

Subd. 6. Deduction from payment. The commissioner must reduce payments
made under this section by any compensation received by the bee owner for dead bees and
bee colonies losses as proceeds from an insurance policy or from another source.

Subd. 7. Appropriation. The amount necessary to pay claims under this section,
not to exceed $150,000 per fiscal year, is appropriated from the pesticide regulatory
account in section 18B.05.

EFFECTIVE DATE. This section is effective July 1, 2014, and applies to bee kills
and bee colony losses attributable to acute pesticide poisoning that occur on or after
that date.

Sec. 12. Minnesota Statutes 2012, section 84.788, subdivision 2, is amended to read:

Subd. 2. Exemptions. Registration is not required for off-highway motorcycles:

(1) owned and used by the United States, an Indian tribal government, the state,
another state, or a political subdivision;

(2) registered in another state or country that have not been within this state for
more than 30 consecutive days; or

(3) registered under chapter 168, when operated on forest roads to gain access to a
state forest campground;

(4) used exclusively in organized track racing events;

(5) operated on state or grant-in-aid trails by a nonresident possessing a nonresident
off-highway motorcycle state trail pass; or
(6) operated by a person participating in an event for which the commissioner has
issued a special use permit.

Sec. 13. [84.7945] NONRESIDENT OFF-HIGHWAY MOTORCYCLE STATE
TRAIL PASS.
Subdivision 1. Pass required; fee. (a) A tribal member exempt from registration
under section 84.788, subdivision 2, clause (2), or a nonresident, may not operate an
off-highway motorcycle on a state or grant-in-aid off-highway motorcycle trail unless the
operator carries a valid nonresident off-highway motorcycle state trail pass in immediate
possession. The pass must be available for inspection by a peace officer, a conservation
officer, or an employee designated under section 84.0835.
(b) The commissioner of natural resources shall issue a pass upon application and
payment of a $20 fee. The pass is valid from January 1 through December 31. Fees
collected under this section, except for the issuing fee for licensing agents, shall be
deposited in the state treasury and credited to the off-highway motorcycle account in
the natural resources fund and, except for the electronic licensing system commission
established by the commissioner under section 84.027, subdivision 15, must be used for
grants-in-aid to counties and municipalities for off-highway motorcycle organizations to
construct and maintain off-highway motorcycle trails and use areas.
(c) A nonresident off-highway motorcycle state trail pass is not required for:
(1) an off-highway motorcycle that is owned and used by the United States, another
state, or a political subdivision thereof that is exempt from registration under section
84.788, subdivision 2;
(2) a person operating an off-highway motorcycle only on the portion of a trail that
is owned by the person or the person's spouse, child, or parent; or
(3) a nonresident operating an off-highway motorcycle that is registered according
to section 84.788.
Subd. 2. License agents. The commissioner may appoint agents to issue and sell
nonresident off-highway motorcycle state trail passes. The commissioner may revoke the
appointment of an agent at any time. The commissioner may adopt additional rules as
provided in section 97A.485, subdivision 11. An agent shall observe all rules adopted
by the commissioner for accounting and handling of passes pursuant to section 97A.485,
subdivision 11. An agent shall promptly deposit and remit all money received from the
sale of the passes, exclusive of the issuing fee, to the commissioner.
Subd. 3. Issuance of passes. The commissioner and agents shall issue and sell
nonresident off-highway motorcycle state trail passes. The commissioner shall also make
the passes available through the electronic licensing system established under section 84.027, subdivision 15.

Subd. 4. Agent's fee. In addition to the fee for a pass, an issuing fee of $1 per pass shall be charged. The issuing fee may be retained by the seller of the pass. Issuing fees for passes issued by the commissioner shall be deposited in the off-highway motorcycle account in the natural resources fund and retained for the operation of the electronic licensing system.

Subd. 5. Duplicate passes. The commissioner and agents shall issue a duplicate pass to persons whose pass is lost or destroyed using the process established under section 97A.405, subdivision 3, and rules adopted thereunder. The fee for a duplicate nonresident off-highway motorcycle state trail pass is $2, with an issuing fee of 50 cents.

Sec. 14. Minnesota Statutes 2012, section 85.053, subdivision 2, is amended to read:

Subd. 2. Requirement. Except as provided in section 85.054, a motor vehicle may not enter a state park, state recreation area, or state wayside over 50 acres in area, without a state park permit issued under this section or a state parks and trails plate issued under section 168.1295. Except for vehicles permitted under subdivisions 7, paragraph (a), clause (2), and 8, the state park permit must be affixed to the lower right corner of the windshield of the motor vehicle and must be completely affixed to its own adhesive to the windshield, or the commissioner may, by written order, provide an alternative means to display and validate state park permits.

Sec. 15. [85.056] STATE PARKS AND TRAILS DONATION ACCOUNT.

Subdivision 1. Establishment. The state parks and trails donation account is established as a separate account in the natural resources fund. The account shall be administered by the commissioner of natural resources as provided in this section.

Subd. 2. Funding sources. The state parks and trails donation account shall consist of contributions made under section 168.1295 and other contributions. The contributions may be made in cash, property, land, or interests in land.

Subd. 3. Uses. Money in the account is appropriated to the commissioner of natural resources to operate and maintain the state parks and trails system.

Sec. 16. Minnesota Statutes 2012, section 85.34, subdivision 7, is amended to read:

Subd. 7. Disposition of proceeds. (a) All revenue derived from the lease of the Fort Snelling upper bluff, with the exception of payment for costs of the water line as described
in subdivision 6, shall be deposited in the natural resources fund and credited to a state
park account. Interest earned on the money in the account accrues to the account.

(b) Revenue and expenses from the upper bluff shall be tracked separately within
the account. Money in the account derived from the leasing or operation of the property
described in subdivision 1 may be appropriated annually to the commissioner for
the payment of expenses attributable to the leasing, development, and operation of the
property described in subdivision 1, including, but not limited to, the maintenance, repair,
and rehabilitation of historic buildings and landscapes.

Sec. 17. Minnesota Statutes 2012, section 85A.02, subdivision 2, is amended to read:

Subd. 2. Zoological Garden. The board shall acquire, construct, equip, operate
and maintain the Minnesota Zoological Garden at a site in Dakota County legally
described in Laws 1975, chapter 382, section 12. The Zoological Garden shall consist
of adequate facilities and structures for the collection, habitation, preservation, care,
exhibition, examination or study of wild and domestic animals, including, but not limited
to mammals, birds, fish, amphibians, reptiles, crustaceans and mollusks. The board
may provide such lands, buildings and equipment as it deems necessary for parking,
transportation, entertainment, education or instruction of the public in connection with
such Zoological Garden. The Zoological Garden is an official pollinator bank for the state
of Minnesota. For purposes of this subdivision, "pollinator bank" means a program to
avert the extinction of pollinator species by cultivating insurance breeding populations.

Sec. 18. [87A.10] TRAP SHOOTING SPORTS FACILITY GRANTS.

The commissioner of natural resources shall administer a program to provide
cost-share grants to local recreational shooting clubs for up to 50 percent of the costs
of developing or rehabilitating trap shooting sports facilities for public use. A facility
rehabilitated or developed with a grant under this section must be open to the general
public at reasonable times and for a reasonable fee on a walk-in basis. The commissioner
shall give preference to projects that will provide the most opportunities for youth.

Sec. 19. Minnesota Statutes 2012, section 103G.251, is amended to read:

103G.251 INVESTIGATION OF ACTIVITIES WITHOUT PERMIT

AFFECTING WATERS OF THE STATE.

Subdivision 1. Investigations. If the commissioner determines that an investigation
is in the public interest, the commissioner may investigate and monitor activities being
conducted with or without a permit that may affect waters of the state.
Subd. 2. Findings and order. (a) With or without a public hearing, the commissioner may make findings and issue orders related to activities being conducted without a permit that affect waters of the state as otherwise authorized under this chapter. (b) A copy of the findings and order must be served on the person to whom the order is issued. (c) If the commissioner issues the findings and order without a hearing, the person to whom the order is issued may file a demand for a hearing with the commissioner. The demand for a hearing must be accompanied by the bond as provided in section 103G.311, subdivision 6, and the hearing must be held in the same manner and with the same requirements as a hearing held under section 103G.311, subdivision 5. The demand for a hearing and bond must be filed by 30 days after the person is served with a copy of the commissioner's order. (d) The hearing must be conducted as a contested case hearing under chapter 14. (e) If the person to whom the order is addressed does not demand a hearing or demands a hearing but fails to file the required bond: (1) the commissioner's order becomes final at the end of 30 days after the person is served with the order; and (2) the person may not appeal the order. (f) An order of the commissioner may be recorded or filed by the commissioner in the office of the county recorder or registrar of titles, as appropriate, in the county where the real property is located as a deed restriction on the property that runs with the land and is binding on the owners, successors, and assigns until the conditions of the order are met or the order is rescinded.

Sec. 20. Minnesota Statutes 2012, section 103G.271, subdivision 5, is amended to read:

Subd. 5. Prohibition on once-through water use permits. (a) Except as provided in paragraph (c), the commissioner may not, after December 31, 1999, issue a water use permit to increase the volume of appropriation from a groundwater source for a once-through cooling system using in excess of 5,000,000 gallons annually. (b) Except as provided in paragraph (c), once-through system water use permits using in excess of 5,000,000 gallons annually must be terminated by the commissioner by the end of their design life but not later than December 31, 2010, unless the discharge is into a public water basin within a nature preserve approved by the commissioner and established prior to January 1, 2001. Existing once-through systems must not be expanded and are required to convert to water efficient alternatives within the design life of existing equipment.
(c) Notwithstanding paragraphs (a) and (b), the commissioner, with the approval of the commissioners of health and the Pollution Control Agency, may issue once-through system water use permits on an annual basis for aquifer storage and recovery systems that return all once-through system water to the source aquifer. Water use permit processing fees in subdivision 6, paragraph (a), apply to all water withdrawals under this paragraph, including any reuse of water returned to the source aquifer.

**EFFECTIVE DATE.** This section is effective January 1, 2015.

Sec. 21. Minnesota Statutes 2012, section 103G.271, subdivision 6, is amended to read:

Subd. 6. Water use permit processing fee. (a) Except as described in paragraphs (b) to (f), a water use permit processing fee must be prescribed by the commissioner in accordance with the schedule of fees in this subdivision for each water use permit in force at any time during the year. Fees collected under this paragraph are credited to the water management account in the natural resources fund. The schedule is as follows, with the stated fee in each clause applied to the total amount appropriated:

1. $140 for amounts not exceeding 50,000,000 gallons per year;
2. $3.50 per 1,000,000 gallons for amounts greater than 50,000,000 gallons but less than 100,000,000 gallons per year;
3. $4 per 1,000,000 gallons for amounts greater than 100,000,000 gallons but less than 150,000,000 gallons per year;
4. $4.50 per 1,000,000 gallons for amounts greater than 150,000,000 gallons but less than 200,000,000 gallons per year;
5. $5 per 1,000,000 gallons for amounts greater than 200,000,000 gallons but less than 250,000,000 gallons per year;
6. $5.50 per 1,000,000 gallons for amounts greater than 250,000,000 gallons but less than 300,000,000 gallons per year;
7. $6 per 1,000,000 gallons for amounts greater than 300,000,000 gallons but less than 350,000,000 gallons per year;
8. $6.50 per 1,000,000 gallons for amounts greater than 350,000,000 gallons but less than 400,000,000 gallons per year;
9. $7 per 1,000,000 gallons for amounts greater than 400,000,000 gallons but less than 450,000,000 gallons per year;
10. $7.50 per 1,000,000 gallons for amounts greater than 450,000,000 gallons but less than 500,000,000 gallons per year; and
11. $8 per 1,000,000 gallons for amounts greater than 500,000,000 gallons per year.
(b) For once-through cooling systems, a water use processing fee must be prescribed by the commissioner in accordance with the following schedule of fees for each water permit in force at any time during the year:

1. for nonprofit corporations and school districts, $200 per 1,000,000 gallons; and
2. for all other users, $420 per 1,000,000 gallons.

(c) The fee is payable based on the amount of water appropriated during the year and, except as provided in paragraph (f), the minimum fee is $100.

(d) For water use processing fees other than once-through cooling systems:

1. the fee for a city of the first class may not exceed $250,000 per year;
2. the fee for other entities for any permitted use may not exceed:
   i. $60,000 per year for an entity holding three or fewer permits;
   ii. $90,000 per year for an entity holding four or five permits; or
   iii. $300,000 per year for an entity holding more than five permits;
3. the fee for agricultural irrigation may not exceed $750 per year;
4. the fee for a municipality that furnishes electric service and cogenerates steam for home heating may not exceed $10,000 for its permit for water use related to the cogeneration of electricity and steam; and
5. no fee is required for a project involving the appropriation of surface water to prevent flood damage or to remove flood waters during a period of flooding, as determined by the commissioner.

(e) Failure to pay the fee is sufficient cause for revoking a permit. A penalty of ten percent per month calculated from the original due date must be imposed on the unpaid balance of fees remaining 30 days after the sending of a second notice of fees due. A fee may not be imposed on an agency, as defined in section 16B.01, subdivision 2, or federal governmental agency holding a water appropriation permit.

(f) The minimum water use processing fee for a permit issued for irrigation of agricultural land is $20 for years in which:

1. there is no appropriation of water under the permit; or
2. the permit is suspended for more than seven consecutive days between May 1 and October 1.

(g) The commissioner shall waive the water use permit fee for installations and projects that use storm water runoff or where public entities are diverting water to treat a water quality issue and returning the water to its source without using the water for any other purpose, unless the commissioner determines that the proposed use adversely affects surface water or groundwater.
(g) (h) A surcharge of $30 per million gallons in addition to the fee prescribed in paragraph (a) shall be applied to the volume of water used in each of the months of June, July, and August that exceeds the volume of water used in January for municipal water use, irrigation of golf courses, and landscape irrigation. The surcharge for municipalities with more than one permit shall be determined based on the total appropriations from all permits that supply a common distribution system.

Sec. 22. Minnesota Statutes 2012, section 103G.281, is amended by adding a subdivision to read:

Subd. 4. Penalty for noncompliant reporting. The commissioner may assess penalties for noncompliant reporting of water use information as provided in this section. The penalty is ten percent of the annual water use permit processing fee.

Sec. 23. [103G.299] ADMINISTRATIVE PENALTIES.

Subdivision 1. Authority to issue penalty orders. (a) As provided in paragraph (b), the commissioner may issue an order requiring violations to be corrected and administratively assessing monetary penalties for violations of sections 103G.271 and 103G.275, and any rules adopted under those sections.

(b) An order under this section may be issued to a person for water appropriation activities without a required permit.

(c) The order must be issued as provided in this section and in accordance with the plan prepared under subdivision 12.

Subd. 2. Amount of penalty; considerations. (a) The commissioner may issue orders assessing administrative penalties based on potential for harm and deviation from compliance. For a violation that presents: (1) a minor potential for harm and deviation from compliance, the penalty will be no more than $1,000; (2) a moderate potential for harm and deviation from compliance, the penalty will be no more than $10,000; and (3) a severe potential for harm and deviation from compliance, the penalty will be no more than $20,000.

(b) In determining the amount of a penalty the commissioner may consider:

(1) the gravity of the violation, including potential for, or real, damage to the public interest or natural resources of the state;

(2) the history of past violations;

(3) the number of violations;

(4) the economic benefit gained by the person by allowing or committing the violation based on data from local or state bureaus or educational institutions; and

Article 13 Sec. 23.
(5) other factors as justice may require, if the commissioner specifically identifies
the additional factors in the commissioner's order.

(c) For a violation after an initial violation, including a continuation of the initial
violation, the commissioner must, in determining the amount of a penalty, consider the
factors in paragraph (b) and the:

(1) similarity of the most recent previous violation and the violation to be penalized;

(2) time elapsed since the last violation;

(3) number of previous violations; and

(4) response of the person to the most recent previous violation identified.

Subd. 3. Contents of order. An order assessing an administrative penalty under
this section must include:

(1) a concise statement of the facts alleged to constitute a violation;

(2) a reference to the section of the statute, rule, order, or term or condition of
a permit that has been violated;

(3) a statement of the amount of the administrative penalty to be imposed and the
factors upon which the penalty is based; and

(4) a statement of the person's right to review of the order.

Subd. 4. Corrective order. (a) The commissioner may issue an order assessing a
penalty and requiring the violations cited in the order to be corrected within a time period
specified by the commissioner.

(b) The person to whom the order was issued must provide information to the
commissioner before the 31st day after the order was received demonstrating that the
violation has been corrected or that appropriate steps toward correcting the violation
have been taken.

(c) The commissioner must determine whether the violation has been corrected and
notify the person subject to the order of the commissioner's determination.

Subd. 5. Penalty. (a) Unless the person requests review of the order under
subdivision 6 or 7 before the penalty is due, the penalty in the order is due and payable:

(1) on the 31st day after the order was received, if the person subject to the order
fails to provide information to the commissioner showing that the violation has been
corrected or that appropriate steps have been taken toward correcting the violation; or

(2) on the 20th day after the person receives the commissioner's determination under
subdivision 4, paragraph (c), if the person subject to the order has provided information
to the commissioner that the commissioner determines is not sufficient to show that the
violation has been corrected or that appropriate steps have been taken toward correcting
the violation.
(b) The penalty is due by 31 days after the order was received, unless review of the
order under subdivision 6 or 7 has been sought.

(c) Interest at the rate established in section 549.09 begins to accrue on penalties
under this subdivision on the 31st day after the order with the penalty was received.

Subd. 6. Expedited administrative hearing. (a) Within 30 days after receiving
an order or within 20 days after receiving notice that the commissioner has determined
that a violation has not been corrected or appropriate steps have not been taken, the
person subject to an order under this section may request an expedited hearing, using
the procedures under Minnesota Rules, parts 1400.8510 to 1400.8612, to review the
commissioner's determination. The hearing request must specifically state the reasons
for seeking review of the order. The person to whom the order is directed and the
commissioner are the parties to the expedited hearing. The commissioner must notify the
person to whom the order is directed of the time and place of the hearing at least 20 days
before the hearing. The expedited hearing must be held within 30 days after a request for
hearing has been filed with the commissioner unless the parties agree to a later date.

(b) All written arguments must be submitted within ten days following the close of
the hearing. The hearing must be conducted under Minnesota Rules, parts 1400.8510 to
1400.8612, as modified by this subdivision.

(c) The administrative law judge must issue a report making recommendations about
the commissioner's action to the commissioner within 30 days following the close of the
record. The administrative law judge may not recommend a change in the amount of the
proposed penalty unless the administrative law judge determines that, based on the factors
in subdivision 2, the amount of the penalty is unreasonable.

(d) If the administrative law judge makes a finding that the hearing was requested
solely for purposes of delay or that the hearing request was frivolous, the commissioner
may add to the amount of the penalty the costs charged to the department by the Office of
Administrative Hearings for the hearing.

(e) If a hearing has been held, the commissioner may not issue a final order until at
least five days after receipt of the report of the administrative law judge. The person to
whom an order is issued may, within those five days, comment to the commissioner on the
recommendations, and the commissioner must consider the comments. The final order
may be appealed in the manner provided in sections 14.63 to 14.69.

(f) If a hearing has been held and a final order issued by the commissioner, the
penalty must be paid by 30 days after the date the final order is received unless review of
the final order is requested under sections 14.63 to 14.69. If review is not requested or the
order is reviewed and upheld, the amount due is the penalty, together with interest accruing
from 31 days after the original order was received at the rate established in section 549.09.

Subd. 7. Mediation. In addition to review under subdivision 6, the commissioner
may enter into mediation concerning an order issued under this section if the commissioner
and the person to whom the order is issued both agree to mediation.

Subd. 8. Penalties due and payable. The commissioner may enforce penalties that
are due and payable under this section in any manner provided by law for the collection
of debts.

Subd. 9. Revocation and suspension of permit. If a person fails to pay a penalty
owed under this section, the commissioner has grounds to revoke a permit or to refuse
to amend a permit or issue a new permit.

Subd. 10. Cumulative remedy. The authority of the commissioner to issue a
corrective order assessing penalties is in addition to other remedies available under statutory
or common law, except that the state may not seek civil penalties under any other provision
of law for the violations covered by the administrative penalty order. The payment of a
penalty does not preclude the use of other enforcement provisions, under which penalties
are not assessed, in connection with the violation for which the penalty was assessed.

Subd. 11. Deposit of fees. Fees collected under this section must be credited to the
water management account in the natural resources fund.

Subd. 12. Plan for use of administrative penalties. The commissioner must
prepare a plan for using the administrative penalty authority in this section. The plan must
include explanations for how the commissioner will determine whether violations are
minor, moderate, or severe. The commissioner must provide a 30-day period for public
comment on the plan. The plan must be finalized within six months after the effective
date of this section.

EFFECTIVE DATE. Subdivisions 1 to 11 of this section are effective January 1,
2015. Subdivision 12 of this section is effective July 1, 2014.

Sec. 24. Minnesota Statutes 2012, section 115A.151, as amended by Laws 2014,
chapter 225, section 4, is amended to read:

115A.151 RECYCLING REQUIREMENTS; PUBLIC ENTITIES;
COMMERCIAL BUILDINGS; SPORTS FACILITIES.

(a) A public entity, the owner of a sports facility, and an owner of a commercial
building shall:
(1) ensure that facilities under its control, from which mixed municipal solid waste is collected, also collect at least three recyclable materials, such as, but not limited to, paper, glass, plastic, and metal; and

(2) transfer all recyclable materials collected to a recycler.

(b) For the purposes of this section:

(1) "public entity" means the state, an office, agency, or institution of the state, the Metropolitan Council, a metropolitan agency, the Metropolitan Mosquito Control Commission, the legislature, the courts, a county, a statutory or home rule charter city, a town, a school district, a special taxing district, or any entity that receives an appropriation from the state for a capital improvement project after August 1, 2002;

(2) "metropolitan agency" and "Metropolitan Council," have the meanings given them in section 473.121;

(3) "Metropolitan Mosquito Control Commission" means the commission created in section 473.702; and

(4) "commercial building" means a building that:

(i) is located in a metropolitan county, as defined in section 473.121;

(ii) contains a business classified in sectors 42 to 81 under the North American Industrial Classification System; and

(iii) contracts for four cubic yards or more per week of solid waste collection;

(5) "sports facility" means a professional or collegiate sports facility at which competitions take place before a public audience.

**EFFECTIVE DATE.** This section is effective January 1, 2015.

Sec. 25. Minnesota Statutes 2012, section 115A.55, subdivision 4, is amended to read:

Subd. 4. **Statewide source reduction goal.** (a) It is a goal of the state that there be a minimum ten percent per capita reduction in the amount of mixed and counties to reduce the generation of municipal solid waste generated in the state by December 31, 2000, based on a reasonable estimate of the amount of mixed municipal solid waste that was generated in calendar year 1993.

(b) As part of the 1997 report required under section 115A.411, the commissioner shall submit to the senate and house of representatives committees having jurisdiction over environment and natural resources and environment and natural resources finance a proposed strategy for meeting the goal in paragraph (a). The strategy must include a discussion of the different reduction potentials to be found in various sectors and may include recommended interim goals. The commissioner shall report progress on meeting
Sec. 26. Minnesota Statutes 2012, section 115A.551, subdivision 1, is amended to read:

Subdivision 1. Definition. (a) For the purposes of this section, "recycling" means, in addition to the meaning given in section 115A.03, subdivision 25b, yard waste and source-separated compostable materials composting, and recycling that occurs through mechanical or hand separation of materials that are then delivered for reuse in their original form or for use in manufacturing processes that do not cause the destruction of recyclable materials in a manner that precludes further use.

(b) For the purposes of this section, "total solid waste generation" means the total by weight of:

1. materials separated for recycling;
2. materials separated for yard waste and source-separated compostable materials composting;
3. mixed municipal solid waste plus yard waste, motor and vehicle fluids and filters, tires, lead acid batteries, and major appliances; and
4. residential waste materials that would be mixed municipal solid waste but for the fact that they are not collected as such.

Sec. 27. Minnesota Statutes 2012, section 115A.551, subdivision 2a, is amended to read:

Subd. 2a. Supplementary County recycling goals. (a) By December 31, 2030, each county will have as a goal to recycle the following amounts:

1. for a county outside of the metropolitan area, 35 percent by weight of total solid waste generation; and
2. for a metropolitan county, 75 percent by weight of total solid waste generation.

(b) Each county will develop and implement or require political subdivisions within the county to develop and implement programs, practices, or methods designed to meet its recycling goal. Nothing in this section or in any other law may be construed to prohibit a county from establishing a higher recycling goal.

Sec. 28. Minnesota Statutes 2012, section 115A.557, subdivision 2, is amended to read:
Subd. 2. **Purpose for which money may be spent.** (a) A county receiving money distributed by the commissioner under this section may use the money only for the development and implementation of programs to:

1. reduce the amount of solid waste generated;
2. recycle the maximum amount of solid waste technically feasible;
3. create and support markets for recycled products;
4. remove problem materials from the solid waste stream and develop proper disposal options for them;
5. inform and educate all sectors of the public about proper solid waste management procedures;
6. provide technical assistance to public and private entities to ensure proper solid waste management;
7. provide educational, technical, and financial assistance for litter prevention; and
8. process mixed municipal solid waste generated in the county at a resource recovery facility located in Minnesota; and
9. compost source-separated compostable materials, including the provision of receptacles for residential composting.

(b) Beginning in fiscal year 2015 and continuing thereafter, of any money distributed by the commissioner under this section to a metropolitan county, as defined in section 473.121, subdivision 4, that exceeds the amount the county was eligible to receive under this section in fiscal year 2014: (1) at least 50 percent must be expended on activities in paragraph (a), clause (9); and (2) the remainder must be expended on activities in paragraph (a), clauses (1) to (7) and (9) that advance the county toward achieving its recycling goal under section 115A.551.

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

Sec. 29. Minnesota Statutes 2012, section 115A.557, subdivision 3, is amended to read:

Subd. 3. **Eligibility to receive money.** (a) To be eligible to receive money distributed by the commissioner under this section, a county shall within one year of October 4, 1989:

1. create a separate account in its general fund to credit the money; and
2. set up accounting procedures to ensure that money in the separate account is spent only for the purposes in subdivision 2.

(b) In each following year, each county shall also:

1. have in place an approved solid waste management plan or master plan including a recycling implementation strategy under section 115A.551, subdivision 7, and a
176.1 household hazardous waste management plan under section 115A.96, subdivision 6, 
176.2 by the dates specified in those provisions;
176.3 (2) submit a report by April 1 of each year to the commissioner, which may be 
176.4 submitted electronically and must be posted on the agency's Web site, detailing for the 
176.5 previous calendar year:
176.6 (i) how the money was spent including, but not limited to, specific recycling and 
176.7 composting activities undertaken to increase the county's proportion of solid waste 
176.8 recycled in order to achieve its recycling goal established in section 115A.551; specific 
176.9 information on the number of employees performing SCORE planning, oversight, and 
176.10 administration; the percentage of those employees' total work time allocated to SCORE 
176.11 planning, oversight, and administration; the specific duties and responsibilities of those 
176.12 employees; and the amount of staff salary for these SCORE duties and responsibilities of 
176.13 the employees; and
176.14 (ii) the resulting gains achieved in solid waste management practices; and 
176.15 (3) provide evidence to the commissioner that local revenue equal to 25 percent of 
176.16 the money sought for distribution under this section will be spent for the purposes in 
176.17 subdivision 2.
176.18 (c) The commissioner shall withhold all or part of the funds to be distributed 
176.19 to a county under this section if the county fails to comply with this subdivision and 
176.20 subdivision 2.
176.21 **EFFECTIVE DATE.** This section is effective the day following final enactment.
176.22 Sec. 30. Minnesota Statutes 2013 Supplement, section 116V.03, is amended to read:
176.23 **116V.03 APPROPRIATION.**
176.24 $1,000,000 in fiscal year 2014 and each year thereafter is appropriated from the 
176.25 general fund to the commissioner of revenue for transfer to the agricultural project 
176.26 utilization account in the special revenue fund for the Agricultural Utilization Research 
176.27 Institute established under section 116V.01.
176.28 Sec. 31. [[168.1295] STATE PARKS AND TRAILS PLATES.]
176.29 **Subdivision 1. General requirements and procedures.** (a) The commissioner shall 
176.30 issue state parks and trails plates to an applicant who:
176.31 (1) is a registered owner of a passenger automobile, recreational vehicle, one ton 
176.32 pickup truck, or motorcycle;
176.33 (2) pays a fee of $10 to cover the costs of handling and manufacturing the plates;
(3) pays the registration tax required under section 168.013;

(4) pays the fees required under this chapter;

(5) contributes a minimum of $50 annually to the state parks and trails donation account established in section 85.056; and

(6) complies with this chapter and rules governing registration of motor vehicles and licensing of drivers.

(b) The state parks and trails plate application must indicate that the contribution specified under paragraph (a), clause (5), is a minimum contribution to receive the plate and that the applicant may make an additional contribution to the account.

(c) State parks and trails plates may be personalized according to section 168.12.

Subdivision 2a.

Subd. 2. Design. After consultation with interested groups, the commissioners of natural resources and public safety shall jointly select a suitable symbol for use by the commissioner of public safety to design the state parks and trails plates.

Subd. 3. No refund. Contributions under this section must not be refunded.

Subd. 4. Plate transfers. Notwithstanding section 168.12, subdivision 1, on payment of a transfer fee of $5, plates issued under this section may be transferred to another passenger automobile registered to the person to whom the plates were issued.

Subd. 5. Contribution and fees credited. Contributions under subdivision 1, paragraph (a), clause (5), must be paid to the commissioner and credited to the state parks and trails donation account established in section 85.056. The other fees collected under this section must be deposited in the vehicle services operating account of the special revenue fund under section 299A.705.

Subd. 6. Record. The commissioner shall maintain a record of the number of plates issued under this section.

Subd. 7. Exemption. Special plates issued under this section are not subject to section 168.1293, subdivision 2.

EFFECTIVE DATE. This section is effective the day following final enactment and applies to applications submitted on or after January 1, 2016, or the date the new driver and vehicle services information technology system is implemented, whichever comes later.

Sec. 32. [347.57] DEFINITIONS.

Subdivision 1. Terms. The definitions in this section apply to sections 347.57 to 347.64.


Subd. 3. Board. "Board" means the Board of Animal Health.
Subd. 4. **Cat.** "Cat" means a mammal that is wholly or in part of the species Felis domesticus. An adult cat is a cat 28 weeks of age or older. A kitten is a cat under 28 weeks of age.

Subd. 5. **Commercial breeder.** "Commercial breeder" means a person who possesses or has an ownership interest in animals and is engaged in the business of breeding animals for sale or for exchange in return for consideration, and who possesses ten or more adult intact animals and whose animals produce more than five total litters of puppies or kittens per year.

Subd. 6. **Confinement area.** "Confinement area" means a structure used or designed for use to restrict an animal to a limited amount of space, such as a room, pen, cage, kennel, compartment, crate, or hutch.

Subd. 7. **Dog.** "Dog" means a mammal that is wholly or in part of the species Canis familiaris. An adult dog is a dog 28 weeks of age or older. A puppy is a dog under 28 weeks of age.

Subd. 8. **Facility.** "Facility" means the place used by a commercial breeder for breeding animals, and includes all buildings, property, confinement areas, and vehicles.

Subd. 9. **Local animal control authority.** "Local animal control authority" means an agency of the state, county, municipality, or other political subdivision of the state that is responsible for animal control operations in its jurisdiction.

Subd. 10. **Person.** "Person" means a natural person, firm, partnership, corporation, or association, however organized.

Subd. 11. **Possess.** "Possess" means to have custody of or have control over.

Subd. 12. **Veterinarian.** "Veterinarian" means a veterinarian in good standing and licensed in the state of Minnesota.

Sec. 33. **[347.58] LICENSING AND INSPECTIONS.**

Subdivision 1. **Licensing.** (a) The board may grant an operating license to a commercial breeder and must enforce sections 347.58 to 347.64.

(b) Beginning July 1, 2015, a commercial breeder must obtain an annual license for each facility it owns or operates. More than one building on the same premises is considered one facility. The initial prelicense inspection fee and the annual license fee is $10 per adult intact animal, but each fee must not exceed $250.

(c) The board must perform an announced initial prelicense inspection within 60 days from the date of receiving a license application. A commercial breeder is not in violation of this section if the commercial breeder has filed a completed license application with the board and the board has not performed the initial prelicense inspection. The
board must inspect a commercial breeder's facility before an initial license is issued. The
initial prelicense inspection fee must be included with the license application. Upon
completion of the inspection, the inspector must provide the commercial breeder an
inspection certificate signed by the inspector in a format approved by the board.
(d) The license application must indicate if a commercial breeder operates under
more than one name from a single location or has an ownership interest in any other
facility. License holders must keep separate records for each business name.
(e) The application must include a statement that includes the following information:
(1) whether any license held by an applicant under this section or under any other
federal, state, county, or local law, ordinance, or other regulation relating to breeding cats
or dogs was ever suspended, revoked, or denied; and
(2) whether the applicant was ever convicted of animal cruelty.
(f) An application from a partnership, corporation, or limited liability company must
include the name and address of all partners, directors, officers, or members and must
include a notation of any partners, directors, officers, members, or others authorized to
represent the partnership, corporation, or limited liability company.
(g) A nonresident applicant must consent to adjudication of any violation under the
laws of the state of Minnesota and in Minnesota courts.
(h) A license issued under this section is not transferable.
(i) A license holder must apply for license renewal annually by submitting a renewal
application on a form approved by the board. The license renewal application must be
postmarked or submitted electronically in a method approved by the board by July 1
of each year. The board may assess a late renewal penalty of up to 50 percent of the
license fee. If a license is not renewed by August 1, the board may require the commercial
breeder to reapply for an initial license.
(j) A commercial breeder must submit to the board an annual report by July 1 on a
form prepared by the board. The form must include the current number of cats and dogs at
the facility on the date of the report, the number of animals during the preceding year that
were sold, traded, bartered, leased, brokered, given away, euthanized, or deceased from
other causes, and any other information required by the board.
(k) If a commercial breeder is required to be licensed by the United States
Department of Agriculture, United States Department of Agriculture inspection reports
and records relating to animal care plans and veterinary care must be made available
during an inspection, upon request.
(l) A commercial breeder must prominently display the commercial breeder's license
at each facility.
(m) A commercial breeder's state license number or a symbol approved by the board must be included in all of the commercial breeder's advertisements or promotions that pertain to animals being sold or traded including, but not limited to, all newspapers, Internet, radio, or flyers.

(n) A commercial breeder must notify the board by certified mail or electronically in a method approved by the board within ten days of any change in address, name, management, or substantial control and ownership of the business or operation.

(o) The board must refuse to issue an initial license when a commercial breeder:

(1) is in violation of section 343.21; 343.24; 343.27; 343.28; 343.31; 343.37; 346.38; 346.39; 346.44; or 346.155;

(2) has failed to meet any of the requirements of this section and section 347.59;

(3) is in violation of a local ordinance regarding breeders;

(4) has been convicted, other than a petty misdemeanor conviction, of cruelty to animals under Minnesota law or a substantially similar animal cruelty law of another jurisdiction;

(5) has had a substantially similar license denied, revoked, or suspended by another federal or state authority within the last five years; or

(6) has falsified any material information requested by the board.

(p) A person who has been an officer, agent, direct family member, or employee of a commercial breeder whose license was revoked or suspended and who was responsible for or participated in the violation that was a basis for the revocation or suspension may not be licensed while the revocation or suspension is in effect.

Subd. 2. Inspections. (a) The board must inspect each licensed facility at least annually. The inspection must be with the commercial breeder or an agent of the commercial breeder present. The inspector must submit an inspection report to the board within ten days of each inspection on a form prepared by the board. The inspection report form must list separately each law, rule, regulation, and ordinance the facility is not in compliance with and what correction is required for compliance. The inspection report form must document the animal inventory on the date of the inspection.

(b) If, after the prelicense inspection, the commercial breeder has two consecutive years of inspections with no violations, the board must inspect the commercial breeder at least every two years. If the commercial breeder has any violations during an inspection or if the board has cause, the board must inspect the commercial breeder at least annually.

(c) If a license to operate is suspended, revoked, or denied, the board must be granted access to the facility during normal business hours to verify that it is not operating.

Article 13 Sec. 33.
Subd. 3. Record requirements. (a) The commercial breeder must keep records on each animal at the facility that includes:

(1) the name, address, and United States Department of Agriculture license number, if applicable, from whom an animal was received; the date the commercial breeder received the animal; the date of the animal's birth; the breed, sex, color, and identifying marks of the animal; any identifying tag, tattoo, microchip, or collar number; worming treatments, vaccinations, and name of the person who administered the vaccination; medication received by the animal while in the possession of the commercial breeder; and any disease conditions diagnosed by a veterinarian; and

(2) the name and address of the person or entity to whom an animal was transferred.

(b) The commercial breeder must maintain a copy of the records required to be kept under this subdivision for two years.

Subd. 4. Veterinary protocol. (a) A commercial breeder must establish and maintain a written protocol for disease control and prevention, euthanasia, and veterinary care of animals at each facility. The initial protocol must be developed under the direction and supervision of the board. A commercial breeder must maintain a written protocol that is updated at least every 12 months and that is signed and dated by the board or by a veterinarian along with the commercial breeder. The written protocol must be available to the board upon request or at the time of inspection.

(b) An animal sold or otherwise distributed by a commercial breeder must be accompanied by a veterinary health certificate completed by a veterinarian. The certificate must be completed within 30 days prior to the sale or distribution and must indicate that the animal is current with vaccinations and has no signs of infectious or contagious diseases. The certificate accompanying an adult dog that was not spayed or neutered must indicate that the dog has no signs of infectious or contagious diseases and was tested for canine brucellosis with a test approved by the board and found to be negative.

Subd. 5. Posting of information. The board must maintain and post in a timely manner on its Web site a list of commercial breeders licensed and in good standing under this section.

Sec. 34. [347.59] STANDARDS OF CARE.

(a) A commercial breeder must comply with chapters 343 and 346.

(b) A commercial breeder must ensure that animals that are part of the commercial breeder's breeding business operations are cared for as follows:

(1) cats must not be housed in outdoor confinement areas;
(2) animals exercised in groups must be compatible and show no signs of contagious
or infectious disease;

(3) females in estrus must not be housed in the same confinement area with
unneutered males, except for breeding purposes;

(4) animals must be provided daily enrichment and must be provided positive physical
contact with human beings and compatible animals at least twice daily unless a veterinarian
determines such activities would adversely affect the health or well-being of the animal;

(5) animals must not be sold, traded, or given away before the age of eight weeks
unless a veterinarian determines it would be in the best interests of the health or well-being
of the animal;

(6) the commercial breeder must provide identification and tracking for each animal,
which is not transferable to another animal; and

(7) the commercial breeder must provide adequate staff to maintain the facility and
observe each animal daily to monitor each animal's health and well-being, and to properly
care for the animals.

(c) A commercial breeder must not knowingly hire staff or independent contractors
who have been convicted of cruelty to animals under the law of any jurisdiction.

(d) A commercial breeder must comply with any additional standards the board
considers necessary to protect the public health and welfare of animals covered under
sections 347.57 to 347.61. The standards must be established by rule.

(e) A United States Department of Agriculture (USDA) licensed breeder or dealer
who is in compliance with the minimum USDA regulations governing the license holder
as they relate to animal confinement areas as of the effective date of this section does not
have to comply with the minimum confinement area measurements under section 346.39,
subdivision 4, for existing confinement areas in each facility the breeder or dealer owns. If
a USDA-licensed breeder or dealer builds a new confinement area after the effective date
of this section, those minimum standards must meet or exceed the minimum specifications
as they relate to confinement area size under section 346.39, subdivision 4.

Sec. 35. [347.60] INVESTIGATIONS.

(a) The board must initiate an investigation upon receiving a formal complaint
alleging violations of section 347.58 or 347.59,

(b) When a local animal control authority, a peace officer, or a humane agent
appointed under section 343.01 is made aware of an alleged violation under this chapter
or chapter 343 or 346, committed by a commercial breeder, the local animal control
authority, peace officer, or humane agent appointed under section 343.01 must report the
alleged violation in a timely manner to the board.

Sec. 36. [347.61] CIVIL ENFORCEMENT.

Subdivision 1. Correction orders. (a) The board may issue a correction order
requiring a commercial breeder to correct a violation of state statutes, rules, and
regulations governing breeding facilities. The correction order must state the deficiencies
that constitute the violation; the specific statute, rule, or regulation violated; and when
the violation must be corrected.

(b) A commercial breeder may ask the board to reconsider any portion of the
correction order that the commercial breeder believes is in error. The request for
reconsideration must be made in writing by certified mail or electronically in a method
approved by the board within seven days after receipt of the correction order. The
request for reconsideration does not stay the correction order. The board must respond
to the request for reconsideration within 15 days after receiving a request. The board's
disposition of a request for reconsideration is final. The board may extend the time for
complying with a correction order after receiving a request for reconsideration if necessary.

(c) The board must reinspect the facility within 15 days after the time for correcting
the violation has passed to determine whether the violation has been corrected. If the
violation has been corrected, the board must notify the commercial breeder in writing that
the commercial breeder is in compliance with the correction order. The board may charge
a reinspection fee to determine if a previous violation has been corrected.

Subd. 2. Administrative penalty orders. After the inspection required under
subdivision 1, paragraph (c), the board may issue an order requiring violations to
be corrected and administratively assessing monetary penalties for violations. The
administrative penalty order must include a citation of the statute, rule, or regulation
violated; a description of the violation; and the amount of the penalty for each violation. A
single correction order may assess a maximum administrative penalty of $5,000.

Subd. 3. Injunctive relief. In addition to any other remedy provided by law, the
board may bring an action for injunctive relief in the district court in Ramsey County or in
the county in which a violation of the statutes, rules, or regulations governing the breeding
of cats and dogs occurred to enjoin the violation.

Subd. 4. Cease and desist. The board must issue an order to cease a practice if its
continuation would result in an immediate risk to animal welfare or public health. An
order issued under this subdivision is effective for a maximum of 72 hours. The board or
its designated agent must seek an injunction or take other administrative action authorized
by law to restrain a practice beyond 72 hours. The issuance of a cease-and-desist order does not preclude other enforcement action by the board.

Subd. 5. **Refusal to reissue license; license suspension or revocation.** (a) The board may suspend, revoke, or refuse to renew a license as follows:

(1) for failure to comply with a correction order;

(2) for failure to pay an administrative penalty;

(3) for failure to meet the requirements of section 347.58 or 347.59; or

(4) for falsifying information requested by the board.

A license suspension, revocation, or nonrenewal may be appealed through the Office of Administrative Hearings. A notice of intent to appeal must be filed in writing with the board within 20 days after receipt of the notice of suspension, revocation, or nonrenewal.

(b) The board must revoke a license if a commercial breeder has been convicted of cruelty to animals under Minnesota law or a substantially similar animal cruelty law of another jurisdiction, or for the denial, revocation, or suspension of a similar license by another federal or state authority. A license revocation under this subdivision may be appealed through the Office of Administrative Hearings. A notice of intent to appeal must be filed in writing with the board within 20 days after receipt of the notice of revocation.

(c) A commercial breeder whose license is revoked may not reapply for licensure for two years after the date of revocation. The license is permanently revoked if the basis for the revocation was a gross misdemeanor or felony conviction for animal cruelty.

(d) A commercial breeder whose license is suspended or revoked two times is permanently barred from licensure.

Subd. 6. **Administrative hearing rights.** (a) Except as provided in paragraph (b), if the board proposes to refuse to renew, suspend, or revoke a license, the board must first notify the commercial breeder in writing of the proposed action and provide an opportunity to request a hearing under the contested case provisions of chapter 14. If the commercial breeder does not request a hearing within 20 days after receipt of the notice of the proposed action, the board may proceed with the action without a hearing.

(b) The contested case provisions of chapter 14 do not apply when the board denies a license based on an applicant's failure to meet the minimum qualifications for licensure.

(c) A commercial breeder may appeal the amount of an administrative penalty order through the Office of Administrative Hearings pursuant to the procedures set forth in chapter 14. A commercial breeder wishing to file an appeal must notify the board in writing within 20 days after receipt of the administrative penalty order.

Subd. 7. **Other jurisdictions.** The board may accept as prima facie evidence of grounds for an enforcement action under this section any enforcement or disciplinary
action from another jurisdiction, if the underlying violation would be grounds for a
violation under the provisions of this section.

Subd. 8. Appeals. A final order by the board may be appealed to the Minnesota
Court of Appeals.

Sec. 37. [347.615] BIOSECURITY; ENTRY INTO FACILITIES.

No law enforcement officer, agent of the board, or other official may enter a
commercial breeder facility unless the person follows either the biosecurity procedure
issued by the board or a reasonable biosecurity procedure maintained and prominently
posted by the commercial breeder at each entry to a facility, whichever is more stringent.
This section does not apply in emergency or exigent circumstances.

Sec. 38. [347.62] PENALTIES.

(a) A violation of section 347.58 or 347.59 that results in cruelty or torture to an
animal, as those terms are defined in section 343.20, subdivision 3, is subject to the
penalties in section 343.21, subdivisions 9 and 10, relating to pet or companion animals.

(b) It is a misdemeanor to falsify information in a license application, annual report,
or record.

(c) It is a misdemeanor for an unlicensed commercial breeder to advertise animals
for sale.

(d) It is a misdemeanor for a commercial breeder to operate without a license.

Sec. 39. [347.63] DOG AND CAT BREEDERS LICENSING ACCOUNT;

APPROPRIATION.

A dog and cat breeders licensing account is created in the special revenue fund.
All fees and penalties collected by the board under sections 347.58 to 347.62 must be
deposited in the state treasury and credited to the dog and cat breeders licensing account
in the special revenue fund. Money in the account, including interest on the account, is
annually appropriated to the board to administer those sections.

Sec. 40. [347.64] APPLICABILITY.

Sections 347.57 to 347.63 do not apply to:

(1) any species other than dogs and cats as they are defined in section 347.57; and
(2) veterinary clinics or veterinary hospitals.
Sec. 41. Laws 2008, chapter 363, article 5, section 4, subdivision 7, as amended by
Laws 2009, chapter 37, article 1, section 61, is amended to read:

Subd. 7. **Fish and Wildlife Management**

123,000  119,000

Appropriations by Fund

<table>
<thead>
<tr>
<th>General</th>
<th>-0-</th>
<th>(427,000)</th>
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<tbody>
<tr>
<td>Game and Fish</td>
<td>123,000</td>
<td>546,000</td>
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$329,000 in 2009 is a reduction for fish and wildlife management.

$46,000 in 2009 is a reduction in the appropriation for the Minnesota Shooting Sports Education Center.

$52,000 in 2009 is a reduction for licensing.

$123,000 in 2008 and $246,000 in 2009 are from the game and fish fund to implement fish virus surveillance, prepare infrastructure to handle possible outbreaks, and implement control procedures for highest risk waters and fish production operations. This is a onetime appropriation.

Notwithstanding Minnesota Statutes, section 297A.94, paragraph (e), $300,000 in 2009 is from the second year appropriation in Laws 2007, chapter 57, article 1, section 4, subdivision 7, from the heritage enhancement account in the game and fish fund to study, predesign, and design a shooting sports facility in the seven-county metropolitan area for shooting sports facilities. Of this amount, $100,000 is for a grant to the Itasca County Gun Club for shooting sports facility improvements; and the remaining balance is for trap shooting facility grants under Minnesota Statutes, section 87A.10. This is available onetime only and is available until expended.

Article 13 Sec. 41.
$300,000 in 2009 is appropriated from the game and fish fund for only activities that improve, enhance, or protect fish and wildlife resources. This is a onetime appropriation.

Sec. 42. Laws 2013, chapter 114, article 4, section 47, is amended by adding an effective date to read:

EFFECTIVE DATE. This section is effective June 1, 2013.

EFFECTIVE DATE. This section is effective retroactively from June 1, 2013.

Sec. 43. APIARY PROGRAM.

No later than January 15, 2015, the commissioner of agriculture shall report to the house of representatives and senate committees with jurisdiction over agriculture regarding re-establishing an apiary program. The report shall include, at a minimum, recommendations on (1) prevention of diseases and exotic pests; (2) sanitary inspection of apiaries, including notification of diseases, nuisances, and quarantines; (3) an apiary location registry, to facilitate agency response to pollinator deaths or illnesses and for pesticide applicators to be aware of apiaries to avoid impacts, including data practices and privacy protections; and (4) the public benefit of an apiary program and the fiscal costs associated with a program.

Sec. 44. INVASIVE TERRESTRIAL PLANTS AND PESTS CENTER.

Subdivision 1. Establishment. The Board of Regents of the University of Minnesota is requested to establish an Invasive Terrestrial Plants and Pests Center to prevent and minimize the threats posed by terrestrial invasive plants, other weeds, pathogens, and pests in order to protect the state's prairies, forests, wetlands, and agricultural resources.

With the approval of the board, the College of Food, Agricultural and Natural Resource Science, in coordination with the College of Biological Sciences, shall administer the center utilizing the following departments:

(1) Entomology;
(2) Plant Pathology;
(3) Forest Resources;
(4) Horticultural Science;
(5) Fisheries Wildlife and Conservation Biology;
(6) Agronomy and Plant Genetics;
188.1 (7) Plant Biology; and
188.2 (8) Ecology, Evolution, and Behavior.

The college may also utilize the following research and outreach centers in
achieving the purposes of this section: Cloquet Forestry Center; North Central Research
and Outreach Center; Northwest Research and Outreach Center; Southern Research and
Outreach Center; Southwest Research and Outreach Center; West Central Research and
Outreach Center; Rosemount Research and Outreach Center; Horticultural Research
Center; and Sand Plain Research Center.

Subd. 2. Purpose. The purpose of the Invasive Terrestrial Plants and Pests Center is
to research and develop effective measures to prevent and minimize the threats posed by
terrestrial invasive plants, pathogens, and pests, including agricultural weeds and pests, in
order to protect the state's native prairies, forests, wetlands, and agricultural resources, by:

1. creating a prioritized list of pest and plant species that threaten the state's prairies,
2. forests, wetlands, and agricultural resources and making the list publicly accessible; and

Subd. 2a. Appropriate centers. The Invasive Terrestrial Plants and Pests Center shall receive
support from the following centers:

(i) the Minnesota Agricultural Experiment Station;
(ii) the Minnesota Crop Protection Center;
(iii) the University of Minnesota College of Agriculture, Food, and Natural Resources;
(iv) the University of Minnesota Extension Service;
(v) the University of Minnesota Horticultural Research Center;
(vi) the University of Minnesota Metropolitan Natural Resources Center.

Subd. 3. Report. By January 15, 2015, as a condition of the appropriation provided
under this act, the Board of Regents of the University of Minnesota shall submit a report
to the chairs and ranking minority members of the house of representatives and senate
committees and divisions with jurisdiction over the environment and natural resources and
agriculture on: (1) the activities and outcomes of the center; and (2) any recommendations
for additional funding for education, implementation, or other activities.

Sec. 45. RECOGNITION; COMMERCIAL BREEDER EXCELLENCE.

The Board of Animal Health, in consultation with representatives of the licensed
commercial breeder industry, must develop a program to recognize persons who
demonstrate commercial breeder excellence and exceed the standards and practices
required of commercial breeders under this act.

Sec. 46. REGISTRATION; INITIAL PRELICENSE INSPECTIONS.

Subdivision 1. Commercial breeder registration. Beginning July 1, 2014, until
June 30, 2015, a commercial breeder must register each facility it owns or operates by
paying a registration fee not to exceed $250 per facility to the Board of Animal Health.

Subd. 2. Initial prelicense inspections. Beginning July 1, 2014, the board may
begin the initial prelicense inspections under Minnesota Statutes, section 347.58.

Subd. 3. Deposits of fees. Fees collected under this section must be deposited in the
dog and cat breeders licensing account in the special revenue fund.

Sec. 47. RESEARCH DOGS AND CATS.

(a) A higher education research facility that receives public money or a facility that
provides research in collaboration with a higher education facility that confines dogs or
cats for science, education, or research purposes and plans on euthanizing a dog or cat
for other than science, education, or research purposes must first offer the dog or cat
to an animal rescue organization. A facility that is required to offer dogs or cats to an
animal rescue organization under this section may enter into an agreement with the animal
rescue organization to protect the facility. A facility that provides a dog or cat to a rescue
organization under this section is immune from any civil liability that otherwise might
result from its actions, provided that the facility is acting in good faith.

(b) For the purposes of this section, "animal rescue organization" means any
nonprofit organization incorporated for the purpose of rescuing animals in need and
finding permanent, adoptive homes for the animals.

(c) This section expires July 1, 2015.

Sec. 48. REPEALER.

Minnesota Statutes 2012, section 115A.551, subdivision 2, is repealed.

ARTICLE 14

CLEAN WATER FUND

Section 1. CLEAN WATER FUND APPROPRIATIONS.

The sums shown in the columns marked "Appropriations" are appropriated to the
agencies and for the purposes specified in this article. The appropriations are from the
clean water fund and are available for the fiscal year indicated for allowable activities
under the Minnesota Constitution, article XI, section 15. The figure "2015" used in this
article means that the appropriations listed under it are available for the fiscal year ending
June 30, 2015. The appropriations in this article are onetime.

### APPROPRIATIONS

**Available for the Year Ending June 30**

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<td>2015</td>
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### Sec. 2. CLEAN WATER

**Subdivision 1. Total Appropriation**

| $2,450,000 |

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<td>2015</td>
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**Subd. 2. Availability of Appropriation**

Money appropriated in this article may not be spent on activities unless they are
directly related to and necessary for a specific appropriation. Money appropriated in this article must be spent in accordance with Minnesota Management and Budget's Guidance to Agencies on Legacy Fund Expenditure. Notwithstanding Minnesota Statutes, section 16A.28, and unless otherwise specified in this article, the appropriations are available until June 30, 2016. If a project receives federal funds, the time period of the appropriation is extended to equal the availability of federal funding.

### Sec. 3. POLLUTION CONTROL AGENCY

| $200,000 |

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<td></td>
<td>2015</td>
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$200,000 in 2015 is for coordination with the state of Wisconsin and the National Park Service on comprehensive phosphorus reduction activities in the Lake St. Croix portion of the St. Croix River. The agency shall work with the St. Croix Basin Water Article 14 Sec. 3.
Resources Planning Team and the St. Croix River Association in implementing the water monitoring and phosphorus reduction activities.

Sec. 4. BOARD OF WATER AND SOIL RESOURCES

$1,400,000

$150,000 in 2015 is to collaborate with the commissioner of health and local units of government in the North and East Metro Groundwater Management Area through development or implementation of local water management plans as provided for in Minnesota Statutes, chapters 103B, 103C, 103D, and 114D, to identify strategies for groundwater protection and potential locations for infiltration projects and practices, including potential wetland restoration, enhancement, or creation that would contribute to groundwater recharge, surface water enhancement, and wellhead protection. Areas in the Mississippi River flyway, or that also provide habitat for waterfowl production, fish spawning, or other fish or wildlife habitat, should be specifically identified. This appropriation is available until June 30, 2017.

$250,000 in 2015 is to collaborate with the commissioner of health and local units of government in the Bonanza Valley Groundwater Management Area and Straight River Groundwater Management Area through development or implementation of local water management plans as provided for in Minnesota Statutes, chapters 103B, 103C, 103D, and 114D, to identify...
strategies for groundwater protection and
potential locations for infiltration projects
and practices, including potential wetland
restoration, enhancement, or creation that
would contribute to groundwater recharge
and wellhead protection. Areas in the
Mississippi River flyway, or that also provide
habitat for waterfowl production, fish
spawning, or other fish or wildlife habitat,
should be specifically identified. This
appropriation is available until June 30, 2017.
$100,000 in 2015 is for a workshop for public
works professionals or other local officials
that promote landscape best management
practices that keep water on the land,
including rain gardens, within the North and
East Metro Groundwater Management Area
and for grants to local units of government
in the North and East Metro Groundwater
Management Area to keep water on the land.
$900,000 in 2015 is added to the
appropriation to the Board of Water and Soil
Resources for grants in Laws 2013, chapter
137, article 2, section 7, paragraph (b).
The board may use the appropriation to
update the Minnesota Public Drainage
Manual and the Minnesota Public Drainage
Law Overview for Decision Makers in
Laws 2013, chapter 137, article 2, section
7, paragraph (e), for contracts or grants to
achieve the purposes of the appropriation.

Sec. 5. METROPOLITAN COUNCIL

$ 550,000

$400,000 in 2015 from the clean water fund
is to develop a plan for the North and East
Metro Groundwater Management Area and

to redesign preferred long-term solutions

to address regional water supply and

sustainability issues, including enhancing

surface waters, in collaboration with the

commissioner of natural resources. The plan,
in incorporating standard engineering practices,

must address construction, operation, and

maintenance of infrastructure needed to

implement the preferred solutions and,
in consultation with the Public Facilities

Authority, include recommendations for

funding that would fairly allocate the costs
to users and other beneficiaries. As the

plan is developed, the council must meet
periodically with the local water supply work
group to review details of the plan. This

appropriation is available until June 30, 2015.

$100,000 in 2015 from the clean water fund

is to investigate, in collaboration with the

Board of Water and Soil Resources and the

Pollution Control Agency, the feasibility

of collecting and treating storm water in

the North and East Metro Groundwater

Management Area to enhance surface waters

and groundwater recharge.

$50,000 in 2015 from the clean water fund is

to partner with the University of Minnesota's

Minnesota Technical Assistance Program

(MnTAP) to identify opportunities for

industrial water users to reduce or reuse their

water consumption within the North and East

Metro Groundwater Management Area.

Sec. 6. DEPARTMENT OF HEALTH $ 300,000
$300,000 in 2015 from the clean water fund is to collaborate with the Board of Water and Soil Resources and local units of government in the North and East Metro Groundwater Management Area, Bonanza Valley Groundwater Management Area, and Straight River Groundwater Management Area and to update wellhead protection areas within groundwater management areas, in cooperation with the Board of Water and Soil Resources, to meet the sustainability standards of Minnesota Statutes, chapter 103G, including Minnesota Statutes, section 103G.287, subdivision 5, and to be available for the requirements of Minnesota Statutes, chapter 103H. The update should identify the most critical areas that need protecting.

Sec. 7. REPURPOSE OF 2011 APPROPRIATION.

The remaining balance of the appropriation in Laws 2011, First Special Session chapter 6, article 2, section 6, paragraph (g), to the commissioner of natural resources for shoreland stewardship, TMDL implementation coordination, providing technical assistance, and maintaining and updating data may be used for stream flow and groundwater monitoring, including the installation of additional monitoring gauges, and monitoring necessary to determine the relationship between stream flow and groundwater, and is available until June 30, 2015.

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

Sec. 8. CANCELLATION OF 2009 APPROPRIATION.

The unspent balance of the appropriation to the commissioner of the Pollution Control Agency for grants under Minnesota Statutes, section 116.195, in Laws 2009, chapter 172, article 2, section 4, paragraph (c), as amended by Laws 2011, First Special Session chapter 6, article 2, section 23, is canceled.

EFFECTIVE DATE. This section is effective the day following final enactment.
Sec. 9. **STREAM GAUGE DATA.**

The commissioner of natural resources shall provide an easily accessible link to the Department of Natural Resources' and the Pollution Control Agency's cooperative stream gauging data, including lake level information for existing stations, including White Bear Lake and Turtle Lake, on the department's Web site.

**ARTICLE 15**

**GENERAL EDUCATION**

Section 1. Minnesota Statutes 2012, section 123A.05, subdivision 2, is amended to read:

Subd. 2. **Reserve revenue.** Each district that is a member of an area learning center or alternative learning program must reserve revenue in an amount equal to the sum of

(1) at least 90 and no more than 100 percent of the district average general education revenue per adjusted pupil unit minus an amount equal to the product of the formula allowance according to section 126C.10, subdivision 2, times .0485 .0466, calculated without basic skills revenue, local optional revenue, and transportation sparsity revenue, times the number of pupil units attending an area learning center or alternative learning program under this section, plus (2) the amount of basic skills revenue generated by pupils attending the area learning center or alternative learning program. The amount of reserved revenue under this subdivision may only be spent on program costs associated with the area learning center or alternative learning program.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2015 and later.

Sec. 2. Minnesota Statutes 2013 Supplement, section 123B.75, subdivision 5, is amended to read:

Subd. 5. **Levy recognition.** For fiscal year 2014 and later years, in June of each year, the school district must recognize as revenue, in the fund for which the levy was made, the lesser of:

(1) the sum of May, June, and July school district tax settlement revenue received in that calendar year, plus general education aid according to section 126C.13, subdivision 4, received in July and August of that calendar year; or

(2) the sum of:

(i) the greater of 48.6 percent of the referendum levy certified according to section 126C.17 in the prior calendar year, or 31 percent of the referendum levy certified according to section 126C.17 in calendar year 2000; plus
(ii) the entire amount of the levy certified in the prior calendar year according to section 124D.4531, 124D.86, subdivision 4, for school districts receiving revenue under sections 124D.86, subdivision 3, clauses (1), (2), and (3); 124D.862, for Special School District No. 1, Minneapolis, Independent School District No. 625, St. Paul, and Independent School District No. 709, Duluth; 126C.41, subdivisions 1, 2, paragraph (a), and 3, paragraphs (b), (c), and (d); 126C.43, subdivision 2; and 126C.48, subdivision 6, plus

(iii) 48.6 percent of the amount of the levy certified in the prior calendar year for the school district's general and community service funds, plus or minus auditor's adjustments, that remains after subtracting the referendum levy certified according to section 126C.17 and the amount recognized according to item (ii).

Sec. 3. Minnesota Statutes 2012, section 124D.09, subdivision 9, is amended to read:

Subd. 9. Enrollment priority. (a) A postsecondary institution shall give priority to its postsecondary students when enrolling 10th, 11th, and 12th grade pupils in its courses. A postsecondary institution may provide information about its programs to a secondary school or to a pupil or parent and it may advertise or otherwise recruit or solicit a secondary pupil to enroll in its programs on educational and programmatic grounds only except, notwithstanding other law to the contrary, and for the 2014-2015 through 2019-2020 school years only, an eligible postsecondary institution may advertise or otherwise recruit or solicit a secondary pupil residing in a school district with 700 students or more in grades 10, 11, and 12, to enroll in its programs on educational, programmatic, or financial grounds. An institution must not enroll secondary pupils, for postsecondary enrollment options purposes, in remedial, developmental, or other courses that are not college level except when a student eligible to participate in the graduation incentives program under section 124D.68 enrolls full time in a middle or early college program specifically designed to allow the student to earn dual high school and college credit. In this case, the student shall receive developmental college credit and not college credit for completing remedial or developmental courses. Once a pupil has been enrolled in any postsecondary course under this section, the pupil shall not be displaced by another student.

(b) If a postsecondary institution enrolls a secondary school pupil in a course under this section, the postsecondary institution also must enroll in the same course an otherwise enrolled and qualified postsecondary student who qualifies as a veteran under section 197.447, and demonstrates to the postsecondary institution's satisfaction that the institution's established enrollment timelines were not practicable for that student.

EFFECTIVE DATE. This section is effective July 1, 2014.
Sec. 4. Minnesota Statutes 2012, section 124D.09, subdivision 13, is amended to read:

Subd. 13. Financial arrangements. For a pupil enrolled in a course under this section, the department must make payments according to this subdivision for courses that were taken for secondary credit.

The department must not make payments to a school district or postsecondary institution for a course taken for postsecondary credit only. The department must not make payments to a postsecondary institution for a course from which a student officially withdraws during the first 14 days of the quarter or semester or who has been absent from the postsecondary institution for the first 15 consecutive school days of the quarter or semester and is not receiving instruction in the home or hospital.

A postsecondary institution shall receive the following:

(1) for an institution granting quarter credit, the reimbursement per credit hour shall be an amount equal to 88 percent of the product of the formula allowance minus $415, multiplied by \( \frac{1}{2} \cdot 1.2 \), and divided by 45; or

(2) for an institution granting semester credit, the reimbursement per credit hour shall be an amount equal to 88 percent of the product of the general revenue formula allowance minus $415 \( \times $425 \), multiplied by \( \frac{1}{2} \cdot 1.2 \), and divided by 30.

The department must pay to each postsecondary institution 100 percent of the amount in clause (1) or (2) within 30 days of receiving initial enrollment information each quarter or semester. If changes in enrollment occur during a quarter or semester, the change shall be reported by the postsecondary institution at the time the enrollment information for the succeeding quarter or semester is submitted. At any time the department notifies a postsecondary institution that an overpayment has been made, the institution shall promptly remit the amount due.

EFFECTIVE DATE. This section is effective for fiscal year 2015 and later.

Sec. 5. Minnesota Statutes 2013 Supplement, section 124D.11, subdivision 1, is amended to read:

Subdivision 1. General education revenue. General education revenue must be paid to a charter school as though it were a district. The general education revenue for each adjusted pupil unit is the state average general education revenue per pupil unit, plus the referendum equalization aid allowance in the pupil's district of residence, minus an amount equal to the product of the formula allowance according to section 126C.10, subdivision 2, times .0466, calculated without declining enrollment revenue, local optional revenue, basic skills revenue, extended time revenue, pension adjustment revenue, transition revenue, and transportation sparsity revenue, plus declining enrollment...
revenue, basic skills revenue, extended time revenue, pension adjustment revenue, and
transition revenue as though the school were a school district. The general education
revenue for each extended time pupil unit equals $4,794.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2015
and later.

Sec. 6. Minnesota Statutes 2012, section 124D.59, subdivision 2, is amended to read:

**Subd. 2. English learner.** (a) "English learner" means a pupil in kindergarten
through grade 12 who meets the following requirements:

(1) the pupil, as declared by a parent or guardian first learned a language other than
English, comes from a home where the language usually spoken is other than English, or
usually speaks a language other than English; and

(2) the pupil is determined by a valid assessment measuring the pupil's English
language proficiency and by developmentally appropriate measures, which might include
observations, teacher judgment, parent recommendations, or developmentally appropriate
assessment instruments, to lack the necessary English skills to participate fully in
academic classes taught in English.

(b) Notwithstanding paragraph (a), a pupil enrolled in a Minnesota public school
in grades any grade 4 through 12 who was enrolled in a Minnesota public school on
the dates during in the previous school year when a commissioner-provided took a
commissioner-provided assessment that measures measuring the pupil's emerging
academic English was administered, shall not be counted as an English learner in
calculating English learner pupil units under section 126C.05, subdivision 17, and shall not
generate state English learner aid under section 124D.65, subdivision 5, unless if the pupil
scored below the state cutoff score or is otherwise counted as a nonproficient participant
on an the assessment measuring the pupil's emerging academic English provided by the
commissioner during the previous school year, or in the judgment of the pupil's classroom
teachers, consistent with section 124D.61, clause (1), the pupil is unable to demonstrate
academic language proficiency in English, including oral academic language, sufficient to
successfully and fully participate in the general core curriculum in the regular classroom.

(c) Notwithstanding paragraphs (a) and (b), a pupil in kindergarten through grade
12 shall not be counted as an English learner in calculating English learner pupil units
under section 126C.05, subdivision 17, and shall not generate state English learner aid
under section 124D.65, subdivision 5, if:

(1) the pupil is not enrolled during the current fiscal year in an educational program
for English learners in accordance with under sections 124D.58 to 124D.64; or
(2) the pupil has generated six or more years of average daily membership in Minnesota public schools since July 1, 1996.

EFFECTIVE DATE. This section is effective for revenue for fiscal year 2015 and later.

Sec. 7. [124D.695] APPROVED RECOVERY PROGRAM FUNDING.

Subdivision 1. Approved recovery program. "Approved recovery program" means a course of instruction offered by a recovery school that provides academic services, assistance with recovery, and continuing care to students recovering from substance abuse or dependency. A recovery program may be offered in a transitional academic setting designed to meet graduation requirements. A recovery program must be approved by the commissioner of education. The commissioner may specify the manner and form of the application for the approval of a recovery school or recovery program.

Subd. 2. Eligibility. An approved recovery program is eligible for an annual recovery program grant of up to $125,000 to pay for a portion of the costs of recovery program support staff under this section. "Recovery program support staff" means licensed alcohol and chemical dependency counselors, licensed school counselors, licensed school psychologists, licensed school nurses, and licensed school social workers.

EFFECTIVE DATE. This section is effective for revenue for fiscal year 2015 and later.

Sec. 8. Minnesota Statutes 2013 Supplement, section 126C.05, subdivision 15, is amended to read:

Subd. 15. Learning year pupil units. (a) When a pupil is enrolled in a learning year program under section 124D.128, an area learning center or an alternative learning program approved by the commissioner under sections 123A.05 and 123A.06, or a contract alternative program under section 124D.68, subdivision 3, paragraph (d), or subdivision 4, for more than 1,020 hours in a school year for a secondary student, more than 935 hours in a school year for an elementary student, more than 850 hours in a school year for a kindergarten student without a disability in an all-day kindergarten program, or more than 425 hours in a school year for a half-day kindergarten student without a disability, that pupil may be counted as more than one pupil in average daily membership for purposes of section 126C.10, subdivision 2a. The amount in excess of one pupil must be determined by the ratio of the number of hours of instruction provided to that pupil in excess of: (i) the greater of 1,020 hours or the number of hours required for a full-time...
secondary pupil in the district to 1,020 for a secondary pupil; (ii) the greater of 935 hours or the number of hours required for a full-time elementary pupil in the district to 935 for an elementary pupil in grades 1 through 6; and (iii) the greater of 425 \( \text{hours} \) or the number of hours required for a full-time kindergarten student without a disability in the district to \( 425 \) \( \text{hours} \) for a kindergarten student without a disability; and (iv) the greater of 425 \( \text{hours} \) or the number of hours required for a half-time kindergarten student without a disability in the district to 425 for a half-day kindergarten student without a disability.

Hours that occur after the close of the instructional year in June shall be attributable to the following fiscal year. A student in kindergarten or grades 1 through 12 must not be counted as more than 1.2 pupils in average daily membership under this subdivision.

(b)(i) To receive general education revenue for a pupil in an area learning center or alternative learning program that has an independent study component, a district must meet the requirements in this paragraph. The district must develop, for the pupil, a continual learning plan consistent with section 124D.128, subdivision 3. Each school district that has an area learning center or alternative learning program must reserve revenue in an amount equal to at least 90 and not more than 100 percent of the district average general education revenue per pupil unit, minus an amount equal to the product of the formula allowance according to section 126C.10, subdivision 2, times .0466, calculated without basic skills revenue, local optional revenue, and transportation sparsity revenue, times the number of pupil units generated by students attending an area learning center or alternative learning program. The amount of reserved revenue available under this subdivision may only be spent for program costs associated with the area learning center or alternative learning program. Basic skills revenue generated according to section 126C.10, subdivision 4, by pupils attending the eligible program must be allocated to the program.

(ii) General education revenue for a pupil in a state-approved alternative program without an independent study component must be prorated for a pupil participating for less than a full year, or its equivalent. The district must develop a continual learning plan for the pupil, consistent with section 124D.128, subdivision 3. Each school district that has an area learning center or alternative learning program must reserve revenue in an amount equal to at least 90 and not more than 100 percent of the district average general education revenue per pupil unit, minus an amount equal to the product of the formula allowance according to section 126C.10, subdivision 2, times .0466, calculated without basic skills revenue, local optional revenue, and transportation sparsity revenue, times the number of pupil units generated by students attending an area learning center or alternative learning program. The amount of reserved revenue available under this subdivision may only be spent for program costs associated with the area learning center or alternative learning program.
program. Basic skills revenue generated according to section 126C.10, subdivision 4, by pupils attending the eligible program must be allocated to the program.

(iii) General education revenue for a pupil in a state-approved alternative program that has an independent study component must be paid for each hour of teacher contact time and each hour of independent study time completed toward a credit or graduation standards necessary for graduation. Average daily membership for a pupil shall equal the number of hours of teacher contact time and independent study time divided by 1,020.

(iv) For a state-approved alternative program having an independent study component, the commissioner shall require a description of the courses in the program, the kinds of independent study involved, the expected learning outcomes of the courses, and the means of measuring student performance against the expected outcomes.

Sec. 9. Minnesota Statutes 2013 Supplement, section 126C.10, subdivision 2, is amended to read:

Subd. 2. Basic revenue. For fiscal year 2014, the basic revenue for each district equals the formula allowance times the adjusted marginal cost pupil units for the school year. For fiscal year 2015 and later, the basic revenue for each district equals the formula allowance times the adjusted pupil units for the school year. The formula allowance for fiscal year 2013 is $5,224. The formula allowance for fiscal year 2014 is $5,302. The formula allowance for fiscal year 2015 and later is $5,806 - $5,831.

EFFECTIVE DATE. This section is effective for revenue for fiscal year 2015 and later.

Sec. 10. Minnesota Statutes 2013 Supplement, section 126C.10, subdivision 2a, is amended to read:

Subd. 2a. Extended time revenue. (a) A school district's extended time revenue for fiscal year 2014 is equal to the product of $4,601 and the sum of the adjusted marginal cost pupil units of the district for each pupil in average daily membership in excess of 1.0 and less than 1.2 according to section 126C.05, subdivision 8. A school district's extended time revenue for fiscal year 2015 and later is equal to the product of $5,017 and the sum of the adjusted pupil units of the district for each pupil in average daily membership in excess of 1.0 and less than 1.2 according to section 126C.05, subdivision 8.

(b) A school district's extended time revenue may be used for extended day programs, extended week programs, summer school, and other programming authorized under the learning year program.
EFFECTIVE DATE. This section is effective the day following final enactment and applies to revenue for fiscal year 2014 and later.

Sec. 11. Minnesota Statutes 2013 Supplement, section 126C.10, subdivision 2c, is amended to read:

Subd. 2c. Small schools revenue. (a) A school district, not including a charter school, is eligible for small schools revenue equal to the greater of the calculation under paragraph (b) or (d).

(b) The product of:

(1) $544;

(2) the district's adjusted pupil units for that year; and

(3) the greater of zero or the ratio of (i) 960 less the district's adjusted pupil units for that year, to (ii) 960.

(c) For the purpose of revenue calculated under paragraph (d), "district" includes a qualifying high school under subdivision 6 that is located in a district with more than one qualifying high school under subdivision 6 at least two high schools.

(d) The product of:

(1) $544;

(2) the district's adjusted pupil units for that year; and

(3) the greater of zero or the ratio of (i) 960 less the district's adjusted pupil units for that year, to (ii) 960.

EFFECTIVE DATE. This section is effective for revenue in fiscal year 2015 and later.

Sec. 12. Minnesota Statutes 2013 Supplement, section 126C.10, subdivision 24, is amended to read:

Subd. 24. Equity revenue. (a) A school district qualifies for equity revenue if:

(1) the school district's adjusted pupil unit amount of basic revenue, transition revenue, and referendum revenue is less than the value of the school district at or immediately above the 95th percentile of school districts in its equity region for those revenue categories; and

(2) the school district's administrative offices are not located in a city of the first class on July 1, 1999.

(b) Equity revenue for a qualifying district that receives referendum revenue under section 126C.17, subdivision 4, equals the product of (1) the district's adjusted pupil
units for that year; times (2) the sum of (i) $14, plus (ii) $80, times the school district's
equity index computed under subdivision 27.

(c) Equity revenue for a qualifying district that does not receive referendum revenue
under section 126C.17, subdivision 4, equals the product of the district's adjusted pupil
units for that year times $14.

(d) A school district's equity revenue is increased by the greater of zero or an amount
equal to the district's resident adjusted pupil units times the difference between ten percent
of the statewide average amount of referendum revenue per resident adjusted pupil unit for
that year and the district's referendum revenue per resident adjusted pupil unit. A school
district's revenue under this paragraph must not exceed $100,000 for that year.

(e) A school district's equity revenue for a school district located in the metro equity
region equals the amount computed in paragraphs (b), (c), and (d) multiplied by 1.25.

(f) A school district's additional equity revenue equals $50 times its adjusted pupil
units.

**EFFECTIVE DATE.** The changes in paragraph (d) are effective for revenue for
fiscal year 2015 and later.

Sec. 13. Minnesota Statutes 2012, section 126C.10, subdivision 25, is amended to read:

Subd. 25. **Regional equity gap.** The regional equity gap equals the difference
between the value of the school district at or immediately above the fifth percentile of
adjusted general revenue per adjusted marginal cost pupil unit and the value of the school
district at or immediately above the 95th percentile of adjusted general revenue per
adjusted marginal cost pupil unit.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2015
and later.

Sec. 14. Minnesota Statutes 2012, section 126C.10, subdivision 26, is amended to read:

Subd. 26. **District equity gap.** A district's equity gap equals the greater of zero
or the difference between the district's adjusted general revenue and the value of the
school district at or immediately above the regional 95th percentile of adjusted general
revenue per adjusted marginal cost pupil unit.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2015
and later.
Sec. 15. Minnesota Statutes 2013 Supplement, section 126C.10, subdivision 31, is amended to read:

Subd. 31. Transition revenue. (a) A district's transition allowance equals the sum of the transition revenue the district would have received for fiscal year 2015 under Minnesota Statutes 2012, section 126C.10, subdivisions 31, 31a, and 31c, and the greater of zero or the difference between:

(1) the sum of:

(i) the general education revenue the district would have received for fiscal year 2015 according to Minnesota Statutes 2012, section 126C.10;

(ii) the integration revenue the district received for fiscal year 2013 under Minnesota Statutes 2012, section 124D.86;

(iii) the pension adjustment the district would have received for fiscal year 2015 under Minnesota Statutes 2012, section 127A.50;

(iv) the special education aid the district would have received for fiscal year 2015 under Minnesota Statutes 2012, section 125A.76; and

(v) the special education excess cost aid the district would have received for fiscal year 2015 under Minnesota Statutes 2012, section 125A.79; and

(2) the sum of the district's:

(i) general education revenue for fiscal year 2015 excluding transition revenue under this section;

(ii) achievement and integration revenue for fiscal year 2015 under section 124D.86; and

(iii) special education aid for fiscal year 2015 under section 125A.76; and

(iv) alternative teacher compensation revenue for fiscal year 2015 under section 122A.415, divided by the number of adjusted pupil units for fiscal year 2015.

(b) A district's transition revenue for fiscal year 2015 and later equals the product of the district's transition allowance times the district's adjusted pupil units.

EFFECTIVE DATE. This section is effective for revenue for fiscal year 2015 and later.

Sec. 16. Minnesota Statutes 2013 Supplement, section 126C.17, subdivision 6, is amended to read:

Subd. 6. Referendum equalization levy. (a) For fiscal year 2003 and later, a district's referendum equalization levy equals the sum of the first tier referendum...
equalization levy, the second tier referendum equalization levy, and the third tier
referendum equalization levy.
(b) A district's first tier referendum equalization levy equals the district's first tier
referendum equalization revenue times the lesser of one or the ratio of the district's
referendum market value per resident pupil unit to $880,000.
(c) A district's second tier referendum equalization levy equals the district's second
tier referendum equalization revenue times the lesser of one or the ratio of the district's
referendum market value per resident pupil unit to $510,000.
(d) A district's third tier referendum equalization levy equals the district's third
tier referendum equalization revenue times the lesser of one or the ratio of the district's
referendum market value per resident pupil unit to $290,000.

Sec. 17. Minnesota Statutes 2013 Supplement, section 126C.17, subdivision 7b,
is amended to read:
Subd. 7b. **Referendum aid guarantee.** (a) Notwithstanding subdivision 7, the sum
of a district's referendum equalization aid and location equity aid under section 126C.10,
subdivision 2e, for fiscal year 2015 must not be less than the sum of the referendum
equalization aid the district would have received for fiscal year 2015 under Minnesota
Statutes 2012, section 126C.17, subdivision 7, and the adjustment the district would have
received under Minnesota Statutes 2012, section 127A.47, subdivision 7, paragraphs
(a), (b), and (c).

(b) Notwithstanding subdivision 7, the sum of referendum equalization aid and
location equity aid under section 126C.10, subdivision 2e, for fiscal year 2016 and later,
for a district qualifying for additional aid under paragraph (a) for fiscal year 2015, must
not be less than the product of (1) the district's referendum equalization aid for fiscal year
2015, times (2) the lesser of one or the ratio of the district's referendum revenue for that
school year to the district's referendum revenue for fiscal year 2015, times (3) the lesser
of one or the ratio of the district's referendum market value used for fiscal year 2015
referendum equalization calculations to the district's referendum market value used for
that year's referendum equalization calculations.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2015
and later.

Sec. 18. Minnesota Statutes 2013 Supplement, section 126C.17, subdivision 9, is
amended to read:
Subd. 9. Referendum revenue. (a) The revenue authorized by section 126C.10,
subdivision 1, may be increased in the amount approved by the voters of the district
at a referendum called for the purpose. The referendum may be called by the board.
The referendum must be conducted one or two calendar years before the increased levy
authority, if approved, first becomes payable. Only one election to approve an increase
may be held in a calendar year. Unless the referendum is conducted by mail under
subdivision 11, paragraph (a), the referendum must be held on the first Tuesday after the
first Monday in November. The ballot must state the maximum amount of the increased
revenue per adjusted pupil unit. The ballot may state a schedule, determined by the board,
of increased revenue per adjusted pupil unit that differs from year to year over the number
of years for which the increased revenue is authorized or may state that the amount shall
increase annually by the rate of inflation. For this purpose, the rate of inflation shall be the
annual inflationary increase calculated under subdivision 2, paragraph (b). The ballot may
state that existing referendum levy authority is expiring. In this case, the ballot may also
calculate the proposed levy authority to the existing expiring levy authority, and express
the proposed increase as the amount, if any, over the expiring referendum levy authority.
The ballot must designate the specific number of years, not to exceed ten, for which the
referendum authorization applies. The ballot, including a ballot on the question to revoke
or reduce the increased revenue amount under paragraph (c), must abbreviate the term
"per adjusted pupil unit" as "per pupil." The notice required under section 275.60 may
be modified to read, in cases of renewing existing levies at the same amount per pupil
as in the previous year:

"BY VOTING "YES" ON THIS BALLOT QUESTION, YOU ARE VOTING
TO EXTEND AN EXISTING PROPERTY TAX REFERENDUM THAT IS
SCHEDULED TO EXPIRE."

The ballot may contain a textual portion with the information required in this
subdivision and a question stating substantially the following:

"Shall the increase in the revenue proposed by (petition to) the board of ........,
School District No. ... be approved?"

If approved, an amount equal to the approved revenue per adjusted pupil unit times
the adjusted pupil units for the school year beginning in the year after the levy is certified
shall be authorized for certification for the number of years approved, if applicable, or
until revoked or reduced by the voters of the district at a subsequent referendum.
(b) The board must prepare and deliver by first class mail at least 15 days but no more
than 30 days before the day of the referendum to each taxpayer a notice of the referendum
and the proposed revenue increase. The board need not mail more than one notice to any
taxpayer. For the purpose of giving mailed notice under this subdivision, owners must be
those shown to be owners on the records of the county auditor or, in any county where
tax statements are mailed by the county treasurer, on the records of the county treasurer.
Every property owner whose name does not appear on the records of the county auditor
or the county treasurer is deemed to have waived this mailed notice unless the owner
has requested in writing that the county auditor or county treasurer, as the case may be,
include the name on the records for this purpose. The notice must project the anticipated
amount of tax increase in annual dollars for typical residential homesteads, agricultural
homesteads, apartments, and commercial-industrial property within the school district.
The notice for a referendum may state that an existing referendum levy is expiring
and project the anticipated amount of increase over the existing referendum levy in
the first year, if any, in annual dollars for typical residential homesteads, agricultural
homesteads, apartments, and commercial-industrial property within the district.
The notice must include the following statement: "Passage of this referendum will
result in an increase in your property taxes." However, in cases of renewing existing levies,
the notice may include the following statement: "Passage of this referendum extends an
existing operating referendum at the same amount per pupil as in the previous year."
(c) A referendum on the question of revoking or reducing the increased revenue
amount authorized pursuant to paragraph (a) may be called by the board. A referendum to
revoke or reduce the revenue amount must state the amount per resident marginal cost
adjusted pupil unit by which the authority is to be reduced. Revenue authority approved
by the voters of the district pursuant to paragraph (a) must be available to the school
district at least once before it is subject to a referendum on its revocation or reduction for
subsequent years. Only one revocation or reduction referendum may be held to revoke or
reduce referendum revenue for any specific year and for years thereafter.
(d) The approval of 50 percent plus one of those voting on the question is required to
pass a referendum authorized by this subdivision.
(e) At least 15 days before the day of the referendum, the district must submit a
copy of the notice required under paragraph (b) to the commissioner and to the county
auditor of each county in which the district is located. Within 15 days after the results
of the referendum have been certified by the board, or in the case of a recount, the
certification of the results of the recount by the canvassing board, the district must notify
the commissioner of the results of the referendum.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2015
and later.
Sec. 19. Minnesota Statutes 2013 Supplement, section 126C.17, subdivision 9a, is amended to read:

Subd. 9a. Board-approved referendum allowance. Notwithstanding subdivision 9, a school district may convert up to $300 per adjusted pupil unit of referendum authority from voter approved to board approved by a board vote. A district with less than $300 per adjusted pupil unit of referendum authority after the local optional revenue subtraction under subdivision 1 may authorize new referendum authority up to the difference between $300 per adjusted pupil unit and the district's referendum authority. The board may authorize this levy for up to five years and may subsequently reauthorize that authority in increments of up to five years.

EFFECTIVE DATE. This section is effective for revenue for fiscal year 2015 and later.

Sec. 20. Minnesota Statutes 2013 Supplement, section 126C.44, is amended to read:

126C.44 SAFE SCHOOLS LEVY.

(a) Each district may make a levy on all taxable property located within the district for the purposes specified in this section. The maximum amount which may be levied for all costs under this section shall be equal to $36 multiplied by the district's adjusted pupil units for the school year. The proceeds of the levy must be reserved and used for directly funding the following purposes or for reimbursing the cities and counties who contract with the district for the following purposes:

(1) to pay the costs incurred for the salaries, benefits, and transportation costs of peace officers and sheriffs for liaison in services in the district's schools;

(2) to pay the costs for a drug abuse prevention program as defined in section 609.101, subdivision 3, paragraph (e), in the elementary schools;

(3) to pay the costs for a gang resistance education training curriculum in the district's schools;

(4) to pay the costs for security in the district's schools and on school property;

(5) to pay the costs for other crime prevention, drug abuse, student and staff safety, voluntary opt-in suicide prevention tools, and violence prevention measures taken by the school district;

(6) to pay costs for licensed school counselors, licensed school nurses, licensed school social workers, licensed school psychologists, and licensed alcohol and chemical dependency counselors to help provide early responses to problems;
(7) to pay for facility security enhancements including laminated glass, public
announcement systems, emergency communications devices, and equipment and facility
modifications related to violence prevention and facility security;
(8) to pay for costs associated with improving the school climate; or
(9) to pay costs for collocating and collaborating with mental health professionals
who are not district employees or contractors.
(b) For expenditures under paragraph (a), clause (1), the district must initially
attempt to contract for services to be provided by peace officers or sheriffs with the
police department of each city or the sheriff's department of the county within the district
containing the school receiving the services. If a local police department or a county
sheriff's department does not wish to provide the necessary services, the district may
contract for these services with any other police or sheriff's department located entirely or
partially within the school district's boundaries.
(c) A school district that is a member of an intermediate school district may
include in its authority under this section the costs associated with safe schools activities
authorized under paragraph (a) for intermediate school district programs. This authority
must not exceed \$10 $15 times the adjusted marginal cost pupil units of the member
districts. This authority is in addition to any other authority authorized under this section.
Revenue raised under this paragraph must be transferred to the intermediate school district.

**EFFECTIVE DATE.** This section is effective for taxes payable in 2015 and later.

Sec. 21. Minnesota Statutes 2012, section 127A.45, subdivision 2, is amended to read:
Subd. 2. Definitions. (a) "Other district receipts" means payments by county
treasurers pursuant to section 276.10, apportionments from the school endowment fund
pursuant to section 127A.33, apportionments by the county auditor pursuant to section
127A.34, subdivision 2, and payments to school districts by the commissioner of revenue
pursuant to chapter 298.
(b) "Cumulative amount guaranteed" means the product of
(1) the cumulative disbursement percentage shown in subdivision 3; times
(2) the sum of
(i) the current year aid payment percentage of the estimated aid and credit
entitlements paid according to subdivision 13; plus
(ii) 100 percent of the entitlements paid according to subdivisions 11 and 12; plus
(iii) the other district receipts.
(c) "Payment date" means the date on which state payments to districts are made
by the electronic funds transfer method. If a payment date falls on a Saturday, a Sunday,
or a weekday which is a legal holiday, the payment shall be made on the immediately
preceding business day. The commissioner may make payments on dates other than
those listed in subdivision 3, but only for portions of payments from any preceding
payment dates which could not be processed by the electronic funds transfer method due
to documented extenuating circumstances.

(d) The current year aid payment percentage equals 23 in fiscal year 2010 and 70 in
fiscal year 2011, and 60 in fiscal years 2012 and later 90.

Sec. 22. Minnesota Statutes 2012, section 127A.45, subdivision 3, is amended to read:

Subd. 3. Payment dates and percentages. (a) The commissioner shall pay to a
district on the dates indicated an amount computed as follows: the cumulative amount
guaranteed minus the sum of (1) the district's other district receipts through the current
payment, and (2) the aid and credit payments through the immediately preceding payment.
For purposes of this computation, the payment dates and the cumulative disbursement
percentages are as follows:

<table>
<thead>
<tr>
<th>Payment date</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 15:</td>
<td>5.5</td>
</tr>
<tr>
<td>July 30:</td>
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<td>November 15:</td>
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<td>November 30:</td>
<td>36.5</td>
</tr>
<tr>
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<td>February 28:</td>
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<td>March 15:</td>
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<tr>
<td>May 30:</td>
<td>95.0</td>
</tr>
<tr>
<td>June 20:</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Article 15 Sec. 22.
(b) In addition to the amounts paid under paragraph (a), the commissioner shall pay

211.2 to a school district or charter school on the dates indicated an amount computed as follows:

211.3 Payment 3 August 15: the final adjustment for the prior fiscal year for the state paid
211.4 property tax credits established in section 273.1392
211.5 Payment 4 August 30: 30 percent of the final adjustment for the prior fiscal year for
211.6 all aid entitlements except state paid property tax credits
211.7 Payment 6 September 30: 40 percent of the final adjustment for the prior fiscal year
211.8 for all aid entitlements except state paid property tax credits
211.9 Payment 8 October 30: 30 percent of the final adjustment for the prior fiscal year
211.10 for all aid entitlements except state paid property tax credits

211.11 (c) Notwithstanding paragraph (b), if the current year aid payment percentage

211.12 under subdivision 2, paragraph (d), is less than 90, in addition to the amounts paid under
211.13 paragraph (a), the commissioner shall pay to a charter school on the dates indicated an
211.14 amount computed as follows:

211.15 Payment 1 July 15: 75 percent of the final adjustment for the prior fiscal year for
211.16 all aid entitlements
211.17 Payment 8 October 30: 25 percent of the final adjustment for the prior fiscal year
211.18 for all aid entitlements

211.19 **EFFECTIVE DATE.** This section is effective July 1, 2015.

Sec. 23. Minnesota Statutes 2013 Supplement, section 127A.47, subdivision 7, is

211.20 amended to read:

211.22 Subd. 7. *Alternative attendance programs.* (a) The general education aid and
211.23 special education aid for districts must be adjusted for each pupil attending a nonresident
211.24 district under sections 123A.05 to 123A.08, 124D.03, 124D.08, and 124D.68. The
211.25 adjustments must be made according to this subdivision.

211.26 (b) For purposes of this subdivision, the "unreimbursed cost of providing special
211.27 education and services" means the difference between: (1) the actual cost of providing
211.28 special instruction and services, including special transportation and unreimbursed
211.29 building lease and debt service costs for facilities used primarily for special education, for
211.30 a pupil with a disability, as defined in section 125A.02, or a pupil, as defined in section
211.31 125A.51, who is enrolled in a program listed in this subdivision, minus (2) if the pupil
211.32 receives special instruction and services outside the regular classroom for more than
211.33 60 percent of the school day, the amount of general education revenue and referendum
211.34 equalization aid as defined in section 125A.11, subdivision 1, paragraph (c), attributable
211.35 to that pupil for the portion of time the pupil receives special instruction and services
211.36 outside of the regular classroom, excluding portions attributable to district and school
211.37 administration, district support services, operations and maintenance, capital expenditures,
and pupil transportation, minus (3) special education aid under section 125A.76
attributable to that pupil, that is received by the district providing special instruction and
services. For purposes of this paragraph, general education revenue and referendum
equalization aid attributable to a pupil must be calculated using the serving district's
average general education revenue and referendum equalization aid per adjusted pupil unit.
(c) For fiscal year 2015 and later, special education aid paid to a resident district
must be reduced by an amount equal to 90 percent of the unreimbursed cost of providing
special education and services.
(d) Notwithstanding paragraph (c), special education aid paid to a resident district
must be reduced by an amount equal to 100 percent of the unreimbursed cost of special
education and services provided to students at an intermediate district, cooperative, or
charter school where the percent of students eligible for special education services is at
least 70 percent of the charter school's total enrollment.
(e) Special education aid paid to the district or cooperative providing special
instruction and services for the pupil, or to the fiscal agent district for a cooperative,
must be increased by the amount of the reduction in the aid paid to the resident district
under paragraphs (c) and (d). If the resident district's special education aid is insufficient
to make the full adjustment, the remaining adjustment shall be made to other state aids
due to the district.
(f) An area learning center operated by a service cooperative, intermediate district,
education district, or a joint powers cooperative may elect through the action of the
constituent boards to charge the resident district tuition for pupils rather than to have the
general education revenue paid to a fiscal agent school district. Except as provided in
paragraph (e), the district of residence must pay tuition equal to at least 90 and no more
than 100 percent of the district average general education revenue per pupil unit minus
an amount equal to the product of the formula allowance according to section 126C.10,
subdivision 2, times .0466, calculated without compensatory revenue, local optional
revenue, and transportation sparsity revenue, times the number of pupil units for pupils
attending the area learning center.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2015

and later.

Sec. 24. Laws 2012, chapter 263, section 1, is amended to read:

Section 1. **INNOVATIVE DELIVERY OF EDUCATION SERVICES AND**

**SHARING OF DISTRICT RESOURCES; PILOT PROJECT.**
Subdivision 1. Establishement; requirements for participation. (a) A five-year
213.2 pilot project for the 2013–2014 through 2017–2018 school years is established to improve
213.3 student and school outcomes by allowing groups of school districts to work together to
213.4 provide innovative education programs and activities and share district resources. The
213.5 pilot project may last until June 30, 2018, or for up to five years, whichever is less, except
213.6 that innovation partnerships formed during the period of the pilot project may continue
213.7 past June 30, 2018, with the agreement of the partnership members.
213.8 (b) To participate in this pilot project to improve student and school outcomes, a
213.9 group of two or more school districts must collaborate with school staff and receive formal
213.10 school board approval to form a partnership. The partnership must develop a plan to
213.11 provide challenging programmatic options for students, create professional development
213.12 opportunities for educators, increase student engagement and connection and challenging
213.13 learning opportunities for students, or demonstrate efficiencies in delivering financial and
213.14 other services. The plan must establish:
213.15 (1) collaborative educational goals and objectives;
213.16 (2) strategies and processes to implement those goals and objectives, including a
213.17 budget process with periodic expenditure reviews;
213.18 (3) valid and reliable measures to evaluate progress in realizing the goals and
213.19 objectives;
213.20 (4) an implementation timeline; and
213.21 (5) other applicable conditions, regulations, responsibilities, duties, provisions, fee
213.22 schedules, and legal considerations needed to fully implement the plan.
213.23 A partnership may invite additional districts to join the partnership during the pilot
213.24 project term after notifying the commissioner.
213.25 (c) A partnership of interested districts must apply by February 1, 2013, of any year
213.26 to the education commissioner in the form and manner the commissioner determines,
213.27 consistent with this section. The application must contain the formal approval adopted by
213.28 the school board in each district to participate in the plan.
213.29 (d) Notwithstanding other law to the contrary, a participating school district under
213.30 this section continues to: receive revenue and maintain its taxation authority; be organized
213.31 and governed by an elected school board with general powers under Minnesota Statutes,
213.32 section 123B.02; and be subject to employment agreements under Minnesota Statutes,
213.33 chapter 122A, and Minnesota Statutes, section 179A.20; and district employees continue
213.34 to remain employees of the employing school district.
213.35 Subd. 2. Commissioner’s role. Interested groups of school districts must submit
213.36 a completed application to the commissioner by March 1, 2013, of any year in the form
and manner determined by the commissioner. The education commissioner must convene
an advisory panel composed of a teacher appointed by Education Minnesota, a school
principal appointed by the Minnesota Association of Secondary School Principals, a
school board member appointed by the Minnesota School Boards Association, and a
school superintendent appointed by the Minnesota Association of School Administrators
to advise the commissioner on applicants' qualifications to participate in this pilot project.
The commissioner must select between three and may select up to six qualified applicants
under subdivision 1 by April 1, 2013, of any year to participate in this pilot project,
ensuring an equitable geographical distribution of project participants to the extent
practicable. The commissioner must select only those applicants that fully comply with
the requirements in subdivision 1. The commissioner must terminate a project participant
that fails to effectively implement the goals and objectives contained in its application and
according to its stated timeline.

Subd. 3. Pilot project evaluation. Participating school districts must submit pilot
project data to the commissioner in the form and manner determined by the commissioner.
The education commissioner must analyze participating districts' progress in realizing
their educational goals and objectives to work together in providing innovative education
programs and activities and sharing resources. The commissioner must include the
analysis of best practices in a report to the legislative committees with jurisdiction over
kindergarten through grade 12 education finance and policy on the efficacy of this pilot
project. The commissioner shall submit an interim project report at any time by
February 1, 2016, and must submit a final report to the legislature by February 1, 2019, recommending whether or not to continue or expand the pilot project.

Sec. 25. Laws 2012, chapter 263, section 1, the effective date, is amended to read:

EFFECTIVE DATE. This section is effective the day following final enactment
and applies to the 2013-2014 through 2017-2018 school years.

Sec. 26. Laws 2013, chapter 116, article 1, section 58, subdivision 2, is amended to read:

Subd. 2. General education aid. For general education aid under Minnesota
Statutes, section 126C.13, subdivision 4:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Year</th>
<th>Amount</th>
<th>Year</th>
<th>Amount</th>
</tr>
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</tr>
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</table>
The 2014 appropriation includes $781,842,000 $780,156,000 for 2013 and
$5,269,924,000 $6,071,263,000 for 2014.

The 2015 appropriation includes $823,040,000 $589,095,000 for 2014 and
$5,547,600,000 $5,875,104,000 for 2015.

Sec. 27. Laws 2013, chapter 116, article 1, section 58, subdivision 6, is amended to read:

Subd. 6. Nonpublic pupil education aid. For nonpublic pupil education aid under
Minnesota Statutes, sections 123B.40 to 123B.43 and 123B.87:

$15,582,000
$15,867,000 ..... 2014

$16,169,000
$16,132,000 ..... 2015

The 2014 appropriation includes $2,099,000 $1,898,000 for 2013 and $13,483,000
$13,969,000 for 2014.

The 2015 appropriation includes $2,122,000 $1,552,000 for 2014 and $14,047,000
$14,580,000 for 2015.

Sec. 28. Laws 2013, chapter 116, article 1, section 58, subdivision 7, is amended to read:

Subd. 7. Nonpublic pupil transportation. For nonpublic pupil transportation aid
under Minnesota Statutes, section 123B.92, subdivision 9:

$18,565,000
$18,500,000 ..... 2014

$18,946,000
$17,710,000 ..... 2015

The 2014 appropriation includes $15,897,000 $15,898,000 for 2013.

The 2015 appropriation includes $15,898,000 $15,898,000 for 2014.

The 2015 appropriation includes $15,898,000 $15,898,000 for 2015.

Sec. 29. APPROPRIATIONS.

Subdivision 1. Department of Education. The sums indicated in this section are
appropriated from the general fund to the Department of Education for the fiscal years
designated.

Subd. 2. Recovery program grants. For recovery program grants under Minnesota
Statutes, section 124D.695:

$500,000 ..... 2015
Sec. 30. REVISOR'S INSTRUCTION.
In Minnesota Statutes, the revisor of statutes shall change the term "location equity" to "local optional."

Sec. 31. REPEALER.
The amendments to Minnesota Statutes, section 124D.09, subdivision 9, made by Laws 2014, chapter 272, article 3, section 32, if enacted, are repealed the day following final enactment.

ARTICLE 16
EDUCATION EXCELLENCE

Section 1. Minnesota Statutes 2012, section 13.43, subdivision 16, is amended to read:

Subd. 16. School district or charter school disclosure of violence or inappropriate sexual contact. The superintendent of a school district or the superintendent's designee, or a person having administrative control of a charter school, must release to a requesting school district or charter school private personnel data on a current or former employee related to acts of violence toward or sexual contact with a student, if:

1. an investigation conducted by or on behalf of the school district or law enforcement affirmed the allegations in writing prior to release and the investigation resulted in the resignation of the subject of the data; or
2. the employee resigned while a complaint or charge involving the allegations was pending, the allegations involved acts of sexual contact with a student, and the employer informed the employee in writing, before the employee resigned, that if the employee resigns while the complaint or charge is still pending, the employer must release private personnel data about the employee's alleged sexual contact with a student to a school district or charter school requesting the data after the employee applies for employment with that school district or charter school and the data remain classified as provided in chapter 13.

Data that are released under this subdivision must not include data on the student.

Sec. 2. Minnesota Statutes 2012, section 122A.40, subdivision 13, is amended to read:

Subd. 13. Immediate discharge. (a) Except as otherwise provided in paragraph (b), a board may discharge a continuing-contract teacher, effective immediately, upon any of the following grounds:

1. immoral conduct, insubordination, or conviction of a felony;
2. conduct unbecoming a teacher which requires the immediate removal of the teacher from classroom or other duties;
(3) failure without justifiable cause to teach without first securing the written release
of the school board;
(4) gross inefficiency which the teacher has failed to correct after reasonable written
notice;
(5) willful neglect of duty; or
(6) continuing physical or mental disability subsequent to a 12 months leave of
absence and inability to qualify for reinstatement in accordance with subdivision 12.
For purposes of this paragraph, conduct unbecoming a teacher includes an unfair
discriminatory practice described in section 363A.13.

Prior to discharging a teacher under this paragraph, the board must notify the teacher
in writing and state its ground for the proposed discharge in reasonable detail. Within
ten days after receipt of this notification the teacher may make a written request for a
hearing before the board and it shall be granted before final action is taken. The board
may suspend a teacher with pay pending the conclusion of the hearing and determination
of the issues raised in the hearing after charges have been filed which constitute ground for
discharge. If a teacher has been charged with a felony and the underlying conduct that
is the subject of the felony charge is a ground for a proposed immediate discharge, the
suspension pending the conclusion of the hearing and determination of the issues may be
without pay. If a hearing under this paragraph is held, the board must reimburse the teacher
for any salary or compensation withheld if the final decision of the board or the arbitrator
does not result in a penalty to or suspension, termination, or discharge of the teacher.

(b) A board must discharge a continuing-contract teacher, effective immediately,
upon receipt of notice under section 122A.20, subdivision 1, paragraph (b), that the
teacher's license has been revoked due to a conviction for child abuse or sexual abuse.

(c) When a teacher is discharged under paragraph (b) or when the commissioner
makes a final determination of child maltreatment involving a teacher under section
626.556, subdivision 11, the school principal or other person having administrative
control of the school must include in the teacher's employment record the information
contained in the record of the disciplinary action or the final maltreatment determination,
consistent with the definition of public data under section 13.41, subdivision 5, and must
provide the Board of Teaching and the licensing division at the department with the
necessary and relevant information to enable the Board of Teaching and the department's
licensing division to fulfill their statutory and administrative duties related to issuing,
renewing, suspending, or revoking a teacher's license. Information received by the Board
of Teaching or the licensing division at the department under this paragraph is governed
by section 13.41 or other applicable law governing data of the receiving entity. In addition
to the background check required under section 123B.03, a school board or other school
hiring authority must contact the Board of Teaching and the department to determine
whether the teacher's license has been suspended or revoked, consistent with the discharge
and final maltreatment determinations identified in this paragraph. Unless restricted by
federal or state data practices law or by the terms of a collective bargaining agreement,
the responsible authority for a school district must disseminate to another school district
private personnel data on a current or former teacher employee or contractor of the district,
including the results of background investigations, if the requesting school district seeks
the information because the subject of the data has applied for employment with the
requesting school district.

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

Sec. 3. Minnesota Statutes 2012, section 122A.41, subdivision 6, is amended to read:

Subd. 6. Grounds for discharge or demotion. (a) Except as otherwise provided
in paragraph (b), causes for the discharge or demotion of a teacher either during or after
the probationary period must be:

(1) immoral character, conduct unbecoming a teacher, or insubordination;
(2) failure without justifiable cause to teach without first securing the written release
of the school board having the care, management, or control of the school in which the
teacher is employed;
(3) inefficiency in teaching or in the management of a school, consistent with
subdivision 5, paragraph (b);
(4) affliction with active tuberculosis or other communicable disease must be
considered as cause for removal or suspension while the teacher is suffering from such
disability; or
(5) discontinuance of position or lack of pupils.
For purposes of this paragraph, conduct unbecoming a teacher includes an unfair
discriminatory practice described in section 363A.13.
(b) A probationary or continuing-contract teacher must be discharged immediately
upon receipt of notice under section 122A.20, subdivision 1, paragraph (b), that the
teacher's license has been revoked due to a conviction for child abuse or sexual abuse.
(c) When a teacher is discharged under paragraph (b) or when the commissioner
makes a final determination of child maltreatment involving a teacher under section
626.556, subdivision 11, the school principal or other person having administrative
control of the school must include in the teacher's employment record the information
contained in the record of the disciplinary action or the final maltreatment determination.
consistent with the definition of public data under section 13.41, subdivision 5, and must
provide the Board of Teaching and the licensing division at the department with the
necessary and relevant information to enable the Board of Teaching and the department's
licensing division to fulfill their statutory and administrative duties related to issuing,
renewing, suspending, or revoking a teacher's license. Information received by the Board
of Teaching or the licensing division at the department under this paragraph is governed
by section 13.41 or other applicable law governing data of the receiving entity. In addition
to the background check required under section 123B.03, a school board or other school
hiring authority must contact the Board of Teaching and the department to determine
whether the teacher's license has been suspended or revoked, consistent with the discharge
and final maltreatment determinations identified in this paragraph. Unless restricted by
federal or state data practices law or by the terms of a collective bargaining agreement,
the responsible authority for a school district must disseminate to another school district
private personnel data on a current or former teacher employee or contractor of the district,
including the results of background investigations, if the requesting school district seeks
the information because the subject of the data has applied for employment with the
requesting school district.

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

Sec. 4. Minnesota Statutes 2012, section 122A.414, subdivision 2, as amended by
Laws 2014, chapter 272, article 3, section 17, if enacted, is amended to read:

Subd. 2. Alternative teacher professional pay system. (a) To participate in this
program, a school district, intermediate school district, school site, or charter school must
have an educational improvement plan under section 122A.413 and an alternative teacher
professional pay system agreement under paragraph (b). A charter school participant also
must comply with subdivision 2a.

(b) The alternative teacher professional pay system agreement must:

(1) describe how teachers can achieve career advancement and additional
compensation;

(2) describe how the school district, intermediate school district, school site, or
charter school will provide teachers with career advancement options that allow teachers
to retain primary roles in student instruction and facilitate site-focused professional
development that helps other teachers improve their skills;

(3) reform the "steps and lanes" salary schedule, prevent any teacher's compensation
paid before implementing the pay system from being reduced as a result of participating in
this system, base at least 60 percent of any compensation increase on teacher performance
using:

(i) schoolwide student achievement gains under section 120B.35 or locally selected
standardized assessment outcomes, or both;

(ii) measures of student growth and literacy that may include value-added models
or student learning goals, consistent with section 122A.40, subdivision 8, clause (9), or
122A.41, subdivision 5, clause (9), and other measures that include the academic literacy,
oral academic language, and achievement of English learners under section 122A.40,
subdivision 8, clause (10), or 122A.41, subdivision 5, clause (10); and

(iii) an objective evaluation program under section 122A.40, subdivision 8,
paragraph (b), clause (2), or 122A.41, subdivision 5, paragraph (b), clause (2);

(4) provide for participation in job-embedded learning opportunities such as
professional learning communities to improve instructional skills and learning that are
aligned with student needs under section 122A.413, consistent with the staff development
plan under section 122A.60 and led during the school day by trained teacher leaders
such as master or mentor teachers;

(5) allow any teacher in a participating school district, intermediate school district,
school site, or charter school that implements an alternative pay system to participate in
that system without any quota or other limit; and

(6) encourage collaboration rather than competition among teachers.

**EFFECTIVE DATE.** The amendments made by this section are effective for
agreements approved after August 1, 2015.

Sec. 5. Minnesota Statutes 2012, section 122A.415, subdivision 1, is amended to read:

Subdivision 1. **Revenue amount.** (a) A school district, intermediate school district,
school site, or charter school that meets the conditions of section 122A.414 and submits an
application approved by the commissioner is eligible for alternative teacher compensation
revenue.

(b) For school district and intermediate school district applications, the commissioner
must consider only those applications to participate that are submitted jointly by a
district and the exclusive representative of the teachers. The application must contain an
alternative teacher professional pay system agreement that:

(1) implements an alternative teacher professional pay system consistent with
section 122A.414; and
(2) is negotiated and adopted according to the Public Employment Labor Relations Act under chapter 179A, except that notwithstanding section 179A.20, subdivision 3, a district may enter into a contract for a term of two or four years.

Alternative teacher compensation revenue for a qualifying school district or site in which the school board and the exclusive representative of the teachers agree to place teachers in the district or at the site on the alternative teacher professional pay system equals $260 times the number of pupils enrolled at the district or site on October 1 of the previous fiscal year. Alternative teacher compensation revenue for a qualifying intermediate school district must be calculated under section 126C.10, subdivision 4, paragraphs (a) and (b).

(c) For a newly combined or consolidated district, the revenue shall be computed using the sum of pupils enrolled on October 1 of the previous year in the districts entering into the combination or consolidation. The commissioner may adjust the revenue computed for a site using prior year data to reflect changes attributable to school closings, school openings, or grade level reconfigurations between the prior year and the current year.

(d) The revenue is available only to school districts, intermediate school districts, school sites, and charter schools that fully implement an alternative teacher professional pay system by October 1 of the current school year.

EFFECTIVE DATE. This section is effective for revenue for fiscal year 2015 and later.

Sec. 6. Minnesota Statutes 2013 Supplement, section 124D.862, subdivision 1, is amended to read:

Subdivision 1. Initial achievement and integration revenue. (a) An eligible district's initial achievement and integration revenue equals the lesser of 100.3 percent of the district's expenditures under the budget approved by the commissioner under section 124D.861, subdivision 3, paragraph (c), excluding expenditures used to generate incentive revenue under subdivision 2, or the sum of (1) $350 times the district's adjusted pupil units for that year times the ratio of the district's enrollment of protected students for the previous school year to total enrollment for the previous school year and (2) the greater of zero or 66 percent of the difference between the district's integration revenue for fiscal year 2013 and the district's integration revenue for fiscal year 2014 under clause (1). 

(b) In each year, 0.3 percent of each district's initial achievement and integration revenue is transferred to the department for the oversight and accountability activities required under this section and section 124D.861.
EFFECTIVE DATE. This section is effective the day following final enactment and applies to revenue for fiscal year 2014 and later.

Sec. 7. Minnesota Statutes 2013 Supplement, section 124D.862, subdivision 2, is amended to read:

Subd. 2. **Incentive revenue.** An eligible school district's maximum incentive revenue equals $10 per adjusted pupil unit. *In order to receive this revenue, a district must be* A district's incentive revenue equals the lesser of the maximum incentive revenue or the district's expenditures for implementing a voluntary plan to reduce racial and economic enrollment disparities through intradistrict and interdistrict activities that have been approved as a part of the district's achievement and integration plan under the budget approved by the commissioner under section 124D.861, subdivision 3, paragraph (c).

EFFECTIVE DATE. This section is effective the day following final enactment and applies to revenue for fiscal year 2014 and later.

Sec. 8. Laws 2013, chapter 116, article 3, section 37, subdivision 8, is amended to read:

Subd. 8. **Tribal contract schools.** For tribal contract school aid under Minnesota Statutes, section 124D.83:

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</table>

The 2014 appropriation includes **$266,000** $166,000 for 2013 and **$1,814,000** $1,878,000 for 2014.

The 2015 appropriation includes **$285,000** $208,000 for 2014 and **$1,945,000** $1,953,000 for 2015.

Sec. 9. Laws 2013, chapter 116, article 3, section 37, subdivision 15, is amended to read:

Subd. 15. **Early childhood literacy programs.** For early childhood literacy programs under Minnesota Statutes, section 119A.50, subdivision 3:

<table>
<thead>
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<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$4,125,000</td>
</tr>
<tr>
<td>2015</td>
<td>$5,125,000</td>
</tr>
</tbody>
</table>

Up to $4,125,000 each in the first year and $5,125,000 in the second year is for leveraging federal and private funding to support AmeriCorps members serving in the Minnesota Reading Corps program established by ServeMinnesota, including costs associated with the training and teaching of early literacy skills to children age three to
grade 3 and the evaluation of the impact of the program under Minnesota Statutes, sections
124D.38, subdivision 2, and 124D.42, subdivision 6. Up to $1,000,000 in fiscal year
2015 must be used to support priority and focus schools as defined by the Department
of Education and to expand kindergarten programming.

Any balance in the first year does not cancel but is available in the second year.
The base for fiscal year 2016 and later is $4,375,000.

Sec. 10. Laws 2013, chapter 116, article 3, section 37, subdivision 18, is amended to
read:

Subd. 18. School Climate Safety Technical Assistance Center. For the School
Climate Safety Technical Assistance Center under Minnesota Statutes, section 127A.052:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$500,000</td>
</tr>
<tr>
<td>2015</td>
<td>$500,000</td>
</tr>
</tbody>
</table>

Sec. 11. BETTER ALIGNING MINNESOTA'S ALTERNATIVE TEACHER
PROFESSIONAL PAY SYSTEM AND TEACHER DEVELOPMENT AND
EVALUATION PROGRAM.

To better align Minnesota's alternative teacher professional pay system under
Minnesota Statutes, sections 122A.413 to 122A.416, and Minnesota's teacher development
and evaluation program under Minnesota Statutes, sections 122A.40, subdivision 8, and
122A.41, subdivision 5, and effect and fund an improved alignment of this system and
program, the commissioner of education must consult with stakeholders, including, but
not limited to, representatives of the Minnesota Association of School Administrators,
the Minnesota Association of Secondary School Principals, the Minnesota Elementary
School Principals' Association, Education Minnesota, Schools for Equity in Education, the
Minnesota Business Partnership, the Minnesota Chamber of Commerce, the Minnesota
School Boards Association, the Department of Education, the College of Education
and Human Development at the University of Minnesota, the Minnesota Association
of the Colleges for Teacher Education, licensed elementary and secondary school
teachers employed in school districts with an alternative teacher professional pay system
agreement and licensed elementary and secondary school teachers employed in school
districts without an alternative teacher professional pay system agreement, where one or
more of these teachers may be a master teacher, peer evaluator, in another teacher leader
position, or national board certified teacher, a teacher or school administrator employed in
a Minnesota charter school with an alternative teacher professional pay system agreement
and a teacher or school administrator employed in a Minnesota charter school without an
alternative teacher professional pay system agreement, a parent or guardian of a student
currently enrolled in a Minnesota public school, the Association of Metropolitan School
Districts, and the Minnesota Rural Education Association. The commissioner also must
consult with members of the house of representatives and members of the senate.
The commissioner, by February 1, 2015, must submit to the education policy and
finance committees of the legislature written recommendations on better aligning and
financing the alternative teacher professional pay system and teacher development and
evaluation program.

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

**Sec. 12. CAREER AND TECHNICAL EDUCATION PROGRAM INVENTORY.**

(a) The commissioner of education must consult with experts knowledgeable about
secondary and postsecondary career and technical education programs to determine the
content and status of particular career and technical education programs in Minnesota
school districts, including cooperating districts under Minnesota Statutes, 123A.33,
subdivision 2, integration districts, and postsecondary institutions partnering with school
districts or offering courses through PSEO or career and technical programs and the rates
of student participation and completion for these various programs, including: agriculture,
food, and natural resources; architecture and construction; arts, audiovisual technology,
and communications; business management and administration; computer science; family
and consumer science; finance; health science; hospitality and tourism; human services;
information technology; manufacturing; marketing; science, technology, engineering, and
mathematics; and transportation, distribution, and logistics.

(b) To accomplish paragraph (a) and to understand the current role of local school
districts and postsecondary institutions in providing career and technical education
programs, the commissioner of education, in consultation with experts, also must examine
the extent to which secondary and postsecondary education programs offer students a
progression of coordinated, nonduplicative courses that adequately prepare students to
successfully complete a career and technical education program.

(c) The commissioner of education must submit a report by February 1, 2015,
to the education policy and finance committees of the legislature, consistent with this
section, and include information about each district's dedicated equipment, resources, and
relationships with postsecondary institutions and the local business community.

**EFFECTIVE DATE.** This section is effective the day following final enactment.
Sec. 13. INFORMATION TECHNOLOGY CERTIFICATION PARTNERSHIPS; REQUEST FOR PROPOSAL; PROGRAM REQUIREMENTS.

(a) The commissioner shall contract with at least one provider to provide information technology education opportunities to students in grades 9 through 12. This partnership must allow participating students and teachers to secure broad-based information technology certifications.

(b) The commissioner shall issue a competitive request for proposals, award the contract, and make available, through participating school districts, charter schools, and intermediate districts, instruction on information technology skills and competencies that are essential for career and college readiness. The request for proposals shall at least include the following components:

1. a research-based curriculum;
2. online access to the curriculum;
3. instructional software for classroom and student use;
4. certification of skills and competencies in a broad array of information technology-related skill areas;
5. professional development for teachers; and
6. deployment and program support, including, but not limited to, integration with academic standards under Minnesota Statutes, section 120B.021 or 120B.022.

(c) If the contract awarded under this section does not allow for the service to be delivered in every eligible school, the commissioner shall make the contracted service available on a first-come, first-served basis to an equal number of schools in each of the regions represented by a regional development commission under Minnesota Statutes, section 462.387, and in the region consisting of counties not represented by a regional development commission. If participating schools in any region do not exhaust the services allocated to that region, the commissioner may reallocate unused services to other regions.

Sec. 14. LEGISLATIVE REPORT ON K-12 STUDENTS' EXPERIENCE WITH PHYSICAL EDUCATION.

(a) The commissioner of education must prepare and submit to the education policy and finance committees of the legislature by January 15, 2015, a written report on K-12 students' experience with physical education, consistent with this section. Among other physical education-related issues, the report must include:

1. the number of minutes per day and frequency per week students in each grade level, kindergarten through grade 8, receive physical education, identify the requirements in high school physical education in terms of semesters, trimesters, quarters, or school years;
(2) the measures and data used to assess students' level of fitness and the uses made
of the fitness data;

(3) the educational preparation of physical education instructors and the proportion
of time certified physical education teachers provide physical education instruction;

(4) the amount of time and number of days per week each grade level, kindergarten
through grade 6, receives recess;

(5) whether high school students are allowed to substitute other activities for
required physical education, and, if so, which activities qualify;

(6) identify the number or percentage of high school students who earn required
physical education credits online;

(7) whether schools offer before or after school physical activities opportunities in
each grade level, kindergarten through grade 8, and in high school, and, if so, what are the
opportunities; and

(8) the extent to which schools coordinate with developmentally adaptive physical
education specialists when needed.

(b) Any costs of preparing this report must be paid for out of the Department of
Education's current operating budget.

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

**Sec. 15. TEACHER DEVELOPMENT AND EVALUATION REVENUE.**

(a) For fiscal year 2015 only, teacher development and evaluation revenue for a school
district, intermediate school district, or charter school that does not have an alternative
professional pay system agreement under Minnesota Statutes, section 122A.414,
subdivision 2, equals $302 times the number of full-time equivalent teachers employed on
October 1 of the previous school year. Revenue under this section must be reserved for
teacher development and evaluation activities consistent with Minnesota Statutes, section
122A.40, subdivision 8, or Minnesota Statutes, section 122A.41, subdivision 5. For the
purposes of this section, "teacher" has the meaning given it in Minnesota Statutes, section
122A.40, subdivision 1, or Minnesota Statutes, section 122A.41, subdivision 1.

(b) Notwithstanding paragraph (a), the state total teacher development and evaluation
revenue entitlement must not exceed $10,000,000 for fiscal year 2015. The commissioner
must limit the amount of revenue under this section so as not to exceed this limit.

**Sec. 16. APPROPRIATIONS.**
Subdivision 1. **Department of Education.** The sums indicated in this section are appropriated from the general fund to the Department of Education for the fiscal years designated.

Subd. 2. **Career and technical program inventory.** For the career and technical program inventory program under section 12:

$ 100,000 ..... 2015

This is a onetime appropriation.

Subd. 3. **Teacher Professional Pay System and Teacher Evaluation Program alignment.** For the alignment and reporting activities under section 11:

$ 25,000 ..... 2015

This is a onetime appropriation.

Subd. 4. **Northwestern Online College in the High School program.** For the Northwestern Online College in the High School program:

$ 160,000 ..... 2015

The base for fiscal year 2016 and later is $0.

Subd. 5. **Information technology certification partnership.** For an information technology certification partnership.

$ 300,000 ..... 2015

The base for 2016 and later is $0.

Subd. 6. **Legislative report on K-12 students' experience with physical education.** For the preparation of the legislative report on K-12 students' experience with physical education.

$ 25,000 ..... 2015

The base for fiscal year 2016 and later is $0.

Subd. 7. **Teacher development and evaluation.** For teacher development and evaluation revenue.

$ 9,000,000 ..... 2015

The 2015 appropriation includes $0 for 2014 and $9,000,000 for 2015. This is a onetime appropriation and is available until expended.

Sec. 17. **REPEALER.**
The amendments to Minnesota Statutes, section 122A.414, subdivision 2, made by Laws 2014, chapter 272, article 1, section 22, if enacted, are repealed the day following final enactment.

ARTICLE 17
SPECIAL EDUCATION

Section 1. Minnesota Statutes 2013 Supplement, section 125A.0942, is amended to read:

125A.0942 STANDARDS FOR RESTRICTIVE PROCEDURES.

Subdivision 1. Restrictive procedures plan. (a) Schools that intend to use restrictive procedures shall maintain and make publicly accessible in an electronic format on a school or district Web site or make a paper copy available upon request describing a restrictive procedures plan for children with disabilities that at least:

1. lists the restrictive procedures the school intends to use;
2. describes how the school will implement a range of positive behavior strategies and provide links to mental health services;
3. describes how the school will provide training on de-escalation techniques, consistent with section 122A.09, subdivision 4, paragraph (k);
4. describes how the school will monitor and review the use of restrictive procedures, including:
   i. conducting post-use debriefings, consistent with subdivision 3, paragraph (a), clause (5); and
   ii. convening an oversight committee to undertake a quarterly review of the use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures; the number of times a restrictive procedure is used schoolwide and for individual children; the number and types of injuries, if any, resulting from the use of restrictive procedures; whether restrictive procedures are used in nonemergency situations; the need for additional staff training; and proposed actions to minimize the use of restrictive procedures; and
   (5) includes a written description and documentation of the training staff completed under subdivision 5.

(b) Schools annually must publicly identify oversight committee members who must at least include:

1. a mental health professional, school psychologist, or school social worker;
2. an expert in positive behavior strategies;
(3) a special education administrator; and

(4) a general education administrator.

Subd. 2. Restrictive procedures. (a) Restrictive procedures may be used only by a licensed special education teacher, school social worker, school psychologist, behavior analyst certified by the National Behavior Analyst Certification Board, a person with a master's degree in behavior analysis, other licensed education professional, paraprofessional under section 120B.363, or mental health professional under section 245.4871, subdivision 27, who has completed the training program under subdivision 5.

(b) A school shall make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the child, or if the school is unable to provide same-day notice, notice is sent within two days by written or electronic means or as otherwise indicated by the child's parent under paragraph (d) (f).

(c) The district must hold a meeting of the individualized education program team, conduct or review a functional behavioral analysis, review data, consider developing additional or revised positive behavioral interventions and supports, consider actions to reduce the use of restrictive procedures, and modify the individualized education program or behavior intervention plan as appropriate. The district must hold the meeting: within ten calendar days after district staff use restrictive procedures on two separate school days within 30 calendar days or a pattern of use emerges and the child's individualized education program or behavior intervention plan does not provide for using restrictive procedures in an emergency; or at the request of a parent or the district after restrictive procedures are used. The district must review use of restrictive procedures at a child's annual individualized education program meeting when the child's individualized education program provides for using restrictive procedures in an emergency.

(d) If the individualized education program team under paragraph (c) determines that existing interventions and supports are ineffective in reducing the use of restrictive procedures or the district uses restrictive procedures on a child on ten or more school days during the same school year, the team, as appropriate, either must consult with other professionals working with the child; consult with experts in behavior analysis, mental health, communication, or autism; consult with culturally competent professionals; review existing evaluations, resources, and successful strategies; or consider whether to reevaluate the child.

(e) At the individualized education program meeting under paragraph (c), the team must review any known medical or psychological limitations, including any medical information the parent provides voluntarily, that contraindicate the use of a restrictive
procedure, consider whether to prohibit that restrictive procedure, and document any
prohibition in the individualized education program or behavior intervention plan.

(f) An individualized education program team may plan for using restrictive
procedures and may include these procedures in a child's individualized education
program or behavior intervention plan; however, the restrictive procedures may be used
only in response to behavior that constitutes an emergency, consistent with this section.
The individualized education program or behavior intervention plan shall indicate how the
parent wants to be notified when a restrictive procedure is used.

Subd. 3. **Physical holding or seclusion.** (a) Physical holding or seclusion may be
used only in an emergency. A school that uses physical holding or seclusion shall meet the
following requirements:

1. physical holding or seclusion is the least intrusive intervention that effectively
   responds to the emergency;
2. physical holding or seclusion is not used to discipline a noncompliant child;
3. physical holding or seclusion ends when the threat of harm ends and the staff
   determines the child can safely return to the classroom or activity;
4. staff directly observes the child while physical holding or seclusion is being used;
5. each time physical holding or seclusion is used, the staff person who implements
   or oversees the physical holding or seclusion documents, as soon as possible after the
   incident concludes, the following information:
   i. a description of the incident that led to the physical holding or seclusion;
   ii. why a less restrictive measure failed or was determined by staff to be
      inappropriate or impractical;
   iii. the time the physical holding or seclusion began and the time the child was
      released; and
   iv. a brief record of the child's behavioral and physical status;
6. the room used for seclusion must:
   i. be at least six feet by five feet;
   ii. be well lit, well ventilated, adequately heated, and clean;
   iii. have a window that allows staff to directly observe a child in seclusion;
   iv. have tamperproof fixtures, electrical switches located immediately outside the
      door, and secure ceilings;
   v. have doors that open out and are unlocked, locked with keyless locks that
      have immediate release mechanisms, or locked with locks that have immediate release
      mechanisms connected with a fire and emergency system; and
   vi. not contain objects that a child may use to injure the child or others;
231.1 (7) before using a room for seclusion, a school must:

231.2 (i) receive written notice from local authorities that the room and the locking mechanisms comply with applicable building, fire, and safety codes; and

231.3 (ii) register the room with the commissioner, who may view that room; and

231.4 (8) until August 1, 2015, a school district may use prone restraints with children age five or older if:

231.5 (i) the district has provided to the department a list of staff who have had specific training on the use of prone restraints;

231.6 (ii) the district provides information on the type of training that was provided and by whom;

231.7 (iii) only staff who received specific training use prone restraints;

231.8 (iv) each incident of the use of prone restraints is reported to the department within five working days on a form provided by the department; and

231.9 (v) the district, before using prone restraints, must review any known medical or psychological limitations that contraindicate the use of prone restraints.

The department must collect data on districts' use of prone restraints and publish the data in a readily accessible format on the department's Web site on a quarterly basis.

231.10 (b) By March 1, 2014 February 1, 2015, and annually thereafter, stakeholders must recommend to the commissioner specific and measurable implementation and outcome goals for reducing the use of restrictive procedures and the commissioner must submit to the legislature a report on districts' progress in reducing the use of restrictive procedures that recommends how to further reduce these procedures and eliminate the use of prone restraints. The statewide plan includes the following components: measurable goals; the resources, training, technical assistance, mental health services, and collaborative efforts needed to significantly reduce districts' use of prone restraints; and recommendations to clarify and improve the law governing districts' use of restrictive procedures. The commissioner must consult with interested stakeholders when preparing the report, including representatives of advocacy organizations, special education directors, teachers, paraprofessionals, intermediate school districts, school boards, day treatment providers, county social services, state human services department staff, mental health professionals, and autism experts. By June 30 each year, districts must report summary data on their use of restrictive procedures to the department, in a form and manner determined by the commissioner. The summary data must include information about the use of restrictive procedures, including use of reasonable force under section 121A.582.

Subd. 4. Prohibitions. The following actions or procedures are prohibited:

231.11 (1) engaging in conduct prohibited under section 121A.58;
(2) requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;

(3) totally or partially restricting a child's senses as punishment;

(4) presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;

(5) denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except when temporarily removing the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible;

(6) interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556;

(7) withholding regularly scheduled meals or water;

(8) denying access to bathroom facilities; and

(9) physical holding that restricts or impairs a child's ability to breathe, restricts or impairs a child's ability to communicate distress, places pressure or weight on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso.

Subd. 5. **Training for staff.** (a) To meet the requirements of subdivision 1, staff who use restrictive procedures, including paraprofessionals, shall complete training in the following skills and knowledge areas:

(1) positive behavioral interventions;

(2) communicative intent of behaviors;

(3) relationship building;

(4) alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;

(5) de-escalation methods;

(6) standards for using restrictive procedures only in an emergency;

(7) obtaining emergency medical assistance;

(8) the physiological and psychological impact of physical holding and seclusion;

(9) monitoring and responding to a child's physical signs of distress when physical holding is being used;

(10) recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used;

(11) district policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure; and
233.1 (12) schoolwide programs on positive behavior strategies.
233.2 (b) The commissioner, after consulting with the commissioner of human services, must develop and maintain a list of training programs that satisfy the requirements of paragraph (a). The commissioner also must develop and maintain a list of experts to help individualized education program teams reduce the use of restrictive procedures.
233.3 The district shall maintain records of staff who have been trained and the organization or professional that conducted the training. The district may collaborate with children's community mental health providers to coordinate trainings.
233.4 Subd. 6. Behavior supports; reasonable force. (a) School districts are encouraged to establish effective schoolwide systems of positive behavior interventions and supports.
233.5 (b) Nothing in this section or section 125A.0941 precludes the use of reasonable force under sections 121A.582; 609.06, subdivision 1; and 609.379. For the 2014-2015 school year and later, districts must collect and submit to the commissioner summary data, consistent with subdivision 3, paragraph (b), on district use of reasonable force that is consistent with the definition of physical holding or seclusion for a child with a disability under this section.
233.6 EFFECTIVE DATE. This section is effective the day following final enactment.
233.7 Sec. 2. Minnesota Statutes 2013 Supplement, section 125A.11, subdivision 1, is amended to read:
233.8 Subdivision 1. Nonresident tuition rate; other costs. (a) For fiscal year 2015 and later, when a school district provides special instruction and services for a pupil with a disability as defined in section 125A.02 outside the district of residence, excluding a pupil for whom an adjustment to special education aid is calculated according to section 127A.47, subdivision 7, paragraphs (b) to (d), special education aid paid to the resident district must be reduced by an amount equal to (1) the actual cost of providing special instruction and services to the pupil, including a proportionate amount for special transportation and unreimbursed building lease and debt service costs for facilities used primarily for special education, plus (2) the amount of general education revenue and referendum equalization aid attributable to that pupil, calculated using the resident district's average general education revenue and referendum equalization aid per adjusted pupil unit excluding basic skills revenue, elementary sparsity revenue and secondary sparsity revenue, minus (3) the amount of special education aid for children with a disability under section 125A.76 received on behalf of that child, minus (4) if the pupil receives special instruction and services outside the regular classroom for more than 60 percent of the school day, the amount of general education revenue and referendum equalization
aid, excluding portions attributable to district and school administration, district support
services, operations and maintenance, capital expenditures, and pupil transportation,
attribute to that pupil for the portion of time the pupil receives special instruction
and services outside of the regular classroom, calculated using the resident district's
average general education revenue and referendum equalization aid per adjusted pupil unit
excluding basic skills revenue, elementary sparsity revenue and secondary sparsity revenue
and the serving district's basic skills revenue, elementary sparsity revenue and secondary
sparsity revenue per adjusted pupil unit. Notwithstanding clauses (1) and (4), for pupils
served by a cooperative unit without a fiscal agent school district, the general education
revenue and referendum equalization aid attributable to a pupil must be calculated using
the resident district's average general education revenue and referendum equalization aid
excluding compensatory revenue, elementary sparsity revenue, and secondary sparsity
revenue. Special education aid paid to the district or cooperative providing special
instruction and services for the pupil must be increased by the amount of the reduction in
the aid paid to the resident district. Amounts paid to cooperatives under this subdivision
and section 127A.47, subdivision 7, shall be recognized and reported as revenues and
expenditures on the resident school district's books of account under sections 123B.75
and 123B.76. If the resident district's special education aid is insufficient to make the full
adjustment, the remaining adjustment shall be made to other state aid due to the district.

(b) Notwithstanding paragraph (a) and section 127A.47, subdivision 7, paragraphs
(b) to (d), a charter school where more than 30 percent of enrolled students receive special
education and related services, a site approved under section 125A.515, an intermediate
district, a special education cooperative, or a school district that served as the applicant
agency for a group of school districts for federal special education aids for fiscal year
2006 may apply to the commissioner for authority to charge the resident district an
additional amount to recover any remaining unreimbursed costs of serving pupils with
a disability. The application must include a description of the costs and the calculations
used to determine the unreimbursed portion to be charged to the resident district. Amounts
approved by the commissioner under this paragraph must be included in the tuition billings
or aid adjustments under paragraph (a), or section 127A.47, subdivision 7, paragraphs
(b) to (d), as applicable.

(c) For purposes of this subdivision and section 127A.47, subdivision 7, paragraphs
(d) and (e) paragraph (b), "general education revenue and referendum equalization aid"
means the sum of the general education revenue according to section 126C.10, subdivision
1, excluding the local optional levy according to section 126C.10, subdivision 2e, paragraph
(c), plus the referendum equalization aid according to section 126C.17, subdivision 7.
EFFECTIVE DATE. This section is effective for revenue for fiscal year 2015 and later.

Sec. 3. Minnesota Statutes 2013 Supplement, section 125A.76, subdivision 1, is amended to read:

Subdivision 1. Definitions. (a) For the purposes of this section and section 125A.79, the definitions in this subdivision apply.

(b) "Basic revenue" has the meaning given it in section 126C.10, subdivision 2.

For the purposes of computing basic revenue pursuant to this section, each child with a disability shall be counted as prescribed in section 126C.05, subdivision 1.

(c) "Essential personnel" means teachers, cultural liaisons, related services, and support services staff providing services to students. Essential personnel may also include special education paraprofessionals or clericals providing support to teachers and students by preparing paperwork and making arrangements related to special education compliance requirements, including parent meetings and individualized education programs. Essential personnel does not include administrators and supervisors.

(d) "Average daily membership" has the meaning given it in section 126C.05.

(e) "Program growth factor" means 1.046 for fiscal years 2012 through 2015, 1.0 for fiscal year 2016, 1.046 for fiscal year 2017, and the product of 1.046 and the program growth factor for the previous year for fiscal year 2018 and later.

(f) "Nonfederal special education expenditure" means all direct expenditures that are necessary and essential to meet the district's obligation to provide special instruction and services to children with a disability according to sections 124D.454, 125A.03 to 125A.24, 125A.259 to 125A.48, and 125A.65 as submitted by the district and approved by the department under section 125A.75, subdivision 4, excluding expenditures:

1. reimbursed with federal funds;
2. reimbursed with other state aids under this chapter;
3. for general education costs of serving students with a disability;
4. for facilities;
5. for pupil transportation; and
6. for postemployment benefits.

(g) "Old formula special education expenditures" means expenditures eligible for revenue under Minnesota Statutes 2012, section 125A.76, subdivision 2.

(h) For the Minnesota State Academy for the Deaf and the Minnesota State Academy for the Blind, expenditures under paragraphs (f) and (g) are limited to the salary and fringe benefits of one-to-one instructional and behavior management aides and one-to-one
licensed, certified professionals assigned to a child attending the academy, if the aides or professionals are required by the child's individualized education program.

(++) (i) "Cross subsidy reduction aid percentage" means 1.0 percent for fiscal year 2014 and 2.27 percent for fiscal year 2015.

(++) (j) "Cross subsidy reduction aid limit" means $20 for fiscal year 2014 and $48 for fiscal year 2015.

(++) (k) "Special education aid increase limit" means $80 for fiscal year 2016, $100 for fiscal year 2017, and, for fiscal year 2018 and later, the sum of the special education aid increase limit for the previous fiscal year and $40.

EFFECTIVE DATE. This section is effective for revenue for fiscal year 2015 and later.

Sec. 4. Minnesota Statutes 2012, section 125A.76, subdivision 2, is amended to read:

Subd. 2. Special education initial aid. The special education initial aid equals the sum of the following amounts computed using current year data:

(1) 68 percent of the salary of each essential person employed in the district's program for children with a disability during the fiscal year, whether the person is employed by one or more districts or a Minnesota correctional facility operating on a fee-for-service basis;

(2) for the Minnesota State Academy for the Deaf or the Minnesota State Academy for the Blind, 68 percent of the salary of each one-to-one instructional and behavior management aide and one-to-one licensed, certified professional assigned to a child attending the academy, if the aides or professionals are required by the child's individualized education program;

(3) for special instruction and services provided to any pupil by contracting with public, private, or voluntary agencies other than school districts, in place of special instruction and services provided by the district, 52 percent of the difference between the amount of the contract and the general education revenue, excluding basic skills revenue and alternative teacher compensation revenue, and referendum equalization aid attributable to a pupil, calculated using the resident district's average general education revenue and referendum equalization aid per adjusted pupil unit for the fraction of the school day the pupil receives services under the contract. This includes children who are residents of the state, receive services under this subdivision and subdivision 1, and are placed in a care and treatment facility by court action in a state that does not have a reciprocity agreement with the commissioner under section 125A.155 as provided for in section 125A.79, subdivision 8;
(4) for special instruction and services provided to any pupil by contracting for
services with public, private, or voluntary agencies other than school districts, that are
supplementary to a full educational program provided by the school district, 52 percent of
the amount of the contract for that pupil;

(5) for supplies and equipment purchased or rented for use in the instruction of
children with a disability, an amount equal to 47 percent of the sum actually expended by
the district, or a Minnesota correctional facility operating on a fee-for-service basis, but
not to exceed an average of $47 in any one school year for each child with a disability
receiving instruction;

(6) for fiscal years 1997 and later, special education base revenue shall include
amounts under clauses (1) to (5) for special education summer programs provided during
the base year for that fiscal year;

(7) the cost of providing transportation services for children with disabilities under
section 123B.92, subdivision 1, paragraph (b), clause (4); and

(8) the district's transition-disabled program initial aid according to section
124D.454, subdivision 3.

The department shall establish procedures through the uniform financial accounting
and reporting system to identify and track all revenues generated from third-party billings
as special education revenue at the school district level; include revenue generated from
third-party billings as special education revenue in the annual cross-subsidy report; and
exclude third-party revenue from calculation of excess cost aid to the districts.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2015
and later.

Sec. 5. Minnesota Statutes 2013 Supplement, section 125A.76, subdivision 2a, is
amended to read:

Subd. 2a. **Special education initial aid.** For fiscal year 2016 and later, a district's
special education initial aid equals the sum of:

(1) the lesser least of 62 percent of the district's old formula special education
expenditures for the prior fiscal year, excluding pupil transportation expenditures, 50
percent of the district's nonfederal special education expenditures for the prior year,
excluding pupil transportation expenditures, or 56 percent of the product of the sum of the
following amounts, computed using prior fiscal year data, and the program growth factor:

(i) the product of the district's average daily membership served and the sum of:

(A) $450; plus
(B) $400 times the ratio of the sum of the number of pupils enrolled on October 1 who are eligible to receive free lunch plus one-half of the pupils enrolled on October 1 who are eligible to receive reduced-price lunch to the total October 1 enrollment; plus

(C) .008 times the district's average daily membership served; plus

(ii) $10,400 times the December 1 child count for the primary disability areas of autism spectrum disorders, developmental delay, and severely multiply impaired; plus

(iii) $18,000 times the December 1 child count for the primary disability areas of deaf and hard-of-hearing and emotional or behavioral disorders; plus

(iv) $27,000 times the December 1 child count for the primary disability areas of developmentally cognitive mild-moderate, developmentally cognitive severe-profound, physically impaired, visually impaired, and deafblind; plus

(2) the cost of providing transportation services for children with disabilities under section 123B.92, subdivision 1, paragraph (b), clause (4).

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2016 and later.

Sec. 6. Minnesota Statutes 2013 Supplement, section 125A.76, subdivision 2b, is amended to read:

Subd. 2b. **Cross subsidy reduction aid.** For fiscal years 2014 and 2015, the cross subsidy reduction aid for a school district, not including a charter school, equals the lesser of (a) the product of the cross subsidy reduction aid limit and the district's average daily membership served or (b) the sum of the product of the cross subsidy reduction aid percentage, the district's average daily membership served, and the sum of:

1. $450; plus
2. $400 times the ratio of the sum of the number of pupils enrolled on October 1 who are eligible to receive free lunch plus one-half of the pupils enrolled on October 1 who are eligible to receive reduced-price lunch to the total October 1 enrollment; plus
3. .008 times the district's average daily membership served; plus the product of the cross subsidy aid percentage and the sum of:

   i. $10,100 times the December 1 child count for the primary disability areas of autism spectrum disorders, developmental delay, and severely multiply impaired; plus
   ii. $17,500 times the December 1 child count for the primary disability areas of deaf and hard-of-hearing and emotional or behavioral disorders; plus
   iii. $26,000 times the December 1 child count for the primary disability areas of developmentally cognitive mild-moderate, developmentally cognitive severe-profound, physically impaired, visually impaired, and deafblind.
EFFECTIVE DATE. This section is effective the day following final enactment and applies to revenue for fiscal year 2014 and later.

Sec. 7. Minnesota Statutes 2013 Supplement, section 125A.76, subdivision 2c, is amended to read:

Subd. 2c. Special education aid. (a) For fiscal year 2014 and fiscal year 2015, a district's special education aid equals the sum of the district's special education initial aid under subdivision 5, the district's cross subsidy reduction aid under subdivision 2b, and the district's excess cost aid under section 125A.79, subdivision 7.

(b) For fiscal year 2016 and later, a district's special education aid equals the sum of the district's special education initial aid under subdivision 2a and the district's excess cost aid under section 125A.79, subdivision 5.

(c) Notwithstanding paragraph (b), for fiscal year 2016, the special education aid for a school district must not exceed the sum of the special education aid the district would have received for fiscal year 2016 under Minnesota Statutes 2012, sections 125A.76 and 125A.79, as adjusted according to Minnesota Statutes 2012, sections 125A.11 and 127A.47, subdivision 7, and the product of the district's average daily membership served and the special education aid increase limit.

(d) Notwithstanding paragraph (b), for fiscal year 2017 and later, the special education aid for a school district must not exceed the sum of: (i) the product of the district's average daily membership served and the special education aid increase limit and (ii) the product of the sum of the special education aid the district would have received for fiscal year 2016 under Minnesota Statutes 2012, sections 125A.76 and 125A.79, as adjusted according to Minnesota Statutes 2012, sections 125A.11 and 127A.47, subdivision 7, the ratio of the district's average daily membership served for the current fiscal year to the district's average daily membership served for fiscal year 2016, and the program growth factor.

(e) Notwithstanding paragraph (b), for fiscal year 2016 and later the special education aid for a school district, not including a charter school, must not be less than the lesser of (1) the district's nonfederal special education expenditures for that fiscal year or (2) the product of the sum of the special education aid the district would have received for fiscal year 2016 under Minnesota Statutes 2012, sections 125A.76 and 125A.79, as adjusted according to Minnesota Statutes 2012, sections 125A.11 and 127A.47, subdivision 7, the ratio of the district's adjusted daily membership for the current fiscal year to the district's average daily membership for fiscal year 2016, and the program growth factor.

EFFECTIVE DATE. This section is effective the day following final enactment and applies to revenue for fiscal year 2014 and later.
Sec. 8. Minnesota Statutes 2013 Supplement, section 125A.79, subdivision 1, is amended to read:

Subdivision 1. Definitions. For the purposes of this section, the definitions in this subdivision apply.

(a) "Unreimbursed old formula special education expenditures" means:

(1) old formula special education expenditures for the prior fiscal year; minus

(2) for fiscal years 2014 and 2015, the sum of the special education aid under section 125A.76, subdivision 5, for the prior fiscal year and the cross subsidy reduction aid under section 125A.76, subdivision 2b, and for fiscal year 2016 and later, the special education initial aid under section 125A.76, subdivision 2a; minus

(3) for fiscal year 2016 and later, the amount of general education revenue, excluding local optional revenue, plus local optional aid and referendum equalization aid for the prior fiscal year attributable to pupils receiving special instruction and services outside the regular classroom for more than 60 percent of the school day for the portion of time the pupils receive special instruction and services outside the regular classroom, excluding portions attributable to district and school administration, district support services, operations and maintenance, capital expenditures, and pupil transportation.

(b) "Unreimbursed nonfederal special education expenditures" means:

(1) nonfederal special education expenditures for the prior fiscal year; minus

(2) special education initial aid under section 125A.76, subdivision 2a; minus

(3) the amount of general education revenue and referendum equalization aid for the prior fiscal year attributable to pupils receiving special instruction and services outside the regular classroom for more than 60 percent of the school day for the portion of time the pupils receive special instruction and services outside of the regular classroom, excluding portions attributable to district and school administration, district support services, operations and maintenance, capital expenditures, and pupil transportation.

(c) "General revenue" for a school district means the sum of the general education revenue according to section 126C.10, subdivision 1, excluding alternative teacher compensation revenue, transportation sparsity revenue, local optional revenue, and total operating capital revenue. "General revenue" for a charter school means the sum of the general education revenue according to section 124D.11, subdivision 1, and transportation revenue according to section 124D.11, subdivision 2, excluding alternative teacher compensation revenue, referendum equalization aid, transportation sparsity revenue, and operating capital revenue.

EFFECTIVE DATE. This section is effective the day following final enactment and applies to revenue for fiscal year 2014 and later.
Sec. 9. Minnesota Statutes 2013 Supplement, section 125A.79, subdivision 5, is amended to read:

Subd. 5. Initial Excess cost aid. For fiscal year 2016 and later, a district's initial excess cost aid equals the greater of:

(1) 56 percent of the difference between (i) the district's unreimbursed nonfederal special education expenditures and (ii) 7.0 percent of the district's general revenue;

(2) 62 percent of the difference between (i) the district's unreimbursed old formula special education expenditures and (ii) 2.5 percent of the district's general revenue; or

(3) zero.

EFFECTIVE DATE. This section is effective for revenue for fiscal year 2016 and later.

Sec. 10. Minnesota Statutes 2013 Supplement, section 125A.79, subdivision 8, is amended to read:

Subd. 8. Out-of-state tuition. For children who are residents of the state, receive services under section 125A.76, subdivisions 1 and 2, and are placed in a care and treatment facility by court action in a state that does not have a reciprocity agreement with the commissioner under section 125A.155, the resident school district shall submit the balance receive special education out-of-state tuition aid equal to the amount of the tuition bills, minus (1) the general education revenue, excluding basic skills revenue and the local optional levy attributable to the pupil, calculated using the resident district's average general education revenue per adjusted pupil unit, and (2) the referendum equalization aid attributable to the pupil, calculated using the resident district's average general education revenue and referendum equalization aid per adjusted pupil unit minus, and (3) the special education contracted services initial revenue aid attributable to the pupil.

EFFECTIVE DATE. This section is effective for revenue for fiscal year 2015 and later.

Sec. 11. Laws 2013, chapter 116, article 5, section 31, subdivision 8, is amended to read:

Subd. 8. Special education paperwork cost savings. (a) For the contract to customize a statewide online reporting system and effect special education paperwork cost savings:

$ 1,763,000 ..... 2014

For a transfer to MNIT. This appropriation is available in fiscal year 2015 if not and must be expended according to this subdivision for online due process reporting.
242.1 (b) To ensure a strong focus on outcomes for children with disabilities informs federal and state compliance and accountability requirements and to increase opportunities for special educators and related-services providers to focus on teaching children with disabilities, the commissioner must customize a streamlined, user-friendly statewide online system, with a single model online form, for effectively and efficiently collecting and reporting required special education-related data to individuals with a legitimate educational interest and who are authorized by law to access the data.

242.8 (c) The commissioner must consult with qualified experts, including information technology specialists, licensed special education teachers and directors of special education, related-services providers, third-party vendors, a designee of the commissioner of human services, parents of children with disabilities, representatives of advocacy groups representing children with disabilities, and representatives of school districts and special education cooperatives on integrating, field testing, customizing, and sustaining this simple, easily accessible, efficient, and effective online data system for uniform statewide reporting of required due process compliance data. Among other outcomes, the system must:

242.16 (1) reduce special education teachers' paperwork burden and thereby increase the teachers' opportunities to focus on teaching children;

242.18 (2) to the extent authorized by chapter 13 or other applicable state or federal law governing access to and dissemination of educational records, provide for efficiently and effectively transmitting the records of all transferring children with disabilities, including highly mobile and homeless children with disabilities, among others, and avoid fragmented service delivery;

242.23 (3) address language and other barriers and disparities that prevent parents from understanding and communicating information about the needs of their children with disabilities; and

242.26 (4) help continuously improve the interface among the online systems serving children with disabilities in order to maintain and reinforce the children's ability to learn.

242.28 (d) The commissioner must use the federal Office of Special Education Programs model forms for the (1) individualized education program, (2) notice of procedural safeguards, and (3) prior written notice that are consistent with Part B of IDEA to integrate and customize a state-sponsored universal special education online case management system, consistent with the requirements of state law and this subdivision for customizing a statewide online reporting system. The commissioner must use a request for proposal process to contract for the technology and software needed for customizing the online system in order for the system to be fully functional, consistent with the requirements of this subdivision. This online system must be made available to school districts without
charge beginning in the 2015-2016 school year. For the 2015-2016 through 2017-2018
school years, school districts may use this online system or may contract with an outside
vendor for compliance reporting. Beginning in the 2018-2019 school year and later,
school districts must use this online system for compliance reporting.

(c) All data on individuals maintained in the statewide reporting system are
classified as provided in chapter 13 or other applicable state or federal law. An authorized
individual's ability to enter, update, or access data must be limited through the use of
role-based access codes corresponding to that individual's official duties or training level,
and the statutory authorization that grants access for a particular purpose. Any action
in which data in the system are entered, updated, accessed, or shared or disseminated
outside of the system must be recorded in an audit trail. The audit trail must identify the
specific user responsible for the action, the date and time the action occurred, and the
purpose for the action. Data contained in the audit trail maintain the same classification
as the underlying data affected by the action, provided the responsible authority makes
the data available to a student or the student's parent upon request, and the responsible
authority may access the data to audit the system's user activity and security safeguards.
Before entering data on a student, the responsible authority must provide the student or the
student's parent written notice of the data practices rights and responsibilities required by
this subdivision and a reasonable opportunity to refuse consent to have the student's data
included in the system. Upon receiving the student or the student's parent written refusal
to consent, the school district must not enter data on that student into the system and must
delete any existing data on that student currently in the system.

(f) Consistent with this subdivision, the commissioner must establish a public
Internet Web interface to provide information to educators, parents, and the public about
the form and content of required special education reports, to respond to queries from
educators, parents, and the public about specific aspects of special education reports
and reporting, and to use the information garnered from the interface to streamline and
revise special education reporting on the online system under this subdivision. The public
Internet Web interface must have a prominently-linked page describing the rights and
responsibilities of students and parents whose data are included in the statewide reporting
system, and include information on the data practices rights of students and parents
provided by this subdivision and a form students or parents may use to refuse consent to
have a student's data included in the system. The public Internet Web interface must not
provide access to the educational records of any individual child.

(g) The commissioner annually by February 1 must submit to the legislature a report
on the status, recent changes, and sustainability of the online system under this subdivision.
EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 12. RULEMAKING AUTHORITY; SPECIAL EDUCATION TASK FORCE RECOMMENDATIONS.

The commissioner of education must use the expedited rulemaking process under Minnesota Statutes, section 14.389, including subdivision 5, to make the specific rule changes recommended by the Special Education Case Load and Rule Alignment Task Force in its 2014 report entitled "Recommendations for Special Education Case Load and Rule Alignment" submitted to the legislature on February 15, 2014.

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

Sec. 13. APPROPRIATION.

Subdivision 1. Department of Education. The sums indicated in this section are appropriated from the general fund to the Department of Education for the fiscal years designated.

Subd. 2. Department assistance. For the commissioner of education to assist school districts in meeting the needs of children who have experienced a high use of prone restraints, consistent with Minnesota Statutes 2013 Supplement, section 125A.0942:

$ 250,000 .... 2015

The commissioners of education and human services, or their designees, must discuss coordinating use of funds and personnel available for this purpose within their respective departments. This is a onetime appropriation.

ARTICLE 18

FACILITIES

Section 1. [123A.482] JOINT POWERS COOPERATIVE FACILITY.

Subdivision 1. Schools may be jointly operated. Two or more school districts may agree to jointly operate a secondary facility. The districts may choose to operate the facility according to a joint powers agreement under section 123A.78 or 471.59.

Subd. 2. Expanded program offerings. A jointly operated secondary program seeking funding under section 123A.485 must demonstrate to the commissioner's satisfaction that the jointly operated program provides enhanced learning opportunities and broader curriculum offerings to the students attending that program. The commissioner
must approve or disapprove a cooperative secondary program within 60 days of receipt of
an application.

Subd. 3. Transfer of employees. If an employee is transferred between two
employer members of the joint powers agreement under this section, the employee's
length of service under section 122A.40, subdivision 5, remains uninterrupted. The
employee shall receive credit on the receiving district's salary schedule for the employee's
educational attainment and years of continuous service in the sending district, or shall
receive a comparable salary, whichever is greater. The employee shall receive credit for
accrued sick leave and rights to severance benefits as if the employee had been employed
by the receiving district during the employee's years of employment in the sending district.

Subd. 4. Revenue. An approved program that is jointly operated under this section
is eligible for aid under section 123A.485 and qualifies for a facilities grant under sections
123A.44 to 123A.446.

Subd. 5. Duty to maintain elementary and secondary schools met. A school
district operating a joint facility under this section meets the requirements of section
123A.64.

Subd. 6. Estimated market value limit exclusion. Bonds for a cooperative facility
operated under this section issued by a member school district are not subject to the net
debt limit under section 475.53, subdivision 4.

Subd. 7. Allocation of levy authority for joint facility. For purposes of determining
each member district's school levy, a jointly operated secondary program may allocate
program costs to each member district according to the joint powers agreement and each
member district may include those costs in its tax levy. The joint powers agreement may
choose to allocate costs on any basis adopted as part of the joint powers agreement.

Subd. 8. Effect of consolidation. The joint powers agreement may allow member
school districts that choose to consolidate to continue to certify levies separately based on
each component district's characteristics.

Subd. 9. Bonds. A joint powers district formed under this section may issue bonds
according to section 123A.78 or its member districts may issue bonds individually after
complying with this subdivision. The joint powers board must submit the project for
review and comment under section 123B.71. The joint powers board must hold a hearing
on the proposal. If the bonds are not issued under section 123A.78, each member district
of the joint powers district must submit the question of authorizing borrowing of funds for
the project to the voters of the district at a special election. The question submitted shall
state the total amount of funding needed from that district. The member district may issue
the bonds according to chapter 475 and certify the levy required by section 475.61 only if
246.1 a majority of those voting on the question in that district vote in the affirmative and only
246.2 after the board has adopted a resolution pledging the full faith and credit of that unit. The
246.3 resolution must irrevocably commit that unit to pay an agreed-upon share of any debt levy
246.4 shortages that, together with other funds available, would allow the member school board
246.5 to pay the principal and interest on the obligations. The clerk of the joint powers board
246.6 must certify the vote of any bond elections to the commissioner. Bonds issued under this
246.7 section first qualify for debt service equalization aid in fiscal year 2018.
246.8 Subd. 10. Election. A district entering into a joint powers agreement under this
246.9 section may conduct a referendum seeking approval for a new facility. This election may
246.10 be held separately or at the same time as a bond election under subdivision 9. If the
246.11 election is held at the same time, the questions may be asked separately or as a conjunctive
246.12 question. The question must be approved by a majority of those voting on the question.
246.13 If asked separately and the question fails, a district may not proceed with the sale of
246.14 bonds according to subdivision 9.
246.15 EFFECTIVE DATE. This section is effective the day following final enactment.
246.16 Sec. 2. Minnesota Statutes 2012, section 123A.64, is amended to read:
246.17 123A.64 DUTY TO MAINTAIN ELEMENTARY AND SECONDARY
246.18 SCHOOLS.
246.19 Each district must maintain classified elementary and secondary schools, grades 1
246.20 through 12, unless the district is exempt according to section 123A.61 or 123A.62, has
246.21 made an agreement with another district or districts as provided in sections 123A.30,
246.22 123A.32, or sections 123A.35 to 123A.43, or 123A.17, subdivision 7, or has received a
246.23 grant under sections 123A.441 to 123A.446, or has formed a cooperative under section
246.24 123A.482. A district that has an agreement according to sections 123A.35 to 123A.43 or
246.25 123A.32 must operate a school with the number of grades required by those sections. A
246.26 district that has an agreement according to section 123A.30 or 123A.17, subdivision 7, or
246.27 has received a grant under sections 123A.441 to 123A.446 must operate a school for the
246.28 grades not included in the agreement, but not fewer than three grades.
246.29 Sec. 3. Minnesota Statutes 2013 Supplement, section 123B.53, subdivision 1, is
246.30 amended to read:
246.31 Subdivision 1. Definitions. (a) For purposes of this section, the eligible debt service
246.32 revenue of a district is defined as follows:
(1) the amount needed to produce between five and six percent in excess of the
amount needed to meet when due the principal and interest payments on the obligations
of the district for eligible projects according to subdivision 2, including the amounts
necessary for repayment of energy loans according to section 216C.37 or sections 298.292
to 298.298, debt service loans and capital loans, lease purchase payments under section
126C.40, subdivision 2, alternative facilities levies under section 123B.59, subdivision
5, paragraph (a), minus
(2) the amount of debt service excess levy reduction for that school year calculated
according to the procedure established by the commissioner.
(b) The obligations in this paragraph are excluded from eligible debt service revenue:
(1) obligations under section 123B.61;
(2) the part of debt service principal and interest paid from the taconite environmental
protection fund or Douglas J. Johnson economic protection trust, excluding the portion of
taconite payments from the Iron Range school consolidation and cooperatively operated
school account under section 298.28, subdivision 7a;
(3) obligations issued under Laws 1991, chapter 265, article 5, section 18, as
amended by Laws 1992, chapter 499, article 5, section 24; and
(4) obligations under section 123B.62; and
(5) obligations equalized under section 123B.535.
(c) For purposes of this section, if a preexisting school district reorganized under
sections 123A.35 to 123A.43, 123A.46, and 123A.48 is solely responsible for retirement
of the preexisting district's bonded indebtedness, capital loans or debt service loans, debt
service equalization aid must be computed separately for each of the preexisting districts.
(d) For purposes of this section, the adjusted net tax capacity determined according
to sections 127A.48 and 273.1325 shall be adjusted to include the tax capacity of property
generally exempted from ad valorem taxes under section 272.02, subdivision 64.

EFFECTIVE DATE. This section is effective for fiscal year 2017 and later.

Sec. 4. Minnesota Statutes 2013 Supplement, section 123B.53, subdivision 5, is
amended to read:
Subd. 5. Equalized debt service levy. (a) The equalized debt service levy of a
district equals the sum of the first tier equalized debt service levy and the second tier
equalized debt service levy.
(b) A district's first tier equalized debt service levy equals the district's first tier debt
service equalization revenue times the lesser of one or the ratio of:
(1) the quotient derived by dividing the adjusted net tax capacity of the district for
the year before the year the levy is certified by the adjusted pupil units in the district for
the school year ending in the year prior to the year the levy is certified; to
(2) $3,550 $3,400 in fiscal year 2016 and $4,430 in fiscal year 2017 and later.
(c) A district's second tier equalized debt service levy equals the district's second tier
debt service equalization revenue times the lesser of one or the ratio of:
(1) the quotient derived by dividing the adjusted net tax capacity of the district for
the year before the year the levy is certified by the adjusted pupil units in the district for
the school year ending in the year prior to the year the levy is certified; to
(2) $7,900 $8,000.

EFFECTIVE DATE. This section is effective for revenue for fiscal year 2016
and later.

Sec. 5. [123B.535] NATURAL DISASTER DEBT SERVICE EQUALIZATION.
Subdivision 1. Definitions. (a) For purposes of this section, the eligible natural
disaster debt service revenue of a district is defined as the amount needed to produce
between five and six percent in excess of the amount needed to meet when due the
principal and interest payments on the obligations of the district that would otherwise
qualify under section 123B.53 under the following conditions:
(1) the district was impacted by a natural disaster event or area occurring January 1, 2005, or later, as declared by the President of the United States of America, which is
eligible for Federal Emergency Management Agency payments;
(2) the natural disaster caused $500,000 or more in damages to school district
buildings; and
(3) the repair and replacement costs are not covered by insurance payments or
Federal Emergency Management Agency payments.
(b) For purposes of this section, the adjusted net tax capacity equalizing factor
equals the quotient derived by dividing the total adjusted net tax capacity of all school
districts in the state for the year before the year the levy is certified by the total number of
adjusted pupil units in the state for the year prior to the year the levy is certified.
(c) For purposes of this section, the adjusted net tax capacity determined according
to sections 127A.48 and 273.1325 shall be adjusted to include the tax capacity of property
generally exempted from ad valorem taxes under section 272.02, subdivision 64.
Subd. 2. Notification. A district eligible for natural disaster debt service
equalization revenue under subdivision 1 must notify the commissioner of the amount of
its intended natural disaster debt service revenue calculated under subdivision 1 for all
bonds sold prior to the notification by July 1 of the calendar year the levy is certified.

Subd. 3. Natural disaster debt service equalization revenue. The debt service
equalization revenue of a district equals the greater of zero or the eligible debt service
revenue, minus the greater of zero or the difference between:

(1) the amount raised by a levy of ten percent times the adjusted net tax capacity
of the district; and

(2) the district's eligible debt service revenue under section 123B.53.

Subd. 4. Equalized natural disaster debt service levy. A district's equalized
natural disaster debt service levy equals the district's natural disaster debt service
equalization revenue times the lesser of one or the ratio of:

(1) the quotient derived by dividing the adjusted net tax capacity of the district for
the year before the year the levy is certified by the adjusted pupil units in the district for
the school year ending in the year prior to the year the levy is certified; to

(2) 300 percent of the statewide adjusted net tax capacity equalizing factor.

Subd. 5. Natural disaster debt service equalization aid. A district's natural
disaster debt service equalization aid equals the difference between the district's natural
disaster debt service equalization revenue and the district's equalized natural disaster
debt service levy.

Subd. 6. Natural disaster debt service equalization aid payment schedule. Debt
service equalization aid must be paid according to section 127A.45, subdivision 10.

EFFECTIVE DATE. This section is effective for taxes payable in 2016 and
revenue for fiscal year 2017 and later.

Sec. 6. Minnesota Statutes 2013 Supplement, section 123B.54, is amended to read:

**123B.54 DEBT SERVICE APPROPRIATION.**

(a) The amount necessary to make debt service equalization aid payments under
sections 123B.53 and 123B.535 is annually appropriated from the general fund to
the commissioner of education.

(b) The appropriations in paragraph (a) must be reduced by the amount of any
money specifically appropriated for the same purpose in any year from any state fund.

EFFECTIVE DATE. This section is effective for revenue for fiscal year 2017
and later.

Sec. 7. Minnesota Statutes 2012, section 123B.57, subdivision 6, is amended to read:
6. **Uses of health and safety revenue.** (a) Health and safety revenue may be used only for approved expenditures necessary for the correction of fire and life safety hazards; design, purchase, installation, maintenance, and inspection of fire protection and alarm equipment; purchase or construction of appropriate facilities for the storage of combustible and flammable materials; inventories and facility modifications not related to a remodeling project to comply with lab safety requirements under section 121A.31; inspection, testing, repair, removal or encapsulation, and disposal of asbestos-containing building materials; cleanup and disposal of polychlorinated biphenyls; cleanup and disposal of hazardous and infectious wastes; cleanup, removal, disposal, and repairs related to storing heating fuel or transportation fuels such as alcohol, gasoline, fuel oil, and special fuel, as defined in section 296A.01; correction of occupational safety and health administration regulated hazards; indoor air quality inspections, investigations, and testing; mold abatement; upgrades or replacement of mechanical ventilation systems to meet American Society of Heating, Refrigerating and Air Conditioning Engineers standards and State Mechanical Code; design, materials, and installation of local exhaust ventilation systems, including required make-up air for controlling regulated hazardous substances; correction of Department of Health Food Code violations; correction of swimming pool hazards excluding depth correction; playground safety inspections, repair of unsafe outdoor playground equipment, and the installation of impact surfacing materials; bleacher repair or rebuilding to comply with the order of a building code inspector under section 326B.112; testing and mitigation of elevated radon hazards; lead testing; copper in water testing; cleanup after major weather-related disasters or flooding; reduction of excessive organic and inorganic levels in wells and capping of abandoned wells; installation and testing of boiler backflow valves to prevent contamination of potable water; vaccinations, titers, and preventative supplies for bloodborne pathogen compliance; costs to comply with the Janet B. Johnson Parents' Right to Know Act; automated external defibrillators and other emergency plan equipment and supplies specific to the district's emergency action plan; [compliance with the National Emission Standards for Hazardous Air Pollutants](https://www.epa.gov/air-emissions-reduction/national-emission-standards-hazardous-air-pollutants) for school generators established by the United States Environmental Protection Agency; and health, safety, and environmental management costs associated with implementing the district's health and safety program including costs to establish and operate safety committees, in school buildings or property owned or being acquired by the district. Testing and calibration activities are permitted for existing mechanical ventilation systems at intervals no less than every five years.

(b) For fiscal years 2014 through 2017, a school district must not include expenses related to emission compliance projects for school generators in its health and safety program.
revenue unless it reduces its approved spending on other qualified health and safety

projects by the same amount.

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

Sec. 8. Minnesota Statutes 2012, section 123B.71, subdivision 8, is amended to read:

Subd. 8. Review and comment. A school district, a special education cooperative, or a cooperative unit of government, as defined in section 123A.24, subdivision 2, must not initiate an installment contract for purchase or a lease agreement, hold a referendum for bonds, nor solicit bids for new construction, expansion, or remodeling of an educational facility that requires an expenditure in excess of $500,000 per school site if it has a capital loan outstanding, or $1,400,000 $2,000,000 per school site if it does not have a capital loan outstanding, prior to review and comment by the commissioner. The commissioner may exempt A facility addition, maintenance project, or remodeling project funded only with general education aid and levy revenue, deferred maintenance revenue, alternative facilities bonding and levy program revenue, lease levy proceeds, capital facilities bond proceeds, or health and safety revenue is exempt from this provision after reviewing a written request from a school district describing the scope of work. A capital project under section 123B.63 addressing only technology is exempt from this provision if the district submits a school board resolution stating that funds approved by the voters will be used only as authorized in section 126C.10, subdivision 14. A school board shall not separate portions of a single project into components to avoid the requirements of this subdivision.

Sec. 9. Minnesota Statutes 2012, section 123B.71, subdivision 9, is amended to read:

Subd. 9. Information required. A school board proposing to construct, expand, or remodel a facility described in that requires a review and comment under subdivision 8 shall submit to the commissioner a proposal containing information including at least the following:

(1) the geographic area and population to be served, preschool through grade 12 student enrollments for the past five years, and student enrollment projections for the next five years;

(2) a list of existing facilities by year constructed, their uses, and an assessment of the extent to which alternate facilities are available within the school district boundaries and in adjacent school districts;

(3) a list of the specific deficiencies of the facility that demonstrate the need for a new or renovated facility to be provided, the process used to determine the deficiencies, a list of those deficiencies that will and will not be addressed by the proposed project, and a
list of the specific benefits that the new or renovated facility will provide to the students, teachers, and community users served by the facility;

(4) the relationship of the project to any priorities established by the school district, educational cooperatives that provide support services, or other public bodies in the service area;

(5) a description of the pedestrian, bicycle, and transit connections between the school and nearby residential areas that make it easier for children, teachers, and parents to get to the school by walking, bicycling, and taking transit;

(6) a specification of how the project maximizes the opportunity for cooperative use of existing park, recreation, and other public facilities and whether and how the project will increase collaboration with other governmental or nonprofit entities;

(7) (4) a description of the project, including the specification of site and outdoor space acreage and square footage allocations for classrooms, laboratories, and support spaces; estimated expenditures for the major portions of the project; and the dates the project will begin and be completed;

(8) (5) a specification of the source of financing the project, including applicable statutory citations; the scheduled date for a bond issue or school board action; a schedule of payments, including debt service equalization aid; and the effect of a bond issue on local property taxes by the property class and valuation;

(9) an analysis of how the proposed new or remodeled facility will affect school district operational or administrative staffing costs, and how the district's operating budget will cover any increased operational or administrative staffing costs;

(10) a description of the consultation with local or state transportation officials on multimodal school site access and safety issues, and the ways that the project will address those issues;

(11) a description of how indoor air quality issues have been considered and a certification that the architects and engineers designing the facility will have professional liability insurance;

(12) as required under section 123B.72, for buildings coming into service after July 1, 2002, a certification that the plans and designs for the extensively renovated or new facility's heating, ventilation, and air conditioning systems will meet or exceed code standards; will provide for the monitoring of outdoor airflow and total airflow of ventilation systems; and will provide an indoor air quality filtration system that meets ASHRAE standard 52.1;

(13) a specification of any desegregation requirements that cannot be met by any other reasonable means.
(14) a specification of how the facility will utilize environmentally sustainable school facility design concepts;

(15) a description of how the architects and engineers have considered the American National Standards Institute Acoustical Performance Criteria, Design Requirements and Guidelines for Schools of the maximum background noise level and reverberation times; and

(16) any existing information from the relevant local unit of government about the cumulative costs to provide infrastructure to serve the school, such as utilities, sewer, roads, and sidewalks.

(6) documents obligating the school district and contractors to comply with items (i) to (vii) in planning and executing the project:

(i) section 471.345 governing municipal contracts;

(ii) sustainable design;

(iii) school facility commissioning under section 123B.72 certifying the plans and designs for the heating, ventilating, air conditioning, and air filtration for an extensively renovated or new facility meet or exceed current code standards, including the ASHRAE air filtration standard 52.1;

(iv) American National Standards Institute Acoustical Performance Criteria, Design Requirements and Guidelines for Schools on maximum background noise level and reverberation times;

(v) State Fire Code;

(vi) chapter 326B governing building codes; and

(vii) consultation with affected government units about the impact of the project on utilities, roads, sewers, sidewalks, retention ponds, school bus and automobile traffic, access to mass transit, and safe access for pedestrians and cyclists.

Sec. 10. Minnesota Statutes 2012, section 123B.72, subdivision 1, is amended to read:

Subdivision 1. Application. This section applies to the installation or retrofitting of heating, ventilation, and air conditioning systems for which review and comment of the project under section 123B.71 has been requested after July 1, 1997 projects where the total project cost per site exceeds $1,400,000.

EFFECTIVE DATE. This section is effective July 1, 2014.

Sec. 11. Minnesota Statutes 2012, section 123B.72, subdivision 3, is amended to read:

Subd. 3. Certification. Prior to occupying or reoccupying a school facility affected by this section, a school board or its designee shall submit a document prepared by a
system inspector to the building official or to the commissioner, verifying that the facility's heating, ventilation, and air conditioning system has been installed and operates according to design specifications and code, according to section 123B.71, subdivision 9, clause (42) (6), item (iii). A systems inspector shall also verify that the facility's design will provide the ability for monitoring of outdoor airflow and total airflow of ventilation systems in new school facilities and that any heating, ventilation, or air conditioning system that is installed or modified for a project subject to this section must provide a filtration system with a current ASHRAE standard.

**EFFECTIVE DATE.** This section is effective July 1, 2014.

Sec. 12. Minnesota Statutes 2013 Supplement, section 126C.10, subdivision 2d, is amended to read:

Subd. 2d. Declining enrollment revenue. (a) A school district's declining enrollment revenue equals the greater of zero or the product of: (1) 28 percent of the formula allowance for that year and (2) the difference between the adjusted pupil units for the preceding year and the adjusted pupil units for the current year.

(b) Notwithstanding paragraph (a), for fiscal years 2015, 2016, and 2017 only, a pupil enrolled at the Crosswinds school shall not generate declining enrollment revenue for the district or charter school in which the pupil was last counted in average daily membership.

**EFFECTIVE DATE.** This section is effective July 1, 2014, if but only if the Crosswinds school is conveyed to the Perpich Center for Arts Education by an enactment during the 2014 regular legislative session.

Sec. 13. Minnesota Statutes 2013 Supplement, section 126C.40, subdivision 1, is amended to read:

Subdivision 1. To lease building or land. (a) When an independent or a special school district or a group of independent or special school districts finds it economically advantageous to rent or lease a building or land for any instructional purposes or for school storage or furniture repair, and it determines that the operating capital revenue authorized under section 126C.10, subdivision 13, is insufficient for this purpose, it may apply to the commissioner for permission to make an additional capital expenditure levy for this purpose. An application for permission to levy under this subdivision must contain financial justification for the proposed levy, the terms and conditions of the proposed lease, and a description of the space to be leased and its proposed use.
(b) The criteria for approval of applications to levy under this subdivision must include: the reasonableness of the price, the appropriateness of the space to the proposed activity, the feasibility of transporting pupils to the leased building or land, conformity of the lease to the laws and rules of the state of Minnesota, and the appropriateness of the proposed lease to the space needs and the financial condition of the district. The commissioner must not authorize a levy under this subdivision in an amount greater than the cost to the district of renting or leasing a building or land for approved purposes. The proceeds of this levy must not be used for custodial or other maintenance services. A district may not levy under this subdivision for the purpose of leasing or renting a district-owned building or site to itself.

(c) For agreements finalized after July 1, 1997, a district may not levy under this subdivision for the purpose of leasing: (1) a newly constructed building used primarily for regular kindergarten, elementary, or secondary instruction; or (2) a newly constructed building addition or additions used primarily for regular kindergarten, elementary, or secondary instruction that contains more than 20 percent of the square footage of the previously existing building.

(d) Notwithstanding paragraph (b), a district may levy under this subdivision for the purpose of leasing or renting a district-owned building or site to itself only if the amount is needed by the district to make payments required by a lease purchase agreement, installment purchase agreement, or other deferred payments agreement authorized by law, and the levy meets the requirements of paragraph (c). A levy authorized for a district by the commissioner under this paragraph may be in the amount needed by the district to make payments required by a lease purchase agreement, installment purchase agreement, or other deferred payments agreement authorized by law, provided that any agreement include a provision giving the school districts the right to terminate the agreement annually without penalty.

(e) The total levy under this subdivision for a district for any year must not exceed $162 $212 times the adjusted pupil units for the fiscal year to which the levy is attributable.

(f) For agreements for which a review and comment have been submitted to the Department of Education after April 1, 1998, the term "instructional purpose" as used in this subdivision excludes expenditures on stadiums.

(g) The commissioner of education may authorize a school district to exceed the limit in paragraph (e) if the school district petitions the commissioner for approval. The commissioner shall grant approval to a school district to exceed the limit in paragraph (e) for not more than five years if the district meets the following criteria:
1) the school district has been experiencing pupil enrollment growth in the
preceding five years;

2) the purpose of the increased levy is in the long-term public interest;

3) the purpose of the increased levy promotes colocation of government services; and

4) the purpose of the increased levy is in the long-term interest of the district by
avoiding over construction of school facilities.

(h) A school district that is a member of an intermediate school district may include
in its authority under this section the costs associated with leases of administrative and
classroom space for intermediate school district programs. This authority must not exceed
$46 $65 times the adjusted pupil units of the member districts. This authority is in addition
to any other authority authorized under this section.

(i) In addition to the allowable capital levies in paragraph (a), for taxes payable in
2012 to 2023, a district that is a member of the "Technology and Information Education
Systems" data processing joint board, that finds it economically advantageous to enter into
a lease agreement to finance improvements to a building and land for a group of school
districts or special school districts for staff development purposes, may levy for its portion
of lease costs attributed to the district within the total levy limit in paragraph (e). The total
levy authority under this paragraph shall not exceed $632,000.

(j) Notwithstanding paragraph (a), a district may levy under this subdivision for the
purpose of leasing administrative space if the district can demonstrate to the satisfaction of
the commissioner that the lease cost for the administrative space is no greater than the
lease cost for instructional space that the district would otherwise lease. The commissioner
must deny this levy authority unless the district passes a resolution stating its intent to
lease instructional space under this section if the commissioner does not grant authority
under this paragraph. The resolution must also certify that the lease cost for administrative
space under this paragraph is no greater than the lease cost for the district's proposed
instructional lease.

EFFECTIVE DATE. This section is effective for taxes payable in 2015 and later.

Sec. 14. Minnesota Statutes 2013 Supplement, section 126C.48, subdivision 8, is
amended to read:

Subd. 8. Taconite payment and other reductions. (1) Reductions in levies
pursuant to subdivision 1 must be made prior to the reductions in clause (2).

(2) Notwithstanding any other law to the contrary, districts that have revenue
pursuant to sections 298.018; 298.225; 298.24 to 298.28, except an amount distributed
under sections 298.26; 298.28, subdivision 4, paragraphs (c), clause (ii), and (d); 298.34
to 298.39; 298.391 to 298.396; 298.405; 477A.15; and any law imposing a tax upon
severed mineral values must reduce the levies authorized by this chapter and chapters
120B, 122A, 123A, 123B, 124A, 124D, 125A, and 127A by 95 percent of the sum of the
previous year's revenue specified under this clause and the amount attributable to the same
production year distributed to the cities and townships within the school district under
section 298.28, subdivision 2, paragraph (c).

(3) The amount of any voter approved referendum, facilities down payment, and
debt levies shall not be reduced by more than 50 percent under this subdivision, except
that payments under section 298.28, subdivision 7a, may reduce the debt service levy by
more than 50 percent. In administering this paragraph, the commissioner shall first reduce
the nonvoter approved levies of a district; then, if any payments, severed mineral value
tax revenue or recognized revenue under paragraph (2) remains, the commissioner shall
reduce any voter approved referendum levies authorized under section 126C.17; then, if
any payments, severed mineral value tax revenue or recognized revenue under paragraph
(2) remains, the commissioner shall reduce any voter approved facilities down payment
levies authorized under section 123B.63 and then, if any payments, severed mineral value
tax revenue or recognized revenue under paragraph (2) remains, the commissioner shall
reduce any voter approved debt levies.

(4) Before computing the reduction pursuant to this subdivision of the health and
safety levy authorized by sections 123B.57 and 126C.40, subdivision 5, the commissioner
shall ascertain from each affected school district the amount it proposes to levy under
each section or subdivision. The reduction shall be computed on the basis of the amount
so ascertained.

(5) To the extent the levy reduction calculated under paragraph (2) exceeds the
limitation in paragraph (3), an amount equal to the excess must be distributed from the
school district's distribution under sections 298.225, 298.28, and 477A.15 in the following
year to the cities and townships within the school district in the proportion that their
taxable net tax capacity within the school district bears to the taxable net tax capacity of
the school district for property taxes payable in the year prior to distribution. No city or
township shall receive a distribution greater than its levy for taxes payable in the year prior
to distribution. The commissioner of revenue shall certify the distributions of cities and
towns under this paragraph to the county auditor by September 30 of the year preceding
distribution. The county auditor shall reduce the proposed and final levies of cities and
towns receiving distributions by the amount of their distribution. Distributions to the cities
and towns shall be made at the times provided under section 298.27.
Sec. 15. Minnesota Statutes 2012, section 127A.49, subdivision 2, is amended to read:

Subd. 2. **Abatements.** Whenever by virtue of chapter 278, sections 270C.86, 375.192, or otherwise, the net tax capacity or referendum market value of any district for any taxable year is changed after the taxes for that year have been spread by the county auditor and the local tax rate as determined by the county auditor based upon the original net tax capacity is applied upon the changed net tax capacities, the county auditor shall, prior to February 1 of each year, certify to the commissioner of education the amount of any resulting net revenue loss that accrued to the district during the preceding year. Each year, the commissioner shall pay an abatement adjustment to the district in an amount calculated according to the provisions of this subdivision. This amount shall be deducted from the amount of the levy authorized by section 126C.46. The amount of the abatement adjustment must be the product of:

1. the net revenue loss as certified by the county auditor, times
2. the ratio of:
   1. the sum of the amounts of the district's certified levy in the third preceding year according to the following:
      
      A. section 123B.57, if the district received health and safety aid according to that section for the second preceding year;
      
      B. section 124D.20, if the district received aid for community education programs according to that section for the second preceding year;
      
      C. section 124D.135, subdivision 3, if the district received early childhood family education aid according to section 124D.135 for the second preceding year;
      
      D. section 126C.17, subdivision 6, if the district received referendum equalization aid according to that section for the second preceding year;
      
      E. section 126C.10, subdivision 13a, if the district received operating capital aid according to section 126C.10, subdivision 13b, in the second preceding year;
      
      F. section 126C.10, subdivision 29, if the district received equity aid according to section 126C.10, subdivision 30, in the second preceding year;
      
      G. section 126C.10, subdivision 32, if the district received transition aid according to section 126C.10, subdivision 33, in the second preceding year;
      
      H. section 123B.53, subdivision 5, if the district received debt service equalization aid according to section 123B.53, subdivision 6, in the second preceding year;
      
      I. section 123B.535, subdivision 4, if the district received natural disaster debt service equalization aid according to section 123B.535, subdivision 5, in the second preceding year;
(J) section 124D.22, subdivision 3, if the district received school-age care aid according to section 124D.22, subdivision 4, in the second preceding year;

(K) section 123B.591, subdivision 3, if the district received deferred maintenance aid according to section 123B.591, subdivision 4, in the second preceding year; and

(L) section 126C.10, subdivision 35, if the district received alternative teacher compensation equalization aid according to section 126C.10, subdivision 36, paragraph (a), in the second preceding year; to

(ii) the total amount of the district's certified levy in the third preceding December, plus or minus auditor's adjustments.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2017 and later.

Sec. 16. Minnesota Statutes 2012, section 127A.49, subdivision 3, is amended to read:

Subd. 3. **Excess tax increment.** (a) If a return of excess tax increment is made to a district pursuant to sections 469.176, subdivision 2, and 469.177, subdivision 9, or upon decertification of a tax increment district, the school district's aid and levy limitations must be adjusted for the fiscal year in which the excess tax increment is paid under the provisions of this subdivision.

(b) An amount must be subtracted from the district's aid for the current fiscal year equal to the product of:

(1) the amount of the payment of excess tax increment to the district, times

(2) the ratio of:

(i) the sum of the amounts of the district's certified levy for the fiscal year in which the excess tax increment is paid according to the following:

(A) section 123B.57, if the district received health and safety aid according to that section for the second preceding year;

(B) section 124D.20, if the district received aid for community education programs according to that section for the second preceding year;

(C) section 124D.135, subdivision 3, if the district received early childhood family education aid according to section 124D.135 for the second preceding year;

(D) section 126C.17, subdivision 6, if the district received referendum equalization aid according to that section for the second preceding year;

(E) section 126C.10, subdivision 13a, if the district received operating capital aid according to section 126C.10, subdivision 13b, in the second preceding year;

(F) section 126C.10, subdivision 29, if the district received equity aid according to section 126C.10, subdivision 30, in the second preceding year;
(G) section 126C.10, subdivision 32, if the district received transition aid according to section 126C.10, subdivision 33, in the second preceding year;

(H) section 123B.53, subdivision 5, if the district received debt service equalization aid according to section 123B.53, subdivision 6, in the second preceding year;

(I) section 123B.535, subdivision 4, if the district received natural disaster debt service equalization aid according to section 123B.535, subdivision 5, in the second preceding year;

(1) section 124D.22, subdivision 3, if the district received school-age care aid according to section 124D.22, subdivision 4, in the second preceding year;

(J) section 123B.591, subdivision 3, if the district received deferred maintenance aid according to section 123B.591, subdivision 4, in the second preceding year; and

(K) section 126C.10, subdivision 35, if the district received alternative teacher compensation equalization aid according to section 126C.10, subdivision 36, paragraph (a), in the second preceding year; to

(ii) the total amount of the district's certified levy for the fiscal year, plus or minus auditor's adjustments.

(c) An amount must be subtracted from the school district's levy limitation for the next levy certified equal to the difference between:

(1) the amount of the distribution of excess increment; and

(2) the amount subtracted from aid pursuant to clause (a).

If the aid and levy reductions required by this subdivision cannot be made to the aid for the fiscal year specified or to the levy specified, the reductions must be made from aid for subsequent fiscal years, and from subsequent levies. The school district must use the payment of excess tax increment to replace the aid and levy revenue reduced under this subdivision.

(d) This subdivision applies only to the total amount of excess increments received by a district for a calendar year that exceeds $25,000.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2017 and later.

Sec. 17. Minnesota Statutes 2012, section 129C.10, subdivision 3, is amended to read:

Subd. 3. **Powers and duties of board.** (a) The board has the powers necessary for the care, management, and control of the Perpich Center for Arts Education and any other school authorized in this chapter, and all its real and personal property. The powers shall include, but are not limited to, those listed in this subdivision.
(b) The board may employ and discharge necessary employees, and contract for
other services to ensure the efficient operation of the Center for Arts Education and any
other school authorized in this chapter.

c) The board may receive and award grants. The board may establish a charitable
foundation and accept, in trust or otherwise, any gift, grant, bequest, or devise for
educational purposes and hold, manage, invest, and dispose of them and the proceeds
and income of them according to the terms and conditions of the gift, grant, bequest, or
devise and its acceptance. The board must adopt internal procedures to administer and
monitor aids and grants.

d) The board may establish or coordinate evening, continuing education, extension,
and summer programs for teachers and pupils.

e) The board may identify pupils who have artistic talent, either demonstrated or
potential, in dance, literary arts, media arts, music, theater, and visual arts, or in more
than one art form.

(f) The board must educate pupils with artistic talent by providing:

(1) an interdisciplinary academic and arts program for pupils in the 11th and 12th
grades. The total number of pupils accepted under this clause and clause (2) shall not
exceed 310;

(2) additional instruction to pupils for a 13th grade. Pupils eligible for this
instruction are those enrolled in 12th grade who need extra instruction and who apply
to the board, or pupils enrolled in the 12th grade who do not meet learner outcomes
established by the board;

(3) intensive arts seminars for one or two weeks for pupils in grades 9 to 12;

(4) summer arts institutes for pupils in grades 9 to 12;

(5) artist mentor and extension programs in regional sites; and

(6) teacher education programs for indirect curriculum delivery.

(g) The board may determine the location for the Perpich Center for Arts Education
and any additional facilities related to the center, including the authority to lease a
temporary facility.

(h) The board must plan for the enrollment of pupils on an equal basis from each
congressional district.

(i) The board may establish task forces as needed to advise the board on policies and
issues. The task forces expire as provided in section 15.059, subdivision 6.

(j) The board may request the commissioner of education for assistance and services.

(k) The board may enter into contracts with other public and private agencies
and institutions for residential and building maintenance services if it determines that
these services could be provided more efficiently and less expensively by a contractor
than by the board itself. The board may also enter into contracts with public or private
agencies and institutions, school districts or combinations of school districts, or service
coopertives to provide supplemental educational instruction and services.

(I) The board may provide or contract for services and programs by and for the
Center for Arts Education, including a store, operating in connection with the center;
theatrical events; and other programs and services that, in the determination of the board,
serves the purposes of the center.

(m) The board may provide for transportation of pupils to and from the Center for
Arts Education for all or part of the school year, as the board considers advisable and
subject to its rules. Notwithstanding any other law to the contrary, the board may charge a
reasonable fee for transportation of pupils. Every driver providing transportation of pupils
under this paragraph must possess all qualifications required by the commissioner of
education. The board may contract for furnishing authorized transportation under rules
established by the commissioner of education and may purchase and furnish gasoline to a
contract carrier for use in the performance of a contract with the board for transportation
of pupils to and from the Center for Arts Education. When transportation is provided,
scheduling of routes, establishment of the location of bus stops, the manner and method of
transportation, the control and discipline of pupils, and any other related matter is within
the sole discretion, control, and management of the board.

(n) The board may provide room and board for its pupils. If the board provides room
and board, it shall charge a reasonable fee for the room and board. The fee is not subject
to chapter 14 and is not a prohibited fee according to sections 123B.34 to 123B.39.

(o) The board may establish and set fees for services and programs. If the board sets
fees not authorized or prohibited by the Minnesota public school fee law, it may do so
without complying with the requirements of section 123B.38.

(p) The board may apply for all competitive grants administered by agencies of the
state and other government or nongovernment sources.

**EFFECTIVE DATE.** This section is effective the day following the date on
which the Crosswinds school is conveyed to the Perpich Center for Arts Education by
an enactment during the 2014 regular legislative session.

Sec. 18. Minnesota Statutes 2012, section 129C.10, is amended by adding a
subdivision to read:

Subd. 5a. **Interdistrict voluntary integration magnet program.** Notwithstanding
Minnesota Rules, parts 3535.0110 and 3535.0150, the board may establish and operate
an interdistrict integration magnet program according to section 129C.30. For fiscal year
2016 and later, the board must have an approved achievement and integration plan and
budget under section 124D.861.

EFFECTIVE DATE. This section is effective the day following the date on
which the Crosswinds school is conveyed to the Perpich Center for Arts Education by
an enactment during the 2014 regular legislative session.

Sec. 19. [129C.30] CROSSWINDS INTEGRATION MAGNET SCHOOL.

Subdivision 1. Definitions. (a) The following terms having the meanings given
them for this chapter.

(b) "Board" means the board of directors of the Perpich Center for Arts Education.

(c) "Crosswinds school" means the Crosswinds school in Woodbury operated during
the 2012-2013 school year by Joint Powers District No. 6067, East Metro Integration
District.

Subd. 2. Board to operate the Crosswinds school. The board may operate the
Crosswinds school with the powers and duties granted to it under this chapter. A student
may apply to the Crosswinds school under section 124D.03 and the Crosswinds school
may accept students under that section.

Subd. 3. General education funding. General education revenue must be paid to
the Crosswinds school as though it were a district. The general education revenue for each
adjusted pupil unit is the state average general education revenue per pupil unit, plus
the referendum equalization aid allowance in the pupil's district of residence, minus an
amount equal to the product of the formula allowance according to section 126C.10,
subdivision 2, times .0466, calculated without declining enrollment, basic skills revenue,
extended time revenue, pension adjustment revenue, transition revenue, and transportation
sparsity revenue, plus declining enrollment, basic skills revenue, extended time revenue,
pension adjustment revenue, and transition revenue as though the school were a school
district. The general education revenue for each extended time pupil unit equals $4,794.

Subd. 4. Special education funding. Special education aid must be paid to the
Crosswinds school according to sections 125A.76 and 125A.79, as though it were a
school district. The special education aid paid to the Crosswinds school shall be adjusted
as follows:

(1) if the Crosswinds school does not receive general education revenue on behalf of
the student according to subdivision 3, the aid shall be adjusted as provided in section
125A.11; or
(2) if the Crosswinds school receives general education revenue on behalf of the
student according to subdivision 3, the aid shall be adjusted as provided in section
127A.47, subdivision 7, paragraphs (b) to (d).

Subd. 5. Pupil transportation. (a) For fiscal year 2015 only, a member district of
Joint Powers District No. 6067, East Metro Integration District, must transport pupils
enrolled at the Crosswinds school in the same manner as they were transported in fiscal
year 2014.

(b) Pupil transportation expenses under this section are reimbursable under section
124D.87.

Subd. 6. Achievement and integration aid. For fiscal year 2016 and later, the
Crosswinds school is eligible for achievement and integration aid under section 124D.862
as if it were a school district.

Subd. 7. Other aids, grants, revenue. (a) The Crosswinds school is eligible to
receive other aids, grants, and revenue according to chapters 120A to 129C as though it
were a district.

(b) Notwithstanding paragraph (a), the Crosswinds school may not receive aid, a
grant, or revenue if a levy is required to obtain the money, or if the aid, grant, or revenue
replaces levy revenue that is not general education revenue, except as otherwise provided
in this section.

(c) Federal aid received by the state must be paid to the school if it qualifies for
the aid as though it were a school district.

(d) In the year-end report to the commissioner of education, the Crosswinds school
shall report the total amount of funds received from grants and other outside sources.

Subd. 8. Year-round programming. The Crosswinds school may operate as a
flexible learning year program under sections 124D.12 to 124D.127.

Subd. 9. Data requirements. The commissioner of education shall require the
Crosswinds school to follow the budget and accounting procedures required for school
districts and the Crosswinds school shall report all data to the Department of Education in
the form and manner required by the commissioner.

EFFECTIVE DATE. This section is effective July 1, 2014, if, but only if, the
Crosswinds school is conveyed to the Perpich Center for Arts Education by an enactment
during the 2014 regular legislative session.

Sec. 20. Minnesota Statutes 2012, section 298.28, subdivision 7a, as added by Laws
2014, chapter 150, article 6, section 13, is amended to read:
Subd. 7a. Iron Range school consolidation and cooperatively operated school account. The following amounts must be allocated to the Iron Range Resources and Rehabilitation Board to be deposited in the Iron Range school consolidation and cooperatively operated school account that is hereby created:

1. ten cents per taxable ton of the tax imposed under section 298.24;
2. the amount as determined under section 298.17, paragraph (b), clause (3); and
3. an amount equal to two-thirds of the increased tax proceeds attributable to the increase in the implicit price deflator as provided in section 298.24, subdivision 1.

Expenditures from this account shall be made only to provide disbursements to assist school districts with the payment of bonds that were issued for qualified school projects, or for any other disbursement as approved by the Iron Range Resources and Rehabilitation Board. For purposes of this section, "qualified school projects" means school projects within the taconite assistance area as defined in section 273.1341, that were (1) approved, by referendum, after December 7, 2009; and (2) approved by the commissioner of education pursuant to section 123B.71.

Beginning in fiscal year 2019, the disbursement to school districts for payments for bonds issued under section 123A.482, subdivision 9, must be increased each year to offset any reduction in debt service equalization aid that the school district qualifies for in that year, under section 123B.53, subdivision 6, compared with the amount the school district qualified for in fiscal year 2018.

No expenditure under this section shall be made unless approved by seven members of the Iron Range Resources and Rehabilitation Board.

EFFECTIVE DATE. This section is effective for production year 2014 and thereafter.

Sec. 21. HARAMBEE COMMUNITY SCHOOL TRANSITION.

Subdivision 1. Student enrollment. A student enrolled in the Harambee community school during the 2013-2014 school year may continue to enroll in the Harambee community school in any subsequent year. For the 2014-2015 school year and later, other students may apply for enrollment under Minnesota Statutes, section 124D.03.

Subd. 2. Compensatory revenue; literacy aid; alternative compensation revenue. For the 2014-2015 school year only, the Department of Education must calculate compensatory revenue, literacy aid, and alternative compensation revenue for the Harambee community school based on the October 1, 2013, enrollment counts.
Subd. 3. **Year-round programming.** Harambee community school may operate as a flexible learning year program under Minnesota Statutes, sections 124D.12 to 124D.127.

Subd. 4. **Pupil transportation.** The board may transport pupils enrolled in the 2013-2014 school year to and from the Harambee community school in succeeding school years regardless of the students' districts of residence. Pupil transportation expenses under this section are reimbursable under Minnesota Statutes, section 124D.87.

**EFFECTIVE DATE.** This section is effective the day following the date on which the real and personal property of the Harambee community school in Maplewood is conveyed to Independent School District No. 623, Roseville, by an enactment during the 2014 regular legislative session.

Sec. 22. **TRANSITION REQUIREMENTS; CROSSWINDS SCHOOL.**

**Subdivision 1. Student enrollment.** Any student enrolled in the Crosswinds school during the 2013-2014 school year may continue to enroll in the Crosswinds school in any subsequent year. For the 2014-2015 school year and later, a student may apply for enrollment to the school under Minnesota Statutes, section 124D.03.

Subd. 2. **Compensatory revenue, literacy aid, and alternative compensation revenue.** For the 2014-2015 school year only, the Department of Education must calculate compensatory revenue, literacy aid, and alternative compensation revenue for the Crosswinds school based on the October 1, 2013, enrollment counts at that site.

Subd. 3. **Title 1 funding.** To the extent possible, the Department of Education must qualify the Crosswinds school for Title 1, and, if applicable, other federal funding as if the program were still operated by Joint Powers District No. 6067, East Metro Integration District.

**EFFECTIVE DATE.** This section is effective the day following the date on which the Crosswinds school is conveyed to the Perpich Center for Arts Education by an enactment during the 2014 regular legislative session.

Sec. 23. **LEASE LEVY; SATELLITE TRANSPORTATION HUB FOR ROSEMOUNT-APPLE VALLEY-EAGAN SCHOOL DISTRICT.**

Notwithstanding Minnesota Statutes, section 126C.40, subdivision 1, the Independent School District No. 196, Rosemount-Apple Valley-Eagan, may lease a satellite transportation hub under Minnesota Statutes, section 126C.40, subdivision 1, if the district can demonstrate to the satisfaction of the commissioner of education that the satellite transportation hub will result in a significant financial savings. Levy authority under
this section shall not exceed the total levy authority under Minnesota Statutes, section 126C.40, subdivision 1, paragraph (e).

**EFFECTIVE DATE.** This section is effective for taxes payable in 2016 and later.

Sec. 24. **REPEALER.**

Minnesota Statutes 2012, section 123B.71, subdivisions 1 and 4, are repealed.

**ARTICLE 19**

**NUTRITION**

Section 1. Minnesota Statutes 2013 Supplement, section 124D.111, subdivision 1, is amended to read:

Subdivision 1. **School lunch aid computation.** Each school year, the state must pay participants in the national school lunch program the amount of 12.5 cents for each full paid, reduced-price, and free student lunch and 52.5 cents for each reduced-price lunch served to students.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2015 and later.

Sec. 2. Minnesota Statutes 2012, section 124D.111, is amended by adding a subdivision to read:

Subd. 4. **No fees.** A participant that receives school lunch aid under this section must make lunch available without charge to all participating students who qualify for free or reduced-price meals. The participant must also ensure that any reminders for payment of outstanding student meal balances do not demean or stigmatize any child participating in the school lunch program.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2015 and later.

Sec. 3. Minnesota Statutes 2012, section 124D.1158, subdivision 3, is amended to read:

Subd. 3. **Program reimbursement.** Each school year, the state must reimburse each participating school 30 cents for each reduced-price breakfast and 55 cents for each fully paid breakfast served to students in grades 1 to 12, and $1.30 for each fully paid breakfast served to a kindergarten student.
Sec. 4. Minnesota Statutes 2012, section 124D.1158, subdivision 4, is amended to read:

Subd. 4. No fees. A school that receives school breakfast aid under this section must make breakfast available without charge to all participating students in grades 1 to 12 who qualify for free or reduced price meals and to all kindergarten students.

Sec. 5. Laws 2013, chapter 116, article 7, section 21, subdivision 2, is amended to read:

Subd. 2. School lunch. For school lunch aid according to Minnesota Statutes, section 124D.111, and Code of Federal Regulations, title 7, section 210.17:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$13,032,000</td>
</tr>
<tr>
<td>2015</td>
<td>$12,417,000</td>
</tr>
</tbody>
</table>

Sec. 6. Laws 2013, chapter 116, article 7, section 21, subdivision 3, is amended to read:

Subd. 3. School breakfast. For traditional school breakfast aid under Minnesota Statutes, section 124D.13, as amended by Laws 2014, chapter 272, article 1, section 31, is amended to read:

Subd. 2. Program requirements. (a) Early childhood family education programs are programs for children in the period of life from birth to kindergarten, for the parents and other relatives of these children, and for expectant parents. To the extent that funds are insufficient to provide programs for all children, early childhood family education programs should emphasize programming for a child from birth to age three and encourage parents and other relatives to involve four- and five-year-old children in school readiness programs, and other public and nonpublic early learning programs. A district may not limit participation to school district residents. Early childhood family education programs must provide:

ARTICLE 20

EARLY EDUCATION, COMMUNITY EDUCATION, SELF-SUFFICIENCY AND LIFELONG LEARNING

Section 1. Minnesota Statutes 2012, section 124D.13, subdivision 2, as amended by Laws 2014, chapter 272, article 1, section 31, is amended to read:

Subd. 2. Program requirements. (a) Early childhood family education programs are programs for children in the period of life from birth to kindergarten, for the parents and other relatives of these children, and for expectant parents. To the extent that funds are insufficient to provide programs for all children, early childhood family education programs should emphasize programming for a child from birth to age three and encourage parents and other relatives to involve four- and five-year-old children in school readiness programs, and other public and nonpublic early learning programs. A district may not limit participation to school district residents. Early childhood family education programs must provide:
(1) programs to educate parents and other relatives about the physical, mental, cognitive, social, and emotional development of children and to enhance the skills of parents and other relatives in providing for their children's learning and development;

(2) structured learning activities requiring interaction between children and their parents or relatives;

(3) structured learning activities for children that promote children's development and positive interaction with peers, which are held while parents or relatives attend parent education classes;

(4) information on related community resources;

(5) information, materials, and activities that support the safety of children, including prevention of child abuse and neglect; and

(6) a community outreach plan to ensure participation by families who reflect the racial, cultural, linguistic, and economic diversity of the school district, needs assessment that identifies new and underserved populations, identifies child and family risk factors, particularly those that impact children's learning and development, and assesses family and parenting education needs in the community;

(7) programming and services that are tailored to the needs of families and parents prioritized in the community needs assessment; and

(8) provide information about and, if needed, assist in making arrangements for an early childhood health and developmental screening under sections 121A.16 and 121A.17, when the child nears the third birthday.

Early childhood family education programs should prioritize programming and services for families and parents identified in the community needs assessment, particularly those families and parents with children with the most risk factors birth to age three.

Early childhood family education programs are encouraged to provide parents of English learners with translated oral and written information to monitor the program's impact on their children's English language development, to know whether their children are progressing in developing their English and native language proficiency, and to actively engage with and support their children in developing their English and native language proficiency.

The programs must include learning experiences for children, parents, and other relatives that promote children's early literacy and, where practicable, their native language skills and activities for children that require substantial involvement of the children's parents or other relatives. The program may provide parenting education programming or services to anyone identified in the community needs assessment. Providers must review the program periodically to assure the instruction and materials are not racially, culturally,
or sexually biased. The programs must encourage parents to be aware of practices that
may affect equitable development of children.

(b) For the purposes of this section, "relative" or "relatives" means noncustodial
grandparents or other persons related to a child by blood, marriage, adoption, or foster
placement, excluding parents.

Sec. 2. Minnesota Statutes 2012, section 124D.13, subdivision 4, is amended to read:

Subd. 4. Home visiting program. A district that levies for home visiting under
section 124D.135, subdivision 6, shall use this revenue to include as part of the early
childhood family education programs a parent education component that is designed to
reach isolated or at-risk families.

The home visiting program must use:

(1) an established risk assessment tool to determine the family’s level of risk
incorporate evidence-informed parenting education practices designed to support the
healthy growth and development of children, with a priority focus on those children
who have high needs;

(2) establish clear objectives and protocols for home visits;

(3) encourage families to make a transition from home visits to site-based parenting
programs;

(4) provide program services that are community-based, accessible, and culturally
relevant; and

(5) foster collaboration among existing agencies and community-based organizations
that serve young children and their families, such as public health evidence-based models
of home visiting and Head Start home visiting; and

(6) provide information about and assist in making arrangements for an early
childhood health and developmental screening when the child nears his or her third
birthday.

Home visitors The home visiting program should be provided by licensed parenting
educators, certified family life educators, or professionals with an equivalent license that
reflect the demographic composition of the community to the extent possible.

Sec. 3. Minnesota Statutes 2012, section 124D.13, subdivision 9, is amended to read:

Subd. 9. District advisory councils. The board must appoint an advisory council
from the area in which the program is provided. A majority of the council must be
parents participating in the program, who represent the demographics of the community.
The district must ensure, to the extent possible, that the council includes representation
of families who are racially, culturally, linguistically, and economically diverse. The
council must assist the board in developing, planning, and monitoring the early childhood
family education program. The council must report to the board and the community
education advisory council.

Sec. 4. Minnesota Statutes 2012, section 124D.13, subdivision 13, is amended to read:

Subd. 13. Program data submission requirements. Districts receiving early
care family education revenue under section 124D.13 must submit annual program
data, including data that demonstrates the program response to the community needs
assess, to the department by July 15 in the form and manner prescribed by the
commissioner.

Sec. 5. Minnesota Statutes 2012, section 124D.13, is amended by adding a subdivision
to read:

Subd. 14. Supervision. A program provided by a board must be supervised by a
licensed early childhood teacher or a licensed parent educator.

Sec. 6. Minnesota Statutes 2012, section 124D.13, is amended by adding a subdivision
to read:

Subd. 15. Parenting education transition program. To the extent that funds are
sufficient, early childhood family education may provide parenting education transition
programming for parents of children birth to grade three in districts in which there is a
prekindergarten-grade three initiative in order to facilitate continued parent engagement
in children's learning and development. Early childhood family education programs are
couraged to develop partnerships to provide a parenting education liaison to providers
of other public and nonpublic early learning programs, such as Head Start, school
readiness, child care, early childhood special education, local public health programs,
and health care providers.

Sec. 7. Minnesota Statutes 2012, section 124D.135, subdivision 1, is amended to read:

Subdivision 1. Revenue. The revenue for early childhood family education
programs for a school district equals $112 for fiscal year 2007 and $120 for fiscal year
2008 $120 for fiscal year 2014 and the formula allowance for the year times 0.023 for
fiscal year 2015 and later, times the greater of:

(1) 150; or
(2) the number of people under five years of age residing in the district on October 1 of the previous school year.

Sec. 8. Minnesota Statutes 2012, section 124D.135, subdivision 3, is amended to read:

Subd. 3. Early childhood family education levy. (a) By September 30 of each year, the commissioner shall establish a tax rate for early childhood family education revenue that raises $22,135,000 in each fiscal year. If the amount of the early childhood family education levy would exceed the early childhood family education revenue, the early childhood family education levy must equal the early childhood family education revenue.

A district may not certify an early childhood family education levy unless it has met the annual program data reporting requirements under section 124D.13, subdivision 13.

(b) Notwithstanding paragraph (a), for fiscal year 2009 only, the commissioner shall establish a tax rate for early childhood education revenue that raises $13,565,000.

Sec. 9. Minnesota Statutes 2012, section 124D.16, subdivision 2, is amended to read:

Subd. 2. Amount of aid. (a) A district is eligible to receive school readiness aid for eligible prekindergarten pupils enrolled in a school readiness program under section 124D.15 if the biennial plan required by section 124D.15, subdivision 3a, has been approved by the commissioner.

(b) For fiscal year 2002 and thereafter, a district must receive school readiness aid equal to:

(1) the number of four-year-old children in the district on October 1 for the previous school year times the ratio of 50 percent of the total school readiness aid for that year to the total number of four-year-old children reported to the commissioner for the previous school year; plus

(2) the number of pupils enrolled in the school district from families eligible for the free or reduced school lunch program for the previous school year times the ratio of 50 percent of the total school readiness aid for that year to the total number of pupils in the state from families eligible for the free or reduced school lunch program for the previous school year.

(c) For fiscal year 2015 and later, the total school readiness aid entitlement equals $12,170,000.

EFFECTIVE DATE. This section is effective for state aid for fiscal year 2015 and later.
Sec. 10. Minnesota Statutes 2013 Supplement, section 124D.165, subdivision 3,
is amended to read:

Subd. 3. Administration. (a) The commissioner shall establish application
timelines and determine the schedule for awarding scholarships that meets operational
needs of eligible families and programs. The commissioner may prioritize applications on
factors including family income, geographic location, and whether the child's family is on a
waiting list for a publicly funded program providing early education or child care services.

(b) For fiscal years 2014 and 2015 only, scholarships may be awarded up to not
exceed $5,000 per year for each eligible child per year. For fiscal year 2016 and later, the
commissioner shall establish a target for the average scholarship amount per child based
on the results of the rate survey conducted under section 119B.02.

(c) A four-star rated program that has children eligible for a scholarship enrolled
in or on a waiting list for a program beginning in July, August, or September may notify
the commissioner, in the form and manner prescribed by the commissioner, each year
of the program's desire to enhance program services or to serve more children than
current funding provides. The commissioner may designate a predetermined number of
scholarship slots for that program and notify the program of that number. Beginning July
1, 2016, a school district or Head Start program qualifying under this paragraph may
use its established registration process to enroll scholarship recipients and may verify a
scholarship recipient's family income in the same manner as for other program participants.

(d) A scholarship is awarded for a 12-month period. If the scholarship recipient has
not been accepted and subsequently enrolled in a rated program within ten months of the
awarding of the scholarship, the scholarship cancels and the recipient must reapply in
order to be eligible for another scholarship. A child may not be awarded more than one
scholarship in a 12-month period.

(e) A child who receives a scholarship who has not completed development
screening under sections 121A.16 to 121A.19 must complete that screening within 90
days of first attending an eligible program.

(f) For fiscal year 2017 and later, a school district or Head Start program enrolling
scholarship recipients under paragraph (c) may apply to the commissioner, in the form
and manner prescribed by the commissioner, for direct payment of state aid. Upon receipt
of the application, the commissioner must pay each program directly for each approved
scholarship recipient enrolled under paragraph (c) according to the metered payment
system or another schedule established by the commissioner.
Sec. 11. Minnesota Statutes 2013 Supplement, section 124D.165, subdivision 4, is amended to read:

Subd. 4. Early childhood program eligibility. (a) In order to be eligible to accept an early childhood education scholarship, a program must:

(1) participate in the quality rating and improvement system under section 124D.142; and

(2) beginning July 1, 2016, have a three- or four-star rating in the quality rating and improvement system.

(b) Any program accepting scholarships must use the revenue to supplement and not supplant federal funding.

(c) Notwithstanding paragraph (a), all Minnesota early learning foundation scholarship program pilot sites are eligible to accept an early learning scholarship under this section.

Sec. 12. Minnesota Statutes 2013 Supplement, section 124D.165, subdivision 5, is amended to read:

Subd. 5. Report required. The commissioner shall contract with an independent contractor to evaluate the early learning scholarship program. The evaluation must include recommendations regarding the appropriate scholarship amount, efficiency, and effectiveness of the administration, and impact on kindergarten readiness. By January 15, 2016, the commissioner shall submit a written copy of the evaluation to the chairs and ranking minority members of the legislative committees and divisions with primary jurisdiction over kindergarten through grade 12 education.

Sec. 13. Minnesota Statutes 2012, section 124D.522, is amended to read:

124D.522 ADULT BASIC EDUCATION SUPPLEMENTAL SERVICE GRANTS.

(a) The commissioner, in consultation with the policy review task force under section 124D.521, may make grants to nonprofit organizations to provide services that are not offered by a district adult basic education program or that are supplemental to either the statewide adult basic education program, or a district's adult basic education program. The commissioner may make grants for: staff development for adult basic education teachers and administrators; training for volunteer tutors; training, services, and materials for serving disabled students through adult basic education programs; statewide promotion of adult basic education services and programs; development and dissemination of instructional and administrative technology for adult basic education programs;
programs which primarily serve communities of color; adult basic education distance
learning projects, including television instruction programs; and other supplemental
services to support the mission of adult basic education and innovative delivery of adult
basic education services.

(b) The commissioner must establish eligibility criteria and grant application
procedures. Grants under this section must support services throughout the state, focus on
educational results for adult learners, and promote outcome-based achievement through
adult basic education programs. Beginning in fiscal year 2002, the commissioner may
make grants under this section from the state total adult basic education aid set aside for
supplemental service grants under section 124D.531. Up to one-fourth of the appropriation
for supplemental service grants must be used for grants for adult basic education programs
to encourage and support innovations in adult basic education instruction and service
delivery. A grant to a single organization cannot exceed $40,000 percent of the total
supplemental services aid. Nothing in this section prevents an approved adult basic
education program from using state or federal aid to purchase supplemental services.

Sec. 14. Minnesota Statutes 2013 Supplement, section 124D.531, subdivision 1, is amended to read:

Subdivision 1. State total adult basic education aid. (a) The state total adult basic
education aid for fiscal year 2011 equals $44,419,000, plus any amount that is not paid
during the previous fiscal year as a result of adjustments under subdivision 4, paragraph
(a), or section 124D.52, subdivision 3. The state total adult basic education aid for later
fiscal years equals:

(1) the state total adult basic education aid for the preceding fiscal year plus any
amount that is not paid for during the previous fiscal year, as a result of adjustments under
subdivision 4, paragraph (a), or section 124D.52, subdivision 3; times

(2) the lesser of:

(i) \( \frac{0.925}{1.03} \); or

(ii) the average growth in state total contact hours over the prior ten program years.

Beginning in fiscal year 2002, two percent of the state total adult basic
education aid must be set aside for adult basic education supplemental service grants
under section 124D.522.

(b) The state total adult basic education aid, excluding basic population aid, equals
the difference between the amount computed in paragraph (a), and the state total basic
population aid under subdivision 2.
EFFECTIVE DATE. This section is effective for revenue for fiscal year 2015 and later.

Sec. 15. Minnesota Statutes 2012, section 124D.531, subdivision 3, is amended to read:

Subd. 3. Program revenue. Adult basic education programs established under section 124D.52 and approved by the commissioner are eligible for revenue under this subdivision. For fiscal year 2001 and later, adult basic education revenue for each approved program equals the sum of:

1. The basic population aid under subdivision 2 for districts participating in the program during the current program year; plus
2. 84 percent times the amount computed in subdivision 1, paragraph (b), times the ratio of the contact hours for students participating in the program during the first prior program year to the state total contact hours during the first prior program year; plus
3. Eight percent times the amount computed in subdivision 1, paragraph (b), times the ratio of the enrollment of English learners during the second prior school year in districts participating in the program during the current program year to the state total enrollment of English learners during the second prior school year in districts participating in adult basic education programs during the current program year; plus
4. Eight percent times the amount computed in subdivision 1, paragraph (b), times the ratio of the latest federal census count of the number of adults aged 20 or older with no diploma residing in the districts participating in the program during the current program year to the latest federal census count of the state total number of adults aged 20 or older with no diploma residing in the districts participating in adult basic education programs during the current program year.

Sec. 16. Laws 2013, chapter 116, article 8, section 5, subdivision 2, is amended to read:

Subd. 2. School readiness. For revenue for school readiness programs under Minnesota Statutes, sections 124D.15 and 124D.16:

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<thead>
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<th>Year</th>
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</tr>
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<tbody>
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<td>2014</td>
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<td>2015</td>
<td>$11,962,000</td>
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</table>

The 2014 appropriation includes $1,372,000 for 2013 and $8,723,000 for 2014.

The 2015 appropriation includes $1,009,000 for 2014 and $8,787,000 for 2015.

$10,953,000 for 2015.
Sec. 17. Laws 2013, chapter 116, article 8, section 5, subdivision 3, is amended to read:

Subd. 3. Early childhood family education aid. For early childhood family education aid under Minnesota Statutes, section 124D.135:

<table>
<thead>
<tr>
<th>Subd.</th>
<th>Amount</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>5</td>
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<td>7</td>
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<tr>
<td>9</td>
<td>26,651,000</td>
<td>2015</td>
</tr>
</tbody>
</table>

The 2014 appropriation includes $3,008,000 for 2013 and $19,070,000 $19,789,000 for 2014.

The 2015 appropriation includes $2,001,000 $2,198,000 for 2014 and $19,424,000 $24,453,000 for 2015.

Sec. 18. Laws 2013, chapter 116, article 8, section 5, subdivision 8, is amended to read:

Subd. 8. Early childhood education learning scholarships. For transfer to the Office of Early Learning for early learning scholarships under Minnesota Statutes, section 124D.165:

<table>
<thead>
<tr>
<th>Subd.</th>
<th>Amount</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
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<tr>
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</tr>
<tr>
<td>12</td>
<td>350,000</td>
<td></td>
</tr>
</tbody>
</table>

Up to $950,000 each year is for administration of this program.

Any balance in the first year does not cancel but is available in the second year.

The base for fiscal year 2016 and later is $27,884,000.

EFFECTIVE DATE. This section is effective July 1, 2014.

Sec. 19. Laws 2013, chapter 116, article 8, section 5, subdivision 9, is amended to read:

Subd. 9. Parent-child home program. For a grant to the parent-child home program:

<table>
<thead>
<tr>
<th>Subd.</th>
<th>Amount</th>
<th>Year</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
<tr>
<td>13</td>
<td>350,000</td>
<td></td>
</tr>
</tbody>
</table>

The grant must be used for an evidence-based and research-validated early childhood literacy and school readiness program for children ages 16 months to four years at its existing suburban program location. The program must expand to one additional urban and one additional rural program location for fiscal years 2014 and 2015. The base for fiscal year 2016 and later is $250,000.

Sec. 20. Laws 2013, chapter 116, article 8, section 5, subdivision 14, is amended to read:
Subd. 14. **Adult basic education aid.** For adult basic education aid under Minnesota Statutes, section 124D.531:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
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<td>2014</td>
<td>$48,776,000</td>
</tr>
<tr>
<td>2015</td>
<td>$48,145,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The 2014 appropriation includes $6,284,000 for 2013 and $40,721,000 for 2014.

The 2015 appropriation includes $6,409,000 for 2014 and $41,736,000.

**Sec. 21. APPROPRIATIONS.**

Subdivision 1. **Department of Education.** The sums indicated in this section are appropriated from the general fund to the Department of Education for the fiscal year designated.

Subd. 2. **Northside Achievement Zone.** For a grant to the Northside Achievement Zone.

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$350,000</td>
<td>2015</td>
<td>$350,000</td>
</tr>
</tbody>
</table>

(a) Funds appropriated in this section are to reduce multigenerational poverty and the educational achievement gap through increased enrollment of families within the zone, and may be used for Northside Achievement Zone programming and services consistent with federal Promise Neighborhood program agreements and requirements. The base appropriation for fiscal year 2016 and later is $200,000.

(b) The Northside Achievement Zone shall submit a report to the chairs of the legislative committees with jurisdiction over early childhood through grade 12 education policy and finance that, at a minimum, summarizes program activities, specifies performance measures, and analyzes program outcomes. The report must be submitted by January 15, 2016.

Subd. 3. **Saint Paul Promise Neighborhood.** For a grant to the Saint Paul Promise Neighborhood.

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$350,000</td>
<td>2015</td>
<td>$350,000</td>
</tr>
</tbody>
</table>

(a) Funds appropriated in this section are to reduce multigenerational poverty and the educational achievement gap through increased enrollment of families within the zone, and may be used for Saint Paul Promise Neighborhood programming and services consistent with federal Promise Neighborhood program agreements and requirements.
(b) The Saint Paul Promise Neighborhood shall submit a report on January 15, 2016, to the chairs of the legislative committees with jurisdiction over early childhood through grade 12 education policy and finance. The report, at a minimum, must summarize program activities, specify performance measures, and analyze program outcomes. (c) The base appropriation for fiscal year 2016 and later is $200,000.

ARTICLE 21

STATE AGENCIES

Section 1. 2014 H.F. No. 2180, section 11, if enacted, is amended to read:

Sec. 11. Minnesota Statutes 2012, section 471.6161, is amended by adding a subdivision to read:

Subd. 8. School districts; group health insurance coverage. (a) Any entity providing group health insurance coverage to a school district must provide the school district with school district-specific nonidentifiable aggregate claims records for the most recent 24 months within 30 days of the request. (b) School districts shall request proposals for group health insurance coverage as provided in subdivision 2 from a minimum of three potential sources of coverage. One of these requests must go to an administrator governed by chapter 43A. Entities referenced in subdivision 1 must respond to requests for proposals received directly from a school district. School districts that are self-insured must also follow these provisions, except as provided in paragraph (f). School districts must make requests for proposals at least 150 days prior to the expiration of the existing contract but not more frequently than once every 24 months. The request for proposals must include the most recently available 24 months of nonidentifiable aggregate claims data. The request for proposals must be publicly released at or prior to its release to potential sources of coverage. (c) School district contracts for group health insurance must not be longer than two years unless the exclusive representative of the largest employment group and the school district agree otherwise. (d) All initial proposals shall be sealed upon receipt until they are all opened no less than 90 days prior to the plan's renewal date in the presence of up to three representatives selected by the exclusive representative of the largest group of employees. Section 13.591, subdivision 3, paragraph (b), applies to data in the proposals. The representatives of the exclusive representative must maintain the data according to this classification and are subject to the remedies and penalties under sections 13.08 and 13.09 for a violation of this requirement.
(e) A school district, in consultation with the same representatives referenced in paragraph (d), may continue to negotiate with any entity that submitted a proposal under paragraph (d) in order to reduce costs or improve services under the proposal. Following the negotiations any entity that submitted an initial proposal may submit a final proposal incorporating the negotiations, which is due no less than 75 days prior to the plan's renewal date. All the final proposals submitted must be opened at the same time in the presence of up to three representatives selected by the exclusive representative of the largest group of employees. Notwithstanding section 13.591, subdivision 3, paragraph (b), following the opening of the final proposals, all the proposals, including any made under paragraph (d), and other data submitted in connection with the proposals are public data.

The school district may choose from any of the initial or final proposals without further negotiations and in accordance with subdivision 5, but not sooner than 15 days after the proposals become public data.

(f) School districts that are self-insured shall follow all of the requirements of this section, except that:

(1) their requests for proposals may be for third-party administrator services, where applicable;

(2) these requests for proposals must be from a minimum of three different sources, which may include both entities referenced in subdivision 1 and providers of third-party administrator services;

(3) for purposes of fulfilling the requirement to request a proposal for group insurance coverage from an administrator governed by chapter 43A, self-insured districts are not required to include in the request for proposal the coverage to be provided;

(4) a district that is self-insured on or before the date of enactment, or that is self-insured with more than 1,000 insured lives, or a district in which the school board adopted a motion on or before May 14, 2014, to approve a self-insured health care plan to be effective July 1, 2014, may, but need not, request a proposal from an administrator governed by chapter 43A;

(5) requests for proposals must be sent to providers no less than 90 days prior to the expiration of the existing contract; and

(6) proposals must be submitted at least 60 days prior to the plan's renewal date and all proposals shall be opened at the same time and in the presence of the exclusive representative, where applicable.

(g) Nothing in this section shall restrict the authority granted to school district boards of education by section 471.59, except that districts will not be considered self-insured for purposes of this subdivision solely through participation in a joint powers arrangement.
(h) An entity providing group health insurance to a school district under a multiyear contract must give notice of any rate or plan design changes applicable under the contract at least 90 days before the effective date of any change. The notice must be given to the school district and to the exclusive representatives of employees.

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

Sec. 2. Laws 2013, chapter 116, article 9, section 1, subdivision 2, is amended to read:

**Subd. 2. Department.** (a) For the Department of Education:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$20,058,000</td>
<td>$718,000</td>
<td>$718,000</td>
</tr>
<tr>
<td>2015</td>
<td>$19,716,000</td>
<td>$718,000</td>
<td>$718,000</td>
</tr>
</tbody>
</table>

Any balance in the first year does not cancel but is available in the second year.

(b) $260,000 each year is for the Minnesota Children's Museum.

(c) $41,000 each year is for the Minnesota Academy of Science.

(d) $50,000 each year is for the Duluth Children's Museum.

(e) $618,000 in fiscal year 2014 and $718,000 in fiscal year is 2015 only are for the Board of Teaching. Any balance in the first year does not cancel but is available in the second year.

(f) $167,000 in fiscal year 2014 and $225,000 in fiscal year is 2015 are for the Board of School Administrators. Any balance in the first year does not cancel but is available in the second year.

(g) $75,000 in fiscal year 2015 only is for The Works Museum.

(h) $50,000 in fiscal year 2015 only is for a grant to the Headwaters Science Center for hands-on science, technology, engineering, and math (STEM) education.

(i) $25,000 each year is for innovation pilot grants under Laws 2012, chapter 263, section 1.

(j) The expenditures of federal grants and aids as shown in the biennial budget document and its supplements are approved and appropriated and shall be spent as indicated.

(k) None of the amounts appropriated under this subdivision may be used for Minnesota's Washington, D.C. office.

(l) $250,000 each year is for the School Finance Division to enhance financial data analysis.

(m) $750,000 in fiscal year 2014 only is for departmental costs associated with teacher development and evaluation. Any balance in the first year does not cancel and is available in the second year.
(n) The base budget for fiscal year 2016 and later is $19,451,000.

Sec. 3. Laws 2013, chapter 116, article 9, section 2, is amended to read:

Sec. 2. APPROPRIATIONS; MINNESOTA STATE ACADEMIES.

The sums indicated in this section are appropriated from the general fund to the Minnesota State Academies for the Deaf and the Blind for the fiscal years designated:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$11,749,000</td>
</tr>
<tr>
<td>2015</td>
<td>$11,964,000</td>
</tr>
</tbody>
</table>

$85,000 of the fiscal year 2014 appropriation is for costs associated with upgrading kitchen facilities. Any balance in the first year does not cancel but is available in the second year.

Sec. 4. APPROPRIATION; RESPONSES TO HEALTH INSURANCE TRANSPARENCY ACT BID REQUESTS.

(a) $294,000 is appropriated for fiscal year 2015 from the general fund to the commissioner of management and budget to comply with the requirements relating to health insurance transparency in Laws 2014, chapter 279, if enacted. This is a onetime appropriation.

(b) If Laws 2014, chapter 279, is enacted, the commissioner of management and budget shall report by January 15, 2015, to the legislative chairs and ranking minority members with jurisdiction over state government finance on the ongoing costs incurred by the public employees insurance program in compliance with the requirements of the health insurance transparency act and may request additional appropriations, if necessary.

ARTICLE 22

FORECAST ADJUSTMENTS

A. GENERAL EDUCATION

Section 1. Laws 2013, chapter 116, article 1, section 58, subdivision 3, is amended to read:

Subd. 3. Enrollment options transportation. For transportation of pupils attending postsecondary institutions under Minnesota Statutes, section 124D.09, or for transportation of pupils attending nonresident districts under Minnesota Statutes, section 124D.03:
Sec. 2. Laws 2013, chapter 116, article 1, section 58, subdivision 4, is amended to read:

Subd. 4. **Abatement revenue.** For abatement aid under Minnesota Statutes, section 127A.49:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>44,000</td>
</tr>
<tr>
<td>2014</td>
<td>37,000</td>
</tr>
<tr>
<td>2015</td>
<td>48,000</td>
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</table>

The 2014 appropriation includes $301,000 for 2013 and $2,446,000 for 2014.

The 2015 appropriation includes $385,000 for 2014 and $2,751,000 for 2015.

Sec. 3. Laws 2013, chapter 116, article 1, section 58, subdivision 5, is amended to read:

Subd. 5. **Consolidation transition.** For districts consolidating under Minnesota Statutes, section 123A.485:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2,747,000</td>
</tr>
<tr>
<td>2014</td>
<td>2,876,000</td>
</tr>
<tr>
<td>2015</td>
<td>3,103,000</td>
</tr>
</tbody>
</table>

The 2014 appropriation includes $301,000 for 2013 and $2,446,000 and $2,575,000 for 2014.

The 2015 appropriation includes $385,000 for 2014 and $2,751,000.

$2,817,000 for 2015.

Sec. 4. Laws 2013, chapter 116, article 1, section 58, subdivision 11, is amended to read:

Subd. 11. **Career and technical aid.** For career and technical aid under Minnesota Statutes, section 124D.4531, subdivision 1b:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>4,320,000</td>
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<tr>
<td>2014</td>
<td>3,959,000</td>
</tr>
<tr>
<td>2015</td>
<td>5,172,000</td>
</tr>
</tbody>
</table>

The 2014 appropriation includes $0 for 2013 and $4,320,000 for 2014.

The 2015 appropriation includes $439,000 for 2014 and $5,000,000 for 2015.

$4,733,000 for 2015.
B. EDUCATION EXCELLENCE

Sec. 5. Laws 2013, chapter 116, article 3, section 37, subdivision 3, is amended to read:

Subd. 3. Achievement and integration aid. For achievement and integration aid under Minnesota Statutes, section 124D.862:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$58,911,000</td>
<td>2015</td>
<td>$62,692,000</td>
</tr>
</tbody>
</table>

The 2014 appropriation includes $0 for 2013 and $58,911,000 $55,609,000 for 2014.

The 2015 appropriation includes $0,273,000 $6,178,000 for 2014 and $59,250,000 $56,514,000 for 2015.

Sec. 6. Laws 2013, chapter 116, article 3, section 37, subdivision 4, is amended to read:

Subd. 4. Literacy incentive aid. For literacy incentive aid under Minnesota Statutes, section 124D.98:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$52,514,000</td>
<td>2015</td>
<td>$47,458,000</td>
</tr>
</tbody>
</table>

The 2014 appropriation includes $6,607,000 for 2013 and $45,907,000 $44,391,000 for 2014.

The 2015 appropriation includes $7,225,000 $4,932,000 for 2014 and $46,593,000 $42,526,000 for 2015.

Sec. 7. Laws 2013, chapter 116, article 3, section 37, subdivision 5, is amended to read:

Subd. 5. Interdistrict desegregation or integration transportation grants. For interdistrict desegregation or integration transportation grants under Minnesota Statutes, section 124D.87:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$13,968,000</td>
<td>2015</td>
<td>$14,248,000</td>
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</table>

Sec. 8. Laws 2013, chapter 116, article 3, section 37, subdivision 6, is amended to read:

Subd. 6. Success for the future. For American Indian success for the future grants under Minnesota Statutes, section 124D.81:
The 2014 appropriation includes $290,000 for 2013 and $1,847,000 $1,924,000 for 2014.

The 2015 appropriation includes $290,000 $213,000 for 2014 and $1,847,000 $1,924,000 for 2015.

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**C. CHARTER SCHOOLS**

The 2014 appropriation includes $6,681,000 $6,681,000 for 2013 and $47,665,000 $47,944,000 for 2014.

The 2015 appropriation includes $52,967,000 for 2014.

**D. SPECIAL PROGRAMS**

The 2014 appropriation includes $997,725,000 $1,038,465,000 for 2013 and $1,108,211,000 $1,111,641,000 for 2014.
The 2014 appropriation includes $118,232,000 $118,183,000 for 2013 and $802,884,000 $920,282,000 for 2014.

The 2015 appropriation includes $169,929,000 $129,549,000 for 2014 and $938,282,000 $982,092,000 for 2015.

Sec. 12. Laws 2013, chapter 116, article 5, section 31, subdivision 3, is amended to read:

Subd. 3. Aid for children with disabilities. For aid under Minnesota Statutes, section 125A.75, subdivision 3, for children with disabilities placed in residential facilities within the district boundaries for whom no district of residence can be determined:

If the appropriation for either year is insufficient, the appropriation for the other year is available.

Sec. 13. Laws 2013, chapter 116, article 5, section 31, subdivision 4, is amended to read:

Subd. 4. Travel for home-based services. For aid for teacher travel for home-based services under Minnesota Statutes, section 125A.75, subdivision 1:

The 2014 appropriation includes $45,000 for 2013 and $300,000 $306,000 for 2014.

The 2015 appropriation includes $47,000 $33,000 for 2014 and $308,000 $313,000 for 2015.

Sec. 14. Laws 2013, chapter 116, article 5, section 31, subdivision 5, is amended to read:

Subd. 5. Special education; excess costs. For excess cost aid under Minnesota Statutes, section 125A.79, subdivision 7:

The 2014 appropriation includes $42,030,000 $42,016,000 for 2013 and $0 for 2014.

E. FACILITIES AND TECHNOLOGY

Sec. 15. Laws 2013, chapter 116, article 6, section 12, subdivision 2, is amended to read:
Subd. 2. Health and safety revenue. For health and safety aid according to Minnesota Statutes, section 123B.57, subdivision 5:

287.3 $462,000 471,000 ..... 2014
287.4 $434,000 651,000 ..... 2015

The 2014 appropriation includes $26,000 $24,000 for 2013 and $437,000 $447,000 for 2014.

287.5 The 2015 appropriation includes $68,000 $49,000 for 2014 and $366,000 $602,000 for 2015.

Sec. 16. Laws 2013, chapter 116, article 6, section 12, subdivision 3, is amended to read:

Subd. 3. Debt service equalization. For debt service aid according to Minnesota Statutes, section 123B.53, subdivision 6:
### F. NUTRITION AND LIBRARIES

#### Subd. 4. Kindergarten milk.

For kindergarten milk aid under Minnesota Statutes, section 124D.18:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$3,564,000</td>
</tr>
<tr>
<td>2015</td>
<td>$3,730,000</td>
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</tbody>
</table>

The 2014 appropriation includes $456,000 for 2013 and $3,108,000 for 2014.

The 2015 appropriation includes $489,000 for 2014 and $3,241,000 for 2015.

#### Subd. 6. Basic system support.

For basic system support grants under Minnesota Statutes, section 134.355:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$13,570,000</td>
</tr>
<tr>
<td>2015</td>
<td>$13,570,000</td>
</tr>
</tbody>
</table>

The 2014 appropriation includes $1,845,000 for 2013 and $1,725,000 for 2014.

The 2015 appropriation includes $1,845,000 for 2014 and $1,725,000 for 2015.

#### Subd. 7. Multicounty, multitype library systems.

For grants under Minnesota Statutes, sections 134.353 and 134.354, to multicounty, multitype library systems:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$1,300,000</td>
</tr>
<tr>
<td>2015</td>
<td>$1,300,000</td>
</tr>
</tbody>
</table>

The 2014 appropriation includes $176,000 for 2013 and $1,124,000 for 2014.
The 2015 appropriation includes $176,000 $130,000 for 2014 and $1,124,000 $1,170,000 for 2015.

Sec. 22. Laws 2013, chapter 116, article 7, section 21, subdivision 9, is amended to read:

Subd. 9. Regional library telecommunications aid. For regional library telecommunications aid under Minnesota Statutes, section 134.355:

The 2014 appropriation includes $312,000 for 2013 and $1,988,000 $2,070,000 for 2014.

The 2015 appropriation includes $312,000 $230,000 for 2014 and $1,988,000 $2,070,000 for 2015.

G. EARLY CHILDHOOD EDUCATION, SELF-SUFFICIENCY, AND LIFELONG LEARNING

Sec. 23. Laws 2013, chapter 116, article 8, section 5, subdivision 4, is amended to read:

Subd. 4. Health and developmental screening aid. For health and developmental screening aid under Minnesota Statutes, sections 121A.17 and 121A.19:

The 2014 appropriation includes $474,000 $471,000 for 2013 and $2,947,000 $3,053,000 for 2014.

The 2015 appropriation includes $463,000 $339,000 for 2014 and $2,881,000 $2,991,000 for 2015.

Sec. 24. Laws 2013, chapter 116, article 8, section 5, subdivision 10, is amended to read:

Subd. 10. Community education aid. For community education aid under Minnesota Statutes, section 124D.20:

The 2014 appropriation includes $118,000 for 2013 and $847,000 $837,000 for 2014.
The 2015 appropriation includes $128,000 $93,000 for 2014 and $928,000 $967,000 for 2015.

Sec. 25. Laws 2013, chapter 116, article 8, section 5, subdivision 11, is amended to read:

Subd. 11. **Adults with disabilities program aid.** For adults with disabilities programs under Minnesota Statutes, section 124D.56:

The 2014 appropriation includes $96,000 $95,000 for 2013 and $614,000 $639,000 for 2014.

The 2015 appropriation includes $96,000 $71,000 for 2014 and $614,000 $639,000 for 2015.

**ARTICLE 23**

**HEALTH DEPARTMENT**

Section 1. Minnesota Statutes 2013 Supplement, section 103I.205, subdivision 4, is amended to read:

Subd. 4. **License required.** (a) Except as provided in paragraph (b), (c), (d), or (e), section 103I.401, subdivision 2, or section 103I.601, subdivision 2, a person may not drill, construct, repair, or seal a well or boring unless the person has a well contractor's license in possession.

(b) A person may construct, repair, and seal a monitoring well if the person:

(1) is a professional engineer licensed under sections 326.02 to 326.15 in the branches of civil or geological engineering;

(2) is a hydrologist or hydrogeologist certified by the American Institute of Hydrology;

(3) is a professional geoscientist licensed under sections 326.02 to 326.15;

(4) is a geologist certified by the American Institute of Professional Geologists; or

(5) meets the qualifications established by the commissioner in rule.

A person must register with the commissioner as a monitoring well contractor on forms provided by the commissioner.

(c) A person may do the following work with a limited well/boring contractor's license in possession. A separate license is required for each of the six activities:

(1) installing or repairing well screens or pitless units or pitless adaptors and well casings from the pitless adaptor or pitless unit to the upper termination of the well casing;

Article 23 Section 1.
(2) constructing, repairing, and sealing drive point wells or dug wells;
(3) installing well pumps or pumping equipment;
(4) sealing wells;
(5) constructing, repairing, or sealing dewatering wells; or
(6) constructing, repairing, or sealing bored geothermal heat exchangers.
(d) A person may construct, repair, and seal an elevator boring with an elevator boring contractor's license.

(e) Notwithstanding other provisions of this chapter requiring a license or registration, a license or registration is not required for a person who complies with the other provisions of this chapter if the person is:

(1) an individual who constructs a well on land that is owned or leased by the individual and is used by the individual for farming or agricultural purposes or as the individual's place of abode; or
(2) an individual who performs labor or services for a contractor licensed or registered under the provisions of this chapter in connection with the construction, sealing, or repair of a well or boring at the direction and under the personal supervision of a contractor licensed or registered under the provisions of this chapter; or
(3) a licensed plumber who is repairing submersible pumps or water pipes associated with well water systems if the repair location is within an area where there is no licensed or registered well contractor within 25 miles.

Sec. 2. Minnesota Statutes 2012, section 144.1501, subdivision 1, is amended to read:

Subdivision 1. Definitions. (a) For purposes of this section, the following definitions apply.
(b) "Dentist" means an individual who is licensed to practice dentistry.
(c) "Designated rural area" means an area defined as a small rural area or isolated rural area according to the four category classifications of the Rural Urban Commuting Area system developed for the United States Health Resources and Services Administration, a city or township that is:
(1) outside the seven-county metropolitan area as defined in section 473.121, subdivision 2; and
(2) has a population under 15,000.
(d) "Emergency circumstances" means those conditions that make it impossible for the participant to fulfill the service commitment, including death, total and permanent disability, or temporary disability lasting more than two years.
Sec. 3. Minnesota Statutes 2012, section 144.551, subdivision 1, is amended to read:

Subdivision 1. **Restricted construction or modification.** (a) The following construction or modification may not be commenced:

(1) any erection, building, alteration, reconstruction, modernization, improvement, extension, lease, or other acquisition by or on behalf of a hospital that increases the bed capacity of a hospital, relocates hospital beds from one physical facility, complex, or site to another, or otherwise results in an increase or redistribution of hospital beds within the state; and

(2) the establishment of a new hospital.

(b) This section does not apply to:

(1) construction or relocation within a county by a hospital, clinic, or other health care facility that is a national referral center engaged in substantial programs of patient care.
care, medical research, and medical education meeting state and national needs that
receives more than 40 percent of its patients from outside the state of Minnesota;
(2) a project for construction or modification for which a health care facility held
an approved certificate of need on May 1, 1984, regardless of the date of expiration of
the certificate;
(3) a project for which a certificate of need was denied before July 1, 1990, if a
timely appeal results in an order reversing the denial;
(4) a project exempted from certificate of need requirements by Laws 1981, chapter
200, section 2;
(5) a project involving consolidation of pediatric specialty hospital services within
the Minneapolis-St. Paul metropolitan area that would not result in a net increase in the
number of pediatric specialty hospital beds among the hospitals being consolidated;
(6) a project involving the temporary relocation of pediatric-orthopedic hospital beds
to an existing licensed hospital that will allow for the reconstruction of a new philanthropic,
pediatric-orthopedic hospital on an existing site and that will not result in a net increase in
the number of hospital beds. Upon completion of the reconstruction, the licenses of both
hospitals must be reinstated at the capacity that existed on each site before the relocation;
(7) the relocation or redistribution of hospital beds within a hospital building or
identifiable complex of buildings provided the relocation or redistribution does not result
in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds
from one physical site or complex to another; or (iii) redistribution of hospital beds within
the state or a region of the state;
(8) relocation or redistribution of hospital beds within a hospital corporate system
that involves the transfer of beds from a closed facility site or complex to an existing site
or complex provided that: (i) no more than 50 percent of the capacity of the closed facility
is transferred; (ii) the capacity of the site or complex to which the beds are transferred
does not increase by more than 50 percent; (iii) the beds are not transferred outside of a
federal health systems agency boundary in place on July 1, 1983; and (iv) the relocation or
redistribution does not involve the construction of a new hospital building;
(9) a construction project involving up to 35 new beds in a psychiatric hospital in
Rice County that primarily serves adolescents and that receives more than 70 percent of its
patients from outside the state of Minnesota;
(10) a project to replace a hospital or hospitals with a combined licensed capacity
of 130 beds or less if: (i) the new hospital site is located within five miles of the current
site; and (ii) the total licensed capacity of the replacement hospital, either at the time of
construction of the initial building or as the result of future expansion, will not exceed 70
licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;
(11) the relocation of licensed hospital beds from an existing state facility operated
by the commissioner of human services to a new or existing facility, building, or complex
operated by the commissioner of human services; from one regional treatment center
site to another; or from one building or site to a new or existing building or site on the
same campus;
(12) the construction or relocation of hospital beds operated by a hospital having a
statutory obligation to provide hospital and medical services for the indigent that does not
result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27
beds, of which 12 serve mental health needs, may be transferred from Hennepin County
Medical Center to Regions Hospital under this clause;
(13) a construction project involving the addition of up to 31 new beds in an existing
nonfederal hospital in Beltrami County;
(14) a construction project involving the addition of up to eight new beds in an
existing nonfederal hospital in Otter Tail County with 100 licensed acute care beds;
(15) a construction project involving the addition of 20 new hospital beds
used for rehabilitation services in an existing hospital in Carver County serving the
southwest suburban metropolitan area. Beds constructed under this clause shall not be
eligible for reimbursement under medical assistance, general assistance medical care,
or MinnesotaCare;
(16) a project for the construction or relocation of up to 20 hospital beds for the
operation of up to two psychiatric facilities or units for children provided that the operation
of the facilities or units have received the approval of the commissioner of human services;
(17) a project involving the addition of 14 new hospital beds to be used for
rehabilitation services in an existing hospital in Itasca County;
(18) a project to add 20 licensed beds in existing space at a hospital in Hennepin
County that closed 20 rehabilitation beds in 2002, provided that the beds are used only
for rehabilitation in the hospital's current rehabilitation building. If the beds are used for
another purpose or moved to another location, the hospital's licensed capacity is reduced
by 20 beds;
(19) a critical access hospital established under section 144.1483, clause (9), and
section 1820 of the federal Social Security Act, United States Code, title 42, section
1395i-4, that delicensed beds since enactment of the Balanced Budget Act of 1997, Public
Law 105-33, to the extent that the critical access hospital does not seek to exceed the
maximum number of beds permitted such hospital under federal law;
(20) notwithstanding section 144.552, a project for the construction of a new hospital in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

(i) the project, including each hospital or health system that will own or control the entity that will hold the new hospital license, is approved by a resolution of the Maple Grove City Council as of March 1, 2006;

(ii) the entity that will hold the new hospital license will be owned or controlled by one or more not-for-profit hospitals or health systems that have previously submitted a plan or plans for a project in Maple Grove as required under section 144.552, and the plan or plans have been found to be in the public interest by the commissioner of health as of April 1, 2005;

(iii) the new hospital's initial inpatient services must include, but are not limited to, medical and surgical services, obstetrical and gynecological services, intensive care services, orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health services, and emergency room services;

(iv) the new hospital:

(A) will have the ability to provide and staff sufficient new beds to meet the growing needs of the Maple Grove service area and the surrounding communities currently being served by the hospital or health system that will own or control the entity that will hold the new hospital license;

(B) will provide uncompensated care;

(C) will provide mental health services, including inpatient beds;

(D) will be a site for workforce development for a broad spectrum of health-care-related occupations and have a commitment to providing clinical training programs for physicians and other health care providers;

(E) will demonstrate a commitment to quality care and patient safety;

(F) will have an electronic medical records system, including physician order entry;

(G) will provide a broad range of senior services;

(H) will provide emergency medical services that will coordinate care with regional providers of trauma services and licensed emergency ambulance services in order to enhance the continuity of care for emergency medical patients; and

(I) will be completed by December 31, 2009, unless delayed by circumstances beyond the control of the entity holding the new hospital license; and

(v) as of 30 days following submission of a written plan, the commissioner of health has not determined that the hospitals or health systems that will own or control the entity that will hold the new hospital license are unable to meet the criteria of this clause;

(21) a project approved under section 144.553;
(22) a project for the construction of a hospital with up to 25 beds in Cass County within a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder is approved by the Cass County Board;

(23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing a separately licensed 13-bed skilled nursing facility; or

(24) notwithstanding section 144.552, a project for the construction and expansion of a specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients who are under 21 years of age on the date of admission. The commissioner conducted a public interest review of the mental health needs of Minnesota and the Twin Cities metropolitan area in 2008. No further public interest review shall be conducted for the construction or expansion project under this clause; or

(25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the commissioner finds the project is in the public interest after the public interest review conducted under section 144.552 is complete.

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

Sec. 4. [144.9513] HEALTHY HOUSING GRANTS.

Subdivision 1. Definitions. For purposes of this section and sections 144.9501 to 144.9512, the following terms have the meanings given.

(a) "Housing" means a room or group of rooms located within a dwelling forming a single habitable unit with facilities used or intended to be used for living, sleeping, cooking, and eating.

(b) "Healthy housing" means housing that is sited, designed, built, renovated, and maintained in ways that supports the health of residents.

(c) "Housing-based health threat" means a chemical, biologic, or physical agent in the immediate housing environment, including toxic lead, mold, radon, and indoor allergens and contaminants in carpets, which constitutes a potential or actual hazard to human health at acute or chronic exposure levels.

(d) "Primary prevention" means preventing exposure to housing-based health threats before seeing clinical symptoms or a diagnosis.

(e) "Secondary prevention" means intervention to mitigate health effects on people with housing-based health threats.

Subd. 2. Grants; administration. Grant applicants shall submit applications to the commissioner as directed by a request for proposals. Grants must be competitively awarded and recipients of a grant under this section must prepare and submit a quarterly
progress report to the commissioner beginning three months after receipt of the grant. The
commissioner shall provide technical assistance and program support as needed to ensure
that housing-based health threats are effectively identified, mitigated, and evaluated by
grantees.

Subd. 3. **Healthy housing and implementation grants; eligible activities.** (a)
Within the limits of available appropriations, the commissioner shall make grants to
support implementation of healthy housing programs to local boards of health, community
action agencies under section 256E.31, and nonprofit organizations with expertise in
providing outreach, education, and training on healthy housing subjects and in providing
comprehensive healthy housing assessments and interventions.

(b) The grantee may conduct the following activities:

(1) implement and maintain primary prevention programs to reduce housing-based
health threats that include the following:

(i) providing education materials to the general public and to property owners,
contractors, code officials, health care providers, public health professionals, health
educators, nonprofit organizations, and other persons and organizations engaged in
housing and health issues;

(ii) promoting awareness of community, legal, and housing resources; and

(iii) promoting the use of hazard reduction measures in new housing construction
and housing rehabilitation programs;

(2) provide training on identifying and addressing housing-based health threats;

(3) provide technical assistance on the implementation of mitigation measures;

(4) promote adoption of evidence-based best practices for mitigation of
housing-based health threats;

(5) develop work practices for addressing specific housing-based health threats;

(6) identify, characterize, and mitigate hazards in housing that contribute to adverse
health outcomes;

(7) ensure screening services and other secondary prevention measures are provided
to populations at high risk for housing-related health threats;

(8) promote compliance with Department of Health guidelines and other best
practices, as identified by the commissioner, for preventing or reducing housing-based
health threats;

(9) establish local or regional collaborative groups to ensure that resources for
addressing housing-based health threats are coordinated; or

(10) develop model programs for addressing housing-based health threats.
Sec. 5. [144A.484] INTEGRATED LICENSURE; HOME AND COMMUNITY-BASED SERVICES DESIGNATION.

Subdivision 1. Integrated licensing established. (a) From January 1, 2014, to June 30, 2015, the commissioner of health shall enforce the home and community-based services standards under chapter 245D for those providers who also have a home care license pursuant to this chapter as required under Laws 2013, chapter 108, article 8, section 60, and article 11, section 31. During this period, the commissioner shall provide technical assistance to achieve and maintain compliance with applicable law or rules governing the provision of home and community-based services, including complying with the service recipient rights notice in subdivision 4, clause (4). If during the survey, the commissioner finds that the licensee has failed to achieve compliance with an applicable law or rule under chapter 245D and this failure does not imminently endanger the health, safety, or rights of the persons served by the program, the commissioner may issue a licensing survey report with recommendations for achieving and maintaining compliance.

(b) Beginning July 1, 2015, a home care provider applicant or license holder may apply to the commissioner of health for a home and community-based services designation for the provision of basic support services identified under section 245D.03, subdivision 1, paragraph (b). The designation allows the license holder to provide basic support services that would otherwise require licensure under chapter 245D, under the license holder's home care license governed by sections 144A.43 to 144A.481.

Subd. 2. Application for home and community-based services designation. An application for a home and community-based services designation must be made on the forms and in the manner prescribed by the commissioner. The commissioner shall provide the applicant with instruction for completing the application and provide information about the requirements of other state agencies that affect the applicant. Application for the home and community-based services designation is subject to the requirements under section 144A.473.

Subd. 3. Home and community-based services designation fees. A home care provider applicant or licensee applying for the home and community-based services designation or renewal of a home and community-based services designation must submit a fee in the amount specified in subdivision 8.

Subd. 4. Applicability of home and community-based services requirements. A home care provider with a home and community-based services designation must comply with the requirements for home care services governed by this chapter. For the provision of basic support services, the home care provider must also comply with the following home and community-based services licensing requirements:
(1) service planning and delivery requirements in section 245D.07;
(2) protection standards in section 245D.06;
(3) emergency use of manual restraints in section 245D.061; and
(4) protection-related rights in section 245D.04, subdivision 3, paragraph (a), clauses
(5), (7), (8), (12), and (13), and paragraph (b).

A home care provider with the integrated license-home and community-based services
designation may utilize a bill of rights which incorporates the service recipient rights in
section 245D.04, subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and
paragraph (b) with the home care bill of rights in section 144A.44.

Subd. 5. Monitoring and enforcement. (a) The commissioner shall monitor for
compliance with the home and community-based services requirements identified in
subdivision 4, in accordance with this section and any agreements by the commissioners
of health and human services.

(b) The commissioner shall enforce compliance with applicable home and
community-based services licensing requirements as follows:

(1) the commissioner may deny a home and community-based services designation
in accordance with section 144A.473 or 144A.475; and

(2) if the commissioner finds that the applicant or license holder has failed to comply
with the applicable home and community-based services designation requirements, the
commissioner may issue:

(i) a correction order in accordance with section 144A.474;

(ii) an order of conditional license in accordance with section 144A.475;

(iii) a sanction in accordance with section 144A.475; or

(iv) any combination of clauses (i) to (iii).

Subd. 6. Appeals. A home care provider applicant that has been denied a temporary
license will also be denied their application for the home and community-based services
designation. The applicant may request reconsideration in accordance with section
144A.473, subdivision 3. A licensed home care provider whose application for a home
and community-based services designation has been denied or whose designation has been
suspended or revoked may appeal the denial, suspension, revocation, or refusal to renew a
home and community-based services designation in accordance with section 144A.475.
A license holder may request reconsideration of a correction order in accordance with
section 144A.474, subdivision 12.

Subd. 7. Agreements. The commissioners of health and human services shall enter
into any agreements necessary to implement this section.
Subd. 8. **Fees; home and community-based services designation.** (a) The initial fee for a home and community-based services designation is $155. A home care provider renewing the home and community-based services designation must pay an annual nonrefundable fee, in addition to the annual home care license fee, according to the following schedule and based on revenues from the home and community-based services that require licensure under chapter 245D during the calendar year immediately preceding the year in which the license fee is paid:

<table>
<thead>
<tr>
<th>Provider Annual Revenue from HCBS</th>
<th>HCBS Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>greater than $1,500,000</td>
<td>$320</td>
</tr>
<tr>
<td>greater than $1,275,000 and no more than $1,500,000</td>
<td>$300</td>
</tr>
<tr>
<td>greater than $1,100,000 and no more than $1,275,000</td>
<td>$280</td>
</tr>
<tr>
<td>greater than $950,000 and no more than $1,100,000</td>
<td>$260</td>
</tr>
<tr>
<td>greater than $850,000 and no more than $950,000</td>
<td>$240</td>
</tr>
<tr>
<td>greater than $750,000 and no more than $850,000</td>
<td>$220</td>
</tr>
<tr>
<td>greater than $650,000 and no more than $750,000</td>
<td>$200</td>
</tr>
<tr>
<td>greater than $550,000 and no more than $650,000</td>
<td>$180</td>
</tr>
<tr>
<td>greater than $450,000 and no more than $550,000</td>
<td>$160</td>
</tr>
<tr>
<td>greater than $350,000 and no more than $450,000</td>
<td>$140</td>
</tr>
<tr>
<td>greater than $250,000 and no more than $350,000</td>
<td>$120</td>
</tr>
<tr>
<td>greater than $100,000 and no more than $250,000</td>
<td>$100</td>
</tr>
<tr>
<td>greater than $50,000 and no more than $100,000</td>
<td>$80</td>
</tr>
<tr>
<td>greater than $25,000 and no more than $50,000</td>
<td>$60</td>
</tr>
<tr>
<td>no more than $25,000</td>
<td>$40</td>
</tr>
</tbody>
</table>

(b) Fees and penalties collected under this section shall be deposited in the state treasury and credited to the state government special revenue fund.

**EFFECTIVE DATE.** Minnesota Statutes, section 144A.484, subdivisions 2 to 8, are effective July 1, 2015.

Sec. 6. Minnesota Statutes 2013 Supplement, section 145.4716, subdivision 2, is amended to read:

Subd. 2. **Duties of director.** The director of child sex trafficking prevention is responsible for the following:

1. developing and providing comprehensive training on sexual exploitation of youth for social service professionals, medical professionals, public health workers, and criminal justice professionals;
(2) collecting, organizing, maintaining, and disseminating information on sexual
exploitation and services across the state, including maintaining a list of resources on the
Department of Health Web site;

(3) monitoring and applying for federal funding for antitrafficking efforts that may
benefit victims in the state;

(4) managing grant programs established under sections 145.4716 to 145.4718;

(5) managing the request for proposals for grants for comprehensive services,
including trauma-informed, culturally specific services;

(6) identifying best practices in serving sexually exploited youth, as defined in
section 260C.007, subdivision 31;

(6) (7) providing oversight of and technical support to regional navigators pursuant
to section 145.4717;

(7) (8) conducting a comprehensive evaluation of the statewide program for safe
harbor of sexually exploited youth; and

(8) (9) developing a policy consistent with the requirements of chapter 13 for sharing
data related to sexually exploited youth, as defined in section 260C.007, subdivision 31,
among regional navigators and community-based advocates.

Sec. 7. [145.929] HEALTH CARE GRANTS FOR THE UNINSURED.

Subdivision 1. Dental providers. (a) A dental provider is eligible for a grant under
this section if:

(1) the provider is a nonprofit organization not affiliated with a hospital or medical
group that offers free or reduced-cost oral health care to low-income patients under the
age of 21 with family incomes below 275 percent of the federal poverty guidelines who do
not have insurance coverage for oral health care services;

(2) the provider is eligible for critical access dental provider payments under section
256B.76, subdivision 4; and

(3) more than 80 percent of the dental provider's patient encounters per year are with
patients who are uninsured or covered by medical assistance or MinnesotaCare.

(b) Grants shall be distributed by the commissioner of health to each eligible
provider based on the proportion of that provider's number of low-income uninsured
patients under the age of 21 served in the reporting year to the total number of low-income
uninsured patients under the age of 21 served by all eligible providers, except that no
single eligible provider shall receive less than two percent or more than 30 percent of the
total appropriation provided under this subdivision. If the number of eligible providers
is such that the minimum of two percent cannot be provided to each eligible provider.
the commissioner shall limit eligibility for the subsidy to the top 20 eligible oral health
providers.

Subd. 2. Community mental health programs. A community mental health
program is eligible for a grant under this section if it is a community mental health center
established under section 245.62, or a nonprofit community mental health clinic that is
designated as an essential community provider under section 62Q.19, and the center or
clinic offers free or reduced-cost mental health care to low-income patients under the age
of 21 with family incomes below 275 percent of the federal poverty guidelines who do not
have health insurance coverage. The grants shall be distributed by the commissioner of
health to each eligible mental health center or clinic based on the proportion of that mental
health center's or clinic's number of low-income uninsured patients under the age of 21
served in the reporting year to the total number of low-income uninsured patients under
the age of 21 served by all mental health centers and clinics eligible for a grant under this
subdivision, except that no single eligible provider shall receive less than two percent or
more than 30 percent of the total appropriation provided under this subdivision.

Subd. 3. Emergency medical assistance outlier grant program. (a) The
commissioner of health shall establish a grant program for hospitals for the purpose of
defraying underpayments associated with the emergency medical assistance program.
Grants shall be made for the services provided beginning July 1, 2014, to an individual
who is enrolled in emergency medical assistance, and when an emergency medical
assistance reimbursement claim is in excess of $50,000.

(b) Hospitals seeking a grant from this program must submit an application that
includes the number and dollar amount of hospital claims for emergency medical
assistance in excess of $50,000 to the commissioner in a form prescribed by the
commissioner. Grant payments shall be in proportion to the total hospital emergency
medical assistance claims submitted by all applicant hospitals each state fiscal year.
Claims for inpatient hospital, outpatient services, and hospital emergency department
services shall be considered when determining the value of the grants.

Subd. 4. Grant process. The commissioner of health may use data submitted
by organizations seeking a grant under this section, without further verification, for
purposes of determining eligibility for a grant and allocating grant money among eligible
organizations. The chief executive or chief financial officer must certify that the data
submitted is accurate and that no changes were made in the organization's accounting and
record-keeping practices or policies for providing free or reduced-cost care to uninsured
patients for the purpose of creating eligibility or increasing the organization's allocation.
The commissioner may audit or verify the data submitted. Grant funds must be used to
303.1 defray the organization's costs of providing care and services to uninsured patients as
303.2 identified under subdivision 1, 2, or 3. An organization must not receive more than one
303.3 grant under subdivision 1, 2, or 3, even though the organization is potentially eligible for
303.4 a grant under two or more subdivisions. Organizations eligible for a grant under this
303.5 section may join together to submit a combined application provided the data submitted is
303.6 certified by each individual organization.

Sec. 8. Minnesota Statutes 2013 Supplement, section 256B.04, subdivision 21, is
303.7 amended to read:
303.8 Subd. 21. Provider enrollment. (a) If the commissioner or the Centers for
303.9 Medicare and Medicaid Services determines that a provider is designated "high-risk," the
303.10 commissioner may withhold payment from providers within that category upon initial
303.11 enrollment for a 90-day period. The withholding for each provider must begin on the date
303.12 of the first submission of a claim.
303.13 (b) An enrolled provider that is also licensed by the commissioner under chapter
303.14 245A, or is licensed as a home care provider by the Department of Health under chapter
303.15 144A and has a home and community-based services designation on the home care license
303.16 under section 144A.484, must designate an individual as the entity's compliance officer.
303.17 The compliance officer must:
303.18 (1) develop policies and procedures to assure adherence to medical assistance laws
303.19 and regulations and to prevent inappropriate claims submissions;
303.20 (2) train the employees of the provider entity, and any agents or subcontractors of
303.21 the provider entity including billers, on the policies and procedures under clause (1);
303.22 (3) respond to allegations of improper conduct related to the provision or billing of
303.23 medical assistance services, and implement action to remediate any resulting problems;
303.24 (4) use evaluation techniques to monitor compliance with medical assistance laws
303.25 and regulations;
303.26 (5) promptly report to the commissioner any identified violations of medical
303.27 assistance laws or regulations; and
303.28 (6) within 60 days of discovery by the provider of a medical assistance
303.29 reimbursement overpayment, report the overpayment to the commissioner and make
303.30 arrangements with the commissioner for the commissioner's recovery of the overpayment.
303.31 The commissioner may require, as a condition of enrollment in medical assistance, that a
303.32 provider within a particular industry sector or category establish a compliance program that
303.33 contains the core elements established by the Centers for Medicare and Medicaid Services.
(c) The commissioner may revoke the enrollment of an ordering or rendering provider for a period of not more than one year, if the provider fails to maintain and, upon request from the commissioner, provide access to documentation relating to written orders or requests for payment for durable medical equipment, certifications for home health services, or referrals for other items or services written or ordered by such provider, when the commissioner has identified a pattern of a lack of documentation. A pattern means a failure to maintain documentation or provide access to documentation on more than one occasion. Nothing in this paragraph limits the authority of the commissioner to sanction a provider under the provisions of section 256B.064.

(d) The commissioner shall terminate or deny the enrollment of any individual or entity if the individual or entity has been terminated from participation in Medicare or under the Medicaid program or Children's Health Insurance Program of any other state.

(e) As a condition of enrollment in medical assistance, the commissioner shall require that a provider designated "moderate" or "high-risk" by the Centers for Medicare and Medicaid Services or the commissioner permit the Centers for Medicare and Medicaid Services, its agents, or its designated contractors and the state agency, its agents, or its designated contractors to conduct unannounced on-site inspections of any provider location. The commissioner shall publish in the Minnesota Health Care Program Provider Manual a list of provider types designated "limited," "moderate," or "high-risk," based on the criteria and standards used to designate Medicare providers in Code of Federal Regulations, title 42, section 424.518. The list and criteria are not subject to the requirements of chapter 14. The commissioner's designations are not subject to administrative appeal.

(f) As a condition of enrollment in medical assistance, the commissioner shall require that a high-risk provider, or a person with a direct or indirect ownership interest in the provider of five percent or higher, consent to criminal background checks, including fingerprinting, when required to do so under state law or by a determination by the commissioner or the Centers for Medicare and Medicaid Services that a provider is designated high-risk for fraud, waste, or abuse.

(g)(1) Upon initial enrollment, reenrollment, and revalidation, all durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers operating in Minnesota and receiving Medicaid funds must purchase a surety bond that is annually renewed and designates the Minnesota Department of Human Services as the obligee, and must be submitted in a form approved by the commissioner.

(2) At the time of initial enrollment or reenrollment, the provider agency must purchase a performance bond of $50,000. If a revalidating provider's Medicaid revenue in the previous calendar year is up to and including $300,000, the provider agency must
purchase a performance bond of $50,000. If a revalidating provider's Medicaid revenue
in the previous calendar year is over $300,000, the provider agency must purchase a
performance bond of $100,000. The performance bond must allow for recovery of costs
and fees in pursuing a claim on the bond.

(h) The Department of Human Services may require a provider to purchase a
performance surety bond as a condition of initial enrollment, reenrollment, reinstatement,
or continued enrollment if: (1) the provider fails to demonstrate financial viability, (2) the
department determines there is significant evidence of or potential for fraud and abuse by
the provider, or (3) the provider or category of providers is designated high-risk pursuant
to paragraph (a) and as per Code of Federal Regulations, title 42, section 455.450. The
performance bond must be in an amount of $100,000 or ten percent of the provider's
payments from Medicaid during the immediately preceding 12 months, whichever is
greater. The performance bond must name the Department of Human Services as an
obligee and must allow for recovery of costs and fees in pursuing a claim on the bond.

Sec. 9. LEGISLATIVE HEALTH CARE WORKFORCE COMMISSION.

Subdivision 1. Legislative oversight. The Legislative Health Care Workforce
Commission is created to study and make recommendations to the legislature on how to
achieve the goal of strengthening the workforce in health care.

Subd. 2. Membership. The Legislative Health Care Workforce Commission
consists of five members of the senate appointed by the Subcommittee on Committees
of the Committee on Rules and Administration and five members of the house of
representatives appointed by the speaker of the house. The Legislative Health Care
Workforce Commission must include three members of the majority party and two
members of the minority party in each house.

Subd. 3. Officers. The commission must elect a chair and may elect other officers
as it determines are necessary. The chair shall alternate between a member of the senate
and a member of the house of representatives in January of each odd-numbered year.

Subd. 4. Initial appointments and meeting. Appointing authorities for the
Legislative Health Care Workforce Commission must make initial appointments by June
1, 2014. The speaker of the house of representatives must designate one member of the
commission to convene the first meeting of the commission by June 15, 2014.

Subd. 5. Report to the legislature. The Legislative Health Care Workforce
Commission must provide a preliminary report making recommendations to the legislature
by December 31, 2014. The commissioner must provide a final report to the legislature by
December 31, 2016. The final report must:
(1) identify current and anticipated health care workforce shortages, by both

provider type and geography;

(2) evaluate the effectiveness of incentives currently available to develop, attract, and retain a highly skilled health care workforce;

(3) study alternative incentives to develop, attract, and retain a highly skilled and diverse health care workforce; and

(4) identify current causes and potential solutions to barriers related to the primary care workforce, including, but not limited to:

(i) training and residency shortages;

(ii) disparities in income between primary care and other providers; and

(iii) negative perceptions of primary care among students.

Subd. 6. **Assistance to the commission.** The commissioners of health, human services, commerce, and other state agencies shall provide assistance and technical support to the commission at the request of the commission. The Minnesota Medical Association and other stakeholder groups shall also provide advice to the commission as needed. The commission may convene subcommittees to provide additional assistance and advice to the commission.

Subd. 7. **Commission member expenses.** Members of the commission may receive per diem and expense reimbursement from money appropriated for the commission in the manner and amount prescribed for per diem and expense payments by the senate Committee on Rules and Administration and the House Committee on Rules and Legislative Administration.


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

Sec. 10. **QUALITY TRANSPARENCY.**

(a) The commissioner of health shall develop an implementation plan for stratifying measures based on disability, race, ethnicity, language, and other sociodemographic factors that are correlated with health disparities and impact performance on quality measures. The plan must be designed so that quality measures can be stratified beginning January 1, 2017, in order to advance work aimed at identifying and eliminating health disparities. By January 15, 2015, the commissioner shall submit a report to the chairs and ranking minority members of the senate and house of representatives committees and divisions with jurisdiction on health and human services and finance with the plan, including an estimated budget, timeline, and processes to be used for implementation.
(b) The commissioner of health shall assess the risk adjustment methodology established under Minnesota Statutes, section 62U.02, subdivision 3, for the potential for harm and unintended consequences for patient populations who experience health disparities, and the providers who serve them, and identify changes that may be needed to alleviate harm and unintended consequences. By January 15, 2016, the commissioner shall submit a report to the chairs and ranking minority members of the senate and house of representatives committees and divisions with jurisdiction on health and human services and finance with the result of the assessment of the risk-adjustment methodology and any recommended changes.

(c) The commissioner shall develop the plan described in paragraph (a), in consultation with consumer, community and advocacy organizations representing diverse communities; health plan companies; providers; quality measurement organizations; and safety net providers that primarily serve communities and patient populations with health disparities. The commissioner shall use culturally appropriate methods of consultation and engagement with consumer and advocacy organizations led by and representing diverse communities by race, ethnicity, language, and sociodemographic factors.

Sec. 11. DATA ON CHRONIC PAIN THERAPIES.

(a) The commissioner of health shall gather the following data on the provision of chronic pain treatment procedures by physicians, doctors of osteopathy, and certified registered nurse anesthetists who perform these procedures:

(1) the types and number of chronic pain management procedures performed within the last 36 months;

(2) the types of health professionals who perform chronic pain treatment procedures and the professional licenses they hold; and

(3) the location and type of facility in which the chronic pain treatment procedures are performed.

(b) The commissioner shall submit a report with the compiled data to the chairs and ranking minority members of the house and senate committees with jurisdiction over health and human services finance and policy by January 15, 2015.

(c) The commissioner of health may use the data submitted under Minnesota Statutes, section 62U.04, subdivision 4, paragraph (a), to carry out the requirements of this section.

Sec. 12. STUDY AND REPORT ABOUT CLIENT BILLS OF RIGHTS.

The commissioner of health shall consult with Aging Services of Minnesota, Care Providers of Minnesota, Minnesota Home Care Association, the commissioner of human

Article 23 Sec. 12.
services, the Office of the Ombudsman for Long-Term Care, and other stakeholders to
evaluate and determine how to streamline the requirements related to the clients' rights in
Minnesota Statutes, sections 144A.44, 144A.441, and 245D.04, for applicable providers,
while assuring and maintaining the health and safety of clients. The evaluation must
consider the federal client bill of rights requirements for Medicare-certified home care
providers. The evaluation must determine if there are duplications or conflicts of client
rights, evaluate how to reduce the complexity of the requirements related to clients' rights
for providers and consumers, determine which rights must be included in a consolidated
client bill of rights document, and develop options to inform consumers of their rights.
The commissioner shall report to the chairs and ranking minority members of the health
and human services committees of the legislature no later than February 15, 2015, and
include any recommendations for legislative changes.

ARTICLE 24

HEALTH CARE

Section 1. Minnesota Statutes 2013 Supplement, section 16A.724, subdivision 3,
is amended to read:

Subd. 3. **MinnesotaCare federal receipts.** All federal funding received by
Minnesota for implementation and administration of MinnesotaCare as a basic health
program, as authorized in section 1331 of the Affordable Care Act, Public Law 111-148,
as amended by Public Law 111-152, is dedicated to the program and shall be deposited
into the health care access fund is appropriated to the commissioner of human services
to be used only for the MinnesotaCare program under chapter 256L. Federal funding
that is received for implementing and administering MinnesotaCare as a basic health
program and deposited in the fund shall be used only for that program to purchase health
care coverage for enrollees and reduce enrollee premiums and cost-sharing or provide
additional enrollee benefits.

Sec. 2. Minnesota Statutes 2012, section 256.01, is amended by adding a subdivision
to read:

Subd. 38. **Contract to match recipient third-party liability information.** The
commissioner may enter into a contract with a national organization to match recipient
third-party liability information and provide coverage and insurance primacy information
to the department at no charge to providers and the clearinghouses.

Sec. 3. Minnesota Statutes 2012, section 256.9685, subdivision 1, is amended to read:
Subdivision 1. **Authority.** (a) The commissioner shall establish procedures for determining medical assistance and general assistance medical care payment rates under a prospective payment system for inpatient hospital services in hospitals that qualify as vendors of medical assistance. The commissioner shall establish, by rule, procedures for implementing this section and sections 256.9686, 256.969, and 256.9695. Services must meet the requirements of section 256B.04, subdivision 15, or 256D.03, subdivision 7, paragraph (b), to be eligible for payment.

(b) The commissioner may reduce the types of inpatient hospital admissions that are required to be certified as medically necessary after notice in the State Register and a 30-day comment period.

Sec. 4. Minnesota Statutes 2012, section 256.9685, subdivision 1a, is amended to read:

Sub. 1a. **Administrative reconsideration.** Notwithstanding sections section 256B.04, subdivision 15, and 256D.03, subdivision 7, the commissioner shall establish an administrative reconsideration process for appeals of inpatient hospital services determined to be medically unnecessary. A physician or hospital may request a reconsideration of the decision that inpatient hospital services are not medically necessary by submitting a written request for review to the commissioner within 30 days after receiving notice of the decision. The reconsideration process shall take place prior to the procedures of subdivision 1b and shall be conducted by physicians that are independent of the case under reconsideration. A majority decision by the physicians is necessary to make a determination that the services were not medically necessary.

Sec. 5. Minnesota Statutes 2012, section 256.9686, subdivision 2, is amended to read:

Subd. 2. **Base year.** "Base year" means a hospital's fiscal year or years that is recognized by the Medicare program or a hospital's fiscal year specified by the commissioner if a hospital is not required to file information by the Medicare program from which cost and statistical data are used to establish medical assistance and general assistance medical care payment rates.

Sec. 6. Minnesota Statutes 2012, section 256.969, subdivision 1, is amended to read:

Subdivision 1. **Hospital cost index.** (a) The hospital cost index shall be the change in the Consumer Price Index-All Items (United States city average) (CPI-U) forecasted by Data Resources, Inc. The commissioner shall use the indices as forecasted in the third quarter of the calendar year prior to the rate year. The hospital cost index may be
used to adjust the base year operating payment rate through the rate year on an annually
compounded basis.

(b) For fiscal years beginning on or after July 1, 1993, the commissioner of human
services shall not provide automatic annual inflation adjustments for hospital payment
rates under medical assistance, nor under general assistance medical care, except that
the inflation adjustments under paragraph (a) for medical assistance, excluding general
assistance medical care, shall apply through calendar year 2001. The index for calendar
year 2000 shall be reduced 2.5 percentage points to recover overprojections of the index
from 1994 to 1996. The commissioner of management and budget shall include as a
budget change request in each biennial detailed expenditure budget submitted to the
legislature under section 16A.11 annual adjustments in hospital payment rates under
medical assistance and general assistance medical care, based upon the hospital cost index.

Sec. 7. Minnesota Statutes 2012, section 256.969, subdivision 2, is amended to read:

Subd. 2. Diagnostic categories. The commissioner shall use to the extent possible
existing diagnostic classification systems, including such as the system used by the
Medicare program all patient-refined diagnosis-related groups (APR-DRGs) or other
similar classification programs to determine the relative values of inpatient services
and case mix indices. The commissioner may combine diagnostic classifications into
diagnostic categories and may establish separate categories and numbers of categories
based on program eligibility or hospital peer group. Relative values shall be recalculated
when the base year is changed. Relative value determinations shall include
paid claims for admissions during each hospital's base year. The commissioner may
extend the time period forward to obtain sufficiently valid information to establish relative
values supplement the diagnostic classification systems data with national averages.
Relative value determinations shall not include property-cost data; Medicare crossover
data; and data on admissions that are paid a per day transfer rate under subdivision 14. The
computation of the base year cost per admission must include identified outlier cases and
their weighted costs up to the point that they become outlier cases, but must exclude costs
recognized in outlier payments beyond that point. The commissioner may recategorize the
diagnostic classifications and recalibrate relative values and case mix indices
to reflect actual hospital practices, the specific character of specialty hospitals, or to reduce
variances within the diagnostic categories after notice in the State Register and a 30-day
comment period. The commissioner shall recategorize the diagnostic classifications and
recalculate relative values and case mix indices based on the two-year schedule in effect
prior to January 1, 2013, reflected in subdivision 2b. The first recategorization shall occur
January 1, 2013, and shall occur every two years after. When rates are not rebased under subdivision 2b, the commissioner may establish relative values and case mix indices based on charge data and may update the base year to the most recent data available.

Sec. 8. Minnesota Statutes 2012, section 256.969, subdivision 2b, is amended to read:

Subd. 2b. Operating Hospital payment rates. In determining operating payment rates for admissions occurring on or after the rate year beginning January 1, 1991, and every two years after, or more frequently as determined by the commissioner, the commissioner shall obtain operating data from an updated base year and establish operating payment rates per admission for each hospital based on the cost-finding methods and allowable costs of the Medicare program in effect during the base year. Rates under the general assistance medical care, medical assistance, and MinnesotaCare programs shall not be rebased to more current data on January 1, 1997, January 1, 2005, for the first 24 months of the rebased period beginning January 1, 2009 (a) For discharges occurring on or after November 1, 2014, hospital inpatient services for hospitals located in Minnesota shall be paid according to the following:

(1) critical access hospitals as defined by Medicare shall be paid using a cost-based methodology;

(2) long-term hospitals as defined by Medicare shall be paid on a per diem methodology under subdivision 25;

(3) rehabilitation hospitals or units of hospitals that are recognized as rehabilitation distinct parts as defined by Medicare shall be paid according to the methodology under subdivision 12; and

(4) all other hospitals shall be paid on a diagnosis-related group (DRG) methodology.

(b) For the rebased period beginning January 1, 2011, through October 31, 2014, rates shall not be rebased, except that a Minnesota long-term hospital shall be rebased effective January 1, 2011, based on its most recent Medicare cost report ending on or before September 1, 2008, with the provisions under subdivisions 9 and 23, based on the rates in effect on December 31, 2010. For subsequent rate setting periods after November 1, 2014, in which the base years are updated, a Minnesota long-term hospital's base year shall remain within the same period as other hospitals. Effective January 1, 2013, and after, rates shall not be rebased.

(c) Effective for discharges occurring on and after November 1, 2014, payment rates for hospital inpatient services provided by hospitals located in Minnesota or the local trade area, except for the hospitals paid under the methodologies described in paragraph (a), clauses (2) and (3), shall be rebased, incorporating cost and payment methodologies in a
manner similar to Medicare. The base year for the rates effective November 1, 2014, shall be calendar year 2012. The rebasing under this paragraph shall be budget neutral, ensuring that the total aggregate payments under the rebased system are equal to the total aggregate payments that were made for the same number and types of services in the base year.

Separate budget neutrality calculations shall be determined for payments made to critical access hospitals and payments made to hospitals paid under the DRG system. Only the rate increases or decreases under subdivision 3a or 3c that applied to the hospitals being rebased during the entire base period shall be incorporated into the budget neutrality calculation.

(d) For discharges occurring on or after November 1, 2014, through June 30, 2016, the rebased rates under paragraph (c) shall include adjustments to the projected rates that result in no greater than a five percent increase or decrease from the base year payments for any hospital. Any adjustments to the rates made by the commissioner under this paragraph and paragraph (e) shall maintain budget neutrality as described in paragraph (c).

(e) For discharges occurring on or after November 1, 2014, through June 30, 2016, the commissioner may make additional adjustments to the rebased rates, and when evaluating whether additional adjustments should be made, the commissioner shall consider the impact of the rates on the following:

(1) pediatric services;
(2) behavioral health services;
(3) trauma services as defined by the National Uniform Billing Committee;
(4) transplant services;
(5) obstetric services, newborn services, and behavioral health services provided by hospitals outside the seven-county metropolitan area;
(6) outlier admissions;
(7) low-volume providers; and
(8) services provided by small rural hospitals that are not critical access hospitals.

(f) Hospital payment rates established under paragraph (c) must incorporate the following:

(1) for hospitals paid under the DRG methodology, the base year operating payment rate per admission is standardized by the case mix index and adjusted by the hospital cost index, relative values, and disproportionate population adjustment, applicable Medicare wage index and adjusted by the hospital's disproportionate population adjustment;
(2) for critical access hospitals, interim per diem payment rates shall be based on the ratio of cost and charges reported on the base year Medicare cost report or reports and applied to medical assistance utilization data. Final settlement payments for a state fiscal
year must be determined based on a review of the medical assistance cost report required
under subdivision 4b for the applicable state fiscal year;

(3) the cost and charge data used to establish operating hospital payment rates shall
must only reflect inpatient services covered by medical assistance and shall not include
property cost information and costs recognized in outlier payments; and

(4) in determining hospital payment rates for discharges occurring on or after the
rate year beginning January 1, 2011, through December 31, 2012, the hospital payment
rate per discharge shall be based on the cost-finding methods and allowable costs of the
Medicare program in effect during the base year or years.

(g) The commissioner shall validate the rates effective November 1, 2014, by
applying the rates established under paragraph (c), and any adjustments made to the rates
under paragraph (d) or (e), to hospital claims paid in calendar year 2013 to determine
whether the total aggregate payments for the same number and types of services under the
rebased rates are equal to the total aggregate payments made during calendar year 2013.

(h) Effective for discharges occurring on or after July 1, 2017, and every two
years thereafter, payment rates under this section shall be rebased to reflect only those
changes in hospital costs between the existing base year and the next base year. The
commissioner shall establish the base year for each rebasing period considering the most
recent year for which filed Medicare cost reports are available. The estimated change in
the average payment per hospital discharge resulting from a scheduled rebasing must be
calculated and made available to the legislature by January 15 of each year in which
rebasing is scheduled to occur, and must include by hospital the differential in payment
rates compared to the individual hospital's costs.

Sec. 9. Minnesota Statutes 2012, section 256.969, is amended by adding a subdivision
to read:

Subd. 2d. **Interim payments.** Notwithstanding subdivision 2b, paragraph (c),
for discharges occurring on or after November 1, 2014, through June 30, 2015, the
commissioner may implement an interim payment process to pay hospitals, including
payments based on each hospital's average payments per claim for state fiscal years
2011 and 2012. These interim payments may be used to pay hospitals if the rebasing
under subdivision 2b, paragraph (c), is not implemented by November 1, 2014. Claims
paid at interim payment rates shall be reprocessed and paid at the rates established under
subdivision 2b, paragraphs (c) and (d), upon implementation of the rebased rates.
Sec. 10. Minnesota Statutes 2012, section 256.969, is amended by adding a subdivision to read:

Subd. 2e. **Report required.** (a) The commissioner shall report to the legislature by March 1, 2015, and by March 1, 2016, on the financial impacts by hospital and policy ramifications, if any, resulting from payment methodology changes implemented after October 31, 2014, and before December 15, 2015.

(b) The commissioner shall report, at a minimum, the following information:

1. case-mix adjusted calculations of net payment impacts for each hospital resulting from the difference between the payments each hospital would have received under the payment methodology for discharges before October 31, 2014, and the payments each hospital has received or is expected to receive for the same number and types of services under the payment methodology implemented effective November 1, 2014;

2. any adjustments that the commissioner made and the impacts of those adjustments for each hospital;

3. any difference in total aggregate payments resulting from the validation process under calendar year 2013 claims; and

4. recommendations for further refinement or improvement of the hospital inpatient payment system or methodologies.

Sec. 11. Minnesota Statutes 2012, section 256.969, subdivision 3a, is amended to read:

Subd. 3a. **Payments.** (a) Acute care hospital billings under the medical assistance program must not be submitted until the recipient is discharged. However, the commissioner shall establish monthly interim payments for inpatient hospitals that have individual patient lengths of stay over 30 days regardless of diagnostic category. Except as provided in section 256.9693, medical assistance reimbursement for treatment of mental illness shall be reimbursed based on diagnostic classifications. Individual hospital payments established under this section and sections 256.9685, 256.9686, and 256.9695, in addition to third-party and recipient liability, for discharges occurring during the rate year shall not exceed, in aggregate, the charges for the medical assistance covered inpatient services paid for the same period of time to the hospital. This payment limitation shall be calculated separately for medical assistance and general assistance medical care services. The limitation on general assistance medical care shall be effective for admissions occurring on or after July 1, 1991. Services that have rates established under subdivision 11 or 12, must be limited separately from other services. After consulting with the affected hospitals, the commissioner may consider related hospitals one entity and may merge the payment rates while maintaining separate provider numbers. The operating and
property base rates per admission or per day shall be derived from the best Medicare and
claims data available when rates are established. The commissioner shall determine the
best Medicare and claims data, taking into consideration variables of recency of the data,
audit disposition, settlement status, and the ability to set rates in a timely manner. The
commissioner shall notify hospitals of payment rates by December 1 of the year preceding
the rate year 30 days prior to implementation. The rate setting data must reflect the
admissions data used to establish relative values. Base year changes from 1981 to the base
year established for the rate year beginning January 1, 1991, and for subsequent rate years,
shall not be limited to the limits ending June 30, 1987, on the maximum rate of increase
under subdivision 1. The commissioner may adjust base year cost, relative value, and case
mix index data to exclude the costs of services that have been discontinued by the October
1 of the year preceding the rate year or that are paid separately from inpatient services.
Inpatient stays that encompass portions of two or more rate years shall have payments
established based on payment rates in effect at the time of admission unless the date of
admission preceded the rate year in effect by six months or more. In this case, operating
payment rates for services rendered during the rate year in effect and established based on
the date of admission shall be adjusted to the rate year in effect by the hospital cost index.
(b) For fee-for-service admissions occurring on or after July 1, 2002, the total
payment, before third-party liability and spenddown, made to hospitals for inpatient
services is reduced by .5 percent from the current statutory rates.
(c) In addition to the reduction in paragraph (b), the total payment for fee-for-service
admissions occurring on or after July 1, 2003, made to hospitals for inpatient services before
third-party liability and spenddown, is reduced five percent from the current statutory
rates. Mental health services within diagnosis related groups 424 to 432 or corresponding
APR-DRGs, and facilities defined under subdivision 16 are excluded from this paragraph.
(d) In addition to the reduction in paragraphs (b) and (c), the total payment for
fee-for-service admissions occurring on or after August 1, 2005, made to hospitals for
inpatient services before third-party liability and spenddown, is reduced 6.0 percent from
the current statutory rates. Mental health services within diagnosis related groups 424
to 432 or corresponding APR-DRGs, and facilities defined under subdivision 16 are
excluded from this paragraph. Notwithstanding section 256.9686, subdivision 7, for
purposes of this paragraph, medical assistance does not include general assistance medical
care. Payments made to managed care plans shall be reduced for services provided on or
after January 1, 2006, to reflect this reduction.
(e) In addition to the reductions in paragraphs (b), (c), and (d), the total payment for
fee-for-service admissions occurring on or after July 1, 2008, through June 30, 2009, made
to hospitals for inpatient services before third-party liability and spenddown, is reduced
3.46 percent from the current statutory rates. Mental health services with diagnosis
related groups 424 to 432 or corresponding APR-DRGs, and facilities defined under
subdivision 16 are excluded from this paragraph. Payments made to managed care plans
shall be reduced for services provided on or after January 1, 2009, through June 30, 2009,
to reflect this reduction.

(f) In addition to the reductions in paragraphs (b), (c), and (d), the total payment
for fee-for-service admissions occurring on or after July 1, 2009, through June 30, 2011,
made to hospitals for inpatient services before third-party liability and spenddown, is
reduced 1.9 percent from the current statutory rates. Mental health services with diagnosis
related groups 424 to 432 or corresponding APR-DRGs, and facilities defined under
subdivision 16 are excluded from this paragraph. Payments made to managed care plans
shall be reduced for services provided on or after July 1, 2009, through June 30, 2011,
to reflect this reduction.

(g) In addition to the reductions in paragraphs (b), (c), and (d), the total payment
for fee-for-service admissions occurring on or after July 1, 2011, made to hospitals for
inpatient services before third-party liability and spenddown, is reduced 1.79 percent from
the current statutory rates. Mental health services with diagnosis related groups 424 to 432
or corresponding APR-DRGs, and facilities defined under subdivision 16 are excluded
from this paragraph. Payments made to managed care plans shall be reduced for services
provided on or after July 1, 2011, to reflect this reduction.

(h) In addition to the reductions in paragraphs (b), (c), (d), (f), and (g), the total payment
for fee-for-service admissions occurring on or after July 1, 2009, made to
total hospitals for inpatient services before third-party liability and spenddown, is reduced
one percent from the current statutory rates. Facilities defined under subdivision 16 are
excluded from this paragraph. Payments made to managed care plans shall be reduced for
services provided on or after October 1, 2009, to reflect this reduction.

(i) In addition to the reductions in paragraphs (b), (c), (d), (g), and (h), the total
payment for fee-for-service admissions occurring on or after July 1, 2011, made to
hospitals for inpatient services before third-party liability and spenddown, is reduced
1.96 percent from the current statutory rates. Facilities defined under subdivision 16 are
excluded from this paragraph. Payments made to managed care plans shall be reduced for
services provided on or after January 1, 2011, to reflect this reduction.

(j) Effective for discharges on and after November 1, 2014, from hospitals paid
under subdivision 2b, paragraph (a), clauses (1) and (4), the rate adjustments in this
subdivision must be incorporated into the rebased rates established under subdivision 2b.

paragraph (c), and must not be applied to each claim.

Sec. 12. Minnesota Statutes 2012, section 256.969, subdivision 3b, is amended to read:

Subd. 3b. Nonpayment for hospital-acquired conditions and for certain treatments. (a) The commissioner must not make medical assistance payments to a hospital for any costs of care that result from a condition listed identified in paragraph

(c), if the condition was hospital acquired.

(b) For purposes of this subdivision, a condition is hospital acquired if it is not identified by the hospital as present on admission. For purposes of this subdivision, medical assistance includes general assistance medical care and MinnesotaCare.

(c) The prohibition in paragraph (a) applies to payment for each hospital-acquired condition listed in this paragraph that is identified in this paragraph that is represented by an ICD-9-CM or ICD-10-CM diagnosis code and is designated as a complicating condition or a major complicating condition:

1. foreign object retained after surgery (ICD-9-CM codes 998.4 or 998.7);
2. air embolism (ICD-9-CM code 999.1);
3. blood incompatibility (ICD-9-CM code 999.6);
4. pressure ulcers stage III or IV (ICD-9-CM codes 707.23 or 707.24);
5. falls and trauma, including fracture, dislocation, intracranial injury, crushing injury, burn, and electric shock (ICD-9-CM codes with these ranges on the complicating condition and major complicating condition list: 800-829; 830-839; 850-854; 925-929; 940-949; and 991-994);
6. catheter associated urinary tract infection (ICD-9-CM code 996.64);
7. vascular catheter associated infection (ICD-9-CM code 999.31);
8. manifestations of poor glycemic control (ICD-9-CM codes 249.10; 249.11; 249.20; 249.21; 250.10; 250.11; 250.12; 250.13; 250.20; 250.21; 250.22; 250.23; and 251.0);
9. surgical site infection (ICD-9-CM codes 996.67 or 998.59) following certain orthopedic procedures (procedure codes 81.01; 81.02; 81.03; 81.04; 81.05; 81.06; 81.07; 81.08; 81.22; 81.24; 81.21; 81.32; 81.33; 81.34; 81.35; 81.36; 81.37; 81.38; 81.83; and 81.85);
10. surgical site infection (ICD-9-CM code 998.59) following bariatric surgery (procedure codes 44.38; 44.39; or 44.95) for a principal diagnosis of morbid obesity (ICD-9-CM code 278.01);
(11) surgical site infection, mediastinitis (ICD-9-CM code 519.2) following coronary artery bypass graft (procedure codes 36.10 to 36.19); and

(12) deep vein thrombosis (ICD-9-CM codes 453.40 to 453.42) or pulmonary embolism (ICD-9-CM codes 415.11 or 415.19) following total knee replacement (procedure code 81.54) or hip replacement (procedure codes 00.85 to 00.87 or 81.51 to 81.52). The list of conditions shall be the hospital-acquired conditions (HAC) list defined by the Centers for Medicare and Medicaid Services on an annual basis.

(d) The prohibition in paragraph (a) applies to any additional payments that result from a hospital-acquired condition listed identified in paragraph (c), including, but not limited to, additional treatment or procedures, readmission to the facility after discharge, increased length of stay, change to a higher diagnostic category, or transfer to another hospital. In the event of a transfer to another hospital, the hospital where the condition listed identified under paragraph (c) was acquired is responsible for any costs incurred at the hospital to which the patient is transferred.

(e) A hospital shall not bill a recipient of services for any payment disallowed under this subdivision.

Sec. 13. Minnesota Statutes 2012, section 256.969, subdivision 3c, is amended to read:

Subd. 3c. Rateable reduction and readmissions reduction. (a) The total payment for fee for service admissions occurring on or after September 1, 2011, through June 30, 2014, to October 31, 2014, made to hospitals for inpatient services before third-party liability and spenddown, is reduced ten percent from the current statutory rates. Facilities defined under subdivision 16, long-term hospitals as determined under the Medicare program, children's hospitals whose inpatients are predominantly under 18 years of age, and payments under managed care are excluded from this paragraph.

(b) Effective for admissions occurring during calendar year 2010 and each year after, the commissioner shall calculate a regional readmission rate for admissions to all hospitals occurring within 30 days of a previous discharge using data from the Reducing Avoidable Readmissions Effectively (RARE) campaign. The commissioner may adjust the readmission rate taking into account factors such as the medical relationship, complicating conditions, and sequencing of treatment between the initial admission and subsequent readmissions.

(c) Effective for payments to all hospitals on or after July 1, 2013, through June 30, 2014, the reduction in paragraph (a) is reduced one percentage point for every percentage point reduction in the overall readmissions rate between the two previous calendar years to a maximum of five percent.
(d) The exclusion from the rate reduction in paragraph (a) shall apply to a hospital located in Hennepin County with a licensed capacity of 1,700 beds as of September 1, 2011, for admissions of children under 18 years of age occurring on or after September 1, 2011, through August 31, 2013, but shall not apply to payments for admissions occurring on or after September 1, 2013, through October 31, 2014.

(e) Effective for discharges on or after November 1, 2014, from hospitals paid under subdivision 2b, paragraph (a), clauses (1) and (4), the rate adjustments in this subdivision must be incorporated into the rebased rates established under subdivision 2b, paragraph (c), and must not be applied to each claim.

EFFECTIVE DATE. Paragraph (d) is effective retroactively from September 1, 2011, and applies to admissions on or after that date.

Sec. 14. Minnesota Statutes 2012, section 256.969, is amended by adding a subdivision to read:

Subd. 4b. Medical assistance cost reports for services. (a) A hospital that meets one of the following criteria must annually submit to the commissioner medical assistance cost reports within six months of the end of the hospital's fiscal year:

(1) a hospital designated as a critical access hospital that receives medical assistance payments; or

(2) a Minnesota hospital or out-of-state hospital located within a Minnesota local trade area that receives a disproportionate population adjustment under subdivision 9.

For purposes of this subdivision, local trade area has the meaning given in subdivision 17.

(b) The commissioner shall suspend payments to any hospital that fails to submit a report required under this subdivision. Payments must remain suspended until the report has been filed with and accepted by the commissioner.

Sec. 15. Minnesota Statutes 2012, section 256.969, subdivision 6a, is amended to read:

Subd. 6a. Special considerations. In determining the payment rates, the commissioner shall consider whether the circumstances in subdivisions 7 to 14 exist.

Sec. 16. Minnesota Statutes 2012, section 256.969, subdivision 8, is amended to read:

Subd. 8. Unusual length of stay experience. (a) The commissioner shall establish day outlier thresholds for each diagnostic category established under subdivision 2 at two standard deviations beyond the mean length of stay. Payment for the days beyond the outlier threshold shall be in addition to the operating and property payment rates per
admission established under subdivisions 2, and 2b, and 2e. Payment for outliers shall
be at 70 percent of the allowable operating cost, after adjustment by the case mix index,
hospital cost index, relative values and the disproportionate population adjustment. The
outlier threshold for neonatal and burn diagnostic categories shall be established at one
standard deviation beyond the mean length of stay, and payment shall be at 90 percent
of allowable operating cost calculated in the same manner as other outliers. A hospital
may choose an alternative to the 70 percent outlier payment that is at a minimum of 60
percent and a maximum of 80 percent if the commissioner is notified in writing of the
request by October 1 of the year preceding the rate year. The chosen percentage applies
to all diagnostic categories except burns and neonates. The percentage of allowable cost
that is unrecognized by the outlier payment shall be added back to the base year operating
payment rate per admission.

(b) Effective for transfers occurring on and after November 1, 2014, the commissioner
shall establish payment rates for acute transfers that are based on Medicare methodologies.

Sec. 17. Minnesota Statutes 2012, section 256.969, subdivision 8a, is amended to read:

Subd. 8a. Short length of stay Neonatal admissions. Except as provided in
subdivision 12, for admissions occurring on or after July 1, 1995, payment shall be
determined as follows and shall be included in the base year for rate setting purposes:

(1) for an admission that is categorized to a neonatal diagnostic related group
in which the length of stay is less than 50 percent of the average length of stay for the
category in the base year and the patient at admission is equal to or greater than the age of
one, payments shall be established according to the methods of subdivision 14;

(2) For an admission that is categorized to a diagnostic category that includes
neonatal respiratory distress syndrome, the hospital must have a level II or level III
nursery and the patient must receive treatment in that unit or payment will be made
without regard to the syndrome condition.

EFFECTIVE DATE. This section is effective November 1, 2014.

Sec. 18. Minnesota Statutes 2012, section 256.969, is amended by adding a subdivision
to read:

Subd. 8c. Hospital residents. For discharges occurring on or after November 1,
2014, payments for hospital residents shall be made as follows:

(1) payments for the first 180 days of inpatient care shall be the APR-DRG system
plus any outliers; and
(2) payment for all medically necessary patient care subsequent to the first 180 days
shall be reimbursed at a rate computed by multiplying the statewide average cost-to-charge
ratio by the usual and customary charges.

Sec. 19. Minnesota Statutes 2012, section 256.969, subdivision 9, is amended to read:

Subd. 9. **Disproportionate numbers of low-income patients served.** (a) For
admissions occurring on or after October 1, 1992, through December 31, 1992, the
medical assistance disproportionate population adjustment shall comply with federal law
and shall be paid to a hospital, excluding regional treatment centers and facilities of the
federal Indian Health Service, with a medical assistance inpatient utilization rate in excess
of the arithmetic mean. The adjustment must be determined as follows:

(1) for a hospital with a medical assistance inpatient utilization rate above the
arithmetic mean for all hospitals excluding regional treatment centers and facilities of the
federal Indian Health Service but less than or equal to one standard deviation above the
mean, the adjustment must be determined by multiplying the total of the operating and
property payment rates by the difference between the hospital's actual medical assistance
inpatient utilization rate and the arithmetic mean for all hospitals excluding regional
treatment centers and facilities of the federal Indian Health Service; and

(2) for a hospital with a medical assistance inpatient utilization rate above one
standard deviation above the mean, the adjustment must be determined by multiplying
the adjustment that would be determined under clause (1) for that hospital by 1.1. If
federal matching funds are not available for all adjustments under this subdivision, the
commissioner shall reduce payments on a pro rata basis so that all adjustments qualify for
federal match. The commissioner may establish a separate disproportionate population
operating payment rate adjustment under the general assistance medical care program.
For purposes of this subdivision medical assistance does not include general assistance
medical care. The commissioner shall report annually on the number of hospitals likely to
receive the adjustment authorized by this paragraph. The commissioner shall specifically
report on the adjustments received by public hospitals and public hospital corporations
located in cities of the first class.

(b) For admissions occurring on or after July 1, 1993, the medical assistance
disproportionate population adjustment shall comply with federal law and shall be paid to
a hospital, excluding regional treatment centers and facilities of the federal Indian Health
Service, with a medical assistance inpatient utilization rate in excess of the arithmetic
mean. The adjustment must be determined as follows:
(1) for a hospital with a medical assistance inpatient utilization rate above the arithmetic mean for all hospitals excluding regional treatment centers and facilities of the federal Indian Health Service but less than or equal to one standard deviation above the mean, the adjustment must be determined by multiplying the total of the operating and property payment rates by the difference between the hospital's actual medical assistance inpatient utilization rate and the arithmetic mean for all hospitals excluding regional treatment centers and facilities of the federal Indian Health Service; and

(2) for a hospital with a medical assistance inpatient utilization rate above one standard deviation above the mean, the adjustment must be determined by multiplying the adjustment that would be determined under clause (1) for that hospital by 1.1. The commissioner may establish a separate disproportionate population operating payment rate adjustment under the general assistance medical care program. For purposes of this subdivision, medical assistance does not include general assistance medical care for critical access hospitals. The commissioner shall report annually on the number of hospitals likely to receive the adjustment authorized by this paragraph. The commissioner shall specifically report on the adjustments received by public hospitals and public hospital corporations located in cities of the first class.

(3) for a hospital that had medical assistance fee-for-service payment volume during calendar year 1991 in excess of 13 percent of total medical assistance fee-for-service payment volume, a medical assistance disproportionate population adjustment shall be paid in addition to any other disproportionate payment due under this subdivision as follows: $1,515,000 due on the 15th of each month after noon, beginning July 15, 1995. For a hospital that had medical assistance fee-for-service payment volume during calendar year 1991 in excess of eight percent of total medical assistance fee-for-service payment volume and was the primary hospital affiliated with the University of Minnesota, a medical assistance disproportionate population adjustment shall be paid in addition to any other disproportionate payment due under this subdivision as follows: $505,000 due on the 15th of each month after noon, beginning July 15, 1995; and

(4) effective August 1, 2005, the payments in paragraph (b), clause (3), shall be reduced to zero.

(e) The commissioner shall adjust rates paid to a health maintenance organization under contract with the commissioner to reflect rate increases provided in paragraph (b), clauses (1) and (2), on a nondiscounted hospital-specific basis but shall not adjust those rates to reflect payments provided in clause (3).
(d) If federal matching funds are not available for all adjustments under paragraph
(b), the commissioner shall reduce payments under paragraph (b), clauses (1) and (2), on a
pro rata basis so that all adjustments under paragraph (b) qualify for federal match.

(e) For purposes of this subdivision, medical assistance does not include general
assistance medical care.

(f) For hospital services occurring on or after July 1, 2005, to June 30, 2007;

(1) general assistance medical care expenditures for fee-for-service inpatient and
outpatient hospital payments made by the department shall be considered Medicaid
disproportionate share hospital payments, except as limited below:

(i) only the portion of Minnesota’s disproportionate share hospital allotment under
section 1923(f) of the Social Security Act that is not spent on the disproportionate
population adjustments in paragraph (b), clauses (1) and (2), may be used for general
assistance medical care expenditures;

(ii) only those general assistance medical care expenditures made to hospitals that
qualify for disproportionate share payments under section 1923 of the Social Security Act
and the Medicaid state plan may be considered disproportionate share hospital payments;

(iii) only those general assistance medical care expenditures made to an individual
hospital that would not cause the hospital to exceed its individual hospital limits under
section 1923 of the Social Security Act may be considered; and

(iv) general assistance medical care expenditures may be considered only to the
extent of Minnesota’s aggregate allotment under section 1923 of the Social Security Act.

All hospitals and prepaid health plans participating in general assistance medical care
must provide any necessary expenditure, cost, and revenue information required by the
commissioner as necessary for purposes of obtaining federal Medicaid matching funds for
general assistance medical care expenditures; and

(2) (c) Certified public expenditures made by Hennepin County Medical Center shall
be considered Medicaid disproportionate share hospital payments. Hennepin County
and Hennepin County Medical Center shall report by June 15, 2007, on payments made
beginning July 1, 2005, or another date specified by the commissioner, that may qualify
for reimbursement under federal law. Based on these reports, the commissioner shall
apply for federal matching funds.

(d) Upon federal approval of the related state plan amendment, paragraph (f) (c)
is effective retroactively from July 1, 2005, or the earliest effective date approved by the
Centers for Medicare and Medicaid Services.

Sec. 20. Minnesota Statutes 2012, section 256.969, subdivision 10, is amended to read:
Subd. 10. Separate billing by certified registered nurse anesthetists. Hospitals must exclude certified registered nurse anesthetist costs from the operating payment rate as allowed by section 256B.0625, subdivision 11. To be eligible, a hospital must notify the commissioner in writing by October 1 of even-numbered years to exclude certified registered nurse anesthetist costs. The hospital must agree that all hospital claims for the cost and charges of certified registered nurse anesthetist services will not be included as part of the rates for inpatient services provided during the rate year. In this case, the operating payment rate shall be adjusted to exclude the cost of certified registered nurse anesthetist services.

For admissions occurring on or after July 1, 1991, and until the expiration date of section 256.9695, subdivision 3, services of certified registered nurse anesthetists provided on an inpatient basis may be paid as allowed by section 256B.0625, subdivision 11, when the hospital's base year did not include the cost of these services. To be eligible, a hospital must notify the commissioner in writing by July 1, 1991, of the request and must comply with all other requirements of this subdivision.

Sec. 21. Minnesota Statutes 2012, section 256.969, subdivision 12, is amended to read:

Subd. 12. Rehabilitation hospitals and distinct parts. (a) Units of hospitals that are recognized as rehabilitation distinct parts by the Medicare program shall have separate provider numbers under the medical assistance program for rate establishment and billing purposes only. These units shall also have operating and property payment rates and the disproportionate population adjustment, if allowed by federal law, established separately from other inpatient hospital services.

(b) The commissioner may establish separate relative values under subdivision 2 for rehabilitation hospitals and distinct parts as defined by the Medicare program. Effective for discharges occurring on and after November 1, 2014, the commissioner, to the extent possible, shall replicate the existing payment rate methodology under the new diagnostic classification system. The result must be budget neutral, ensuring that the total aggregate payments under the new system are equal to the total aggregate payments made for the same number and types of services in the base year, calendar year 2012.

(c) For individual hospitals that did not have separate medical assistance rehabilitation provider numbers or rehabilitation distinct parts in the base year, hospitals shall provide the information needed to separate rehabilitation distinct part cost and claims data from other inpatient service data.

Sec. 22. Minnesota Statutes 2012, section 256.969, subdivision 14, is amended to read:
Subd. 14. Transfers. Except as provided in subdivisions 11 and 12, (a) Operating and property payment rates for admissions that result in transfers and transfers shall be established on a per day payment system. The per day payment rate shall be the sum of the adjusted operating and property payment rates determined under this subdivision and subdivisions 2, 2b, 2e, 3a, 4a, 5a, and 7 8 to 12, divided by the arithmetic mean length of stay for the diagnostic category. Each admission that results in a transfer and each transfer is considered a separate admission to each hospital, and the total of the admission and transfer payments to each hospital must not exceed the total per admission payment that would otherwise be made to each hospital under this subdivision and subdivisions 2, 2b, 2e, 3a, 4a, 5a, and 7 8 to 12.

(b) Effective for transfers occurring on and after November 1, 2014, the commissioner shall establish payment rates for acute transfers that are based on Medicare methodologies.

Sec. 23. Minnesota Statutes 2012, section 256.969, subdivision 17, is amended to read:

Subd. 17. Out-of-state hospitals in local trade areas. Out-of-state hospitals that are located within a Minnesota local trade area and that have more than 20 admissions in the base year or years shall have rates established using the same procedures and methods that apply to Minnesota hospitals. For this subdivision and subdivision 18, local trade area means a county contiguous to Minnesota and located in a metropolitan statistical area as determined by Medicare for October 1 prior to the most current rebased rate year. Hospitals that are not required by law to file information in a format necessary to establish rates shall have rates established based on the commissioner's estimates of the information. Relative values of the diagnostic categories shall not be redetermined under this subdivision until required by rule statute. Hospitals affected by this subdivision shall then be included in determining relative values. However, hospitals that have rates established based upon the commissioner's estimates of information shall not be included in determining relative values. This subdivision is effective for hospital fiscal years beginning on or after July 1, 1988. A hospital shall provide the information necessary to establish rates under this subdivision at least 90 days before the start of the hospital's fiscal year.

Sec. 24. Minnesota Statutes 2012, section 256.969, subdivision 18, is amended to read:

Subd. 18. Out-of-state hospitals outside local trade areas. Hospitals that are not located within Minnesota or a Minnesota local trade area shall have operating and property inpatient hospital rates established at the average of statewide and local trade area rates or, at the commissioner's discretion, at an amount negotiated by the commissioner. Relative values shall not include data from hospitals that have rates established under this
subdivision. Payments, including third-party and recipient liability, established under this subdivision may not exceed the charges on a claim specific basis for inpatient services that are covered by medical assistance.

Sec. 25. Minnesota Statutes 2012, section 256.969, subdivision 25, is amended to read:

Subd. 25. Long-term hospital rates. (a) Long-term hospitals shall be paid on a per diem basis.

(b) For admissions occurring on or after April 1, 1995, a long-term hospital as designated by Medicare that does not have admissions in the base year shall have inpatient rates established at the average of other hospitals with the same designation. For subsequent rate-setting periods in which base years are updated, the hospital's base year shall be the first Medicare cost report filed with the long-term hospital designation and shall remain in effect until it falls within the same period as other hospitals.

Sec. 26. Minnesota Statutes 2012, section 256.969, subdivision 30, is amended to read:

Subd. 30. Payment rates for births. (a) For admissions occurring on or after October 1, 2009 November 1, 2014, the total operating and property payment rate, excluding disproportionate population adjustment, for the following diagnosis-related groups, as they fall within the diagnostic APR-DRG categories: (1) 371 cesarean section without complicating diagnosis 5601, 5602, 5603, 5604 vaginal delivery; and (2) 372 vaginal delivery with complicating diagnosis; and (3) 373 vaginal delivery without complicating diagnosis 5401, 5402, 5403, 5404 cesarean section, shall be no greater than $3,528.

(b) The rates described in this subdivision do not include newborn care.

(c) Payments to managed care and county-based purchasing plans under section 256B.69, 256B.692, or 256L.12 shall be reduced for services provided on or after October 1, 2009, to reflect the adjustments in paragraph (a).

(d) Prior authorization shall not be required before reimbursement is paid for a cesarean section delivery.

Sec. 27. Minnesota Statutes 2012, section 256B.04, is amended by adding a subdivision to read:

Subd. 24. Medicaid waiver requests and state plan amendments. Prior to submitting any Medicaid waiver request or Medicaid state plan amendment to the federal government for approval, the commissioner shall publish the text of the waiver request or state plan amendment, and a summary of and explanation of the need for the request, on
the agency's Web site and provide a 30-day public comment period. The commissioner
shall notify the public of the availability of this information through the agency's electronic
subscription service. The commissioner shall consider public comments when preparing
the final waiver request or state plan amendment that is to be submitted to the federal
government for approval. The commissioner shall also publish on the agency's Web site
notice of any federal decision related to the state request for approval, within 30 days of
the decision. This notice must describe any modifications to the state request that have
been agreed to by the commissioner as a condition of receiving federal approval.

Sec. 28. Minnesota Statutes 2013 Supplement, section 256B.0625, subdivision 17,
is amended to read:

Subd. 17. Transportation costs. (a) "Nonemergency medical transportation
service" means motor vehicle transportation provided by a public or private person
that serves Minnesota health care program beneficiaries who do not require emergency
ambulance service, as defined in section 144E.001, subdivision 3, to obtain covered
medical services. Nonemergency medical transportation service includes, but is not
limited to, special transportation service, defined in section 174.29, subdivision 1.

(b) Medical assistance covers medical transportation costs incurred solely for
obtaining emergency medical care or transportation costs incurred by eligible persons in
obtaining emergency or nonemergency medical care when paid directly to an ambulance
company, common carrier, or other recognized providers of transportation services.

Medical transportation must be provided by:

1. nonemergency medical transportation providers who meet the
requirements of this subdivision;

2. as defined in section 144E.001, subdivision 2;

3. special transportation; or

4. common carrier including, but not limited to, bus, taxicab, other commercial
carrier, or private automobile, taxicabs and public transit, as defined in section 174.22;

5. subdivision 7; or

6. not-for-hire vehicles, including volunteer drivers.

(b) (c) Medical assistance covers special transportation, as defined in Minnesota
Rules, part 9505.0315, subpart 1, item F, if the recipient has a physical or mental
impairment that would prohibit the recipient from safely accessing and using a bus,
taxi, other commercial transportation, or private automobile, nonemergency medical
transportation provided by nonemergency medical transportation providers enrolled in
the Minnesota health care programs. All nonemergency medical transportation providers
must comply with the operating standards for special transportation service as defined in
sections 174.29 to 174.30 and Minnesota Rules, chapter 8840, and in consultation with
the Minnesota Department of Transportation. All nonemergency medical transportation
providers shall bill for nonemergency medical transportation services in accordance with
Minnesota health care programs criteria. Publicly operated transit systems, volunteers,
and not-for-hire vehicles are exempt from the requirements outlined in this paragraph.
(d) The administrative agency of nonemergency medical transportation must:
(1) adhere to the policies defined by the commissioner in consultation with the
Nonemergency Medical Transportation Advisory Committee;
(2) pay nonemergency medical transportation providers for services provided to
Minnesota health care programs beneficiaries to obtain covered medical services;
(3) provide data monthly to the commissioner on appeals, complaints, no-shows,
canceled trips, and number of trips by mode; and
(4) by July 1, 2016, in accordance with subdivision 18e, utilize a Web-based single
administrative structure assessment tool that meets the technical requirements established
by the commissioner, reconciles trip information with claims being submitted by
providers, and ensures prompt payment for nonemergency medical transportation services.
(e) Until the commissioner implements the single administrative structure and
delivery system under subdivision 18e, clients shall obtain their level-of-service certificate
from the commissioner or an entity approved by the commissioner that does not dispatch
rides for clients using modes under paragraph (h), clauses (4), (5), (6), and (7).
(f) The commissioner may use an order by the recipient's attending physician
or a medical or mental health professional to certify that the recipient requires
special transportation services nonemergency medical transportation services. Special
Nonemergency medical transportation providers shall perform driver-assisted services for
eligible individuals, when appropriate. Driver-assisted service includes passenger pickup
at and return to the individual's residence or place of business, assistance with admittance
of the individual to the medical facility, and assistance in passenger securement or in
securing of wheelchairs or stretchers in the vehicle. Special Nonemergency medical
transportation providers must obtain written documentation from the health care service
provider who is serving the recipient being transported, identifying the time that the
recipient arrived. Special have trip logs, which include pickup and drop-off times, signed
by the medical provider or client attesting mileage traveled to obtain covered medical
services, whichever is deemed most appropriate. Nonemergency medical transportation
providers may not bill for separate base rates for the continuation of a trip beyond the
original destination. Special Nonemergency medical transportation providers must take
recipients clients to the health care provider, using the most direct route, and must not exceed 30 miles for a trip to a primary care provider or 60 miles for a trip to a specialty care provider, unless the recipient client receives authorization from the local agency. The minimum medical assistance reimbursement rates for special transportation services are:

(1)(i) $17 for the base rate and $1.35 per mile for special transportation services to eligible persons who need a wheelchair-accessible van;

(ii) $11.50 for the base rate and $1.30 per mile for special transportation services to eligible persons who do not need a wheelchair-accessible van; and

(iii) $60 for the base rate and $2.40 per mile, and an attendant rate of $9 per trip, for special transportation services to eligible persons who need a stretcher-accessible vehicle; and

(2) clients requesting client mileage reimbursement must sign the trip log attesting mileage traveled to obtain covered medical services.

(g) The covered modes of nonemergency medical transportation include transportation provided directly by clients or family members of clients with their own transportation, volunteers using their own vehicles, taxicabs, and public transit, or provided to a client who needs a stretcher-accessible vehicle, a lift/ramp equipped vehicle, or a vehicle that is not stretcher-accessible or lift/ramp equipped designed to transport ten or fewer persons. Upon implementation of a new rate structure, a new covered mode of nonemergency medical transportation shall include transportation provided to a client who needs a protected vehicle that is not an ambulance or police car and has safety locks, a video recorder, and a transparent thermoplastic partition between the passenger and the vehicle driver.

(h) The administrative agency shall use the level of service process established by the commissioner in consultation with the Nonemergency Medical Transportation Advisory Committee to determine the client's most appropriate mode of transportation. If public transit or a certified transportation provider is not available to provide the appropriate service mode for the client, the client may receive a onetime service upgrade. The new modes of transportation, which may not be implemented without a new rate structure, are:

(1) client reimbursement, which includes client mileage reimbursement provided to clients who have their own transportation or family who provides transportation to the client;

(2) volunteer transport, which includes transportation by volunteers using their own vehicle;

(3) unassisted transport, which includes transportation provided to a client by a taxicab or public transit. If a taxicab or publicly operated transit system is not available,
the client can receive transportation from another nonemergency medical transportation provider;

(4) assisted transport, which includes transport provided to clients who require assistance by a nonemergency medical transportation provider;

(5) lift-equipped/ramp transport, which includes transport provided to a client who is dependent on a device and requires a nonemergency medical transportation provider with a vehicle containing a lift or ramp;

(6) protected transport, which includes transport to a client who has received a prescreening that has deemed other forms of transportation inappropriate and who requires a provider certified as a protected transport provider; and

(7) stretcher transport, which includes transport for a client in a prone or supine position and requires a nonemergency medical transportation provider with a vehicle that can transport a client in a prone or supine position.

(i) In accordance with subdivision 18e, by July 1, 2016, the local agency shall be the single administrative agency and shall administer and reimburse for modes defined in paragraph (h) according to a new rate structure, once this is adopted.

(j) The commissioner shall:

(1) in consultation with the Nonemergency Medical Transportation Advisory Committee, verify that the mode and use of nonemergency medical transportation is appropriate;

(2) verify that the client is going to an approved medical appointment; and

(3) investigate all complaints and appeals.

(k) The administrative agency shall pay for the services provided in this subdivision and seek reimbursement from the commissioner, if appropriate. As vendors of medical care, local agencies are subject to the provisions in section 256B.041, the sanctions and monetary recovery actions in section 256B.064, and Minnesota Rules parts 9505.2160 to 9505.2245.

(l) The base rates for special transportation services in areas defined under RUCA to be super rural shall be equal to the reimbursement rate established in paragraph (f), clause (1), plus 11.3 percent, and

(2) for special transportation services in areas defined under RUCA to be rural or super rural areas:

(i) for a trip equal to 17 miles or less, mileage reimbursement shall be equal to 125 percent of the respective mileage rate in paragraph (f), clause (1); and

(ii) for a trip between 18 and 50 miles, mileage reimbursement shall be equal to 112.5 percent of the respective mileage rate in paragraph (f), clause (1).
For purposes of reimbursement rates for special transportation services under paragraph (b), the zip code of the recipient's place of residence shall determine whether the urban, rural, or super rural reimbursement rate applies.

(OD) (n) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means a census-tract based classification system under which a geographical area is determined to be urban, rural, or super rural.

(od) (o) Effective for services provided on or after September 1, 2011, nonemergency transportation rates, including special transportation, taxi, and other commercial carriers, are reduced 4.5 percent. Payments made to managed care plans and county-based purchasing plans must be reduced for services provided on or after January 1, 2012, to reflect this reduction.

Sec. 29. Minnesota Statutes 2012, section 256B.0625, subdivision 18b, is amended to read:

Subd. 18b. Broker dispatching prohibition. Except for establishing level of service process, the commissioner shall not use a broker or coordinator for any purpose related to nonemergency medical transportation services under subdivision 18.

Sec. 30. Minnesota Statutes 2012, section 256B.0625, subdivision 18c, is amended to read:

Subd. 18c. Nonemergency Medical Transportation Advisory Committee.

(a) The Nonemergency Medical Transportation Advisory Committee shall advise the commissioner on the administration of nonemergency medical transportation covered under medical assistance. The advisory committee shall meet at least quarterly the first year following January 1, 2015, and at least biannually thereafter and may meet more frequently as required by the commissioner. The advisory committee shall annually elect a chair from among its members, who shall work with the commissioner or the commissioner's designee to establish the agenda for each meeting. The commissioner, or the commissioner's designee, shall attend all advisory committee meetings.

(b) The Nonemergency Medical Transportation Advisory Committee shall advise and make recommendations to the commissioner on:

1. the development of, and periodic updates to, a nonemergency medical transportation policy manual for nonemergency medical transportation services;
2. policies and a funding source for reimbursing no-load miles;
3. policies to prevent waste, fraud, and abuse, and to improve the efficiency of the nonemergency medical transportation system;
(4) other issues identified in the 2011 evaluation report by the Office of the Legislative Auditor on medical nonemergency transportation; and

(5) (2) other aspects of the nonemergency medical transportation system, as requested by the commissioner; and

(3) other aspects of the nonemergency medical transportation system, as requested by:

(i) a committee member, who may request an item to be placed on the agenda for a future meeting. The request may be considered by the committee and voted upon. If the motion carries, the meeting agenda item may be developed for presentation to the committee; and

(ii) a member of the public, who may approach the committee by letter or e-mail requesting that an item be placed on a future meeting agenda. The request may be considered by the committee and voted upon. If the motion carries, the agenda item may be developed for presentation to the committee.

(c) The Nonemergency Medical Transportation Advisory Committee shall coordinate its activities with the Minnesota Council on Transportation Access established under section 174.285. The chair of the advisory committee, or the chair's designee, shall attend all meetings of the Minnesota Council on Transportation Access.

(d) The Nonemergency Medical Transportation Advisory Committee shall expire December 1, 2014.

Sec. 31. Minnesota Statutes 2012, section 256B.0625, subdivision 18d, is amended to read:

Subd. 18d. Advisory committee members. (a) The Nonemergency Medical Transportation Advisory Committee consists of:

(1) two voting members who represent counties, at least one of whom must represent a county or counties other than Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright four voting members who represent counties, utilizing the rural urban commuting area classification system. As defined in subdivision 17, these members shall be designated as follows:

(i) two counties within the 11-county metropolitan area;

(ii) one county representing the rural area of the state; and

(iii) one county representing the super rural area of the state.

The Association of Minnesota Counties shall appoint one county within the 11-county metropolitan area and one county representing the super rural area of the state. The Minnesota Inter-County Association shall appoint one county within the 11-county metropolitan area and one county representing the rural area of the state;
(2) four voting members who represent medical assistance recipients, including persons with physical and developmental disabilities, persons with mental illness, seniors, children, and low-income individuals;

(3) four voting members who represent providers that deliver nonemergency medical transportation services to medical assistance enrollees;

(4) two voting members of the house of representatives, one from the majority party and one from the minority party, appointed by the speaker of the house, and two voting members from the senate, one from the majority party and one from the minority party, appointed by the Subcommittee on Committees of the Committee on Rules and Administration;

(5) one voting member who represents demonstration providers as defined in section 256B.69, subdivision 2;

(6) one voting member who represents an organization that contracts with state or local governments to coordinate transportation services for medical assistance enrollees; and

(7) one voting member who represents the Minnesota State Council on Disability;

(8) the commissioner of transportation or the commissioner's designee, who shall serve as a voting member;

(9) one voting member appointed by the Minnesota Ambulance Association; and

(10) one voting member appointed by the Minnesota Hospital Association.

(b) Members of the advisory committee shall not be employed by the Department of Human Services. Members of the advisory committee shall receive no compensation.

Sec. 32. Minnesota Statutes 2013 Supplement, section 256B.0625, subdivision 18e, is amended to read:

Subd. 18e. Single administrative structure and delivery system. (a) The commissioner shall implement a single administrative structure and delivery system for nonemergency medical transportation, beginning the latter of the date the single administrative assessment tool required in this paragraph is available for use, as determined by the commissioner or by July 1, 2014 2016. The single administrative structure and delivery system must:

(1) eliminate the distinction between access transportation services and special transportation services;

(2) enable all medical assistance recipients to follow the same process to obtain nonemergency medical transportation, regardless of their level of need;
(3) provide a single oversight framework for all providers of nonemergency medical transportation; and

(4) provide flexibility in service delivery, recognizing that clients fall along a continuum of needs and resources.

(b) The commissioner shall present to the legislature, by January 15, 2014, legislation necessary to implement the single administrative structure and delivery system for nonemergency medical transportation.

(c) In developing the single administrative structure and delivery system and the draft legislation, the commissioner shall consult with the Nonemergency Medical Transportation Advisory Committee. In coordination with the Department of Transportation, the commissioner shall develop and authorize a Web-based single administrative structure and assessment tool, which must operate 24 hours a day, seven days a week, to facilitate the enrollee assessment process for nonemergency medical transportation services.

The Web-based tool shall facilitate the transportation eligibility determination process initiated by clients and client advocates; shall include an accessible automated intake and assessment process and real-time identification of level of service eligibility; and shall authorize an appropriate and auditable mode of transportation authorization. The tool shall provide a single framework for reconciling trip information with claiming and collecting complaints regarding inappropriate level of need determinations, inappropriate transportation modes utilized, and interference with accessing nonemergency medical transportation. The Web-based single administrative structure shall operate on a trial basis for one year from implementation and, if approved by the commissioner, shall be permanent thereafter. The commissioner shall seek input from the Nonemergency Medical Transportation Advisory Committee to ensure the software is effective and user-friendly and make recommendations regarding funding of the single administrative system.

Sec. 33. Minnesota Statutes 2012, section 256B.0625, subdivision 18g, is amended to read:

Subd. 18g. Use of standardized measures. The commissioner, in consultation with the Nonemergency Medical Transportation Advisory Committee, shall establish performance measures to assess the cost-effectiveness and quality of nonemergency medical transportation. At a minimum, performance measures should include the number of unique participants served by type of transportation provider, number of trips provided by type of transportation provider, and cost per trip by type of transportation provider. The commissioner must also consider the measures identified in the January 2012 Department of Human Services report to the legislature on nonemergency medical transportation.
Beginning in calendar year 2015, the commissioner shall collect, audit, and analyze performance data on nonemergency medical transportation annually and report this information on the agency's Web site. The commissioner shall periodically supplement this information with the results of consumer surveys of the quality of services, and shall make these survey findings available to the public on the agency Web site.

Sec. 34. Minnesota Statutes 2012, section 256B.0625, is amended by adding a subdivision to read:

Subd. 18h. Managed care. The following subdivisions do not apply to managed care plans and county-based purchasing plans:

(1) subdivision 17, paragraphs (d) to (k);
(2) subdivision 18e; and
(3) subdivision 18g.

Sec. 35. Minnesota Statutes 2012, section 256B.0625, subdivision 30, is amended to read:

Subd. 30. Other clinic services. (a) Medical assistance covers rural health clinic services, federally qualified health center services, nonprofit community health clinic services, and public health clinic services. Rural health clinic services and federally qualified health center services mean services defined in United States Code, title 42, section 1396d(a)(2)(B) and (C). Payment for rural health clinic and federally qualified health center services shall be made according to applicable federal law and regulation.

(b) A federally qualified health center that is beginning initial operation shall submit an estimate of budgeted costs and visits for the initial reporting period in the form and detail required by the commissioner. A federally qualified health center that is already in operation shall submit an initial report using actual costs and visits for the initial reporting period. Within 90 days of the end of its reporting period, a federally qualified health center shall submit, in the form and detail required by the commissioner, a report of its operations, including allowable costs actually incurred for the period and the actual number of visits for services furnished during the period, and other information required by the commissioner. Federally qualified health centers that file Medicare cost reports shall provide the commissioner with a copy of the most recent Medicare cost report filed with the Medicare program intermediary for the reporting year which support the costs claimed on their cost report to the state.

(c) In order to continue cost-based payment under the medical assistance program according to paragraphs (a) and (b), a federally qualified health center or rural health clinic
must apply for designation as an essential community provider within six months of final adoption of rules by the Department of Health according to section 62Q.19, subdivision 7. For those federally qualified health centers and rural health clinics that have applied for essential community provider status within the six-month time prescribed, medical assistance payments will continue to be made according to paragraphs (a) and (b) for the first three years after application. For federally qualified health centers and rural health clinics that either do not apply within the time specified above or who have had essential community provider status for three years, medical assistance payments for health services provided by these entities shall be according to the same rates and conditions applicable to the same service provided by health care providers that are not federally qualified health centers or rural health clinics.

(d) Effective July 1, 1999, the provisions of paragraph (c) requiring a federally qualified health center or a rural health clinic to make application for an essential community provider designation in order to have cost-based payments made according to paragraphs (a) and (b) no longer apply.

(e) Effective January 1, 2000, payments made according to paragraphs (a) and (b) shall be limited to the cost phase-out schedule of the Balanced Budget Act of 1997.

(f) Effective January 1, 2001, each federally qualified health center and rural health clinic may elect to be paid either under the prospective payment system established in United States Code, title 42, section 1396a(aa), or under an alternative payment methodology consistent with the requirements of United States Code, title 42, section 1396a(aa), and approved by the Centers for Medicare and Medicaid Services. The alternative payment methodology shall be 100 percent of cost as determined according to Medicare cost principles.

(g) For purposes of this section, "nonprofit community clinic" is a clinic that:

(1) has nonprofit status as specified in chapter 317A;

(2) has tax exempt status as provided in Internal Revenue Code, section 501(c)(3);

(3) is established to provide health services to low-income population groups, uninsured, high-risk and special needs populations, underserved and other special needs populations;

(4) employs professional staff at least one-half of which are familiar with the cultural background of their clients;

(5) charges for services on a sliding fee scale designed to provide assistance to low-income clients based on current poverty income guidelines and family size; and

(6) does not restrict access or services because of a client's financial limitations or public assistance status and provides no-cost care as needed.
(h) Effective for services provided on or after January 1, 2015, all claims for payment of clinic services provided by federally qualified health centers and rural health clinics shall be paid by the commissioner. The commissioner shall determine the most feasible method for paying claims from the following options:

1. federally qualified health centers and rural health clinics submit claims directly to the commissioner for payment, and the commissioner provides claims information for recipients enrolled in a managed care or county-based purchasing plan to the plan, on a regular basis; or

2. federally qualified health centers and rural health clinics submit claims for recipients enrolled in a managed care or county-based purchasing plan to the plan, and those claims are submitted by the plan to the commissioner for payment to the clinic.

(i) For clinic services provided prior to January 1, 2015, the commissioner shall calculate and pay monthly the proposed managed care supplemental payments to clinics, and clinics shall conduct a timely review of the payment calculation data in order to finalize all supplemental payments in accordance with federal law. Any issues arising from a clinic's review must be reported to the commissioner by January 1, 2017. Upon final agreement between the commissioner and a clinic on issues identified under this subdivision, and in accordance with United States Code, title 42, section 1396a(bb), no supplemental payments for managed care plan or county-based purchasing plan claims for services provided prior to January 1, 2015, shall be made after June 30, 2017. If the commissioner and clinics are unable to resolve issues under this subdivision, the parties shall submit the dispute to the arbitration process under section 14.57.

Sec. 36. Minnesota Statutes 2012, section 256B.0751, is amended by adding a subdivision to read:

Subd. 10. **Health care homes advisory committee.** (a) The commissioners of health and human services shall establish a health care homes advisory committee to advise the commissioners on the ongoing statewide implementation of the health care homes program authorized in this section.

(b) The commissioners shall establish an advisory committee that includes representatives of the health care professions such as primary care providers; mental health providers; nursing and care coordinators; certified health care home clinics with statewide representation; health plan companies; state agencies; employers; academic researchers; consumers; and organizations that work to improve health care quality in Minnesota. At least 25 percent of the committee members must be consumers or patients.
in health care homes. The commissioners, in making appointments to the committee, shall
ensure geographic representation of all regions of the state.
(c) The advisory committee shall advise the commissioners on ongoing
implementation of the health care homes program, including, but not limited to, the
following activities:
(1) implementation of certified health care homes across the state on performance
management and implementation of benchmarking;
(2) implementation of modifications to the health care homes program based on
results of the legislatively mandated health care home evaluation;
(3) statewide solutions for engagement of employers and commercial payers;
(4) potential modifications of the health care home rules or statutes;
(5) consumer engagement, including patient and family-centered care, patient
activation in health care, and shared decision making;
(6) oversight for health care home subject matter task forces or workgroups; and
(7) other related issues as requested by the commissioners.
(d) The advisory committee shall have the ability to establish subcommittees on
specific topics. The advisory committee is governed by section 15.059. Notwithstanding
section 15.059, the advisory committee does not expire.

Sec. 37. Minnesota Statutes 2012, section 256B.199, is amended to read:

256B.199 PAYMENTS REPORTED BY GOVERNMENTAL ENTITIES.
(a) Effective July 1, 2007, the commissioner shall apply for federal matching
funds for the expenditures in paragraphs (b) and (c). Effective September 1, 2011, the
commissioner shall apply for matching funds for expenditures in paragraph (c).
(b) The commissioner shall apply for federal matching funds for certified public
expenditures as follows:
(1) Hennepin County, Hennepin County Medical Center, Ramsey County, and
Regions Hospital, the University of Minnesota, and Fairview University Medical Center
shall report quarterly to the commissioner beginning June 1, 2007, payments made during
the second previous quarter that may qualify for reimbursement under federal law;
(2) based on these reports, the commissioner shall apply for federal matching
funds. These funds are appropriated to the commissioner for the payments under section
256.969, subdivision 27; and
(3) by May 1 of each year, beginning May 1, 2007, the commissioner shall inform
the nonstate entities listed in paragraph (a) of the amount of federal disproportionate share
hospital payment money expected to be available in the current federal fiscal year.
(e) The commissioner shall apply for federal matching funds for general assistance medical care expenditures as follows:

1. For hospital services occurring on or after July 1, 2007, general assistance medical care expenditures for fee-for-service inpatient and outpatient hospital payments made by the department shall be used to apply for federal matching funds, except as limited below:
2. Only those general assistance medical care expenditures made to an individual hospital that would not cause the hospital to exceed its individual hospital limits under section 1923 of the Social Security Act may be considered; and
3. General assistance medical care expenditures may be considered only to the extent of Minnesota's aggregate allotment under section 1923 of the Social Security Act; and
4. All hospitals must provide any necessary expenditure, cost, and revenue information required by the commissioner as necessary for purposes of obtaining federal Medicaid matching funds for general assistance medical care expenditures.

(d) For the period from April 1, 2009, to September 30, 2010, the commissioner shall apply for additional federal matching funds available as disproportionate share hospital payments under the American Recovery and Reinvestment Act of 2009. These funds shall be made available as the state share of payments under section 256.969, subdivision 28. The entities required to report certified public expenditures under paragraph (b), clause (1), shall report additional certified public expenditures as necessary under this paragraph.

(e) For services provided on or after September 1, 2011, the commissioner shall apply for additional federal matching funds available as disproportionate share hospital payments under the MinnesotaCare program according to the requirements and conditions of paragraph (e). A hospital may elect on an annual basis to not be a disproportionate share hospital for purposes of this paragraph, if the hospital does not qualify for a payment under section 256.969, subdivision 9, paragraph (b).

Sec. 38. Minnesota Statutes 2012, section 256B.35, subdivision 1, is amended to read:

Subdivision 1. Personal needs allowance. (a) Notwithstanding any law to the contrary, welfare allowances for clothing and personal needs for individuals receiving medical assistance while residing in any skilled nursing home, intermediate care facility, or medical institution including recipients of Supplemental Security Income, in this state shall not be less than $45 per month from all sources. When benefit amounts for Social Security or Supplemental Security Income recipients are increased pursuant to United States Code, title 42, sections 415(i) and 1382f, the commissioner shall, effective in the month in which the increase takes effect, increase by the same percentage to the nearest
whole dollar the clothing and personal needs allowance for individuals receiving medical
assistance while residing in any skilled nursing home, medical institution, or intermediate
care facility. The commissioner shall provide timely notice to local agencies, providers,
and recipients of increases under this provision.

(b) The personal needs allowance may be paid as part of the Minnesota supplemental
aid program, and payments to recipients of Minnesota supplemental aid may be made once
each three months covering liabilities that accrued during the preceding three months.

c) The personal needs allowance shall be increased to include income garnished
for child support under a court order, up to a maximum of $250 per month but only to
the extent that the amount garnished is not deducted as a monthly allowance for children
under section 256B.0575, paragraph (a), clause (5).

(d) Solely for the purpose of section 256B.0575, subdivision 1, paragraph (a), clause
(1), the personal needs allowance shall be increased to include income garnished for
spousal maintenance under a judgment and decree for dissolution of marriage, and any
administrative fees garnished for collection efforts.

Sec. 39. Minnesota Statutes 2013 Supplement, section 256B.69, subdivision 34,
is amended to read:

Subd. 34. Supplemental recovery program. The commissioner shall conduct a
supplemental recovery program for third-party liabilities identified through coordination
of benefits not recovered by managed care plans and county-based purchasing plans for
state public health programs. Any third-party liability identified through coordination of
benefits and recovered by the commissioner more than six eight months after the date
a managed care plan or county-based purchasing plan receives adjudicates a health
care claim shall be retained by the commissioner and deposited in the general fund.
The commissioner shall establish a mechanism, including a reconciliation process, for
managed care plans and county-based purchasing plans to coordinate third-party liability
collections efforts resulting from coordination of benefits under this subdivision with the
commissioner to ensure there is no duplication of efforts. The coordination mechanism
must be consistent with the reporting requirements in subdivision 9c. The commissioner
shall share accurate and timely third-party liability data with managed care plans and
county-based purchasing plans.

Sec. 40. Minnesota Statutes 2013 Supplement, section 256B.766, is amended to read:

256B.766 REIMBURSEMENT FOR BASIC CARE SERVICES.
(a) Effective for services provided on or after July 1, 2009, total payments for basic care services, shall be reduced by three percent, except that for the period July 1, 2009, through June 30, 2011, total payments shall be reduced by 4.5 percent for the medical assistance and general assistance medical care programs, prior to third-party liability and spenddown calculation. Effective July 1, 2010, the commissioner shall classify physical therapy services, occupational therapy services, and speech-language pathology and related services as basic care services. The reduction in this paragraph shall apply to physical therapy services, occupational therapy services, and speech-language pathology and related services provided on or after July 1, 2010.

(b) Payments made to managed care plans and county-based purchasing plans shall be reduced for services provided on or after October 1, 2009, to reflect the reduction effective July 1, 2009, and payments made to the plans shall be reduced effective October 1, 2010, to reflect the reduction effective July 1, 2010.

(c) Effective for services provided on or after September 1, 2011, through June 30, 2013, total payments for outpatient hospital facility fees shall be reduced by five percent from the rates in effect on August 31, 2011.

(d) Effective for services provided on or after September 1, 2011, through June 30, 2013, total payments for ambulatory surgery centers facility fees, medical supplies and durable medical equipment not subject to a volume purchase contract, prosthetics and orthotics, renal dialysis services, laboratory services, public health nursing services, physical therapy services, occupational therapy services, speech therapy services, eyeglasses not subject to a volume purchase contract, hearing aids not subject to a volume purchase contract, and anesthesia services shall be reduced by three percent from the rates in effect on August 31, 2011.

(e) Effective for services provided on or after September 1, 2014, payments for ambulatory surgery centers facility fees, medical supplies and durable medical equipment not subject to a volume purchase contract, prosthetics and orthotics, hospice services, renal dialysis services, laboratory services, public health nursing services, eyeglasses not subject to a volume purchase contract, and hearing aids not subject to a volume purchase contract shall be increased by three percent and payments for outpatient hospital facility fees shall be increased by three percent. Payments made to managed care plans and county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

(f) Payments for medical supplies and durable medical equipment not subject to a volume purchase contract, prosthetics and orthotics, provided on or after July 1, 2014, through June 30, 2015, shall be decreased by .33 percent. Payments for medical supplies and durable medical equipment not subject to a volume purchase contract, prosthetics and

Article 24 Sec. 40.

341
orthotics, provided on or after July 1, 2015, shall be increased by three percent from the
rates in effect on June 30, 2014.

(3) (g) This section does not apply to physician and professional services, inpatient
hospital services, family planning services, mental health services, dental services,
prescription drugs, medical transportation, federally qualified health centers, rural health
centers, Indian health services, and Medicare cost-sharing.

Sec. 41. Minnesota Statutes 2013 Supplement, section 256B.767, is amended to read:

256B.767 MEDICARE PAYMENT LIMIT.

(a) Effective for services rendered on or after July 1, 2010, fee-for-service payment
rates for physician and professional services under section 256B.76, subdivision 1, and
basic care services subject to the rate reduction specified in section 256B.766, shall not
exceed the Medicare payment rate for the applicable service, as adjusted for any changes
in Medicare payment rates after July 1, 2010. The commissioner shall implement this
section after any other rate adjustment that is effective July 1, 2010, and shall reduce rates
under this section by first reducing or eliminating provider rate add-ons.

(b) This section does not apply to services provided by advanced practice certified
nurse midwives licensed under chapter 148 or traditional midwives licensed under chapter
147D. Notwithstanding this exemption, medical assistance fee-for-service payment rates
for advanced practice certified nurse midwives and licensed traditional midwives shall
equal and shall not exceed the medical assistance payment rate to physicians for the
applicable service.

(c) This section does not apply to mental health services or physician services billed
by a psychiatrist or an advanced practice registered nurse with a specialty in mental health.

(d) Effective for durable medical equipment, prosthetics, orthotics, or supplies
provided on or after July 1, 2013, through June 30, 2015, the payment rate for items
that are subject to the rates established under Medicare's National Competitive Bidding
Program shall be equal to the rate that applies to the same item when not subject to the
rate established under Medicare's National Competitive Bidding Program. This paragraph
does not apply to mail-order diabetic supplies and does not apply to items provided to
dually eligible recipients when Medicare is the primary payer of the item.

Sec. 42. Laws 2013, chapter 108, article 1, section 24, the effective date, is amended to
read:

EFFECTIVE DATE. This section is effective January 1, 2014.
EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 43. Laws 2014, chapter 235, section 43, is amended to read:

Sec. 43. EFFECTIVE DATE.

Sections 1 to 40, and 42, are effective January 1, 2015.

Sec. 44. MEDICAL ASSISTANCE SPENDDOWN REQUIREMENTS.

The commissioner of human services, in consultation with interested stakeholders,

shall review medical assistance spenddown requirements and processes, including those

used in other states, for individuals with disabilities and seniors age 65 years of age or

older. Based on this review, the commissioner shall recommend alternative medical

assistance spenddown payment requirements and processes that:

(1) are practical for current and potential medical assistance recipients, providers,

and the Department of Human Services;

(2) improve the medical assistance payment process for providers; and

(3) allow current and potential medical assistance recipients to obtain consistent

and affordable medical coverage.

The commissioner shall report these recommendations, along with the projected cost,

to the chairs and ranking minority members of the legislative committees and divisions

with jurisdiction over health and human services policy and finance by February 15, 2015.

Sec. 45. WAIVER APPLICATIONS FOR NONEMERGENCY MEDICAL

TRANSPORTATION SERVICE PROVIDERS.

Subdivision 1. Definitions. For purposes of this section, the following definitions

apply:

(1) "new provider" is a nonemergency medical transportation service provider that

has not been enrolled prior to the effective date of this act and is delivering a mode that

was not required to comply with special transportation service operating standards before

the effective date of this act; and

(2) "commissioner" is the commissioner of human services.

Subd. 2. Application for and terms of variance. A new provider may apply to the

commissioner, on a form supplied by the commissioner for this purpose, for a variance

from special transportation service operating standards. The commissioner may grant or

deny the variance application. Variances expire on the earlier of, February 1, 2016, or the

date that the commissioner of transportation begins certifying new providers under the

terms of this act and successor legislation.
Subd. 3. Information concerning variances. The commissioner shall periodically transmit to the Department of Transportation the number of variance applications received and the number granted.

Subd. 4. Report by commissioner of transportation. On or before February 1, 2015, the commissioner of transportation shall report to the chairs and ranking minority members of the senate and house of representatives committees and divisions with jurisdiction over transportation and human services concerning implementing the nonemergency medical transportation services provisions. The report must contain recommendations of the commissioner of transportation concerning statutes, session laws, and rules that must be amended, repealed, enacted, or adopted to implement the nonemergency medical transportation services provisions. The recommendations must include, without limitation, the amount of the fee that would be required to cover the costs of Department of Transportation supervision of inspection and certification, as well as any needed statutory rulemaking or other authority to be granted to the commissioner of transportation.

Sec. 46. FEDERAL AUTHORITY: EMERGENCY MEDICAL ASSISTANCE PROGRAM.

The commissioner, in consultation with providers who participate in the emergency medical assistance program and representatives of patients served by the program, shall assess the program's covered services, care plan requirements, conditions of eligibility for covered services, and other program requirements to identify potential changes to program requirements that are likely to reduce the use of more costly services, including emergency and inpatient hospital services. The commissioner shall report any changes to program requirements that produce credible savings to the cost of federally funded services provided to eligible individuals, including the estimated fiscal effect of these changes to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health and human services policy and finance by January 15, 2015. If additional resources are required to establish cost savings, the report shall identify the necessary resources and anticipated costs associated with the analysis.

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

Sec. 47. ORAL HEALTH DELIVERY AND REIMBURSEMENT SYSTEM.

(a) The commissioner of human services, in consultation with the commissioner of health, shall convene a work group to develop a new delivery and reimbursement system for oral health and dental services that are provided to enrollees of the state public health
care programs. The new system must ensure cost-effective delivery and an increase in
access to services.

(b) The commissioner shall consult with dental providers enrolled in the state public
health programs, including providers who serve substantial numbers of low-income
and uninsured patients and are currently receiving critical access dental payments;
private practicing dentists; nonprofit community clinics; managed care and county-based
purchasing plans; and health plan companies that provide either directly or through
contracts with providers dental services to enrollees of state public health care programs.

(c) The commissioner shall submit a report containing the proposed delivery and
reimbursement system, including draft legislation to the chairs and ranking minority
members of the legislative committees and divisions with jurisdiction over health and
human services policy and finance by January 15, 2015.

Sec. 48. REPEALER.

(a) Minnesota Statutes 2012, sections 256.969, subdivisions 2c, 8b, 9a, 9b, 11, 13,
20, 21, 22, 26, 27, and 28, and 256.9695, subdivisions 3 and 4, are repealed effective
November 1, 2014.

(b) Minnesota Statutes 2013 Supplement, section 256B.0625, subdivision 18f, is
repealed.

ARTICLE 25

CHILDREN, FAMILIES, AND NORTHSTAR CARE FOR CHILDREN

Section 1. Minnesota Statutes 2012, section 119B.09, subdivision 9a, is amended to
read:

Subd. 9a. Child care centers; assistance. (a) For the purposes of this subdivision,
"qualifying child" means a child who satisfies both of the following:

(1) is not a child or dependent of an employee of the child care provider; and

(2) does not reside with an employee of the child care provider.

(b) Funds distributed under this chapter must not be paid for child care services that
are provided for a child by a child care provider who employs either the parent of the child
or a person who resides with the child, or dependent of an employee under paragraph (a)
unless at all times at least 50 percent of the children for whom the child care provider is
providing care are qualifying children under paragraph (a).

(c) If a child care provider satisfies the requirements for payment under paragraph
(b), but the percentage of qualifying children under paragraph (a) for whom the provider
is providing care falls below 50 percent, the provider shall have four weeks to raise the
percentage of qualifying children for whom the provider is providing care to at least 50

percent before payments to the provider are discontinued for child care services provided

for a child who is not a qualifying child.

(d) This subdivision shall be implemented as follows:

(1) no later than August 1, 2014, the commissioner shall issue a notice to providers

who have been identified as ineligible for funds distributed under this chapter as described

in paragraph (b); and

(2) no later than January 5, 2015, payments to providers who do not comply with

paragraph (c) will be discontinued for child care services provided for children who are

not qualifying children.

(e) If a child's authorization for child care assistance is terminated under this

subdivision, the county shall send a notice of adverse action to the provider and to the

child's parent or guardian, including information on the right to appeal, under Minnesota

Rules, part 3400.0185.

(f) Funds paid to providers during the period of time between the issuance of a

notice under paragraph (d), clause (1), and discontinuation of payments under paragraph

(d), clause (2), must not be treated as overpayments under section 119B.11, subdivision

2a, due to noncompliance with this subdivision.

(g) Nothing in this subdivision precludes the commissioner from conducting

fraud investigations relating to child care assistance, imposing sanctions, and obtaining

monetary recovery as otherwise provided by law.

Sec. 2. Minnesota Statutes 2012, section 245A.03, subdivision 2c, is amended to read:

Subd. 2c. School-age child care licensing moratorium. A school-age program

whose sole purpose is to provide only services to school-age children during out-of-school

times is exempt from the human services licensing requirements in this chapter until

July 1, 2014. Nothing in this section prohibits an already licensed school-age-only

program from continuing its license or a school-age program from seeking licensure.

Sec. 3. Minnesota Statutes 2012, section 245C.05, subdivision 5, is amended to read:

Subd. 5. Fingerprints. (a) Except as provided in paragraph (c), for any background

study completed under this chapter, when the commissioner has reasonable cause to

believe that further pertinent information may exist on the subject of the background

study, the subject shall provide the commissioner with a set of classifiable fingerprints

obtained from an authorized agency.
(b) For purposes of requiring fingerprints, the commissioner has reasonable cause
when, but not limited to, the:

(1) information from the Bureau of Criminal Apprehension indicates that the subject
is a multistate offender;

(2) information from the Bureau of Criminal Apprehension indicates that multistate
offender status is undetermined; or

(3) commissioner has received a report from the subject or a third party indicating
that the subject has a criminal history in a jurisdiction other than Minnesota.

(c) Except as specified under section 245C.04, subdivision 1, paragraph (d), for
background studies conducted by the commissioner for child foster care or adoptions, or a
transfer of permanent legal and physical custody of a child, the subject of the background
study, who is 18 years of age or older, shall provide the commissioner with a set of
classifiable fingerprints obtained from an authorized agency.

Sec. 4. Minnesota Statutes 2013 Supplement, section 245C.08, subdivision 1, is
amended to read:

Subdivision 1. Background studies conducted by Department of Human
Services. (a) For a background study conducted by the Department of Human Services,
the commissioner shall review:

(1) information related to names of substantiated perpetrators of maltreatment of
vulnerable adults that has been received by the commissioner as required under section
626.557, subdivision 9c, paragraph (j);

(2) the commissioner's records relating to the maltreatment of minors in licensed
programs, and from findings of maltreatment of minors as indicated through the social
service information system;

(3) information from juvenile courts as required in subdivision 4 for individuals
listed in section 245C.03, subdivision 1, paragraph (a), when there is reasonable cause;

(4) information from the Bureau of Criminal Apprehension, including information
regarding a background study subject's registration in Minnesota as a predatory offender
under section 243.166;

(5) except as provided in clause (6), information from the national crime information
system when the commissioner has reasonable cause as defined under section 245C.05,
subdivision 5; and

(6) for a background study related to a child foster care application for licensure, a
transfer of permanent legal and physical custody of a child under sections 260C.503 to
260C.515, or adoptions, the commissioner shall also review:
(i) information from the child abuse and neglect registry for any state in which the
background study subject has resided for the past five years; and
(ii) information from national crime information databases, when the background
study subject is 18 years of age or older.
(b) Notwithstanding expungement by a court, the commissioner may consider
information obtained under paragraph (a), clauses (3) and (4), unless the commissioner
received notice of the petition for expungement and the court order for expungement is
directed specifically to the commissioner.
(c) The commissioner shall also review criminal case information received according
to section 245C.04, subdivision 4a, from the Minnesota court information system that
relates to individuals who have already been studied under this chapter and who remain
affiliated with the agency that initiated the background study.

Sec. 5. Minnesota Statutes 2012, section 245C.33, subdivision 1, is amended to read:

Subdivision 1. **Adoption and transfer of permanent legal and physical custody:**

**Background studies conducted by commissioner study requirements.** (a) Before
placement of a child for purposes of adoption, the commissioner shall conduct a
background study on individuals listed in sections 259.41, subdivision 3, and
260C.611, for county agencies and private agencies licensed to place children for adoption.

When a prospective adoptive parent is seeking to adopt a child who is currently placed in
the prospective adoptive parent's home and is under the guardianship of the commissioner
according to section 260C.325, subdivision 1, paragraph (b), and the prospective adoptive
parent holds a child foster care license, a new background study is not required when:

1. a background study was completed on persons required to be studied under section
245C.03 in connection with the application for child foster care licensure after July 1, 2007;
2. the background study included a review of the information in section 245C.08,
subdivisions 1, 3, and 4; and
3. as a result of the background study, the individual was either not disqualified
or, if disqualified, the disqualification was set aside under section 245C.22, or a variance
was issued under section 245C.30.
(b) Before the kinship placement agreement is signed for the purpose of transferring
permanent legal and physical custody to a relative under sections 260C.503 to 260C.515,
the commissioner shall conduct a background study on each person age 13 or older living
in the home. When a prospective relative custodian has a child foster care license, a new
background study is not required when:
(1) a background study was completed on persons required to be studied under section 245C.03 in connection with the application for child foster care licensure after July 1, 2007;

(2) the background study included a review of the information in section 245C.08, subdivisions 1, 3, and 4; and

(3) as a result of the background study, the individual was either not disqualified or, if disqualified, the disqualification was set aside under section 245C.22, or a variance was issued under section 245C.30. The commissioner and the county agency shall expedite any request for a set-aside or variance for a background study required under chapter 256N.

Sec. 6. Minnesota Statutes 2012, section 245C.33, subdivision 4, is amended to read:

Subd. 4. Information commissioner reviews. (a) The commissioner shall review the following information regarding the background study subject:

(1) the information under section 245C.08, subdivisions 1, 3, and 4;

(2) information from the child abuse and neglect registry for any state in which the subject has resided for the past five years; and

(3) information from national crime information databases, when required under section 245C.08.

(b) The commissioner shall provide any information collected under this subdivision to the county or private agency that initiated the background study. The commissioner shall also provide the agency:

(1) notice whether the information collected shows that the subject of the background study has a conviction listed in United States Code, title 42, section 671(a)(20)(A); and

(2) for background studies conducted under subdivision 1, paragraph (a), the date of all adoption-related background studies completed on the subject by the commissioner after June 30, 2007, and the name of the county or private agency that initiated the adoption-related background study.

Sec. 7. Minnesota Statutes 2013 Supplement, section 256B.055, subdivision 1, is amended to read:

Subdivision 1. Children eligible for subsidized adoption assistance. Medical assistance may be paid for a child eligible for or receiving adoption assistance payments under title IV-E of the Social Security Act, United States Code, title 42, sections 670 to 676, and to any child who is not title IV-E eligible but who was determined eligible for adoption assistance under chapter 256N or section 259A.10, subdivision 2, and has a special need for medical or rehabilitative care.
Sec. 8. Minnesota Statutes 2012, section 256J.49, subdivision 13, is amended to read:

Subd. 13. Work activity. (a) "Work activity" means any activity in a participant's approved employment plan that leads to employment. For purposes of the MFIP program, this includes activities that meet the definition of work activity under the participation requirements of TANF. Work activity includes:

(1) unsubsidized employment, including work study and paid apprenticeships or internships;

(2) subsidized private sector or public sector employment, including grant diversion as specified in section 256J.69, on-the-job training as specified in section 256J.66, paid work experience, and supported work when a wage subsidy is provided;

(3) unpaid work experience, including community service, volunteer work, the community work experience program as specified in section 256J.67, unpaid apprenticeships or internships, and supported work when a wage subsidy is not provided. Unpaid work experience is only an option if the participant has been unable to obtain or maintain paid employment in the competitive labor market, and no paid work experience programs are available to the participant. Prior to placing a participant in unpaid work, the county must inform the participant that the participant will be notified if a paid work experience or supported work position becomes available. Unless a participant consents in writing to participate in unpaid work experience, the participant's employment plan may only include unpaid work experience if including the unpaid work experience in the plan will meet the following criteria:

(i) the unpaid work experience will provide the participant specific skills or experience that cannot be obtained through other work activity options where the participant resides or is willing to reside; and

(ii) the skills or experience gained through the unpaid work experience will result in higher wages for the participant than the participant could earn without the unpaid work experience;

(4) job search including job readiness assistance, job clubs, job placement, job-related counseling, and job retention services;

(5) job readiness education, including English as a second language (ESL) or functional work literacy classes as limited by the provisions of section 256J.531, subdivision 2, general educational development (GED) or adult high school diploma course work, high school completion, and adult basic education as limited by the provisions of section 256J.531, subdivision 1;
(6) job skills training directly related to employment, including postsecondary education and training that can reasonably be expected to lead to employment, as limited by the provisions of section 256J.52;

(7) providing child care services to a participant who is working in a community service program;

(8) activities included in the employment plan that is developed under section 256J.521, subdivision 3; and

(9) preemployment activities including chemical and mental health assessments, treatment, and services; learning disabilities services; child protective services; family stabilization services; or other programs designed to enhance employability.

(b) "Work activity" does not include activities done for political purposes as defined in section 211B.01, subdivision 6.

Sec. 9. Minnesota Statutes 2012, section 256J.53, subdivision 1, is amended to read:

Subdivision 1. Length of program. (a) In order for a postsecondary education or training program to be an approved work activity as defined in section 256J.49, subdivision 13, clause (6), it must be a program lasting 24 months four years or less, and the participant must meet the requirements of subdivisions 2, 3, and 5.

(b) Participants with a high school diploma, general educational development (GED) credential, or an adult high school diploma must be informed of the opportunity to participate in postsecondary education or training while in the Minnesota family investment program.

Sec. 10. Minnesota Statutes 2012, section 256J.53, subdivision 2, is amended to read:

Subd. 2. Approval of Postsecondary education or training. (a) In order for a postsecondary education or training program to be an approved activity in an employment plan, the plan must include additional work activities if the education and training activities do not meet the minimum hours required to meet the federal work participation rate under Code of Federal Regulations, title 45, sections 261.31 and 261.35.

(b) Participants seeking approval of a postsecondary education or training plan must provide documentation that:

(1) the employment goal can only be met with the additional education or training;

Participants who are interested in participating in postsecondary education or training as part of their employment plan must discuss their education plans with their job counselor.

Job counselors will work with participants to evaluate the options by:
(2) (1) advising whether there are suitable employment opportunities that require
the specific education or training in the area in which the participant resides or is willing
to reside;
(3) the education or training will result in significantly higher wages for the
participant than the participant could earn without the education or training;
(4) (2) assisting the participant in exploring whether the participant can meet the
requirements for admission into the program; and
(5) there is a reasonable expectation that the participant will complete the training
program based on such factors as (3) discussing the participant's strengths and challenges
based on the participant's MFIP assessment, previous education, training, and work
history; current motivation; and changes in previous circumstances.

(b) The requirements of this subdivision do not apply to participants who are in:
(1) a recognized career pathway program that leads to stackable credentials;
(2) a training program lasting 12 weeks or fewer; or
(3) the final year of a multiyear postsecondary education or training program.

Sec. 11. Minnesota Statutes 2012, section 256J.53, subdivision 5, is amended to read:
Subd. 5. Requirements after postsecondary education or training. Upon
completion of an approved education or training program, a participant who does not meet
the participation requirements in section 256J.55, subdivision 1, through unsubsidized
employment must participate in job search. If, after six 12 weeks of job search, the
participant does not find a full-time job consistent with the employment goal, the
participant must accept any offer of full-time suitable employment, or meet with the job
counselor to revise the employment plan to include additional work activities necessary to
meet hourly requirements.

Sec. 12. Minnesota Statutes 2012, section 256J.531, is amended to read:

256J.531 BASIC EDUCATION; ENGLISH AS A SECOND LANGUAGE.
Subdivision 1. Approval of adult basic education. With the exception of classes
related to obtaining a general educational development credential (GED), a participant
must have reading or mathematics proficiency below a ninth grade level in order for
adult basic education classes to be an A participant who lacks a high school diploma,
general educational development (GED) credential, or an adult high school diploma
must be allowed to pursue these credentials as an approved work activity, provided
that the participant is making satisfactory progress. Participants eligible to pursue
a general educational development (GED) credential or adult high school diploma
under this subdivision must be informed of the opportunity to participate while in the Minnesota family investment program. The employment plan must also specify that the participant fulfill no more than one-half of the participation requirements in section 256J.55, subdivision 1, through attending adult basic education or general educational development classes.

Subd. 2. Approval of English as a second language. In order for English as a second language (ESL) classes to be an approved work activity in an employment plan, a participant must be below a spoken language proficiency level of SPL6 or its equivalent, as measured by a nationally recognized test. In approving ESL as a work activity, the job counselor must give preference to enrollment in a functional work literacy program, if one is available, over a regular ESL program. A participant may not be approved for more than a combined total of 24 months of ESL classes while participating in the diversionary work program and the employment and training services component of MFIP. The employment plan must also specify that the participant fulfill no more than one-half of the participation requirements in section 256J.55, subdivision 1, through attending ESL classes. For participants enrolled in functional work literacy classes, no more than two-thirds of the participation requirements in section 256J.55, subdivision 1, may be met through attending functional work literacy classes.

Sec. 13. Minnesota Statutes 2013 Supplement, section 256N.02, is amended by adding a subdivision to read:

Subd. 14a. Licensed child foster parent. “Licensed child foster parent” means a person who is licensed for child foster care under Minnesota Rules, parts 2960.3000 to 2960.3340, or licensed by a Minnesota tribe in accordance with tribal standards.

Sec. 14. Minnesota Statutes 2013 Supplement, section 256N.21, subdivision 2, is amended to read:

Subd. 2. Placement in foster care. To be eligible for foster care benefits under this section, the child must be in placement away from the child's legal parent or , guardian, or Indian custodian as defined in section 260.755, subdivision 10, and all of the following criteria must be met:

(1) the legally responsible agency must have placement authority and care responsibility, including for a child 18 years old or older and under age 21, who maintains eligibility for foster care consistent with section 260C.451;

(2) (1) the legally responsible agency must have placement authority to place the child with: (i) a voluntary placement agreement or a court order, consistent with sections
260B.198, 260C.001, and 260D.01, or continued eligibility consistent with section

260C.451 for a child 18 years old or older and under age 21 who maintains eligibility for

foster care; or (ii) a voluntary placement agreement or court order by a Minnesota tribe

that is consistent with United States Code, title 42, section 672(a)(2); and

(3) (2) the child must be is placed in an emergency relative placement under section

245A.035, with a licensed foster family setting, foster residence setting, or treatment

foster care setting licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, a

family foster home licensed or approved by a tribal agency or, for a child 18 years old or

older and under age 21, child foster parent; or

(3) the child is placed in one of the following unlicensed child foster care settings:

(i) an emergency relative placement under tribal licensing regulations or section

245A.035, with the legally responsible agency ensuring the relative completes the required

child foster care application process;

(ii) a licensed adult foster home with an approved age variance under section

245A.16 for no more than six months;

(iii) for a child 18 years old or older and under age 21 who is eligible for extended

foster care under section 260C.451, an unlicensed supervised independent living setting

approved by the agency responsible for the youth's child's care.; or

(iv) a preadoptive placement in a home specified in section 245A.03, subdivision

2, paragraph (a), clause (9), with an approved adoption home study and signed adoption

placement agreement.

Sec. 15. Minnesota Statutes 2013 Supplement, section 256N.21, is amended by adding

a subdivision to read:

Subd. 7. Background study. (a) A county or private agency conducting a

background study for purposes of child foster care licensing or approval must conduct

the study in accordance with chapter 245C and must meet the requirements in United

States Code, title 42, section 671(a)(20).

(b) A Minnesota tribe conducting a background study for purposes of child foster

care licensing or approval must conduct the study in accordance with the requirements in

United States Code, title 42, section 671(a)(20), when applicable.

Sec. 16. Minnesota Statutes 2013 Supplement, section 256N.22, subdivision 1, is

amended to read:

Subdivision 1. General eligibility requirements. (a) To be eligible for guardianship

assistance under this section, there must be a judicial determination under section
260C.515, subdivision 4, that a transfer of permanent legal and physical custody to a relative is in the child's best interest. For a child under jurisdiction of a tribal court, a judicial determination under a similar provision in tribal code indicating that a relative will assume the duty and authority to provide care, control, and protection of a child who is residing in foster care, and to make decisions regarding the child's education, health care, and general welfare until adulthood, and that this is in the child's best interest is considered equivalent. Additionally, a child must:

1. have been removed from the child's home pursuant to a voluntary placement or court order;

2. (i) have resided in the home of the prospective relative custodian who has been a licensed child foster parent for at least six consecutive months, or

   (ii) have received an exemption from the requirement in item (i) from the court that the prospective relative custodian has been a licensed child foster parent for at least six consecutive months, based on a determination that:

   (A) an expedited move to permanency is in the child's best interest;

   (B) expedited permanency cannot be completed without provision of guardianship assistance; and

   (C) the prospective relative custodian is uniquely qualified to meet the child's needs as defined in section 260C.212, subdivision 2, on a permanent basis;

   (D) the child and prospective relative custodian meet the eligibility requirements of this section; and

   (E) efforts were made by the legally responsible agency to place the child with the prospective relative custodian as a licensed child foster parent for six consecutive months before permanency, or an explanation why these efforts were not in the child's best interests;

3. meet the agency determinations regarding permanency requirements in subdivision 2;

4. meet the applicable citizenship and immigration requirements in subdivision 3;

5. have been consulted regarding the proposed transfer of permanent legal and physical custody to a relative, if the child is at least 14 years of age or is expected to attain 14 years of age prior to the transfer of permanent legal and physical custody; and

6. have a written, binding agreement under section 256N.25 among the caregiver or caregivers, the financially responsible agency, and the commissioner established prior to transfer of permanent legal and physical custody.
(b) In addition to the requirements in paragraph (a), the child's prospective relative
custodian or custodians must meet the applicable background study requirements in
subdivision 4.

(c) To be eligible for title IV-E guardianship assistance, a child must also meet any
additional criteria in section 473(d) of the Social Security Act. The sibling of a child
who meets the criteria for title IV-E guardianship assistance in section 473(d) of the
Social Security Act is eligible for title IV-E guardianship assistance if the child and
sibling are placed with the same prospective relative custodian or custodians, and the
legally responsible agency, relatives, and commissioner agree on the appropriateness of
the arrangement for the sibling. A child who meets all eligibility criteria except those
specific to title IV-E guardianship assistance is entitled to guardianship assistance paid
through funds other than title IV-E.

Sec. 17. Minnesota Statutes 2013 Supplement, section 256N.22, subdivision 2, is
amended to read:

Subd. 2. Agency determinations regarding permanency. (a) To be eligible for
guardianship assistance, the legally responsible agency must complete the following
determinations regarding permanency for the child prior to the transfer of permanent
legal and physical custody:

(1) a determination that reunification and adoption are not appropriate permanency
options for the child; and

(2) a determination that the child demonstrates a strong attachment to the prospective
relative custodian and the prospective relative custodian has a strong commitment to
caring permanently for the child.

(b) The legally responsible agency shall document the determinations in paragraph
(a) and the eligibility requirements in this section that comply with United States Code,
title 42, sections 673(d) and 675(1)(F). These determinations must be documented in a
kinship placement agreement, which must be in the format prescribed by the commissioner
and must be signed by the prospective relative custodian and the legally responsible
agency. In the case of a Minnesota tribe, the determinations and eligibility requirements
in this section may be provided in an alternative format approved by the commissioner.
Supporting information for completing each determination must be documented in the
legally responsible agency's case file and make them available for review as requested
by the financially responsible agency and the commissioner during the guardianship
assistance eligibility determination process.
Sec. 18. Minnesota Statutes 2013 Supplement, section 256N.22, subdivision 4, is amended to read:

Subd. 4. **Background study.** (a) A background study under section 245C.33 must be completed on each prospective relative custodian and any other adult residing in the home of the prospective relative custodian. The background study must meet the requirements of United States Code, title 42, section 671(a)(20). A study completed under section 245C.33 meets this requirement. A background study on the prospective relative custodian or adult residing in the household previously completed under section 245C.04 chapter 245C for the purposes of child foster care licensure may under chapter 245A or licensure by a Minnesota tribe, shall be used for the purposes of this section, provided that the background study is current, shall be used for the purposes of this section, provided that the background study is current, meets the requirements of this subdivision and the prospective relative custodian is a licensed child foster parent at the time of the application for guardianship assistance.

(b) If the background study reveals:

1. a felony conviction at any time for:
   1. child abuse or neglect;
   2. spousal abuse;
   3. a crime against a child, including child pornography; or
   4. a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery; or
2. a felony conviction within the past five years for:
   1. physical assault;
   2. battery; or
   3. a drug-related offense;

the prospective relative custodian is prohibited from receiving guardianship assistance on behalf of an otherwise eligible child.

Sec. 19. Minnesota Statutes 2013 Supplement, section 256N.22, subdivision 6, is amended to read:

Subd. 6. **Exclusions.** (a) A child with a guardianship assistance agreement under Northstar Care for Children is not eligible for the Minnesota family investment program child-only grant under chapter 256J.

(b) The commissioner shall not enter into a guardianship assistance agreement with:

1. a child's biological parent or stepparent;
2. an individual assuming permanent legal and physical custody of a child or the equivalent under tribal code without involvement of the child welfare system; or
(3) an individual assuming permanent legal and physical custody of a child who was placed in Minnesota by another state or a tribe outside of Minnesota.

Sec. 20. Minnesota Statutes 2013 Supplement, section 256N.23, subdivision 1, is amended to read:

Subdivision 1. General eligibility requirements. (a) To be eligible for Northstar adoption assistance under this section, a child must:

(1) be determined to be a child with special needs under subdivision 2;

(2) meet the applicable citizenship and immigration requirements in subdivision 3;

(3) (i) meet the criteria in section 473 of the Social Security Act; or

(ii) have had foster care payments paid on the child's behalf while in out-of-home placement through the county social service agency or tribe and be either under the tribal social service agency prior to the issuance of a court order transferring the child's guardianship to the commissioner or under the jurisdiction of a Minnesota tribe and adoption, according to tribal law, is in the child's documented permanency plan making the child a ward of the tribe; and

(4) have a written, binding agreement under section 256N.25 among the adoptive parent, the financially responsible agency, or, if there is no financially responsible agency, the agency designated by the commissioner, and the commissioner established prior to finalization of the adoption.

(b) In addition to the requirements in paragraph (a), an eligible child's adoptive parent or parents must meet the applicable background study requirements in subdivision 4.

(c) A child who meets all eligibility criteria except those specific to title IV-E adoption assistance shall receive adoption assistance paid through funds other than title IV-E.

(d) A child receiving Northstar kinship assistance payments under section 256N.22 is eligible for Northstar adoption assistance when the criteria in paragraph (a) are met and the child's legal custodian is adopting the child.

Sec. 21. Minnesota Statutes 2013 Supplement, section 256N.23, subdivision 4, is amended to read:

Subd. 4. Background study. (a) A background study under section 255A.41 must be completed on each prospective adoptive parent; and all other adults residing in the home.

A background study must meet the requirements of United States Code, title 42, section 671(a)(20). A study completed under section 245C.33 meets this requirement. If the prospective adoptive parent is a licensed child foster parent licensed under chapter 245A or by a Minnesota tribe, the background study previously completed for the purposes of
child foster care licensure shall be used for the purpose of this section, provided that the background study meets all other requirements of this subdivision and the prospective adoptive parent is a licensed child foster parent at the time of the application for adoption assistance.

(b) If the background study reveals:

(1) a felony conviction at any time for:

(i) child abuse or neglect;  
(ii) spousal abuse;  
(iii) a crime against a child, including child pornography; or  
(iv) a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery; or

(2) a felony conviction within the past five years for:

(i) physical assault;  
(ii) battery; or  
(iii) a drug-related offense;

the adoptive parent is prohibited from receiving adoption assistance on behalf of an otherwise eligible child.

Sec. 22. Minnesota Statutes 2013 Supplement, section 256N.24, subdivision 9, is amended to read:

Subd. 9. Timing of and requests for reassessments. Reassessments for an eligible child must be completed within 30 days of any of the following events:

(1) for a child in continuous foster care, when six months have elapsed since completion of the last assessment the initial assessment, and annually thereafter;

(2) for a child in continuous foster care, change of placement location;

(3) for a child in foster care, at the request of the financially responsible agency or legally responsible agency;

(4) at the request of the commissioner; or  
(5) at the request of the caregiver under subdivision 9 10.

Sec. 23. Minnesota Statutes 2013 Supplement, section 256N.24, subdivision 10, is amended to read:

Subd. 10. Caregiver requests for reassessments. (a) A caregiver may initiate a reassessment request for an eligible child in writing to the financially responsible agency or, if there is no financially responsible agency, the agency designated by the commissioner. The written request must include the reason for the request and the
name, address, and contact information of the caregivers. For an eligible child with a

guardianship assistance or adoption assistance agreement, the caregiver may request a

reassessment if at least six months have elapsed since any previously requested review

previous assessment or reassessment. For an eligible foster child, a foster parent may

request reassessment in less than six months with written documentation that there have

been significant changes in the child's needs that necessitate an earlier reassessment.

(b) A caregiver may request a reassessment of an at-risk child for whom a

guardianship assistance or an adoption assistance agreement has been executed if the

caregiver has satisfied the commissioner with written documentation from a qualified

expert that the potential disability upon which eligibility for the agreement was based has

manifested itself, consistent with section 256N.25, subdivision 3, paragraph (b).

(c) If the reassessment cannot be completed within 30 days of the caregiver's request,

the agency responsible for reassessment must notify the caregiver of the reason for the

delay and a reasonable estimate of when the reassessment can be completed.

(d) Notwithstanding any provision to the contrary in paragraph (a) or subdivision 9,

when a Northstar kinship assistance agreement or adoption assistance agreement under

section 256N.25 has been signed by all parties, no reassessment may be requested or

conducted until the court finalizes the transfer of permanent legal and physical custody or

finalizes the adoption, or the assistance agreement expires according to section 256N.25,

subdivision 1.

Sec. 24. Minnesota Statutes 2013 Supplement, section 256N.25, subdivision 2, is

amended to read:

Subd. 2. Negotiation of agreement. (a) When a child is determined to be eligible

for guardianship assistance or adoption assistance, the financially responsible agency, or,

if there is no financially responsible agency, the agency designated by the commissioner,

must negotiate with the caregiver to develop an agreement under subdivision 1. If and when

the caregiver and agency reach concurrence as to the terms of the agreement, both parties

shall sign the agreement. The agency must submit the agreement, along with the eligibility
determination outlined in sections 256N.22, subdivision 7, and 256N.23, subdivision 7, to

the commissioner for final review, approval, and signature according to subdivision 1.

(b) A monthly payment is provided as part of the adoption assistance or guardianship

assistance agreement to support the care of children unless the child is eligible for adoption

and determined to be an at-risk child, in which case the special at-risk monthly

payment under section 256N.26, subdivision 7, must no payment will be made unless and
until the caregiver obtains written documentation from a qualified expert that the potential
disability upon which eligibility for the agreement was based has manifested itself.

(1) The amount of the payment made on behalf of a child eligible for guardianship
assistance or adoption assistance is determined through agreement between the prospective
relative custodian or the adoptive parent and the financially responsible agency, or, if there
is no financially responsible agency, the agency designated by the commissioner, using
the assessment tool established by the commissioner in section 256N.24, subdivision 2,
and the associated benefit and payments outlined in section 256N.26. Except as provided
under section 256N.24, subdivision 1, paragraph (c), the assessment tool establishes
the monthly benefit level for a child under foster care. The monthly payment under a
guardianship assistance agreement or adoption assistance agreement may be negotiated up
to the monthly benefit level under foster care. In no case may the amount of the payment
under a guardianship assistance agreement or adoption assistance agreement exceed the
foster care maintenance payment which would have been paid during the month if the
child with respect to whom the guardianship assistance or adoption assistance payment is
made had been in a foster family home in the state.

(2) The rate schedule for the agreement is determined based on the age of the
child on the date that the prospective adoptive parent or parents or relative custodian or
custodians sign the agreement.

(3) The income of the relative custodian or custodians or adoptive parent or parents
must not be taken into consideration when determining eligibility for guardianship
assistance or adoption assistance or the amount of the payments under section 256N.26.

(4) With the concurrence of the relative custodian or adoptive parent, the amount of
the payment may be adjusted periodically using the assessment tool established by the
commissioner in section 256N.24, subdivision 2, and the agreement renegotiated under
subdivision 3 when there is a change in the child's needs or the family's circumstances.

(5) The guardianship assistance or adoption assistance agreement of a child who is
identified as at-risk receives the special at-risk monthly payment under section 256N.26;
subdivision 7, unless and until the potential disability manifests itself, as documented by
an appropriate professional, and the commissioner authorizes commencement of payment
by modifying the agreement accordingly. A relative custodian or an adoptive parent
of an at-risk child with a guardianship assistance or an adoption assistance agreement
may request a reassessment of the child under section 256N.24, subdivision 9-10, and
renegotiation of the guardianship assistance or adoption assistance agreement under
subdivision 3 to include a monthly payment, if the caregiver has written documentation
from a qualified expert that the potential disability upon which eligibility for the agreement
was based has manifested itself. Documentation of the disability must be limited to
evidence deemed appropriate by the commissioner.

c) For guardianship assistance agreements:

(1) the initial amount of the monthly guardianship assistance payment must be
equivalent to the foster care rate in effect at the time that the agreement is signed less any
offsets under section 256N.26, subdivision 11, or a lesser negotiated amount if agreed to
by the prospective relative custodian and specified in that agreement, unless the child is
identified as at-risk or the guardianship assistance agreement is entered into when a child
is under the age of six; and

(2) an at-risk child must be assigned level A as outlined in section 256N.26 and
receive the special at-risk monthly payment under section 256N.26, subdivision 7, unless
and until the potential disability manifests itself, as documented by a qualified expert, and
the commissioner authorizes commencement of payment by modifying the agreement
accordingly; and

(4) (2) the amount of the monthly payment for a guardianship assistance agreement
for a child, other than an at-risk child, who is under the age of six must be as specified in
section 256N.26, subdivision 5.

d) For adoption assistance agreements:

(1) for a child in foster care with the prospective adoptive parent immediately prior
to adoptive placement, the initial amount of the monthly adoption assistance payment
must be equivalent to the foster care rate in effect at the time that the agreement is signed
less any offsets in section 256N.26, subdivision 11, or a lesser negotiated amount if agreed
to by the prospective adoptive parents and specified in that agreement, unless the child is
identified as at-risk or the adoption assistance agreement is entered into when a child is
under the age of six;

(2) for an at-risk child who must be assigned level A as outlined in section
256N.26 and receive the special at-risk monthly payment under section 256N.26,
subdivision 7, no payment will be made unless and until the potential disability manifests
itself, as documented by an appropriate professional, and the commissioner authorizes
commencement of payment by modifying the agreement accordingly;

(3) the amount of the monthly payment for an adoption assistance agreement for
a child under the age of six, other than an at-risk child, must be as specified in section
256N.26, subdivision 5;

(4) for a child who is in the guardianship assistance program immediately prior
to adoptive placement, the initial amount of the adoption assistance payment must be
equivalent to the guardianship assistance payment in effect at the time that the adoption
assistance agreement is signed or a lesser amount if agreed to by the prospective adoptive
parent and specified in that agreement, unless the child is identified as an at-risk child; and
(5) for a child who is not in foster care placement or the guardianship assistance
program immediately prior to adoptive placement or negotiation of the adoption assistance
agreement, the initial amount of the adoption assistance agreement must be determined
using the assessment tool and process in this section and the corresponding payment
amount outlined in section 256N.26.

Sec. 25. Minnesota Statutes 2013 Supplement, section 256N.25, subdivision 3, is
amended to read:

Subd. 3. Renegotiation of agreement. (a) A relative custodian or adoptive
parent of a child with a guardianship assistance or adoption assistance agreement may
request renegotiation of the agreement when there is a change in the needs of the child
or in the family's circumstances. When a relative custodian or adoptive parent requests
renegotiation of the agreement, a reassessment of the child must be completed consistent
with section 256N.24, subdivisions 9 and 10. If the reassessment indicates that the
child's level has changed, the financially responsible agency or, if there is no financially
responsible agency, the agency designated by the commissioner or the commissioner's
designee, and the caregiver must renegotiate the agreement to include a payment with
the level determined through the reassessment process. The agreement must not be
renegotiated unless the commissioner, the financially responsible agency, and the caregiver
mutually agree to the changes. The effective date of any renegotiated agreement must be
determined by the commissioner.

(b) A relative custodian or adoptive parent of an at-risk child with a guardianship
assistance or an adoption assistance agreement may request renegotiation of the agreement
to include a monthly payment higher than the special at-risk monthly payment under
section 256N.26, subdivision 7, if the caregiver has written documentation from a
qualified expert that the potential disability upon which eligibility for the agreement
was based has manifested itself. Documentation of the disability must be limited to
evidence deemed appropriate by the commissioner. Prior to renegotiating the agreement, a
reassessment of the child must be conducted as outlined in section 256N.24, subdivision
9. The reassessment must be used to renegotiate the agreement to include an appropriate
monthly payment. The agreement must not be renegotiated unless the commissioner, the
financially responsible agency, and the caregiver mutually agree to the changes. The
effective date of any renegotiated agreement must be determined by the commissioner.
(c) Renegotiation of a guardianship assistance or adoption assistance agreement is required when one of the circumstances outlined in section 256N.26, subdivision 13, occurs.

Sec. 26. Minnesota Statutes 2013 Supplement, section 256N.26, subdivision 1, is amended to read:

Subdivision 1. **Benefits.** (a) There are three benefits under Northstar Care for Children: medical assistance, basic payment, and supplemental difficulty of care payment.

(b) A child is eligible for medical assistance under subdivision 2.

(c) A child is eligible for the basic payment under subdivision 3, except for a child assigned level A under section 256N.24, subdivision 1, because the child is determined to be an at-risk child receiving guardianship assistance or adoption assistance.

(d) A child, including a foster child age 18 to 21, is eligible for an additional supplemental difficulty of care payment under subdivision 4, as determined by the assessment under section 256N.24.

(e) An eligible child entering guardianship assistance or adoption assistance under the age of six receives a basic payment and supplemental difficulty of care payment as specified in subdivision 5.

(f) A child transitioning in from a pre-Northstar Care for Children program under section 256N.28, subdivision 7, shall receive basic and difficulty of care supplemental payments according to those provisions.

Sec. 27. Minnesota Statutes 2013 Supplement, section 256N.27, subdivision 4, is amended to read:

Subd. 4. **Nonfederal share.** (a) The commissioner shall establish a percentage share of the maintenance payments, reduced by federal reimbursements under title IV-E of the Social Security Act, to be paid by the state and to be paid by the financially responsible agency.

(b) These state and local shares must initially be calculated based on the ratio of the average appropriate expenditures made by the state and all financially responsible agencies during calendar years 2011, 2012, 2013, and 2014. For purposes of this calculation, appropriate expenditures for the financially responsible agencies must include basic and difficulty of care payments for foster care reduced by federal reimbursements, but not including any initial clothing allowance, administrative payments to child care agencies specified in section 317A.907, child care, or other support or ancillary expenditures. For
purposes of this calculation, appropriate expenditures for the state shall include adoption
assistance and relative custody assistance, reduced by federal reimbursements.

(c) For each of the periods January 1, 2015, to June 30, 2016, and fiscal years 2017,
2018, and 2019, the commissioner shall adjust this initial percentage of state and local
shares to reflect the relative expenditure trends during calendar years 2011, 2012, 2013, and
2014, taking into account appropriations for Northstar Care for Children and the turnover
rates of the components. In making these adjustments, the commissioner's goal shall be to
make these state and local expenditures other than the appropriations for Northstar Care
for Children to be the same as they would have been had Northstar Care for Children not
been implemented, or if that is not possible, proportionally higher or lower, as appropriate.

Except for adjustments so that the costs of the phase-in are borne by the state, the state and
local share percentages for fiscal year 2019 must be used for all subsequent years.

Sec. 28. Minnesota Statutes 2012, section 257.85, subdivision 11, is amended to read:

Subd. 11. Financial considerations. (a) Payment of relative custody assistance
under a relative custody assistance agreement is subject to the availability of state funds
and payments may be reduced or suspended on order of the commissioner if insufficient
funds are available.

(b) Upon receipt from a local agency of a claim for reimbursement, the commissioner
shall reimburse the local agency in an amount equal to 100 percent of the relative custody
assistance payments provided to relative custodians. The local agency may not seek and
the commissioner shall not provide reimbursement for the administrative costs associated
with performing the duties described in subdivision 4.

(c) For the purposes of determining eligibility or payment amounts under MFIP,
relative custody assistance payments shall be excluded in determining the family's
available income.

(d) For expenditures made on or before December 31, 2014, upon receipt from a
local agency of a claim for reimbursement, the commissioner shall reimburse the local
agency in an amount equal to 100 percent of the relative custody assistance payments
provided to relative custodians.

(e) For expenditures made on or after January 1, 2015, upon receipt from a local
agency of a claim for reimbursement, the commissioner shall reimburse the local agency as
part of the Northstar Care for Children fiscal reconciliation process under section 256N.27.

Sec. 29. Minnesota Statutes 2012, section 260C.212, subdivision 1, is amended to read:
Subdivision 1. Out-of-home placement; plan. (a) An out-of-home placement plan shall be prepared within 30 days after any child is placed in foster care by court order or a voluntary placement agreement between the responsible social services agency and the child's parent pursuant to section 260C.227 or chapter 260D.

(b) An out-of-home placement plan means a written document which is prepared by the responsible social services agency jointly with the parent or parents or guardian of the child and in consultation with the child's guardian ad litem, the child's tribe, if the child is an Indian child, the child's foster parent or representative of the foster care facility, and, where appropriate, the child. For a child in voluntary foster care for treatment under chapter 260D, preparation of the out-of-home placement plan shall additionally include the child's mental health treatment provider. As appropriate, the plan shall be:

1. submitted to the court for approval under section 260C.178, subdivision 7;
2. ordered by the court, either as presented or modified after hearing, under section 260C.178, subdivision 7, or 260C.201, subdivision 6; and
3. signed by the parent or parents or guardian of the child, the child's guardian ad litem, a representative of the child's tribe, the responsible social services agency, and, if possible, the child.

(c) The out-of-home placement plan shall be explained to all persons involved in its implementation, including the child who has signed the plan, and shall set forth:

1. a description of the foster care home or facility selected, including how the out-of-home placement plan is designed to achieve a safe placement for the child in the least restrictive, most family-like, setting available which is in close proximity to the home of the parent or parents or guardian of the child when the case plan goal is reunification, and how the placement is consistent with the best interests and special needs of the child according to the factors under subdivision 2, paragraph (b);
2. the specific reasons for the placement of the child in foster care, and when reunification is the plan, a description of the problems or conditions in the home of the parent or parents which necessitated removal of the child from home and the changes the parent or parents must make in order for the child to safely return home;
3. a description of the services offered and provided to prevent removal of the child from the home and to reunify the family including:
   i. the specific actions to be taken by the parent or parents of the child to eliminate or correct the problems or conditions identified in clause (2), and the time period during which the actions are to be taken; and
   ii. the reasonable efforts, or in the case of an Indian child, active efforts to be made to achieve a safe and stable home for the child including social and other supportive

Article 25 Sec. 29.
services to be provided or offered to the parent or parents or guardian of the child, the
child, and the residential facility during the period the child is in the residential facility;

(4) a description of any services or resources that were requested by the child or the
child's parent, guardian, foster parent, or custodian since the date of the child's placement
in the residential facility, and whether those services or resources were provided and if
not, the basis for the denial of the services or resources;

(5) the visitation plan for the parent or parents or guardian, other relatives as defined
in section 260C.007, subdivision 27, and siblings of the child if the siblings are not placed
together in foster care, and whether visitation is consistent with the best interest of the
child, during the period the child is in foster care;

(6) when a child cannot return to or be in the care of either parent, documentation of
steps to finalize the permanency plan for the child, including:

(i) reasonable efforts to place the child for adoption or legal guardianship of the child
if the court has issued an order terminating the rights of both parents of the child or of the
only known, living parent of the child. At a minimum, the documentation must include
consideration of whether adoption is in the best interests of the child, child-specific
recruitment efforts such as relative search and the use of state, regional, and national
adoption exchanges to facilitate orderly and timely placements in and outside of the state.
A copy of this documentation shall be provided to the court in the review required under
section 260C.317, subdivision 3, paragraph (b); and

(ii) documentation necessary to support the requirements of the kinship placement
agreement under section 256N.22 when adoption is determined not to be in the child's
best interests;

(7) efforts to ensure the child's educational stability while in foster care, including:

(i) efforts to ensure that the child remains in the same school in which the child was
enrolled prior to placement or upon the child's move from one placement to another,
including efforts to work with the local education authorities to ensure the child's
educational stability; or

(ii) if it is not in the child's best interest to remain in the same school that the child
was enrolled in prior to placement or move from one placement to another, efforts to
ensure immediate and appropriate enrollment for the child in a new school;

(8) the educational records of the child including the most recent information
available regarding:

(i) the names and addresses of the child's educational providers;

(ii) the child's grade level performance;

(iii) the child's school record;
(iv) a statement about how the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement; and

(v) any other relevant educational information;

(9) the efforts by the local agency to ensure the oversight and continuity of health care services for the foster child, including:

(i) the plan to schedule the child's initial health screens;

(ii) how the child's known medical problems and identified needs from the screens, including any known communicable diseases, as defined in section 144.4172, subdivision 2, will be monitored and treated while the child is in foster care;

(iii) how the child's medical information will be updated and shared, including the child's immunizations;

(iv) who is responsible to coordinate and respond to the child's health care needs, including the role of the parent, the agency, and the foster parent;

(v) who is responsible for oversight of the child's prescription medications;

(vi) how physicians or other appropriate medical and nonmedical professionals will be consulted and involved in assessing the health and well-being of the child and determine the appropriate medical treatment for the child; and

(vii) the responsibility to ensure that the child has access to medical care through either medical insurance or medical assistance;

(10) the health records of the child including information available regarding:

(i) the names and addresses of the child's health care and dental care providers;

(ii) a record of the child's immunizations;

(iii) the child's known medical problems, including any known communicable diseases as defined in section 144.4172, subdivision 2;

(iv) the child's medications; and

(v) any other relevant health care information such as the child's eligibility for medical insurance or medical assistance;

(11) an independent living plan for a child age 16 or older. The plan should include, but not be limited to, the following objectives:

(i) educational, vocational, or employment planning;

(ii) health care planning and medical coverage;

(iii) transportation including, where appropriate, assisting the child in obtaining a driver's license;

(iv) money management, including the responsibility of the agency to ensure that the youth annually receives, at no cost to the youth, a consumer report as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies in the report;
369.1 (v) planning for housing;
369.2 (vi) social and recreational skills; and
369.3 (vii) establishing and maintaining connections with the child's family and
369.4 community; and
369.5 (12) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
369.6 and assessment information, specific services relating to meeting the mental health care
369.7 needs of the child, and treatment outcomes.
369.8 (d) The parent or parents or guardian and the child each shall have the right to legal
369.9 counsel in the preparation of the case plan and shall be informed of the right at the time
369.10 of placement of the child. The child shall also have the right to a guardian ad litem.
369.11 If unable to employ counsel from their own resources, the court shall appoint counsel
369.12 upon the request of the parent or parents or the child or the child's legal guardian. The
369.13 parent or parents may also receive assistance from any person or social services agency
369.14 in preparation of the case plan.
369.15 After the plan has been agreed upon by the parties involved or approved or ordered
369.16 by the court, the foster parents shall be fully informed of the provisions of the case plan
369.17 and shall be provided a copy of the plan.
369.18 Upon discharge from foster care, the parent, adoptive parent, or permanent legal and
369.19 physical custodian, as appropriate, and the child, if appropriate, must be provided with
369.20 a current copy of the child's health and education record.

Sec. 30. Minnesota Statutes 2012, section 260C.515, subdivision 4, is amended to read:

Subd. 4. Custody to relative. The court may order permanent legal and physical
369.21 custody to a fit and willing relative in the best interests of the child according to the
369.22 following conditions requirements:
369.23 (1) an order for transfer of permanent legal and physical custody to a relative shall
369.24 only be made after the court has reviewed the suitability of the prospective legal and
369.25 physical custodian;
369.26 (2) in transferring permanent legal and physical custody to a relative, the juvenile
369.27 court shall follow the standards applicable under this chapter and chapter 260, and the
369.28 procedures in the Minnesota Rules of Juvenile Protection Procedure;
369.29 (3) a transfer of legal and physical custody includes responsibility for the protection,
369.30 education, care, and control of the child and decision making on behalf of the child;
369.31 (4) a permanent legal and physical custodian may not return a child to the permanent
369.32 care of a parent from whom the court removed custody without the court's approval and
369.33 without notice to the responsible social services agency;
(5) the social services agency may file a petition naming a fit and willing relative as a proposed permanent legal and physical custodian. A petition for transfer of permanent legal and physical custody to a relative who is not a parent shall be accompanied by a kinship placement agreement under section 256N.22, subdivision 2, between the agency and proposed permanent legal and physical custodian;

(6) another party to the permanency proceeding regarding the child may file a petition to transfer permanent legal and physical custody to a relative, but the petition must include facts upon which the court can make the determination required under clause (7) and must be filed not later than the date for the required admit-denied hearing under section 260C.507; or if the agency's petition is filed under section 260C.503, subdivision 2, the petition must be filed not later than 30 days prior to the trial required under section 260C.509; and

(7) where a petition is for transfer of permanent legal and physical custody to a relative who is not a parent, the court must find that:

(i) transfer of permanent legal and physical custody and receipt of Northstar kinship assistance under chapter 256N, when requested and the child is eligible, is in the child's best interests;

(ii) adoption is not in the child's best interests based on the determinations in the kinship placement agreement required under section 256N.22, subdivision 2;

(iii) the agency made efforts to discuss adoption with the child's parent or parents, or the agency did not make efforts to discuss adoption and the reasons why efforts were not made; and

(iv) there are reasons to separate siblings during placement, if applicable;

(8) the court may defer finalization of an order transferring permanent legal and physical custody to a relative when deferring finalization is necessary to determine eligibility for Northstar kinship assistance under chapter 256N;

(9) the court may finalize a permanent transfer of physical and legal custody to a relative regardless of eligibility for Northstar kinship assistance under chapter 256N; and

(10) the juvenile court may maintain jurisdiction over the responsible social services agency, the parents or guardian of the child, the child, and the permanent legal and physical custodian for purposes of ensuring appropriate services are delivered to the child and permanent legal custodian for the purpose of ensuring conditions ordered by the court related to the care and custody of the child are met.

Sec. 31. Minnesota Statutes 2012, section 260C.611, is amended to read:

260C.611 ADOPTION STUDY REQUIRED.
371.1 (a) An adoption study under section 259.41 approving placement of the child in the
371.2 home of the prospective adoptive parent shall be completed before placing any child under
371.3 the guardianship of the commissioner in a home for adoption. If a prospective adoptive
371.4 parent has a current child foster care license under chapter 245A and is seeking to adopt
371.5 a foster child who is placed in the prospective adoptive parent's home and is under the
371.6 guardianship of the commissioner according to section 260C.325, subdivision 1, the child
371.7 foster care home study meets the requirements of this section for an approved adoption
371.8 home study if:
371.9 (1) the written home study on which the foster care license was based is completed
371.10 in the commissioner's designated format, consistent with the requirements in sections
371.11 259.41, subdivision 2; and 260C.215, subdivision 4, clause (5); and Minnesota Rules,
371.12 part 2960.3060, subpart 4;
371.13 (2) the background studies on each prospective adoptive parent and all required
371.14 household members were completed according to section 245C.33;
371.15 (3) the commissioner has not issued, within the last three years, a sanction on the
371.16 license under section 245A.07 or an order of a conditional license under section 245A.06;
371.17 and
371.18 (4) the legally responsible agency determines that the individual needs of the child
371.19 are being met by the prospective adoptive parent through an assessment under section
371.20 256N.24, subdivision 2, or a documented placement decision consistent with section
371.21 260C.212, subdivision 2.
371.22 (b) If a prospective adoptive parent has previously held a foster care license or
371.23 adoptive home study, any update necessary to the foster care license, or updated or new
371.24 adoptive home study, if not completed by the licensing authority responsible for the
371.25 previous license or home study, shall include collateral information from the previous
371.26 licensing or approving agency, if available.

Sec. 32. PARENT AWARE QUALITY RATING AND IMPROVEMENT
SYSTEM ACCESSIBILITY REPORT.

Subdivision 1. Recommendations. The commissioner of human services, in
consultation with representatives from the child care and early childhood advocacy
community, child care provider organizations, child care providers, organizations
administering Parent Aware, the Departments of Education and Health, counties, and
parents, shall make recommendations to the members of the legislative committees having
jurisdiction over health and human services provisions and funding on increasing statewide
accessibility for child care providers to the Parent Aware quality rating and improvement
system and for increasing access to Parent Aware-rated programs for families with
children. The recommendations must address the following factors impacting accessibility:

(1) availability of rated and nonrated programs by child care provider type, within
rural and underserved areas, and for different cultural and non-English-speaking groups;
(2) time and resources necessary for child care providers to participate in Parent
Aware at various rating levels, including cultural and linguistic considerations;
(3) federal child care development fund regulations; and
(4) other factors as determined by the commissioner.

Subd. 2. Report. By February 15, 2015, the commissioner of human services
shall report to the legislative committees with jurisdiction over the child care
assistance programs and the Parent Aware quality rating and improvement system with
recommendations to increase access for families and child care providers to Parent Aware,
including benchmarks for achieving the maximum participation in Parent Aware-rated
child care programs by families receiving child care assistance.

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

Sec. 33. RECOMMENDATIONS FOR CULTURALLY APPROPRIATE
OUTREACH.

The Cultural and Ethnic Communities Leadership Council under Laws 2013,
chapter 107, article 2, section 1, shall review with the commissioner of human services
the department's existing competencies and strategies and provide recommendations on
improving internal competencies for culturally appropriate outreach to New American
community providers impacted by Minnesota Statutes, section 119B.09, subdivision 9a.

Sec. 34. REVISOR'S INSTRUCTION.

The revisor of statutes shall change the term "guardianship assistance" to "Northstar
kinship assistance" wherever it appears in Minnesota Statutes and Minnesota Rules to
refer to the program components related to Northstar Care for Children under Minnesota
Statutes, chapter 256N.

Sec. 35. REPEALER.

Minnesota Statutes 2013 Supplement, section 256N.26, subdivision 7, is repealed.
ARTICLE 26

COMMUNITY FIRST SERVICES AND SUPPORTS

Section 1. Minnesota Statutes 2012, section 245C.03, is amended by adding a subdivision to read:

Subd. 8. Community first services and supports organizations. The commissioner shall conduct background studies on any individual required under section 256B.85 to have a background study completed under this chapter.

Sec. 2. Minnesota Statutes 2012, section 245C.04, is amended by adding a subdivision to read:

Subd. 7. Community first services and supports organizations. (a) The commissioner shall conduct a background study of an individual required to be studied under section 245C.03, subdivision 8, at least upon application for initial enrollment under section 256B.85.

(b) Before an individual described in section 245C.03, subdivision 8, begins a position allowing direct contact with a person served by an organization required to initiate a background study under section 256B.85, the organization must receive a notice from the commissioner that the support worker is:

(1) not disqualified under section 245C.14; or

(2) disqualified, but the individual has received a set-aside of the disqualification under section 245C.22.

Sec. 3. Minnesota Statutes 2012, section 245C.10, is amended by adding a subdivision to read:

Subd. 10. Community first services and supports organizations. The commissioner shall recover the cost of background studies initiated by an agency-provider delivering services under section 256B.85, subdivision 11, or a financial management services contractor providing service functions under section 256B.85, subdivision 13, through a fee of no more than $20 per study, charged to the organization responsible for submitting the background study form. The fees collected under this subdivision are appropriated to the commissioner for the purpose of conducting background studies.

Sec. 4. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 2, is amended to read:
Subd. 2. Definitions. (a) For the purposes of this section, the terms defined in this subdivision have the meanings given.

(b) "Activities of daily living" or "ADLs" means eating, toileting, dressing, bathing, mobility, positioning, and transferring.

(c) "Agency-provider model" means a method of CFSS under which a qualified agency provides services and supports through the agency's own employees and policies.

The agency must allow the participant to have a significant role in the selection and dismissal of support workers of their choice for the delivery of their specific services and supports.

(d) "Behavior" means a description of a need for services and supports used to determine the home care rating and additional service units. The presence of Level I behavior is used to determine the home care rating. "Level I behavior" means physical aggression towards self or others or destruction of property that requires the immediate response of another person. If qualified for a home care rating as described in subdivision 8, additional service units can be added as described in subdivision 8, paragraph (f), for the following behaviors:

(1) Level I behavior;

(2) increased vulnerability due to cognitive deficits or socially inappropriate behavior; or

(3) increased need for assistance for recipients who are verbally aggressive or resistive to care so that time needed to perform activities of daily living is increased.

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

(f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that has been ordered by a physician, and is specified in a community support plan, including:

(1) tube feedings requiring:

(i) a gastrojejunostomy tube; or

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

(2) wounds described as:

(i) stage III or stage IV;

(ii) multiple wounds;

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

Article 26 Sec. 4.
(iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized care;

(3) parenteral therapy described as:

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

(ii) total parenteral nutrition (TPN) daily;

(4) respiratory interventions, including:

(i) oxygen required more than eight hours per day;

(ii) respiratory vest more than one time per day;

(iii) bronchial drainage treatments more than two times per day;

(iv) sterile or clean suctioning more than six times per day;

(v) dependence on another to apply respiratory ventilation augmentation devices such as BiPAP and CPAP; and

(vi) ventilator dependence under section 256B.0652;

(5) insertion and maintenance of catheter, including:

(i) sterile catheter changes more than one time per month;

(ii) clean intermittent catheterization, and including self-catheterization more than six times per day; or

(iii) bladder irrigations;

(6) bowel program more than two times per week requiring more than 30 minutes to perform each time;

(7) neurological intervention, including:

(i) seizures more than two times per week and requiring significant physical assistance to maintain safety; or

(ii) swallowing disorders diagnosed by a physician and requiring specialized assistance from another on a daily basis; and

(8) other congenital or acquired diseases creating a need for significantly increased direct hands-on assistance and interventions in six to eight activities of daily living.

(g) "Community first services and supports" or "CFSS" means the assistance and supports program under this section needed for accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks through hands-on assistance to accomplish the task or constant supervision and cueing to accomplish the task, or the purchase of goods as defined in subdivision 7, paragraph (a), clause (3), that replace the need for human assistance.

(h) "Community first services and supports service delivery plan" or "service delivery plan" means a written summary of document detailing the services and supports
chosen by the participant to meet assessed needs that are within the approved CFSS
service authorization amount. Services and supports are based on the community support
plan identified in section 256B.0911 and coordinated services and support plan and budget
identified in section 256B.0915, subdivision 6, if applicable, that is determined by the
participant to meet the assessed needs, using a person-centered planning process.

(i) "Consultation services" means a Minnesota health care program enrolled provider
organization that is under contract with the department and has the knowledge, skills,
and ability to assist CFSS participants in using either the agency-provider model under
subdivision 11 or the budget model under subdivision 13.

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

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

(h) (l) "Extended CFSS" means CFSS services and supports under the
agency provider model included in a service plan through one of the home and
community-based services waivers and as approved and authorized under sections
256B.0915; 256B.092, subdivision 5; and 256B.49, which exceed the amount, duration,
and frequency of the state plan CFSS services for participants.

(m) (m) "Financial management services contractor or vendor" or "FMS contractor"
means a qualified organization having required for participants using the budget model
under subdivision 13 that has a written contract with the department to provide vendor
fiscal/employer agent financial management services necessary to use the budget model
under subdivision 13 that (FMS). Services include but are not limited to: participant
education and technical assistance; CFSS service delivery planning and budgeting;
filing and payment of federal and state payroll taxes on behalf of the participant;
initiating criminal background checks; billing, making payments, and for approved CFSS
services with authorized funds; monitoring of spending expenditures; accounting for
and disbursing CFSS funds; providing assistance in obtaining and filing for liability,
workers' compensation, and unemployment coverage; and assisting providing participant
instruction and technical assistance to the participant in fulfilling employer-related
requirements in accordance with Section 3504 of the Internal Revenue Code and the
Internal Revenue Service Revenue Procedure 70-6 related regulations and interpretations, including Code of Federal Regulations, title 26, section 31.3504-1.

(i) "Budget model" means a service delivery method of CFSS that allows the use of an individualized CFSS service delivery plan and service budget and provides assistance from the financial management services contractor to facilitate participant employment of support workers and the acquisition of supports and goods.

(m) (n) "Health-related procedures and tasks" means procedures and tasks related to the specific needs of an individual that can be delegated taught or assigned by a state-licensed healthcare or mental health professional and performed by a support worker.

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

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

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

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

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

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

(q) (r) "Participant's representative" means a parent, family member, advocate, or other adult authorized by the participant to serve as a representative in connection with the provision of CFSS. This authorization must be in writing or by another method that clearly indicates the participant's free choice. The participant's representative must
have no financial interest in the provision of any services included in the participant's
service delivery plan and must be capable of providing the support necessary to assist
the participant in the use of CFSS. If through the assessment process described in
subdivision 5 a participant is determined to be in need of a participant's representative, one
must be selected. If the participant is unable to assist in the selection of a participant's
representative, the legal representative shall appoint one. Two persons may be designated
as a participant's representative for reasons such as divided households and court-ordered
custodies. Duties of a participant's representatives may include:

(1) being available while care is services are provided in a method agreed upon by
the participant or the participant's legal representative and documented in the participant's
CFSS service delivery plan;
(2) monitoring CFSS services to ensure the participant's CFSS service delivery
plan is being followed; and
(3) reviewing and signing CFSS time sheets after services are provided to provide
verification of the CFSS services.

"Person-centered planning process" means a process that is directed by the
participant to plan for services and supports. The person-centered planning process must:
(1) include people chosen by the participant;
(2) provide necessary information and support to ensure that the participant directs
the process to the maximum extent possible, and is enabled to make informed choices
and decisions;
(3) be timely and occur at time and locations of convenience to the participant;
(4) reflect cultural considerations of the participant;
(5) include strategies for solving conflict or disagreement within the process,
including clear conflict-of-interest guidelines for all planning;
(6) provide the participant choices of the services and supports they receive and the
staff providing those services and supports;
(7) include a method for the participant to request updates to the plan; and
(8) record the alternative home and community-based settings that were considered
by the participant.

"Shared services" means the provision of CFSS services by the same CFSS
support worker to two or three participants who voluntarily enter into an agreement to
receive services at the same time and in the same setting by the same provider employer.
"Support specialist" means a professional with the skills and ability to assist the
participant using either the agency/provider model under subdivision 11 or the flexible

Article 26 Sec. 4.
spending model under subdivision 13, in services including but not limited to assistance regarding:

1) the development, implementation, and evaluation of the CFSS service delivery plan under subdivision 6;

2) recruitment, training, or supervision, including supervision of health-related tasks or behavioral supports appropriately delegated or assigned by a health care professional, and evaluation of support workers; and

3) facilitating the use of informal and community supports, goods, or resources.

(u) "Support worker" means an a qualified and trained employee of the agency provider agency-provider or of the participant employer under the budget model who has direct contact with the participant and provides services as specified within the participant's service delivery plan.

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

(w) "Worker training and development" means services for developing workers' skills as required by the participant's individual CFSS delivery plan that are arranged for or provided by the agency-provider or purchased by the participant employer. These services include training, education, direct observation and supervision, and evaluation and coaching of job skills and tasks, including supervision of health-related tasks or behavioral supports.

Sec. 5. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 3, is amended to read:

Subd. 3. Eligibility. (a) CFSS is available to a person who meets one of the following:

1) is a recipient an enrollee of medical assistance as determined under section 256B.055, 256B.056, or 256B.057, subdivisions 5 and 9;

2) is a recipient of participant in the alternative care program under section 256B.0913;

3) is a waiver recipient participant as defined under section 256B.0915, 256B.092, 256B.093, or 256B.49; or

4) has medical services identified in a participant's individualized education program and is eligible for services as determined in section 256B.0625, subdivision 26.
(b) In addition to meeting the eligibility criteria in paragraph (a), a person must also meet all of the following:

(1) require assistance and be determined dependent in one activity of daily living or Level I behavior based on assessment under section 256B.0911; and

(2) is not a recipient of participant under a family support grant under section 252.32;

(3) lives in the person's own apartment or home including a family foster care setting licensed under chapter 245A, but not in corporate foster care under chapter 245A; or a nonecertified boarding care home or a boarding and lodging establishment under chapter 457.

Sec. 6. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 5, is amended to read:

Subd. 5. Assessment requirements. (a) The assessment of functional need must:

(1) be conducted by a certified assessor according to the criteria established in section 256B.0911, subdivision 3a;

(2) be conducted face-to-face, initially and at least annually thereafter, or when there is a significant change in the participant's condition or a change in the need for services and supports, or at the request of the participant when the participant experiences a change in condition or needs a change in the services or supports; and

(3) be completed using the format established by the commissioner.

(b) A participant who is residing in a facility may be assessed and choose CFSS for the purpose of using CFSS to return to the community as described in subdivisions 3 and 7, paragraph (a), clause (5).

(e) (b) The results of the assessment and any recommendations and authorizations for CFSS must be determined and communicated in writing by the lead agency's certified assessor as defined in section 256B.0911 to the participant and the agency-provider or financial management services provider FMS contractor chosen by the participant within 40 calendar days and must include the participant's right to appeal under section 256.045, subdivision 3.

(d) (c) The lead agency assessor may request authorize a temporary authorization for CFSS services to be provided under the agency-provider model. Authorization for a temporary level of CFSS services under the agency-provider model is limited to the time specified by the commissioner, but shall not exceed 45 days. The level of services authorized under this paragraph shall have no bearing on a future authorization.

Participants approved for a temporary authorization shall access the consultation service to complete their orientation and selection of a service model.
Sec. 7. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 6, is amended to read:

Subd. 6. **Community first services and support service delivery plan.** (a) The CFSS service delivery plan must be developed, implemented, and evaluated through a person-centered planning process by the participant, or the participant's representative or legal representative who may be assisted by a support specialist consultation services provider. The CFSS service delivery plan must reflect the services and supports that are important to the participant and for the participant to meet the needs assessed by the certified assessor and identified in the community support plan under section 256B.0911, subdivision 3, or the coordinated services and support plan identified in section 256B.0915, subdivision 6, if applicable. The CFSS service delivery plan must be reviewed by the participant, the consultation services provider, and the agency-provider or financial management services FMS contractor prior to starting services and at least annually upon reassessment, or when there is a significant change in the participant's condition, or a change in the need for services and supports.

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

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

(1) specify the consultation services provider, agency-provider, or financial management services FMS contractor selected by the participant;

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

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

(4) include the means to address the clinical and support needs as identified through an assessment of functional needs;

(5) include individually identified goals and desired outcomes;

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

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

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

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

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

(11) be finalized and agreed to in writing by the participant and signed by all individuals and providers responsible for its implementation;
(12) be distributed to the participant and other people involved in the plan; and

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

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

(15) include a plan for worker training and development detailing what service components will be used, when the service components will be used, how they will be provided, and how these service components relate to the participant's individual needs and CFSS support worker services.

(d) The total units of agency-provider services or the service budget allocation amount for the budget model include both annual totals and a monthly average amount that cover the number of months of the service authorization. The amount used each month may vary, but additional funds must not be provided above the annual service authorization amount unless a change in condition is assessed and authorized by the certified assessor and documented in the community support plan, coordinated services and supports plan, and CFSS service delivery plan.

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

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

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

(f) The service plan must be approved by the consultation services provider for participants without a case manager/care coordinator. A case manager/care coordinator must approve the plan for a waiver or alternative care program participant.

Sec. 8. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 7, is amended to read:

Subd. 7. Community first services and supports; covered services. Within the service unit authorization or service budget allocation amount, services and supports covered under CFSS include:

(1) assistance to accomplish activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related procedures and tasks through hands-on assistance to accomplish the task or constant supervision and cueing to accomplish the task;

(2) assistance to acquire, maintain, or enhance the skills necessary for the participant to accomplish activities of daily living, instrumental activities of daily living, or health-related tasks;
(3) expenditures for items, services, supports, environmental modifications, or

goods, including assistive technology. These expenditures must:

(i) relate to a need identified in a participant's CFSS service delivery plan;

(ii) increase independence or substitute for human assistance to the extent that

expenditures would otherwise be made for human assistance for the participant's assessed

needs;

(4) observation and redirection for behavior or symptoms where there is a need for

assistance. An assessment of behaviors must meet the criteria in this clause. A recipient

participant qualifies as having a need for assistance due to behaviors if the recipient's

participant's behavior requires assistance at least four times per week and shows one or

more of the following behaviors:

(i) physical aggression towards self or others, or destruction of property that requires

the immediate response of another person;

(ii) increased vulnerability due to cognitive deficits or socially inappropriate

behavior; or

(iii) increased need for assistance for recipients participants who are verbally

aggressive or resistive to care so that time needed to perform activities of daily living is

increased;

(5) back-up systems or mechanisms, such as the use of pagers or other electronic

devices, to ensure continuity of the participant's services and supports;

(6) transition costs, including:

(i) deposits for rent and utilities;

(ii) first month's rent and utilities;

(iii) bedding;

(iv) basic kitchen supplies;

(v) other necessities, to the extent that these necessities are not otherwise covered

under any other funding that the participant is eligible to receive; and

(vi) other required necessities for an individual to make the transition from a nursing

facility, institution for mental diseases, or intermediate care facility for persons with

developmental disabilities to a community-based home setting where the participant

resides; and

(7) services provided by a support specialist consultation services provider under

contract with the department and enrolled as a Minnesota health care program provider as

defined under subdivision 2 that are chosen by the participant. 17;

(7) services provided by an FMS contractor under contract with the department

as defined under subdivision 13;
(8) CFSS services provided by a qualified support worker who is a parent, stepparent, or legal guardian of a participant under age 18, or who is the participant's spouse. These support workers shall not provide any medical assistance home and community-based services in excess of 40 hours per seven-day period regardless of the number of parents, combination of parents and spouses, or number of children who receive medical assistance services; and

(9) worker training and development services as defined in subdivision 2, paragraph (w), and described in subdivision 18a.

Sec. 9. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 8, is amended to read:

Subd. 8. Determination of CFSS service methodology. (a) All community first services and supports must be authorized by the commissioner or the commissioner's designee before services begin, except for the assessments established in section 256B.0911. The authorization for CFSS must be completed as soon as possible following an assessment but no later than 40 calendar days from the date of the assessment.

(b) The amount of CFSS authorized must be based on the recipient's participant's home care rating described in paragraphs (d) and (e) and any additional service units for which the person participant qualifies as described in paragraph (f).

(c) The home care rating shall be determined by the commissioner or the commissioner's designee based on information submitted to the commissioner identifying the following for a recipient participant:

(1) the total number of dependencies of activities of daily living as defined in subdivision 2, paragraph (b);

(2) the presence of complex health-related needs as defined in subdivision 2, paragraph (e); and

(3) the presence of Level I behavior as defined in subdivision 2, paragraph (d);

d) The methodology to determine the total service units for CFSS for each home care rating is based on the median paid units per day for each home care rating from fiscal year 2007 data for the PCA program.

e) Each home care rating is designated by the letters P through Z and EN and has the following base number of service units assigned:

(1) P home care rating requires Level I behavior or one to three dependencies in ADLs and qualifies one for five service units;
(2) Q home care rating requires Level I behavior and one to three dependencies in ADLs and qualifies one for six service units;
(3) R home care rating requires a complex health-related need and one to three dependencies in ADLs and qualifies one for seven service units;
(4) S home care rating requires four to six dependencies in ADLs and qualifies one for ten service units;
(5) T home care rating requires four to six dependencies in ADLs and Level I behavior and qualifies one for 11 service units;
(6) U home care rating requires four to six dependencies in ADLs and a complex health-related need and qualifies one for 14 service units;
(7) V home care rating requires seven to eight dependencies in ADLs and qualifies one for 17 service units;
(8) W home care rating requires seven to eight dependencies in ADLs and Level I behavior and qualifies one for 20 service units;
(9) Z home care rating requires seven to eight dependencies in ADLs and a complex health-related need and qualifies one for 30 service units; and
(10) EN home care rating includes ventilator dependency as defined in section 256B.0651, subdivision 1, paragraph (g). Recipients who meet the definition of ventilator-dependent and the EN home care rating and utilize a combination of CFSS and other home care services are limited to a total of 96 service units per day for those services in combination. Additional units may be authorized when a recipient's participant's assessment indicates a need for two staff to perform activities. Additional time is limited to 16 service units per day.
(f) Additional service units are provided through the assessment and identification of the following:
(1) 30 additional minutes per day for a dependency in each critical activity of daily living as defined in subdivision 2, paragraph (d) (j);
(2) 30 additional minutes per day for each complex health-related function as defined in subdivision 2, paragraph (e) (f); and
(3) 30 additional minutes per day for each behavior issue as defined in subdivision 2, paragraph (d).
(g) The service budget for budget model participants shall be based on:
(1) assessed units as determined by the home care rating; and
(2) an adjustment needed for administrative expenses.
Sec. 10. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 9, is amended to read:

Subd. 9. **Noncovered services.** (a) Services or supports that are not eligible for payment under this section include those that:

1. are not authorized by the certified assessor or included in the written service delivery plan;
2. are provided prior to the authorization of services and the approval of the written CFSS service delivery plan;
3. are duplicative of other paid services in the written service delivery plan;
4. supplant natural unpaid supports that appropriately meet a need in the service plan, are provided voluntarily to the participant, and are selected by the participant in lieu of other services and supports;
5. are not effective means to meet the participant's needs; and
6. are available through other funding sources, including, but not limited to, funding through title IV-E of the Social Security Act.

(b) Additional services, goods, or supports that are not covered include:

1. those that are not for the direct benefit of the participant, except that services for caregivers such as training to improve the ability to provide CFSS are considered to directly benefit the participant if chosen by the participant and approved in the support plan;
2. any fees incurred by the participant, such as Minnesota health care programs fees and co-pays, legal fees, or costs related to advocate agencies;
3. insurance, except for insurance costs related to employee coverage;
4. room and board costs for the participant with the exception of allowable transition costs in subdivision 7, clause (6);
5. services, supports, or goods that are not related to the assessed needs;
6. special education and related services provided under the Individuals with Disabilities Education Act and vocational rehabilitation services provided under the Rehabilitation Act of 1973;
7. assistive technology devices and assistive technology services other than those for back-up systems or mechanisms to ensure continuity of service and supports listed in subdivision 7;
8. medical supplies and equipment covered under medical assistance;
9. environmental modifications, except as specified in subdivision 7;
10. expenses for travel, lodging, or meals related to training the participant; or the participant's representative; or legal representative; or paid or unpaid caregivers that exceed $500 in a 12-month period;
(11) experimental treatments;
(12) any service or good covered by other medical assistance state plan services, including prescription and over-the-counter medications, compounds, and solutions and related fees, including premiums and co-payments;
(13) membership dues or costs, except when the service is necessary and appropriate to treat a physical health condition or to improve or maintain the participant's physical health condition. The condition must be identified in the participant's CFSS plan and monitored by a physician enrolled in a Minnesota health care program enrolled physician;
(14) vacation expenses other than the cost of direct services;
(15) vehicle maintenance or modifications not related to the disability, health condition, or physical need; and
(16) tickets and related costs to attend sporting or other recreational or entertainment events;
(17) services provided and billed by a provider who is not an enrolled CFSS provider;
(18) CFSS provided by a participant's representative or paid legal guardian;
(19) services that are used solely as a child care or babysitting service;
(20) services that are the responsibility or in the daily rate of a residential or program license holder under the terms of a service agreement and administrative rules;
(21) sterile procedures;
(22) giving of injections into veins, muscles, or skin;
(23) homemaker services that are not an integral part of the assessed CFSS service;
(24) home maintenance or chore services;
(25) home care services, including hospice services if elected by the participant, covered by Medicare or any other insurance held by the participant;
(26) services to other members of the participant's household;
(27) services not specified as covered under medical assistance as CFSS;
(28) application of restraints or implementation of deprivation procedures;
(29) assessments by CFSS provider organizations or by independently enrolled registered nurses;
(30) services provided in lieu of legally required staffing in a residential or child care setting; and
(31) services provided by the residential or program license holder in a residence for more than four persons.

Sec. 11. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 10, is amended to read:
Subd. 10. **Provider Agency-provider and FMS contractor qualifications and general requirements, and duties.** (a) Agency-providers delivering services under the agency-provider model under subdivision 11 or financial management service (FMS) FMS contractors under subdivision 13 shall:

(1) enroll as a medical assistance Minnesota health care programs provider and meet all applicable provider standards and requirements;

(2) comply with medical assistance provider enrollment requirements;

(2) demonstrate compliance with law federal and state laws and policies of for CFSS as determined by the commissioner;

(3) comply with background study requirements under chapter 245C and maintain documentation of background study requests and results;

(4) verify and maintain records of all services and expenditures by the participant, including hours worked by support workers and support specialists;

(5) not engage in any agency-initiated direct contact or marketing in person, by telephone, or other electronic means to potential participants, guardians, family members, or participants' representatives;

(6) directly provide services and not use a subcontractor or reporting agent;

(7) meet the financial requirements established by the commissioner for financial solvency;

(8) have never had a lead agency contract or provider agreement discontinued due to fraud, or have never had an owner, board member, or manager fail a state or FBI-based criminal background check while enrolled or seeking enrollment as a Minnesota health care programs provider;

(9) have established business practices that include written policies and procedures, internal controls, and a system that demonstrates the organization's ability to deliver quality CFSS; and

(10) have an office located in Minnesota.

(b) In conducting general duties, agency-providers and FMS contractors shall:

(1) pay support workers and support specialists based upon actual hours of services provided;

(2) pay for worker training and development services based upon actual hours of services provided or the unit cost of the training session purchased;

(3) withhold and pay all applicable federal and state payroll taxes;

(4) make arrangements and pay unemployment insurance, taxes, workers' compensation, liability insurance, and other benefits, if any;
(5) enter into a written agreement with the participant, participant's representative, or legal representative that assigns roles and responsibilities to be performed before services, supports, or goods are provided using a format established by the commissioner;

(6) report maltreatment as required under sections 626.556 and 626.557; and

(7) provide the participant with a copy of the service-related rights under subdivision 20 at the start of services and supports; and

(8) comply with any data requests from the department consistent with the Minnesota Government Data Practices Act under chapter 13.

Sec. 12. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 11, is amended to read:

Subd. 11. Agency-provider model. (a) The agency-provider model is limited to the services provided by support workers and support specialists who provide worker training and development services who are employed by an agency-provider that is licensed according to chapter 245A or meets other criteria established by the commissioner, including required training.

(b) The agency-provider shall allow the participant to have a significant role in the selection and dismissal of the support workers for the delivery of the services and supports specified in the participant's service delivery plan.

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

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

(e) The agency-provider must use a minimum of 72.5 percent of the revenue generated by the medical assistance payment for CFSS for support worker wages and benefits. The agency-provider must document how this requirement is being met. The revenue generated by the support specialist worker training and development services and the reasonable costs associated with the support specialist worker training and development services must not be used in making this calculation.

(f) The agency-provider model must be used by individuals who have been restricted by the Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to 9505.2245.
(g) Participants purchasing goods under this model, along with support worker services, must:

(1) specify the goods in the service delivery plan and detailed budget for expenditures that must be approved by the consultation services provider or the case manager/care coordinator; and

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

Sec. 13. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 12, is amended to read:

Subd. 12. Requirements for enrollment of CFSS provider agency-provider agencies. (a) All CFSS provider agencies agency-providers must provide, at the time of enrollment, reenrollment, and revalidation as a CFSS provider agency agency-provider in a format determined by the commissioner, information and documentation that includes, but is not limited to, the following:

(1) the CFSS provider agency's agency-provider's current contact information including address, telephone number, and e-mail address;

(2) proof of surety bond coverage. Upon new enrollment, or if the provider agency's agency-provider's Medicaid revenue in the previous calendar year is less than or equal to $300,000, the provider agency agency-provider must purchase a performance bond of $50,000. If the provider agency's agency-provider's Medicaid revenue in the previous calendar year is greater than $300,000, the provider agency agency-provider must purchase a performance bond of $100,000. The performance bond must be in a form approved by the commissioner, must be renewed annually, and must allow for recovery of costs and fees in pursuing a claim on the bond;

(3) proof of fidelity bond coverage in the amount of $20,000;

(4) proof of workers' compensation insurance coverage;

(5) proof of liability insurance;

(6) a description of the CFSS provider agency's agency-provider's organization identifying the names of all owners, managing employees, staff, board of directors, and the affiliations of the directors, and owners, or staff to other service providers;

(7) a copy of the CFSS provider agency's agency-provider's written policies and procedures including: hiring of employees; training requirements; service delivery; and employee and consumer safety including process for notification and resolution of consumer grievances, identification and prevention of communicable diseases, and employee misconduct;
(8) copies of all other forms the CFSS provider agency-provider uses in the course of daily business including, but not limited to:

(i) a copy of the CFSS provider agency-provider's time sheet if the time sheet varies from the standard time sheet for CFSS services approved by the commissioner, and a letter requesting approval of the CFSS provider agency-provider's nonstandard time sheet; and

(ii) the a copy of the participant's individual CFSS provider agency's template for the CFSS care service delivery plan;

(9) a list of all training and classes that the CFSS provider agency-provider requires of its staff providing CFSS services;

(10) documentation that the CFSS provider agency-provider and staff have successfully completed all the training required by this section;

(11) documentation of the agency's agency-provider's marketing practices;

(12) disclosure of ownership, leasing, or management of all residential properties that are used or could be used for providing home care services;

(13) documentation that the agency agency-provider will use at least the following percentages of revenue generated from the medical assistance rate paid for CFSS services for employee personal care assistant CFSS support worker wages and benefits: 72.5 percent of revenue from CFSS providers. The revenue generated by the support specialist worker training and development services and the reasonable costs associated with the support specialist worker training and development services shall not be used in making this calculation; and

(14) documentation that the agency agency-provider does not burden recipients' participants' free exercise of their right to choose service providers by requiring personal care assistants CFSS support workers to sign an agreement not to work with any particular CFSS recipient participant or for another CFSS provider agency agency-provider after leaving the agency and that the agency is not taking action on any such agreements or requirements regardless of the date signed.

(b) CFSS provider agencies agency-providers shall provide to the commissioner the information specified in paragraph (a).

(c) All CFSS provider agencies agency-providers shall require all employees in management and supervisory positions and owners of the agency who are active in the day-to-day management and operations of the agency to complete mandatory training as determined by the commissioner. Employees in management and supervisory positions and owners who are active in the day-to-day operations of an agency who have completed the required training as an employee with a CFSS provider agency agency-provider do
not need to repeat the required training if they are hired by another agency, if they have
completed the training within the past three years. CFSS provider agency provider agency-provider
billing staff shall complete training about CFSS program financial management. Any new
owners or employees in management and supervisory positions involved in the day-to-day
operations are required to complete mandatory training as a requisite of working for the
agency. CFSS provider agencies certified for participation in Medicare as home health
agencies are exempt from the training required in this subdivision:
(d) The commissioner shall send annual review notifications to agency-providers 30
days prior to renewal. The notification must:
(1) list the materials and information the agency-provider is required to submit;
(2) provide instructions on submitting information to the commissioner; and
(3) provide a due date by which the commissioner must receive the requested
information.
Agency-providers shall submit the required documentation for annual review within
30 days of notification from the commissioner. If no documentation is submitted, the
agency-provider enrollment number must be terminated or suspended.

Sec. 14. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 13,
is amended to read:

Subd. 13. Budget model. (a) Under the budget model participants may exercise
more responsibility and control over the services and supports described and budgeted
within the CFSS service delivery plan. Participants must use services provided by an FMS
contractor as defined in subdivision 2, paragraph (m). Under this model, participants may
use their approved service budget allocation to:

(1) directly employ support workers, and pay wages, federal and state payroll taxes,
and premiums for workers' compensation, liability, and health insurance coverage; and
(2) obtain supports and goods as defined in subdivision 7
(3) choose a range of support assistance services from the financial management
services (FMS)-contractor related to:
(i) assistance in managing the budget to meet the service delivery plan needs,
consistent with federal and state laws and regulations;
(ii) the employment, training, supervision, and evaluation of workers by the
participant;
(iii) acquisition and payment for supports and goods; and
(iv) evaluation of individual service outcomes as needed for the scope of the
participant's degree of control and responsibility.
(b) Participants who are unable to fulfill any of the functions listed in paragraph (a) may authorize a legal representative or participant's representative to do so on their behalf.

c) The commissioner shall disenroll or exclude participants from the budget model and transfer them to the agency-provider model under, but not limited to, the following circumstances:

1) when a participant has been restricted by the Minnesota restricted recipient program, in which case the participant may be excluded for a specified time period under Minnesota Rules, parts 9505.2160 to 9505.2245;

2) when a participant exits the budget model during the participant's service plan year. Upon transfer, the participant shall not access the budget model for the remainder of that service plan year; or

3) when the department determines that the participant or participant's representative or legal representative cannot manage participant responsibilities under the budget model.

The commissioner must develop policies for determining if a participant is unable to manage responsibilities under the budget model.

d) A participant may appeal in writing to the department under section 256.045, subdivision 3, to contest the department's decision under paragraph (c), clause (3), to disenroll or exclude the participant from the budget model.

(e) (c) The FMS contractor shall not provide CFSS services and supports under the agency-provider service model.

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

1) information and consultation about CFSS;

2) (1) assistance with the development of the detailed budget for expenditures portion of the service delivery plan and budget model as requested by the consultation services provider or participant;

3) (2) billing and making payments for budget model expenditures;

4) (3) assisting participants in fulfilling employer-related requirements according to Internal Revenue Service Revenue Procedure 70-6, section 3504, Agency Employer Tax Liability, regulation 137086-08 section 3504 of the Internal Revenue Code and related regulations and interpretations, including Code of Federal Regulations, title 26, section 31.3504-1, which includes assistance with filing and paying payroll taxes, and obtaining worker compensation coverage;

5) (4) data recording and reporting of participant spending; and

6) (5) other duties established in the contract with the department, including with respect to providing assistance to the participant, participant's representative, or legal
representative in performing their employer responsibilities regarding support workers.

The support worker shall not be considered the employee of the financial management services FMS contractor; and

(6) billing, payment, and accounting of approved expenditures for goods for agency-provider participants.

(4) A participant who requests to purchase goods and supports along with support worker services under the agency-provider model must use the budget model with a service delivery plan that specifies the amount of services to be authorized to the agency-provider and the expenditures to be paid by the FMS contractor.

(e) (g) The FMS contractor shall:

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

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

(3) be knowledgeable of state and federal employment regulations, including those under the Fair Labor Standards Act of 1938, and comply with the requirements under the Internal Revenue Service Revenue Procedure 70-6, Section 3504; section 3504 of the Internal Revenue Code and related regulations and interpretations, including Code of Federal Regulations, title 26, section 31.3504-1, regarding agency employer tax liability for vendor or fiscal employer agent, and any requirements necessary to process employer and employee deductions, provide appropriate and timely submission of employer tax liabilities, and maintain documentation to support medical assistance claims;

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

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

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

(4) (h) The commissioner of human services shall:

1. establish rates and payment methodology for the FMS contractor;
2. identify a process to ensure quality and performance standards for the FMS contractor and ensure statewide access to FMS contractors; and
3. establish a uniform protocol for delivering and administering CFSS services to be used by eligible FMS contractors.

(h) The commissioner of human services shall disenroll or exclude participants from the budget model and transfer them to the agency-provider model under the following circumstances that include but are not limited to:

1. when a participant has been restricted by the Minnesota restricted recipient program, the participant may be excluded for a specified time period under Minnesota Rules, parts 9505.2160 to 9505.2245;
2. when a participant exits the budget model during the participant's service plan year. Upon transfer, the participant shall not access the budget model for the remainder of that service plan year or
3. when the department determines that the participant or participant’s representative or legal representative cannot manage participant responsibilities under the budget model. The commissioner must develop policies for determining if a participant is unable to manage responsibilities under a budget model.

(h) A participant may appeal under section 256B.85, subdivision 3, in writing to the department to contest the department's decision under paragraph (e), clause (3), to remove or exclude the participant from the budget model.

Sec. 15. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 15, is amended to read:

Subd. 15. Documentation of support services provided. (a) Support services provided to a participant by a support worker employed by either an agency-provider or the participant acting as the employer must be documented daily by each support worker, on a time sheet form approved by the commissioner. All documentation may be Web-based, electronic, or paper documentation. The completed form must be submitted on a monthly regular basis to the provider or the participant and the FMS contractor selected by the participant to provide assistance with meeting the participant’s employer obligations and kept in the recipient’s health participant’s record.
HF3172 THIRD ENGROSSMENT  REVISOR  NB  H3172-3

396.1 (b) The activity documentation must correspond to the written service delivery plan and be reviewed by the agency-provider or the participant and the FMS contractor when the participant is acting as the employer of the support worker.

396.4 (c) The time sheet must be on a form approved by the commissioner documenting time the support worker provides services in the home to the participant. The following criteria must be included in the time sheet:

396.5 (1) full name of the support worker and individual provider number;
396.9 (2) provider agency-provider name and telephone numbers, if an agency-provider is responsible for delivery services under the written service plan;
396.10 (3) full name of the participant;
396.11 (4) consecutive dates, including month, day, and year, and arrival and departure times with a.m. or p.m. notations;
396.13 (5) signatures of the participant or the participant's representative;
396.14 (6) personal signature of the support worker;
396.15 (7) any shared care provided, if applicable;
396.16 (8) a statement that it is a federal crime to provide false information on CFSS billings for medical assistance payments; and
396.18 (9) dates and location of recipient participant stays in a hospital, care facility, or incarceration.

396.20 Sec. 16. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 16, is amended to read:

396.21 Subd. 16. Support workers requirements. (a) Support workers shall:

396.23 (1) enroll with the department as a support worker after a background study under chapter 245C has been completed and the support worker has received a notice from the commissioner that:
396.26 (i) the support worker is not disqualified under section 245C.14; or
396.27 (ii) is disqualified, but the support worker has received a set-aside of the disqualification under section 245C.22;
396.29 (2) have the ability to effectively communicate with the participant or the participant's representative;
396.30 (3) have the skills and ability to provide the services and supports according to the participant's CFSS service delivery plan and respond appropriately to the participant's needs;
396.34 (4) not be a participant of CFSS, unless the support services provided by the support worker differ from those provided to the support worker;
(5) complete the basic standardized training as determined by the commissioner before completing enrollment. The training must be available in languages other than English and to those who need accommodations due to disabilities. Support worker training must include successful completion of the following training components: basic first aid, vulnerable adult, child maltreatment, OSHA universal precautions, basic roles and responsibilities of support workers including information about basic body mechanics, emergency preparedness, orientation to positive behavioral practices, orientation to responding to a mental health crisis, fraud issues, time cards and documentation, and an overview of person-centered planning and self-direction. Upon completion of the training components, the support worker must pass the certification test to provide assistance to participants;

(6) complete training and orientation on the participant's individual needs; and

(7) maintain the privacy and confidentiality of the participant, and not independently determine the medication dose or time for medications for the participant.

(b) The commissioner may deny or terminate a support worker's provider enrollment and provider number if the support worker:

(1) lacks the skills, knowledge, or ability to adequately or safely perform the required work;

(2) fails to provide the authorized services required by the participant employer;

(3) has been intoxicated by alcohol or drugs while providing authorized services to the participant or while in the participant's home;

(4) has manufactured or distributed drugs while providing authorized services to the participant or while in the participant's home; or

(5) has been excluded as a provider by the commissioner of human services, or the United States Department of Health and Human Services, Office of Inspector General, from participation in Medicaid, Medicare, or any other federal health care program.

(c) A support worker may appeal in writing to the commissioner to contest the decision to terminate the support worker's provider enrollment and provider number.

(d) A support worker must not provide or be paid for more than 275 hours of CFSS per month, regardless of the number of participants the support worker serves or the number of agency-providers or participant employers by which the support worker is employed. The department shall not disallow the number of hours per day a support worker works unless it violates other law.

Sec. 17. Minnesota Statutes 2013 Supplement, section 256B.85, is amended by adding a subdivision to read:
Subd. 16a. Exception to support worker requirements for continuity of services.

The support worker for a participant may be allowed to enroll with a different CFSS agency-provider or FMS contractor upon initiation, rather than completion, of a new background study according to chapter 245C, if the following conditions are met:

(1) the commissioner determines that the support worker's change in enrollment or affiliation is needed to ensure continuity of services and protect the health and safety of the participant;

(2) the chosen agency-provider or FMS contractor has been continuously enrolled as a CFSS agency-provider or FMS contractor for at least two years or since the inception of the CFSS program, whichever is shorter;

(3) the participant served by the support worker chooses to transfer to the CFSS agency-provider or the FMS contractor to which the support worker is transferring;

(4) the support worker has been continuously enrolled with the former CFSS agency-provider or FMS contractor since the support worker's last background study was completed; and

(5) the support worker continues to meet requirements of subdivision 16, excluding paragraph (a), clause (1).

Sec. 18. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 17, is amended to read:

Subd. 17. Support specialist requirements and payments. Consultation services description and duties. The commissioner shall develop qualifications, scope of functions, and payment rates and service limits for a support specialist that may provide additional or specialized assistance necessary to plan, implement, arrange, augment, or evaluate services and supports.

(a) Consultation services means providing assistance to the participant in making informed choices regarding CFSS services in general, and self-directed tasks in particular, and in developing a person-centered service delivery plan to achieve quality service outcomes.

(b) Consultation services is a required service that may include but is not limited to:

(1) an initial and annual orientation to CFSS information and policies, including selecting a service model;

(2) assistance with the development, implementation, management, and evaluation of the person-centered service delivery plan;

(3) consultation on recruiting, selecting, training, managing, directing, evaluating, and supervising support workers;
(4) reviewing the use of and access to informal and community supports, goods, or resources;

(5) assistance with fulfilling responsibilities and requirements of CFSS, including modifying service delivery plans and changing service models; and

(6) assistance with accessing FMS contractors or agency-providers.

(c) Duties of a consultation services provider shall include but are not limited to:

(1) review and finalization of the CFSS service delivery plan by the consultation services provider organization;

(2) distribution of copies of the final service delivery plan to the participant and to the agency-provider or FMS contractor, case manager/care coordinator, and other designated parties;

(3) an evaluation of services upon receiving information from an FMS contractor indicating spending or participant employer concerns;

(4) a semiannual review of services if the participant does not have a case manager/care coordinator and when the support worker is a paid parent of a minor participant or the participant's spouse;

(5) collection and reporting of data as required by the department; and

(6) providing the participant with a copy of the service-related rights under subdivision 20 at the start of consultation services.

Sec. 19. Minnesota Statutes 2013 Supplement, section 256B.85, is amended by adding a subdivision to read:

Subd. 17a. Consultation services provider qualifications and requirements. The commissioner shall develop the qualifications and requirements for providers of consultation services under subdivision 17. These providers must satisfy at least the following qualifications and requirements:

(1) are under contract with the department;

(2) are not the FMS contractor as defined in subdivision 2, paragraph (m), the CFSS or home and community-based services waiver agency-provider or vendor to the participant, or a lead agency;

(3) meet the service standards as established by the commissioner;

(4) employ lead professional staff with a minimum of three years of experience in providing support planning, support broker, or consultation services and consumer education to participants using a self-directed program using FMS under medical assistance;
(5) are knowledgeable about CFSS roles and responsibilities including those of the
certified assessor, FMS contractor, agency-provider, and case manager/care coordinator;
(6) comply with medical assistance provider requirements;
(7) understand the CFSS program and its policies;
(8) are knowledgeable about self-directed principles and the application of the
person-centered planning process;
(9) have general knowledge of the FMS contractor duties and participant
employment model, including all applicable federal, state, and local laws and regulations
regarding tax, labor, employment, and liability and workers’ compensation coverage for
household workers; and
(10) have all employees, including lead professional staff, staff in management
and supervisory positions, and owners of the agency who are active in the day-to-day
management and operations of the agency, complete training as specified in the contract
with the department.

Sec. 20. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 18,
is amended to read:

Subd. 18. **Service unit and budget allocation requirements and limits.** (a) For the
agency-provider model, services will be authorized in units of service. The total service
unit amount must be established based upon the assessed need for CFSS services, and must
not exceed the maximum number of units available as determined under subdivision 8.
(b) For the budget model, the service budget allocation allowed for services and
supports is established by multiplying the number of units authorized under subdivision 8
by the payment rate established by the commissioner defined in subdivision 8, paragraph
(g).

Sec. 21. Minnesota Statutes 2013 Supplement, section 256B.85, is amended by adding
a subdivision to read:

Subd. 18a. **Worker training and development services.** (a) The commissioner
shall develop the scope of tasks and functions, service standards, and service limits for
worker training and development services.
(b) Worker training and development services are in addition to the participant's
assessed service units or service budget. Services provided according to this subdivision
must:
(1) help support workers obtain and expand the skills and knowledge necessary to ensure competency in providing quality services as needed and defined in the participant's service delivery plan;

(2) be provided or arranged for by the agency-provider under subdivision 11 or purchased by the participant employer under the budget model under subdivision 13; and

(3) be described in the participant's CFSS service delivery plan and documented in the participant's file.

(c) Services covered under worker training and development shall include:

(1) support worker training on the participant's individual assessed needs, condition, or both, provided individually or in a group setting by a skilled and knowledgeable trainer beyond any training the participant or participant's representative provides;

(2) tuition for professional classes and workshops for the participant's support workers that relate to the participant's assessed needs, condition, or both;

(3) direct observation, monitoring, coaching, and documentation of support worker job skills and tasks, beyond any training the participant or participant's representative provides, including supervision of health-related tasks or behavioral supports that is conducted by an appropriate professional based on the participant's assessed needs.

These services must be provided within 14 days of the start of services or the start of a new support worker except as provided in paragraph (d) and must be specified in the participant's service delivery plan; and

(4) reporting service and support concerns to the appropriate provider.

(d) The services in paragraph (c), clause (3), are not required to be provided for a new support worker providing services for a participant due to staffing failures, unless the support worker is expected to provide ongoing backup staffing coverage.

(e) Worker training and development services shall not include:

(1) general agency training, worker orientation, or training on CFSS self-directed models;

(2) payment for preparation or development time for the trainer or presenter;

(3) payment of the support worker's salary or compensation during the training;

(4) training or supervision provided by the participant, the participant's support worker, or the participant's informal supports, including the participant's representative; or

(5) services in excess of 96 units per annual service authorization, unless approved by the department.

Sec. 22. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 23, is amended to read:
Subd. 23. **Commissioner's access.** When the commissioner is investigating a possible overpayment of Medicaid funds, the commissioner must be given immediate access without prior notice to the agency-provider's office during regular business hours and to documentation and records related to services provided and submission of claims for services provided. Denying the commissioner access to records is cause for immediate suspension of payment and terminating the agency provider's enrollment according to section 256B.064 or terminating the FMS contract.

Sec. 23. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 24, is amended to read:

Subd. 24. **CFSS agency-providers; background studies.** CFSS agency-providers enrolled to provide personal care assistance CFSS services under the medical assistance program shall comply with the following:

1. owners who have a five percent interest or more and all managing employees are subject to a background study as provided in chapter 245C. This applies to currently enrolled CFSS agency-providers and those agencies seeking enrollment as a CFSS agency-provider. "Managing employee" has the same meaning as Code of Federal Regulations, title 42, section 455. An organization is barred from enrollment if:

   i. the organization has not initiated background studies on owners managing employees; or

   ii. the organization has initiated background studies on owners and managing employees, but the commissioner has sent the organization a notice that an owner or managing employee of the organization has been disqualified under section 245C.14, and the owner or managing employee has not received a set-aside of the disqualification under section 245C.22;

2. a background study must be initiated and completed for all support-specialists staff who will have direct contact with the participant to provide worker training and development; and

3. a background study must be initiated and completed for all support workers.

Sec. 24. Laws 2013, chapter 108, article 7, section 49, the effective date, is amended to read:

**EFFECTIVE DATE.** This section is effective upon federal approval but no earlier than April 1, 2014. The service will begin 90 days after federal approval or April 1, 2014, whichever is later. The commissioner of human services shall notify the revisor of statues when this occurs.
ARTICLE 27
CONTINUING CARE

Section 1. Minnesota Statutes 2012, section 13.46, subdivision 4, is amended to read:

Subd. 4. Licensing data. (a) As used in this subdivision:

(1) "licensing data" are all data collected, maintained, used, or disseminated by the welfare system pertaining to persons licensed or registered or who apply for licensure or registration or who formerly were licensed or registered under the authority of the commissioner of human services;

(2) "client" means a person who is receiving services from a licensee or from an applicant for licensure; and

(3) "personal and personal financial data" are Social Security numbers, identity of and letters of reference, insurance information, reports from the Bureau of Criminal Apprehension, health examination reports, and social/home studies.

(b)(1)(i) Except as provided in paragraph (c), the following data on applicants, license holders, and former licensees are public: name, address, telephone number of licensees, date of receipt of a completed application, dates of licensure, licensed capacity, type of client preferred, variances granted, record of training and education in child care and child development, type of dwelling, name and relationship of other family members, previous license history, class of license, the existence and status of complaints, and the number of serious injuries to or deaths of individuals in the licensed program as reported to the commissioner of human services, the local social services agency, or any other county welfare agency. For purposes of this clause, a serious injury is one that is treated by a physician.

(ii) When a correction order, an order to forfeit a fine, an order of license suspension, an order of temporary immediate suspension, an order of license revocation, an order of license denial, or an order of conditional license has been issued, or a complaint is resolved, the following data on current and former licensees and applicants are public: the substance and investigative findings of the licensing or maltreatment complaint, licensing violation, or substantiated maltreatment; the record of informal resolution of a licensing violation; orders of hearing; findings of fact; conclusions of law; specifications of the final correction order, fine, suspension, temporary immediate suspension, revocation, denial, or conditional license contained in the record of licensing action; whether a fine has been paid; and the status of any appeal of these actions.

(iii) When a license denial under section 245A.05 or a sanction under section 245A.07 is based on a determination that the license holder or applicant is responsible for...
maltreatment under section 626.556 or 626.557, the identity of the applicant or license
holder as the individual responsible for maltreatment is public data at the time of the
issuance of the license denial or sanction.

(iv) When a license denial under section 245A.05 or a sanction under section
245A.07 is based on a determination that the license holder or applicant is disqualified
under chapter 245C, the identity of the license holder or applicant as the disqualified
individual and the reason for the disqualification are public data at the time of the
issuance of the licensing sanction or denial. If the applicant or license holder requests
reconsideration of the disqualification and the disqualification is affirmed, the reason for
the disqualification and the reason to not set aside the disqualification are public data.

(2) Notwithstanding sections 626.556, subdivision 11, and 626.557, subdivision 12b,
when any person subject to disqualification under section 245C.14 in connection with a
license to provide family day care for children, child care center services, foster care for
children in the provider's home, or foster care or day care services for adults in the provider's
home is a substantiated perpetrator of maltreatment, and the substantiated maltreatment is
a reason for a licensing action, the identity of the substantiated perpetrator of maltreatment
is public data. For purposes of this clause, a person is a substantiated perpetrator if the
maltreatment determination has been upheld under section 256.045; 626.556, subdivision
10i; 626.557, subdivision 9d; or chapter 14, or if an individual or facility has not timely
exercised appeal rights under these sections, except as provided under clause (1).

(3) For applicants who withdraw their application prior to licensure or denial of a
license, the following data are public: the name of the applicant, the city and county in
which the applicant was seeking licensure, the dates of the commissioner's receipt of the
initial application and completed application, the type of license sought, and the date
of withdrawal of the application.

(4) For applicants who are denied a license, the following data are public: the name
and address of the applicant, the city and county in which the applicant was seeking
licensure, the dates of the commissioner's receipt of the initial application and completed
application, the type of license sought, the date of denial of the application, the nature of
the basis for the denial, the record of informal resolution of a denial, orders of hearings,
findings of fact, conclusions of law, specifications of the final order of denial, and the
status of any appeal of the denial.

(5) The following data on persons subject to disqualification under section 245C.14 in
connection with a license to provide family day care for children, child care center services,
foster care for children in the provider's home, or foster care or day care services for adults
in the provider's home, are public: the nature of any disqualification set aside under section
245C.22, subdivisions 2 and 4, and the reasons for setting aside the disqualification; the
nature of any disqualification for which a variance was granted under sections 245A.04,
subdivision 9; and 245C.30, and the reasons for granting any variance under section
245A.04, subdivision 9; and, if applicable, the disclosure that any person subject to
a background study under section 245C.03, subdivision 1, has successfully passed a
background study. If a licensing sanction under section 245A.07, or a license denial under
section 245A.05, is based on a determination that an individual subject to disqualification
under chapter 245C is disqualified, the disqualification as a basis for the licensing sanction
or denial is public data. As specified in clause (1), item (iv), if the disqualified individual
is the license holder or applicant, the identity of the license holder or applicant and the
reason for the disqualification are public data; and, if the license holder or applicant
requested reconsideration of the disqualification and the disqualification is affirmed, the
reason for the disqualification and the reason to not set aside the disqualification are
public data. If the disqualified individual is an individual other than the license holder or
applicant, the identity of the disqualified individual shall remain private data.

(6) When maltreatment is substantiated under section 626.556 or 626.557 and the
victim and the substantiated perpetrator are affiliated with a program licensed under
chapter 245A, the commissioner of human services, local social services agency, or
county welfare agency may inform the license holder where the maltreatment occurred of
the identity of the substantiated perpetrator and the victim.

(7) Notwithstanding clause (1), for child foster care, only the name of the license
holder and the status of the license are public if the county attorney has requested that data
otherwise classified as public data under clause (1) be considered private data based on the
best interests of a child in placement in a licensed program.

c The following are private data on individuals under section 13.02, subdivision
12, or nonpublic data under section 13.02, subdivision 9: personal and personal financial
data on family day care program and family foster care program applicants and licensees
and their family members who provide services under the license.

d The following are private data on individuals: the identity of persons who have
made reports concerning licensees or applicants that appear in inactive investigative data,
and the records of clients or employees of the licensee or applicant for licensure whose
records are received by the licensing agency for purposes of review or in anticipation of a
contested matter. The names of reporters of complaints or alleged violations of licensing
standards under chapters 245A, 245B, 245C, and 245D, and applicable rules and alleged
maltreatment under sections 626.556 and 626.557, are confidential data and may be
disclosed only as provided in section 626.556, subdivision 11, or 626.557, subdivision 12b.
(e) Data classified as private, confidential, nonpublic, or protected nonpublic under this subdivision become public data if submitted to a court or administrative law judge as part of a disciplinary proceeding in which there is a public hearing concerning a license which has been suspended, immediately suspended, revoked, or denied.

(f) Data generated in the course of licensing investigations that relate to an alleged violation of law are investigative data under subdivision 3.

(g) Data that are not public data collected, maintained, used, or disseminated under this subdivision that relate to or are derived from a report as defined in section 626.556, subdivision 2, or 626.5572, subdivision 18, are subject to the destruction provisions of sections 626.556, subdivision 11c, and 626.557, subdivision 12b.

(h) Upon request, not public data collected, maintained, used, or disseminated under this subdivision that relate to or are derived from a report of substantiated maltreatment as defined in section 626.556 or 626.557 may be exchanged with the Department of Health for purposes of completing background studies pursuant to section 144.057 and with the Department of Corrections for purposes of completing background studies pursuant to section 241.021.

(i) Data on individuals collected according to licensing activities under chapters 245A and 245C, data on individuals collected by the commissioner of human services according to investigations under chapters 245A, 245B, and 245C, and 245D, and sections 626.556 and 626.557 may be shared with the Department of Human Rights, the Department of Health, the Department of Corrections, the ombudsman for mental health and developmental disabilities, and the individual's professional regulatory board when there is reason to believe that laws or standards under the jurisdiction of those agencies may have been violated or the information may otherwise be relevant to the board's regulatory jurisdiction. Background study data on an individual who is the subject of a background study under chapter 245C for a licensed service for which the commissioner of human services is the license holder may be shared with the commissioner and the commissioner's delegate by the licensing division. Unless otherwise specified in this chapter, the identity of a reporter of alleged maltreatment or licensing violations may not be disclosed.

(j) In addition to the notice of determinations required under section 626.556, subdivision 10f, if the commissioner or the local social services agency has determined that an individual is a substantiated perpetrator of maltreatment of a child based on sexual abuse, as defined in section 626.556, subdivision 2, and the commissioner or local social services agency knows that the individual is a person responsible for a child's care in another facility, the commissioner or local social services agency shall notify the head of that facility of this determination. The notification must include an explanation of the
individual's available appeal rights and the status of any appeal. If a notice is given under this paragraph, the government entity making the notification shall provide a copy of the notice to the individual who is the subject of the notice.

(k) All not public data collected, maintained, used, or disseminated under this subdivision and subdivision 3 may be exchanged between the Department of Human Services, Licensing Division, and the Department of Corrections for purposes of regulating services for which the Department of Human Services and the Department of Corrections have regulatory authority.

Sec. 2. Minnesota Statutes 2012, section 144.0724, as amended by Laws 2014, chapter 147, section 1, is amended to read:

**144.0724 RESIDENT REIMBURSEMENT CLASSIFICATION.**

Subdivision 1. Resident reimbursement case mix classifications. The commissioner of health shall establish resident reimbursement classifications based upon the assessments of residents of nursing homes and boarding care homes conducted under this section and according to section 256B.438.

Subd. 2. Definitions. For purposes of this section, the following terms have the meanings given.

(a) "Assessment reference date" or "ARD" means the specific end point for look-back periods in the MDS assessment process. This look-back period is also called the observation or assessment period.

(b) "Case mix index" means the weighting factors assigned to the RUG-IV classifications.

(c) "Index maximization" means classifying a resident who could be assigned to more than one category, to the category with the highest case mix index.

(d) "Minimum data set" or "MDS" means a core set of screening, clinical assessment, and functional status elements, that include common definitions and coding categories specified by the Centers for Medicare and Medicaid Services and designated by the Minnesota Department of Health.

(e) "Representative" means a person who is the resident's guardian or conservator, the person authorized to pay the nursing home expenses of the resident, a representative of the Office of Ombudsman for Long-Term Care whose assistance has been requested, or any other individual designated by the resident.

(f) "Resource utilization groups" or "RUG" means the system for grouping a nursing facility's residents according to their clinical and functional status identified in data supplied by the facility's minimum data set.
(g) "Activities of daily living" means grooming, dressing, bathing, transferring, mobility, positioning, eating, and toileting.

(h) "Nursing facility level of care determination" means the assessment process that results in a determination of a resident's or prospective resident's need for nursing facility level of care as established in subdivision 11 for purposes of medical assistance payment of long-term care services for:

(1) nursing facility services under section 256B.434 or 256B.441;

(2) elderly waiver services under section 256B.0915;

(3) CADI and BI waiver services under section 256B.49; and

(4) state payment of alternative care services under section 256B.0913.


(a) Beginning January 1, 2012, resident reimbursement classifications shall be based on the minimum data set, version 3.0 assessment instrument, or its successor version mandated by the Centers for Medicare and Medicaid Services that nursing facilities are required to complete for all residents. The commissioner of health shall establish resident classifications according to the RUG-IV, 48 group, resource utilization groups. Resident classification must be established based on the individual items on the minimum data set, which must be completed according to the Long Term Care Facility Resident Assessment Instrument User's Manual Version 3.0 or its successor issued by the Centers for Medicare and Medicaid Services.

(b) Each resident must be classified based on the information from the minimum data set according to general categories as defined in the Case Mix Classification Manual for Nursing Facilities issued by the Minnesota Department of Health.

Subd. 4. Resident assessment schedule. (a) A facility must conduct and electronically submit to the commissioner of health MDS assessments that conform with the assessment schedule defined by Code of Federal Regulations, title 42, section 483.20, and published by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, in the Long Term Care Assessment Instrument User's Manual, version 3.0, and subsequent updates when issued by the Centers for Medicare and Medicaid Services. The commissioner of health may substitute successor manuals or question and answer documents published by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, to replace or supplement the current version of the manual or document.

(b) The assessments used to determine a case mix classification for reimbursement include the following:

(1) a new admission assessment;
(2) an annual assessment which must have an assessment reference date (ARD) within 92 days of the previous assessment and within 366 days of the ARD of the previous comprehensive assessment;

(3) a significant change in status assessment must be completed within 14 days of the identification of a significant change;

(4) all quarterly assessments must have an assessment reference date (ARD) within 92 days of the ARD of the previous assessment;

(5) any significant correction to a prior comprehensive assessment, if the assessment being corrected is the current one being used for RUG classification; and

(6) any significant correction to a prior quarterly assessment, if the assessment being corrected is the current one being used for RUG classification.

c) In addition to the assessments listed in paragraph (b), the assessments used to determine nursing facility level of care include the following:

1) preadmission screening completed under section 256B.0911, subdivision 4α, by a county, tribe, or managed care organization under contract with the Department of Human Services; and

2) a face-to-face long-term care consultation assessment completed under section 256B.0911, subdivision 2α, 2b, or 4d 256.975, subdivisions 7a to 7c, by a county, tribe, or managed care organization under contract with the Department of Human Services.

Subd. 5. Short stays. (a) A facility must submit to the commissioner of health an admission assessment for all residents who stay in the facility 14 days or less.

(b) Notwithstanding the admission assessment requirements of paragraph (a), a facility may elect to accept a short stay rate with a case mix index of 1.0 for all facility residents who stay 14 days or less in lieu of submitting an admission assessment. Facilities shall make this election annually.

(c) Nursing facilities must elect one of the options described in paragraphs (a) and (b) by reporting to the commissioner of health, as prescribed by the commissioner. The election is effective on July 1 each year.

Subd. 6. Penalties for late or nonsubmission. (a) A facility that fails to complete or submit an assessment according to subdivisions 4 and 5 for a RUG-IV classification within seven days of the time requirements listed in the Long-Term Care Facility Resident Assessment Instrument User's Manual is subject to a reduced rate for that resident. The reduced rate shall be the lowest rate for that facility. The reduced rate is effective on the day of admission for new admission assessments, on the ARD for significant change in status assessments, or on the day that the assessment was due for all other assessments and
continues in effect until the first day of the month following the date of submission and acceptance of the resident's assessment.

(b) If loss of revenue due to penalties incurred by a facility for any period of 92 days are equal to or greater than 1.0 percent of the total operating costs on the facility's most recent annual statistical and cost report, a facility may apply to the commissioner of human services for a reduction in the total penalty amount. The commissioner of human services, in consultation with the commissioner of health, may, at the sole discretion of the commissioner of human services, limit the penalty for residents covered by medical assistance to 15 days.

Subd. 7. Notice of resident reimbursement classification. (a) The commissioner of health shall provide to a nursing facility a notice for each resident of the reimbursement classification established under subdivision 1. The notice must inform the resident of the classification that was assigned, the opportunity to review the documentation supporting the classification, the opportunity to obtain clarification from the commissioner, and the opportunity to request a reconsideration of the classification and the address and telephone number of the Office of Ombudsman for Long-Term Care. The commissioner must transmit the notice of resident classification by electronic means to the nursing facility. A nursing facility is responsible for the distribution of the notice to each resident, to the person responsible for the payment of the resident's nursing home expenses, or to another person designated by the resident. This notice must be distributed within three working days after the facility's receipt of the electronic file of notice of case mix classifications from the commissioner of health.

(b) If a facility submits a modification to the most recent assessment used to establish a case mix classification conducted under subdivision 3 that results in a change in case mix classification, the facility shall give written notice to the resident or the resident's representative about the item that was modified and the reason for the modification. The notice of modified assessment may be provided at the same time that the resident or resident's representative is provided the resident's modified notice of classification.

Subd. 8. Request for reconsideration of resident classifications. (a) The resident, or resident's representative, or the nursing facility or boarding care home may request that the commissioner of health reconsider the assigned reimbursement classification. The request for reconsideration must be submitted in writing to the commissioner within 30 days of the day the resident or the resident's representative receives the resident classification notice. The request for reconsideration must include the name of the resident, the name and address of the facility in which the resident resides, the reasons for the reconsideration, and documentation supporting the request. The documentation
accompanying the reconsideration request is limited to a copy of the MDS that determined
the classification and other documents that would support or change the MDS findings.
(b) Upon request, the nursing facility must give the resident or the resident's
representative a copy of the assessment form and the other documentation that was given
to the commissioner of health to support the assessment findings. The nursing facility
shall also provide access to and a copy of other information from the resident's record that
has been requested by or on behalf of the resident to support a resident's reconsideration
request. A copy of any requested material must be provided within three working days of
receipt of a written request for the information. Notwithstanding any law to the contrary,
the facility may not charge a fee for providing copies of the requested documentation.
If a facility fails to provide the material within this time, it is subject to the issuance
of a correction order and penalty assessment under sections 144.653 and 144A.10.
Notwithstanding those sections, any correction order issued under this subdivision must
require that the nursing facility immediately comply with the request for information and
that as of the date of the issuance of the correction order, the facility shall forfeit to the
state a $100 fine for the first day of noncompliance, and an increase in the $100 fine by
$50 increments for each day the noncompliance continues.
(c) In addition to the information required under paragraphs (a) and (b), a
reconsideration request from a nursing facility must contain the following information: (i)
the date the reimbursement classification notices were received by the facility; (ii) the date
the classification notices were distributed to the resident or the resident's representative;
and (iii) a copy of a notice sent to the resident or to the resident's representative. This
notice must inform the resident or the resident's representative that a reconsideration
of the resident's classification is being requested, the reason for the request, that the
resident's rate will change if the request is approved by the commissioner, the extent of the
change, that copies of the facility's request and supporting documentation are available
for review, and that the resident also has the right to request a reconsideration. If the
facility fails to provide the required information listed in item (iii) with the reconsideration
request, the commissioner may request that the facility provide the information within 14
calendar days. The reconsideration request must be denied if the information is then not
provided, and the facility may not make further reconsideration requests on that specific
reimbursement classification.
(d) Reconsideration by the commissioner must be made by individuals not
involved in reviewing the assessment, audit, or reconsideration that established the
disputed classification. The reconsideration must be based upon the assessment that
determined the classification and upon the information provided to the commissioner
under paragraphs (a) and (b). If necessary for evaluating the reconsideration request, the
commissioner may conduct on-site reviews. Within 15 working days of receiving the
request for reconsideration, the commissioner shall affirm or modify the original resident
classification. The original classification must be modified if the commissioner determines
that the assessment resulting in the classification did not accurately reflect characteristics
of the resident at the time of the assessment. The resident and the nursing facility or
boarding care home shall be notified within five working days after the decision is made.
A decision by the commissioner under this subdivision is the final administrative decision
of the agency for the party requesting reconsideration.

(e) The resident classification established by the commissioner shall be the
classification that applies to the resident while the request for reconsideration is pending.
If a request for reconsideration applies to an assessment used to determine nursing facility
level of care under subdivision 4, paragraph (c), the resident shall continue to be eligible
for nursing facility level of care while the request for reconsideration is pending.

(f) The commissioner may request additional documentation regarding a
reconsideration necessary to make an accurate reconsideration determination.

Subd. 9. Audit authority. (a) The commissioner shall audit the accuracy of resident
assessments performed under section 256B.438 through any of the following: desk
audits; on-site review of residents and their records; and interviews with staff, residents,
or residents' families. The commissioner shall reclassify a resident if the commissioner
determines that the resident was incorrectly classified.

(b) The commissioner is authorized to conduct on-site audits on an unannounced
basis.

(c) A facility must grant the commissioner access to examine the medical records
relating to the resident assessments selected for audit under this subdivision. The
commissioner may also observe and speak to facility staff and residents.

(d) The commissioner shall consider documentation under the time frames for
coding items on the minimum data set as set out in the Long-Term Care Facility Resident
Assessment Instrument User's Manual published by the Centers for Medicare and
Medicaid Services.

(e) The commissioner shall develop an audit selection procedure that includes the
following factors:

(1) Each facility shall be audited annually. If a facility has two successive audits in
which the percentage of change is five percent or less and the facility has not been the
subject of a special audit in the past 36 months, the facility may be audited biannually.
A stratified sample of 15 percent, with a minimum of ten assessments, of the most
current assessments shall be selected for audit. If more than 20 percent of the RUG-IV
classifications are changed as a result of the audit, the audit shall be expanded to a second
15 percent sample, with a minimum of ten assessments. If the total change between
the first and second samples is 35 percent or greater, the commissioner may expand the
audit to all of the remaining assessments.
(2) If a facility qualifies for an expanded audit, the commissioner may audit the
facility again within six months. If a facility has two expanded audits within a 24-month
period, that facility will be audited at least every six months for the next 18 months.
(3) The commissioner may conduct special audits if the commissioner determines
that circumstances exist that could alter or affect the validity of case mix classifications of
residents. These circumstances include, but are not limited to, the following:
(i) frequent changes in the administration or management of the facility;
(ii) an unusually high percentage of residents in a specific case mix classification;
(iii) a high frequency in the number of reconsideration requests received from
a facility;
(iv) frequent adjustments of case mix classifications as the result of reconsiderations
or audits;
(v) a criminal indictment alleging provider fraud;
(vi) other similar factors that relate to a facility's ability to conduct accurate
assessments;
(vii) an atypical pattern of scoring minimum data set items;
(viii) nonsubmission of assessments;
(ix) late submission of assessments; or
(x) a previous history of audit changes of 35 percent or greater.
(f) Within 15 working days of completing the audit process, the commissioner shall
make available electronically the results of the audit to the facility. If the results of the
audit reflect a change in the resident's case mix classification, a case mix classification
notice will be made available electronically to the facility, using the procedure in
subdivision 7, paragraph (a). The notice must contain the resident's classification and a
statement informing the resident, the resident's authorized representative, and the facility
of their right to review the commissioner's documents supporting the classification and to
request a reconsideration of the classification. This notice must also include the address
and telephone number of the Office of Ombudsman for Long-Term Care.
Subd. 10. Transition. After implementation of this section, reconsiderations
requested for classifications made under section 144.0722, subdivision 1, shall be
determined under section 144.0722, subdivision 3.
Subd. 11. **Nursing facility level of care.** (a) For purposes of medical assistance payment of long-term care services, a recipient must be determined, using assessments defined in subdivision 4, to meet one of the following nursing facility level of care criteria:

1. the person requires formal clinical monitoring at least once per day;
2. the person needs the assistance of another person or constant supervision to begin and complete at least four of the following activities of living: bathing, bed mobility, dressing, eating, grooming, toileting, transferring, and walking;
3. the person needs the assistance of another person or constant supervision to begin and complete toileting, transferring, or positioning and the assistance cannot be scheduled;
4. the person has significant difficulty with memory, using information, daily decision making, or behavioral needs that require intervention;
5. the person has had a qualifying nursing facility stay of at least 90 days;
6. the person meets the nursing facility level of care criteria determined 90 days after admission or on the first quarterly assessment after admission, whichever is later; or
7. the person is determined to be at risk for nursing facility admission or readmission through a face-to-face long-term care consultation assessment as specified in section 256B.0911, subdivision 3a, 3b, or 4d, by a county, tribe, or managed care organization under contract with the Department of Human Services. The person is considered at risk under this clause if the person currently lives alone or will live alone upon discharge or be homeless without the person's current housing and also meets one of the following criteria:
   (i) the person has experienced a fall resulting in a fracture;
   (ii) the person has been determined to be at risk of maltreatment or neglect, including self-neglect; or
   (iii) the person has a sensory impairment that substantially impacts functional ability and maintenance of a community residence.

(b) The assessment used to establish medical assistance payment for nursing facility services must be the most recent assessment performed under subdivision 4, paragraph (b), that occurred no more than 90 calendar days before the effective date of medical assistance eligibility for payment of long-term care services. In no case shall medical assistance payment for long-term care services occur prior to the date of the determination of nursing facility level of care.

(c) The assessment used to establish medical assistance payment for long-term care services provided under sections 256B.0915 and 256B.49 and alternative care payment for services provided under section 256B.0913 must be the most recent face-to-face assessment performed under section 256B.0911, subdivision 3a, 3b, or 4d, that occurred.
no more than 60 calendar days before the effective date of medical assistance eligibility for payment of long-term care services.

Subd. 12. Appeal of nursing facility level of care determination. (a) A resident or prospective resident whose level of care determination results in a denial of long-term care services can appeal the determination as outlined in section 256B.0911, subdivision 3a, paragraph (h), clause (9).

(b) The commissioner of human services shall ensure that notice of changes in eligibility due to a nursing facility level of care determination is provided to each affected recipient or the recipient's guardian at least 30 days before the effective date of the change. The notice shall include the following information:

1. how to obtain further information on the changes;
2. how to receive assistance in obtaining other services;
3. a list of community resources; and
4. appeal rights.

A recipient who meets the criteria in section 256B.0922, subdivision 2, paragraph (a), clauses (1) and (2), may request continued services pending appeal within the time period allowed to request an appeal under section 256.045, subdivision 3, paragraph (h). This paragraph is in effect for appeals filed between January 1, 2015, and December 31, 2016.

EFFECTIVE DATE. This section is effective January 1, 2015.

Sec. 3. Minnesota Statutes 2012, section 144A.073, is amended by adding a subdivision to read:

Subd. 14. Moratorium exception funding. In fiscal year 2015, the commissioner of health may approve moratorium exception projects under this section for which the full annualized state share of medical assistance costs does not exceed $1,000,000.

Sec. 4. Minnesota Statutes 2012, section 144A.33, subdivision 2, is amended to read:

Subd. 2. Providing educational services. The Minnesota Board on Aging shall provide a grant-in-aid to a statewide, independent, nonprofit, consumer-sponsored agency to provide educational services to councils.

Sec. 5. Minnesota Statutes 2013 Supplement, section 245.8251, is amended to read:

245.8251 RULES FOR POSITIVE SUPPORT STRATEGIES AND EMERGENCY MANUAL RESTRAINT PROHIBITIONS AND LIMITS ON RESTRICTIVE INTERVENTIONS; LICENSED FACILITIES AND PROGRAMS.
Subdivision 1. **Rules governing the use of positive support strategies and restrictive interventions.** The commissioner of human services shall, within 24 months of May 23, 2013 by August 31, 2015, adopt rules governing the use of positive support strategies, safety interventions, and ensure the applicability of chapter 245D prohibitions and limits on the emergency use of manual restraint in and on the use of restrictive interventions to facilities and services governed by the rules. The rules apply to all facilities and services licensed under chapter 245D, and all licensed facilities and licensed services serving persons with a developmental disability or related condition. For the purposes of this section, "developmental disability or related condition" has the meaning given in Minnesota Rules, part 9525.0016, subpart 2, items A to E.

Subd. 2. **Data collection.** (a) The commissioner shall, with stakeholder input, develop identify data collection elements specific to incidents of emergency use of manual restraint and positive support transition plans for persons receiving services from providers governed licensed facilities and licensed services under chapter 245D and in licensed facilities and licensed services serving persons with a developmental disability or related condition as defined in Minnesota Rules, part 9525.0016, subpart 2, effective January 1, 2014. Providers Licensed facilities and licensed services shall report the data in a format and at a frequency determined by the commissioner of human services—Providers shall submit the data to the commissioner and the Office of the Ombudsman for Mental Health and Developmental Disabilities.

(b) Beginning July 1, 2013, providers licensed facilities and licensed services regulated under Minnesota Rules, parts 9525.2700 to 9525.2810, shall submit data regarding the use of all controlled procedures identified in Minnesota Rules, part 9525.2740, in a format and at a frequency determined by the commissioner. Providers shall submit the data to the commissioner and the Office of the Ombudsman for Mental Health and Developmental Disabilities.

Subd. 3. **External program review committee.** Rules adopted according to this section shall establish requirements for an external program review committee appointed by the commissioner to monitor the implementation of the rules and make recommendations to the commissioner about any needed policy changes after adoption of the rules.

Subd. 4. **Interim review panel.** (a) The commissioner shall establish an interim review panel by August 15, 2014, for the purpose of reviewing requests for emergency use of procedures that have been part of an approved positive support transition plan when necessary to protect a person from imminent risk of serious injury as defined in section 245.91, subdivision 6, due to self-injurious behavior. The panel must make recommendations to the commissioner to approve or deny these requests based on criteria.
to be established by the interim review panel. The interim review panel shall operate until
the external program review committee is established as required under subdivision 3.

(b) Members of the interim review panel shall be selected based on their expertise
and knowledge related to the use of positive support strategies as alternatives to the use
of restrictive interventions. The commissioner shall seek input and recommendations in
establishing the interim review panel. Members of the interim review panel shall include
the following representatives:

(1) an expert in positive supports;

(2) a mental health professional, as defined in section 245.462;

(3) a licensed health professional as defined in section 245D.02, subdivision 14; and

(4) a representative of the Department of Health.

Sec. 6. Minnesota Statutes 2013 Supplement, section 245A.03, subdivision 7, is
amended to read:

Subd. 7. Licensing moratorium. (a) The commissioner shall not issue an initial
license for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340,
or adult foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under
this chapter for a physical location that will not be the primary residence of the license
holder for the entire period of licensure. If a license is issued during this moratorium, and
the license holder changes the license holder's primary residence away from the physical
location of the foster care license, the commissioner shall revoke the license according
to section 245A.07. The commissioner shall not issue an initial license for a community
residential setting licensed under chapter 245D. Exceptions to the moratorium include:

(1) foster care settings that are required to be registered under chapter 144D;

(2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
community residential setting licenses replacing adult foster care licenses in existence on
December 31, 2013, and determined to be needed by the commissioner under paragraph (b);

(3) new foster care licenses or community residential setting licenses determined to
be needed by the commissioner under paragraph (b) for the closure of a nursing facility,
ICF/DD, or regional treatment center; restructuring of state-operated services that limits
the capacity of state-operated facilities; or allowing movement to the community for
people who no longer require the level of care provided in state-operated facilities as
provided under section 256B.092, subdivision 13, or 256B.49, subdivision 24;

(4) new foster care licenses or community residential setting licenses determined
to be needed by the commissioner under paragraph (b) for persons requiring hospital
level care; or
418.1 (5) new foster care licenses or community residential setting licenses determined to
418.2 be needed by the commissioner for the transition of people from personal care assistance
418.3 to the home and community-based services.
418.4 (b) The commissioner shall determine the need for newly licensed foster care
418.5 homes or community residential settings as defined under this subdivision. As part of the
418.6 determination, the commissioner shall consider the availability of foster care capacity in
418.7 the area in which the licensee seeks to operate, and the recommendation of the local
418.8 county board. The determination by the commissioner must be final. A determination of
418.9 need is not required for a change in ownership at the same address.
418.10 (c) When an adult resident served by the program moves out of a foster home that is
418.11 not the primary residence of the license holder according to section 256B.49, subdivision
418.12 15, paragraph (f), or the adult community residential setting, the county shall immediately
418.13 inform the Department of Human Services Licensing Division. The department shall
418.14 decrease the statewide licensed capacity for adult foster care settings where the physical
418.15 location is not the primary residence of the license holder, or for adult community
418.16 residential settings, if the voluntary changes described in paragraph (e) are not sufficient to
418.17 meet the savings required by reductions in licensed bed capacity under Laws 2011, First
418.18 Special Session chapter 9, article 7, sections 1 and 40, paragraph (f), and maintain statewide
418.19 long-term care residential services capacity within budgetary limits. Implementation of
418.20 the statewide licensed capacity reduction shall begin on July 1, 2013. The commissioner
418.21 shall delicense up to 128 beds by June 30, 2014, using the needs determination process.
418.22 Prior to any involuntary reduction of licensed capacity, the commissioner shall consult
418.23 with lead agencies and license holders to determine which adult foster care settings, where
418.24 the physical location is not the primary residence of the license holder, or community
418.25 residential settings, are licensed for up to five beds, but have operated at less than full
418.26 capacity for 12 or more months as of March 1, 2014. The settings that meet these criteria
418.27 must be the first to be considered for an involuntary decrease in statewide licensed capacity,
418.28 up to a maximum of 35 beds. If more than 35 beds are identified that meet these criteria, the
418.29 commissioner shall prioritize the selection of those beds to be closed based on the length
418.30 of time the beds have been vacant. The longer a bed has been vacant, the higher priority
418.31 it must be given for closure. Under this paragraph, the commissioner has the authority
418.32 to reduce unused licensed capacity of a current foster care program, or the community
418.33 residential settings, to accomplish the consolidation or closure of settings. Under this
418.34 paragraph, the commissioner has the authority to manage statewide capacity, including
418.35 adjusting the capacity available to each county and adjusting statewide available capacity,
to meet the statewide needs identified through the process in paragraph (e). A decreased
licensed capacity according to this paragraph is not subject to appeal under this chapter.
(d) Residential settings that would otherwise be subject to the decreased license
capacity established in paragraph (c) shall be exempt under the following circumstances:
(1) until August 1, 2013, the license holder's beds occupied by residents whose
primary diagnosis is mental illness and the license holder is:
(i) a provider of assertive community treatment (ACT) or adult rehabilitative mental
health services (ARMHS) as defined in section 256B.0623;
(ii) a mental health center certified under Minnesota Rules, parts 9520.0750 to
9520.0870;
(iii) a mental health clinic certified under Minnesota Rules, parts 9520.0750 to
9520.0870; or
(iv) a provider of intensive residential treatment services (IRTS) licensed under
Minnesota Rules, parts 9520.0500 to 9520.0670; or
(2) the license holder's beds occupied by residents whose primary diagnosis is
mental illness and the license holder is certified under the requirements in subdivision 6a
or section 245D.33.
(e) A resource need determination process, managed at the state level, using the
available reports required by section 144A.351, and other data and information shall
be used to determine where the reduced capacity required under paragraph (c) will be
implemented. The commissioner shall consult with the stakeholders described in section
144A.351, and employ a variety of methods to improve the state's capacity to meet
long-term care service needs within budgetary limits, including seeking proposals from
service providers or lead agencies to change service type, capacity, or location to improve
services, increase the independence of residents, and better meet needs identified by the
long-term care services reports and statewide data and information. By February 1, 2013,
and August 1, 2014, and each following year, the commissioner shall provide information
and data on the overall capacity of licensed long-term care services, actions taken under
this subdivision to manage statewide long-term care services and supports resources, and
any recommendations for change to the legislative committees with jurisdiction over
health and human services budget.
(f) At the time of application and reapplication for licensure, the applicant and the
license holder that are subject to the moratorium or an exclusion established in paragraph
(a) are required to inform the commissioner whether the physical location where the foster
care will be provided is or will be the primary residence of the license holder for the entire
period of licensure. If the primary residence of the applicant or license holder changes, the
applicants or license holders must notify the commissioner immediately. The commissioner
shall print on the foster care license certificate whether or not the physical location is the
primary residence of the license holder.

(g) License holders of foster care homes identified under paragraph (f) that are not
the primary residence of the license holder and that also provide services in the foster care
home that are covered by a federally approved home and community-based services
waiver, as authorized under section 256B.0915, 256B.092, or 256B.49, must inform the
human services licensing division that the license holder provides or intends to provide
these waiver-funded services.

Sec. 7. Minnesota Statutes 2013 Supplement, section 245A.042, subdivision 3, is
amended to read:

Subd. 3. Implementation. (a) The commissioner shall implement the
responsibilities of this chapter according to the timelines in paragraphs (b) and (c)
only within the limits of available appropriations or other administrative cost recovery
methodology.

(b) The licensure of home and community-based services according to this section
shall be implemented January 1, 2014. License applications shall be received and
processed on a phased-in schedule as determined by the commissioner beginning July
1, 2013. Licenses will be issued thereafter upon the commissioner's determination that
the application is complete according to section 245A.04.

(c) Within the limits of available appropriations or other administrative cost recovery
methodology, implementation of compliance monitoring must be phased in after January
1, 2014.

1. Applicants who do not currently hold a license issued under chapter 245B must
receive an initial compliance monitoring visit after 12 months of the effective date of the
initial license for the purpose of providing technical assistance on how to achieve and
maintain compliance with the applicable law or rules governing the provision of home and
community-based services under chapter 245D. If during the review the commissioner
finds that the license holder has failed to achieve compliance with an applicable law or
rule and this failure does not imminently endanger the health, safety, or rights of the
persons served by the program, the commissioner may issue a licensing review report with
recommendations for achieving and maintaining compliance.

2. Applicants who do currently hold a license issued under this chapter must receive
a compliance monitoring visit after 24 months of the effective date of the initial license.
421.1 (d) Nothing in this subdivision shall be construed to limit the commissioner’s authority to suspend or revoke a license or issue a fine at any time under section 245A.07, or issue correction orders and make a license conditional for failure to comply with applicable laws or rules under section 245A.06, based on the nature, chronicity, or severity of the violation of law or rule and the effect of the violation on the health, safety, or rights of persons served by the program.

421.7 (e) License holders governed under chapter 245D must ensure compliance with the following requirements within the stated timelines:

421.8 (1) service initiation and service planning requirements must be met at the next annual meeting of the person’s support team or by January 1, 2015, whichever is later, for the following:

421.9 (i) provision of a written notice that identifies the service recipient rights and an explanation of those rights as required under section 245D.04, subdivision 1;

421.10 (ii) service planning for basic support services as required under section 245D.07, subdivision 2; and

421.11 (iii) service planning for intensive support services under section 245D.071, subdivisions 3 and 4;

421.12 (2) staff orientation to program requirements as required under section 245D.09, subdivision 4, for staff hired before January 1, 2014, must be met by January 1, 2015.

421.13 The license holder may otherwise provide documentation verifying these requirements were met before January 1, 2014;

421.14 (3) development of policy and procedures as required under section 245D.11, must be completed no later than August 31, 2014;

421.15 (4) written or electronic notice and copies of policies and procedures must be provided to all persons or their legal representatives and case managers as required under section 245D.10, subdivision 4, paragraphs (b) and (c), by September 15, 2014, or within 30 days of development of the required policies and procedures, whichever is earlier; and

421.16 (5) all employees must be informed of the revisions and training must be provided on implementation of the revised policies and procedures as required under section 245D.10, subdivision 4, paragraph (d), by September 15, 2014, or within 30 days of development of the required policies and procedures, whichever is earlier.

Sec. 8. Minnesota Statutes 2013 Supplement, section 245A.16, subdivision 1, is amended to read:

Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and private agencies that have been designated or licensed by the commissioner to perform
licensing functions and activities under section 245A.04 and background studies for family
child care under chapter 245C; to recommend denial of applicants under section 245A.05;
to issue correction orders, to issue variances, and recommend a conditional license under
section 245A.06, or to recommend suspending or revoking a license or issuing a fine under
section 245A.07, shall comply with rules and directives of the commissioner governing
those functions and with this section. The following variances are excluded from the
delegation of variance authority and may be issued only by the commissioner:
(1) dual licensure of family child care and child foster care, dual licensure of child
and adult foster care, and adult foster care and family child care;
(2) adult foster care maximum capacity;
(3) adult foster care minimum age requirement;
(4) child foster care maximum age requirement;
(5) variances regarding disqualified individuals except that county agencies may
issue variances under section 245C.30 regarding disqualified individuals when the county
is responsible for conducting a consolidated reconsideration according to sections 245C.25
and 245C.27, subdivision 2, clauses (a) and (b), of a county maltreatment determination
and a disqualification based on serious or recurring maltreatment;
(6) the required presence of a caregiver in the adult foster care residence during
normal sleeping hours; and
(7) variances for community residential setting licenses under chapter 245D.
Except as provided in section 245A.14, subdivision 4, paragraph (e), a county agency
must not grant a license holder a variance to exceed the maximum allowable family child
care license capacity of 14 children.
(b) County agencies must report information about disqualification reconsiderations
under sections 245C.25 and 245C.27, subdivision 2, paragraphs (a) and (b), and variances
granted under paragraph (a), clause (5), to the commissioner at least monthly in a format
prescribed by the commissioner.
(c) For family day care programs, the commissioner may authorize licensing reviews
every two years after a licensee has had at least one annual review.
(d) For family adult day services programs, the commissioner may authorize
licensing reviews every two years after a licensee has had at least one annual review.
(e) A license issued under this section may be issued for up to two years.
(f) During implementation of chapter 245D, the commissioner shall consider:
(1) the role of counties in quality assurance;
(2) the duties of county licensing staff; and
(3) the possible use of joint powers agreements, according to section 471.59, with counties through which some licensing duties under chapter 245D may be delegated by the commissioner to the counties.

Any consideration related to this paragraph must meet all of the requirements of the corrective action plan ordered by the federal Centers for Medicare and Medicaid Services.

(g) Licensing authority specific to section 245D.06, subdivisions 5, 6, 7, and 8, or successor provisions; and section 245D.061 or successor provisions, for family child foster care programs providing out-of-home respite, as identified in section 245D.03, subdivision 1, paragraph (b), clause (1), is excluded from the delegation of authority to county and private agencies.

Sec. 9. Minnesota Statutes 2013 Supplement, section 245D.02, subdivision 3, is amended to read:

Subd. 3. Case manager. "Case manager" means the individual designated to provide waiver case management services, care coordination, or long-term care consultation, as specified in sections 256B.0913, 256B.0915, 256B.092, and 256B.49, or successor provisions. For purposes of this chapter, "case manager" includes case management services as defined in Minnesota Rules, part 9520.0902, subpart 3.

Sec. 10. Minnesota Statutes 2013 Supplement, section 245D.02, subdivision 4b, is amended to read:

Subd. 4b. Coordinated service and support plan. "Coordinated service and support plan" has the meaning given in sections 256B.0913, subdivision 8; 256B.0915, subdivision 6; 256B.092, subdivision 1b; and 256B.49, subdivision 15, or successor provisions. For purposes of this chapter, "coordinated service and support plan" includes the individual program plan or individual treatment plan as defined in Minnesota Rules, part 9520.0510, subpart 12.

Sec. 11. Minnesota Statutes 2013 Supplement, section 245D.02, subdivision 8b, is amended to read:

Subd. 8b. Expanded support team. "Expanded support team" means the members of the support team defined in subdivision 46 34 and a licensed health or mental health professional or other licensed, certified, or qualified professionals or consultants working with the person and included in the team at the request of the person or the person's legal representative.
Sec. 12. Minnesota Statutes 2013 Supplement, section 245D.02, subdivision 11, is amended to read:

Subd. 11. Incident. "Incident" means an occurrence which involves a person and requires the program to make a response that is not a part of the program's ordinary provision of services to that person, and includes:

(1) serious injury of a person as determined by section 245.91, subdivision 6;

(2) a person's death;

(3) any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician treatment, or hospitalization;

(4) any mental health crisis that requires the program to call 911 or a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate;

(5) an act or situation involving a person that requires the program to call 911, law enforcement, or the fire department;

(6) a person's unauthorized or unexplained absence from a program;

(7) conduct by a person receiving services against another person receiving services that:

(i) is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;

(ii) places the person in actual and reasonable fear of harm;

(iii) places the person in actual and reasonable fear of damage to property of the person; or

(iv) substantially disrupts the orderly operation of the program;

(8) any sexual activity between persons receiving services involving force or coercion as defined under section 609.341, subdivisions 3 and 14;

(9) any emergency use of manual restraint as identified in section 245D.061 or successor provisions; or

(10) a report of alleged or suspected child or vulnerable adult maltreatment under section 626.556 or 626.557.

Sec. 13. Minnesota Statutes 2013 Supplement, section 245D.02, subdivision 15b, is amended to read:

Subd. 15b. Mechanical restraint. (a) Except for devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, which do not, in and of themselves, restrict freedom of movement, or the use of adaptive aids
425.1 or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition, "Mechanical restraint" means the use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits a person's voluntary movement or holds a person immobile as an intervention precipitated by a person's behavior. The term applies to the use of mechanical restraint used to prevent injury with persons who engage in self-injurious behaviors, such as head-banging, gouging, or other actions resulting in tissue damage that have caused or could cause medical problems resulting from the self-injury.

425.10 (b) Mechanical restraint does not include the following:

425.11 (1) devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, which do not, in and of themselves, restrict freedom of movement; or

425.12 (2) the use of adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition.

425.16 Sec. 14. Minnesota Statutes 2013 Supplement, section 245D.02, subdivision 23, is amended to read:

425.18 Subd. 23. Person with a disability. "Person with a disability" means a person determined to have a disability by the commissioner's state medical review team as identified in section 256B.055, subdivision 7, the Social Security Administration, or the person is determined to have a developmental disability as defined in Minnesota Rules, part 9525.0016, subpart 2, item B, or a related condition as defined in section 252.27, subdivision 1, Minnesota Rules, part 9525.0016, subpart 2, items A to E.

425.24 Sec. 15. Minnesota Statutes 2013 Supplement, section 245D.02, subdivision 29, is amended to read:

425.26 Subd. 29. Seclusion. "Seclusion" means the placement of a person alone in: (1) removing a person involuntarily to a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room; or (2) otherwise involuntarily removing or separating a person from an area, activity, situation, or social contact with others and blocking or preventing the person's return.

425.32 Sec. 16. Minnesota Statutes 2013 Supplement, section 245D.02, subdivision 34, is amended to read:
Subd. 34. **Support team.** "Support team" means the service planning team identified in section 256B.49, subdivision 15, or the interdisciplinary team identified in Minnesota Rules, part 9525.0004, subdivision 14; or the case management team as defined in Minnesota Rules, part 9520.0902, subdivision 6.

Sec. 17. Minnesota Statutes 2013 Supplement, section 245D.02, subdivision 34a, is amended to read:

Subd. 34a. **Time out.** "Time out" means removing a person involuntarily from an ongoing activity to a room, either locked or unlocked, or otherwise separating a person from others in a way that prevents social contact and prevents the person from leaving the situation if the person chooses the involuntary removal of a person for a period of time to a designated area from which the person is not prevented from leaving. For the purpose of this chapter, "time out" does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior for a period of up to 15 minutes. "Time out" does not include a person voluntarily moving from an ongoing activity to an unlocked room or otherwise separating from a situation or social contact with others if the person chooses. For the purposes of this definition, "voluntarily" means without being forced, compelled, or coerced; nor does it mean taking a brief break or rest from an activity for the purpose of providing the person an opportunity to regain self-control.

Sec. 18. Minnesota Statutes 2013 Supplement, section 245D.02, is amended by adding a subdivision to read:

Subd. 35b. **Unlicensed staff.** "Unlicensed staff" means individuals not otherwise licensed or certified by a governmental health board or agency.

Sec. 19. Minnesota Statutes 2013 Supplement, section 245D.03, subdivision 1, is amended to read:

Subdivision 1. **Applicability.** (a) The commissioner shall regulate the provision of home and community-based services to persons with disabilities and persons age 65 and older pursuant to this chapter. The licensing standards in this chapter govern the provision of basic support services and intensive support services.

(b) Basic support services provide the level of assistance, supervision, and care that is necessary to ensure the health and safety of the person and do not include services that are specifically directed toward the training, treatment, habilitation, or rehabilitation of the person. Basic support services include:
(1) in-home and out-of-home respite care services as defined in section 245A.02,
subdivision 15, and under the brain injury, community alternative care, community
alternatives for disabled individuals, developmental disability, and elderly waiver plans,
excluding out-of-home respite care provided to children in a family child foster care home
licensed under Minnesota Rules, parts 2960.3000 to 2960.3100, when the child foster care
license holder complies with the requirements under section 245D.06, subdivisions 5, 6,
7, and 8, or successor provisions; and section 245D.061 or successor provisions, which
must be stipulated in the statement of intended use required under Minnesota Rules,
part 2960.3000, subpart 4;

(2) adult companion services as defined under the brain injury, community
alternatives for disabled individuals, and elderly waiver plans, excluding adult companion
services provided under the Corporation for National and Community Services Senior
Companion Program established under the Domestic Volunteer Service Act of 1973,
Public Law 98-288;

(3) personal support as defined under the developmental disability waiver plan;

(4) 24-hour emergency assistance, personal emergency response as defined under the
community alternatives for disabled individuals and developmental disability waiver plans;

(5) night supervision services as defined under the brain injury waiver plan; and

(6) homemaker services as defined under the community alternatives for disabled
individuals, brain injury, community alternative care, developmental disability, and elderly
waiver plans, excluding providers licensed by the Department of Health under chapter
144A and those providers providing cleaning services only.

c) Intensive support services provide assistance, supervision, and care that is
necessary to ensure the health and safety of the person and services specifically directed
toward the training, habilitation, or rehabilitation of the person. Intensive support services
include:

(1) intervention services, including:

(i) behavioral support services as defined under the brain injury and community
alternatives for disabled individuals waiver plans;

(ii) in-home or out-of-home crisis respite services as defined under the developmental
disability waiver plan; and

(iii) specialist services as defined under the current developmental disability waiver
plan;

(2) in-home support services, including:

(i) in-home family support and supported living services as defined under the
developmental disability waiver plan;
independent living services training as defined under the brain injury and community alternatives for disabled individuals waiver plans; and

(iii) semi-independent living services;

(3) residential supports and services, including:

(i) supported living services as defined under the developmental disability waiver plan provided in a family or corporate child foster care residence, a family adult foster care residence, a community residential setting, or a supervised living facility;

(ii) foster care services as defined in the brain injury, community alternative care, and community alternatives for disabled individuals waiver plans provided in a family or corporate child foster care residence, a family adult foster care residence, or a community residential setting; and

(iii) residential services provided to more than four persons with developmental disabilities in a supervised living facility that is certified by the Department of Health as an ICF/DD, including ICFs/DD;

(4) day services, including:

(i) structured day services as defined under the brain injury waiver plan;

(ii) day training and habilitation services under sections 252.40 to 252.46, and as defined under the developmental disability waiver plan; and

(iii) prevocational services as defined under the brain injury and community alternatives for disabled individuals waiver plans; and

(5) supported employment as defined under the brain injury, developmental disability, and community alternatives for disabled individuals waiver plans.

Sec. 20. Minnesota Statutes 2013 Supplement, section 245D.03, is amended by adding a subdivision to read:

Subd. 1a. Effect. The home and community-based services standards establish health, safety, welfare, and rights protections for persons receiving services governed by this chapter. The standards recognize the diversity of persons receiving these services and require that these services are provided in a manner that meets each person's individual needs and ensures continuity in service planning, care, and coordination between the license holder and members of each person's support team or expanded support team.

Sec. 21. Minnesota Statutes 2013 Supplement, section 245D.03, subdivision 2, is amended to read:
Subd. 2. **Relationship to other standards governing home and community-based services.** (a) A license holder governed by this chapter is also subject to the licensure requirements under chapter 245A.

(b) A corporate or family child foster care site controlled by a license holder and providing services governed by this chapter is exempt from compliance with section 245D.04. This exemption applies to foster care homes where at least one resident is receiving residential supports and services licensed according to this chapter. This chapter does not apply to corporate or family child foster care homes that do not provide services licensed under this chapter.

(c) A family adult foster care site controlled by a license holder and providing services governed by this chapter is exempt from compliance with Minnesota Rules, parts 9555.6185; 9555.6225, subdivision 8; 9555.6245; 9555.6255; and 9555.6265. These exemptions apply to family adult foster care homes where at least one resident is receiving residential supports and services licensed according to this chapter. This chapter does not apply to family adult foster care homes that do not provide services licensed under this chapter.

(d) A license holder providing services licensed according to this chapter in a supervised living facility is exempt from compliance with sections 245D.05; 245D.05, subdivision 2; and 245D.06, subdivisions 2, clauses (1), (4), and (5).

(e) A license holder providing residential services to persons in an ICF/DD is exempt from compliance with sections 245D.04; 245D.05, subdivision 1b; 245D.06, subdivision 2, clauses (4) and (5); 245D.071, subdivisions 4 and 5; 245D.081, subdivision 2; 245D.09, subdivision 7; 245D.095, subdivision 2; and 245D.11, subdivision 3.

(f) A license holder providing homemaker services licensed according to this chapter and registered according to chapter 144A is exempt from compliance with section 245D.04.

(g) Nothing in this chapter prohibits a license holder from concurrently serving persons without disabilities or people who are or are not age 65 and older, provided this chapter's standards are met as well as other relevant standards.

(h) The documentation required under sections 245D.07 and 245D.071 must meet the individual program plan requirements identified in section 256B.092 or successor provisions.

Sec. 22. Minnesota Statutes 2013 Supplement, section 245D.03, subdivision 3, is amended to read:

Subd. 3. **Variance.** If the conditions in section 245A.04, subdivision 9, are met, the commissioner may grant a variance to any of the requirements in this chapter, except
sections 245D.04; 245D.06, subdivision 4, paragraph (b), and subdivision 6, or successor provisions; and 245D.061, subdivision 3, or provisions governing data practices and information rights of persons.

Sec. 23. Minnesota Statutes 2013 Supplement, section 245D.04, subdivision 3, is amended to read:

Subd. 3. Protection-related rights. (a) A person's protection-related rights include the right to:

(1) have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the license holder;

(2) access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule;

(3) be free from maltreatment;

(4) be free from restraint, time out, or seclusion, restrictive intervention, or other prohibited procedure identified in section 245D.06, subdivision 5, or successor provisions, except for: (i) emergency use of manual restraint to protect the person from imminent danger to self or others according to the requirements in section 245D.06, 245D.061 or successor provisions; or (ii) the use of safety interventions as part of a positive support transition plan under section 245D.06, subdivision 8, or successor provisions;

(5) receive services in a clean and safe environment when the license holder is the owner, lessor, or tenant of the service site;

(6) be treated with courtesy and respect and receive respectful treatment of the person's property;

(7) reasonable observance of cultural and ethnic practice and religion;

(8) be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;

(9) be informed of and use the license holder's grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045;

(10) know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices;

(11) assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation;

(12) give or withhold written informed consent to participate in any research or experimental treatment;
(13) associate with other persons of the person's choice;
(14) personal privacy; and
(15) engage in chosen activities.

(b) For a person residing in a residential site licensed according to chapter 245A, or where the license holder is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:

1. have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person;
2. receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication;
3. have use of and free access to common areas in the residence; and
4. privacy for visits with the person's spouse, next of kin, legal counsel, religious advisor, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.

(c) Restriction of a person's rights under subdivision 2, clause (10), or paragraph (a), clauses (13) to (15), or paragraph (b) is allowed only if determined necessary to ensure the health, safety, and well-being of the person. Any restriction of those rights must be documented in the person's coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect the person and provide support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner.

The documentation must include the following information:

1. the justification for the restriction based on an assessment of the person's vulnerability related to exercising the right without restriction;
2. the objective measures set as conditions for ending the restriction;
3. a schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager; and
4. signed and dated approval for the restriction from the person, or the person's legal representative, if any. A restriction may be implemented only when the required approval has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the right must be immediately and fully restored.

Sec. 24. Minnesota Statutes 2013 Supplement, section 245D.05, subdivision 1, is amended to read:
Subdivision 1. **Health needs.** (a) The license holder is responsible for meeting health service needs assigned in the coordinated service and support plan or the coordinated service and support plan addendum, consistent with the person's health needs. The license holder is responsible for promptly notifying the person's legal representative, if any, and the case manager of changes in a person's physical and mental health needs affecting health service needs assigned to the license holder in the coordinated service and support plan or the coordinated service and support plan addendum, when discovered by the license holder, unless the license holder has reason to know the change has already been reported. The license holder must document when the notice is provided.

(b) If responsibility for meeting the person's health service needs has been assigned to the license holder in the coordinated service and support plan or the coordinated service and support plan addendum, the license holder must maintain documentation on how the person's health needs will be met, including a description of the procedures the license holder will follow in order to:

(1) provide medication setup, assistance, or medication administration according to this chapter. Unlicensed staff responsible for medication setup or medication administration under this section must complete training according to section 245D.09, subdivision 4a, paragraph (d);

(2) monitor health conditions according to written instructions from a licensed health professional;

(3) assist with or coordinate medical, dental, and other health service appointments; or

(4) use medical equipment, devices, or adaptive aids or technology safely and correctly according to written instructions from a licensed health professional.

Sec. 25. Minnesota Statutes 2013 Supplement, section 245D.05, subdivision 1a, is amended to read:

Subd. 1a. **Medication setup.** (a) For the purposes of this subdivision, "medication setup" means the arranging of medications according to instructions from the pharmacy, the prescriber, or a licensed nurse, for later administration when the license holder is assigned responsibility for medication assistance or medication administration in the coordinated service and support plan or the coordinated service and support plan addendum. A prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.

(b) If responsibility for medication setup is assigned to the license holder in the coordinated service and support plan or the coordinated service and support plan addendum, or if the license holder provides it as part of medication assistance or
medication administration, the license holder must document in the person's medication
administration record: dates of setup, name of medication, quantity of dose, times to be
administered, and route of administration at time of setup; and, when the person will be
away from home, to whom the medications were given.

Sec. 26. Minnesota Statutes 2013 Supplement, section 245D.05, subdivision 1b,
is amended to read:

Subd. 1b. Medication assistance. (a) For purposes of this subdivision, "medication
assistance" means any of the following:

(1) bringing to the person and opening a container of previously set up medications,
emptying the container into the person's hand, or opening and giving the medications in
the original container to the person under the direction of the person;

(2) bringing to the person liquids or food to accompany the medication; or

(3) providing reminders, in person, remotely, or through programming devices
such as telephones, alarms, or medication boxes, to take regularly scheduled medication
or perform regularly scheduled treatments and exercises.

(b) If responsibility for medication assistance is assigned to the license holder
in the coordinated service and support plan or the coordinated service and support
plan addendum, the license holder must ensure that the requirements of subdivision 2,
paragraph (b), have been met when staff provides medication assistance to enable

providing a person to self-administer medication or treatment
when the person is capable of directing the person's own care, or when the person's legal
representative is present and able to direct care for the person. For the purposes of this
subdivision, "medication assistance" means any of the following:

(1) bringing to the person and opening a container of previously set up medications,
emptying the container into the person's hand, or opening and giving the medications in
the original container to the person;

(2) bringing to the person liquids or food to accompany the medication; or

(3) providing reminders to take regularly scheduled medication or perform regularly
scheduled treatments and exercises.

Sec. 27. Minnesota Statutes 2013 Supplement, section 245D.05, subdivision 2, is
amended to read:

Subd. 2. Medication administration. (a) If responsibility for medication
administration is assigned to the license holder in the coordinated service and support
plan or the coordinated service and support plan addendum, the license holder must
implement the following medication administration procedures to ensure a person takes medications and treatments as prescribed. For purposes of this subdivision, "medication administration" means:

(1) checking the person's medication record;
(2) preparing the medication as necessary;
(3) administering the medication or treatment to the person;
(4) documenting the administration of the medication or treatment or the reason for not administering the medication or treatment; and
(5) reporting to the prescriber or a nurse any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed. Adverse reactions must be immediately reported to the prescriber or a nurse.

(b) (1) If responsibility for medication administration is assigned to the license holder in the coordinated service and support plan or the coordinated service and support plan addendum, the license holder must implement medication administration procedures to ensure a person takes medications and treatments as prescribed. The license holder must ensure that the requirements in clauses (2) to (4) and (3) have been met before administering medication or treatment.

(2) The license holder must obtain written authorization from the person or the person's legal representative to administer medication or treatment and must obtain reauthorization annually as needed. This authorization shall remain in effect unless it is withdrawn in writing and may be withdrawn at any time. If the person or the person's legal representative refuses to authorize the license holder to administer medication, the medication must not be administered. The refusal to authorize medication administration must be reported to the prescriber as expediently as possible.

(3) The staff person responsible for administering the medication or treatment must complete medication administration training according to section 245D.09, subdivision 4a, paragraphs (a) and (c), and, as applicable to the person, paragraph (d).

(4) (3) For a license holder providing intensive support services, the medication or treatment must be administered according to the license holder’s medication administration policy and procedures as required under section 245D.11, subdivision 2, clause (3).

(c) The license holder must ensure the following information is documented in the person's medication administration record:

(1) the information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the person's name, description of the medication or treatment to be provided, and the frequency and other
information needed to safely and correctly administer the medication or treatment to
ensure effectiveness;

(2) information on any risks or other side effects that are reasonable to expect, and
any contraindications to its use. This information must be readily available to all staff
administering the medication;

(3) the possible consequences if the medication or treatment is not taken or
administered as directed;

(4) instruction on when and to whom to report the following:
(i) if a dose of medication is not administered or treatment is not performed as
prescribed, whether by error by the staff or the person or by refusal by the person; and
(ii) the occurrence of possible adverse reactions to the medication or treatment;

(5) notation of any occurrence of a dose of medication not being administered or
treatment not performed as prescribed, whether by error by the staff or the person or by
refusal by the person, or of adverse reactions, and when and to whom the report was
made; and

(6) notation of when a medication or treatment is started, administered, changed, or
discontinued.

Sec. 28. Minnesota Statutes 2013 Supplement, section 245D.05, subdivision 4, is
amended to read:

Subd. 4. Reviewing and reporting medication and treatment issues. (a) When
assigned responsibility for medication administration, the license holder must ensure
that the information maintained in the medication administration record is current and
is regularly reviewed to identify medication administration errors. At a minimum, the
review must be conducted every three months, or more frequently as directed in the
coordinated service and support plan or coordinated service and support plan addendum
or as requested by the person or the person's legal representative. Based on the review,
the license holder must develop and implement a plan to correct patterns of medication
administration errors when identified.

(b) If assigned responsibility for medication assistance or medication administration,
the license holder must report the following to the person's legal representative and case
manager as they occur or as otherwise directed in the coordinated service and support plan
or the coordinated service and support plan addendum:

(1) any reports made to the person's physician or prescriber required under
subsection 2, paragraph (c), clause (4);
(2) a person's refusal or failure to take or receive medication or treatment as prescribed; or
(3) concerns about a person's self-administration of medication or treatment.

Sec. 29. Minnesota Statutes 2013 Supplement, section 245D.05, subdivision 5, is amended to read:

Subd. 5. Injectable medications. Injectable medications may be administered according to a prescriber's order and written instructions when one of the following conditions has been met:

(1) a registered nurse or licensed practical nurse will administer the subcutaneous or intramuscular injection;
(2) a supervising registered nurse with a physician's order has delegated the administration of subcutaneous injectable medication to an unlicensed staff member and has provided the necessary training; or
(3) there is an agreement signed by the license holder, the prescriber, and the person or the person's legal representative specifying what subcutaneous injections may be given, when, how, and that the prescriber must retain responsibility for the license holder's giving the injections. A copy of the agreement must be placed in the person's service recipient record.

Only licensed health professionals are allowed to administer psychotropic medications by injection.

Sec. 30. Minnesota Statutes 2013 Supplement, section 245D.051, is amended to read:

245D.051 PSYCHOTROPIC MEDICATION USE AND MONITORING.

Subdivision 1. Conditions for psychotropic medication administration. (a)

When a person is prescribed a psychotropic medication and the license holder is assigned responsibility for administration of the medication in the person's coordinated service and support plan or the coordinated service and support plan addendum, the license holder must ensure that the requirements in paragraphs (b) to (d) and section 245D.05, subdivision 2, are met.

(b) Use of the medication must be included in the person's coordinated service and support plan or in the coordinated service and support plan addendum and based on a prescriber's current written or electronically recorded prescription.

(e) (b) The license holder must develop, implement, and maintain the following documentation in the person's coordinated service and support plan addendum according to the requirements in sections 245D.07 and 245D.071:
(1) a description of the target symptoms that the psychotropic medication is to alleviate; and

(2) documentation methods the license holder will use to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medication if required by the prescriber. The license holder must collect and report on medication and symptom-related data as instructed by the prescriber. The license holder must provide the monitoring data to the expanded support team for review every three months, or as otherwise requested by the person or the person's legal representative.

For the purposes of this section, "target symptom" refers to any perceptible diagnostic criteria for a person's diagnosed mental disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR) or successive editions, that has been identified for alleviation.

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 follow the requirement in section 245D.05, subdivision 2, paragraph (b), clause (2), not administer the medication. The refusal to authorize medication administration must be reported to the prescriber as expeditiously as possible. After reporting the refusal to the prescriber, the license holder must follow any directives or orders given by the prescriber. A court order must be obtained to override the refusal. 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.

Sec. 31. Minnesota Statutes 2013 Supplement, section 245D.06, subdivision 1, is amended to read:

Subdivision 1. Incident response and reporting. (a) The license holder must respond to incidents under section 245D.02, subdivision 11, that occur while providing services to protect the health and safety of and minimize risk of harm to the person.

(b) The license holder must maintain information about and report incidents to the person's legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the license holder has reason to know that the incident has already been reported, or as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum. An incident of suspected or alleged maltreatment must be reported as
required under paragraph (d), and an incident of serious injury or death must be reported
as required under paragraph (e).

(c) When the incident involves more than one person, the license holder must not
disclose personally identifiable information about any other person when making the report
to each person and case manager unless the license holder has the consent of the person.

(d) Within 24 hours of reporting maltreatment as required under section 626.556 or 626.557, the license holder must inform the case manager of the report unless there is
reason to believe that the case manager is involved in the suspected maltreatment. The
license holder must disclose the nature of the activity or occurrence reported and the
agency that received the report.

(e) The license holder must report the death or serious injury of the person as
required in paragraph (b) and to the Department of Human Services Licensing Division,
and the Office of Ombudsman for Mental Health and Developmental Disabilities as
required under section 245.94, subdivision 2a, within 24 hours of the death, or receipt of
information that the death occurred, unless the license holder has reason to know that the
death has already been reported.

(f) When a death or serious injury occurs in a facility certified as an intermediate
care facility for persons with developmental disabilities, the death or serious injury must
be reported to the Department of Health, Office of Health Facility Complaints, and the
Office of Ombudsman for Mental Health and Developmental Disabilities, as required
under sections 245.91 and 245.94, subdivision 2a, unless the license holder has reason to
know that the death has already been reported.

(g) The license holder must conduct an internal review of incident reports of deaths
and serious injuries that occurred while services were being provided and that were not
reported by the program as alleged or suspected maltreatment, for identification of incident
patterns, and implementation of corrective action as necessary to reduce occurrences.
The review must include an evaluation of whether related policies and procedures were
followed, whether the policies and procedures were adequate, whether there is a need for
additional staff training, whether the reported event is similar to past events with the
persons or the services involved, and whether there is a need for corrective action by the
license holder to protect the health and safety of persons receiving services. Based on
the results of this review, the license holder must develop, document, and implement a
corrective action plan designed to correct current lapses and prevent future lapses in
performance by staff or the license holder, if any.

(h) The license holder must verbally report the emergency use of manual restraint
of a person as required in paragraph (b) within 24 hours of the occurrence. The license
holder must ensure the written report and internal review of all incident reports of the
emergency use of manual restraints are completed according to the requirements in section
245D.061 or successor provisions.

Sec. 32. Minnesota Statutes 2013 Supplement, section 245D.06, subdivision 2, is
amended to read:

Subd. 2. Environment and safety. The license holder must:

(1) ensure the following when the license holder is the owner, lessor, or tenant
of the service site:

(i) the service site is a safe and hazard-free environment;
(ii) that toxic substances or dangerous items are inaccessible to persons served by
the program only to protect the safety of a person receiving services when a known safety
threat exists and not as a substitute for staff supervision or interactions with a person who
is receiving services. If toxic substances or dangerous items are made inaccessible, the
license holder must document an assessment of the physical plant, its environment, and its
population identifying the risk factors which require toxic substances or dangerous items
to be inaccessible and a statement of specific measures to be taken to minimize the safety
risk to persons receiving services and to restore accessibility to all persons receiving
services at the service site;

(iii) doors are locked from the inside to prevent a person from exiting only when
necessary to protect the safety of a person receiving services and not as a substitute for
staff supervision or interactions with the person. If doors are locked from the inside, the
license holder must document an assessment of the physical plant, the environment and
the population served, identifying the risk factors which require the use of locked doors,
and a statement of specific measures to be taken to minimize the safety risk to persons
receiving services at the service site; and

(iv) a staff person is available at the service site who is trained in basic first aid and,
when required in a person's coordinated service and support plan or coordinated service
and support plan addendum, cardiopulmonary resuscitation (CPR) whenever persons are
present and staff are required to be at the site to provide direct support service. The CPR
training must include in-person instruction, hands-on practice, and an observed skills
assessment under the direct supervision of a CPR instructor;

(2) maintain equipment, vehicles, supplies, and materials owned or leased by the
license holder in good condition when used to provide services;
(3) follow procedures to ensure safe transportation, handling, and transfers of the
person and any equipment used by the person, when the license holder is responsible for
transportation of a person or a person's equipment;

(4) be prepared for emergencies and follow emergency response procedures to
ensure the person's safety in an emergency; and

(5) follow universal precautions and sanitary practices, including hand washing, for
infection prevention and control, and to prevent communicable diseases.

Sec. 33. Minnesota Statutes 2013 Supplement, section 245D.06, subdivision 4, is
amended to read:

Subd. 4. Funds and property; legal representative restrictions. (a) Whenever the
license holder assists a person with the safekeeping of funds or other property according
to section 245A.04, subdivision 13, the license holder must obtain written authorization
to do so from the person or the person's legal representative and the case manager.
Authorization must be obtained within five working days of service initiation and renewed
annually thereafter. At the time initial authorization is obtained, the license holder must
survey, document, and implement the preferences of the person or the person's legal
representative and the case manager for frequency of receiving a statement that itemizes
receipts and disbursements of funds or other property. The license holder must document
changes to these preferences when they are requested.

(b) A license holder or staff person may not accept powers-of-attorney from a person
receiving services from the license holder for any purpose. This does not apply to license
holders that are Minnesota counties or other units of government or to staff persons
employed by license holders who were acting as attorney-in-fact for specific individuals
prior to implementation of this chapter. The license holder must maintain documentation
of the power-of-attorney in the service recipient record.

(c) A license holder or staff person is restricted from accepting an appointment
as a guardian as follows:

(1) under section 524.5-309 of the Uniform Probate Code, any individual or agency
that provides residence, custodial care, medical care, employment training, or other care
or services for which the individual or agency receives a fee may not be appointed as
guardian unless related to the respondent by blood, marriage, or adoption; and

(2) under section 245A.03, subdivision 2, paragraph (a), clause (1), a related
individual as defined under section 245A.02, subdivision 13, is excluded from licensure.
Services provided by a license holder to a person under the license holder's guardianship
are not licensed services.
(e) (d) Upon the transfer or death of a person, any funds or other property of the
person must be surrendered to the person or the person's legal representative, or given to
the executor or administrator of the estate in exchange for an itemized receipt.

Sec. 34. Minnesota Statutes 2013 Supplement, section 245D.06, subdivision 6, is
amended to read:

Subd. 6. Restricted procedures. (a) The following procedures are allowed when
the procedures are implemented in compliance with the standards governing their use as
identified in clauses (1) to (3). Allowed but restricted procedures include:

(1) permitted actions and procedures subject to the requirements in subdivision 7;
(2) procedures identified in a positive support transition plan subject to the
requirements in subdivision 8; or
(3) emergency use of manual restraint subject to the requirements in section
245D.061.

For purposes of this chapter, this section supersedes the requirements identified in
Minnesota Rules, part 9525.2740.

(b) A restricted procedure identified in paragraph (a) must not:

(1) be implemented with a child in a manner that constitutes sexual abuse, neglect,
physical abuse, or mental injury, as defined in section 626.556, subdivision 2;
(2) be implemented with an adult in a manner that constitutes abuse or neglect as
defined in section 626.5572, subdivision 2 or 17;
(3) be implemented in a manner that violates a person's rights identified in section
245D.04;
(4) restrict a person's normal access to a nutritious diet, drinking water, adequate
ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping
conditions, necessary clothing, or any protection required by state licensing standards or
federal regulations governing the program;
(5) deny the person visitation or ordinary contact with legal counsel, a legal
representative, or next of kin;
(6) be used for the convenience of staff, as punishment, as a substitute for adequate
staffing, or as a consequence if the person refuses to participate in the treatment or services
provided by the program;
(7) use prone restraint. For purposes of this section, "prone restraint" means use
of manual restraint that places a person in a face-down position. Prone restraint does
not include brief physical holding of a person who, during an emergency use of manual
restraint, rolls into a prone position, if the person is restored to a standing, sitting, or
side-lying position as quickly as possible;
(8) apply back or chest pressure while a person is in a prone position as identified in
clause (7), supine position, or side-lying position; or
(9) be implemented in a manner that is contraindicated for any of the person's known
medical or psychological limitations.

Sec. 35. Minnesota Statutes 2013 Supplement, section 245D.06, subdivision 7, is
amended to read:
Subd. 7. Permitted actions and procedures. (a) Use of the instructional techniques
and intervention procedures as identified in paragraphs (b) and (c) is permitted when used
on an intermittent or continuous basis. When used on a continuous basis, it must be
addressed in a person's coordinated service and support plan addendum as identified in
sections 245D.07 and 245D.071. For purposes of this chapter, the requirements of this
subdivision supersede the requirements identified in Minnesota Rules, part 9525.2720.
(b) Physical contact or instructional techniques must use the least restrictive
alternative possible to meet the needs of the person and may be used:
(1) to calm or comfort a person by holding that person with no resistance from
that person;
(2) to protect a person known to be at risk of injury due to frequent falls as a result
of a medical condition;
(3) to facilitate the person's completion of a task or response when the person does
not resist or the person's resistance is minimal in intensity and duration; or
(4) to briefly block or redirect a person's limbs or body without holding the person or
limiting the person's movement to interrupt the person's behavior that may result in injury
to self or others: with less than 60 seconds of physical contact by staff; or
(5) to redirect a person's behavior when the behavior does not pose a serious threat
to the person or others and the behavior is effectively redirected with less than 60 seconds
of physical contact by staff.
(c) Restrainment may be used as an intervention procedure to:
(1) allow a licensed health care professional to safely conduct a medical examination
or to provide medical treatment ordered by a licensed health care professional to a person
necessary to promote healing or recovery from an acute, meaning short-term, medical
condition;
(2) assist in the safe evacuation or redirection of a person in the event of an
emergency and the person is at imminent risk of harm; or
Any use of manual restraint as allowed in this paragraph must comply with the restrictions identified in section 245D.061, subdivision 3; or

(3) position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.

Any use of manual restraint as allowed in this paragraph must comply with the restrictions identified in subdivision 6, paragraph (b).

(d) Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

Sec. 36. Minnesota Statutes 2013 Supplement, section 245D.06, subdivision 8, is amended to read:

Subd. 8. Positive support transition plan. (a) License holders must develop a positive support transition plan on the forms and in the manner prescribed by the commissioner for a person who requires intervention in order to maintain safety when it is known that the person's behavior poses an immediate risk of physical harm to self or others. The positive support transition plan forms and instructions will supersede the requirements in Minnesota Rules, parts 9525.2750; 9525.2760; and 9525.2780. The positive support transition plan must phase out any existing plans for the emergency or programmatic use of aversive or deprivation procedures, restrictive interventions prohibited under this chapter within the following timelines:

(1) for persons receiving services from the license holder before January 1, 2014, the plan must be developed and implemented by February 1, 2014, and phased out no later than December 31, 2014; and

(2) for persons admitted to the program on or after January 1, 2014, the plan must be developed and implemented within 30 calendar days of service initiation and phased out no later than 11 months from the date of plan implementation.

(b) The commissioner has limited authority to grant approval for the emergency use of procedures identified in subdivision 6 that had been part of an approved positive support transition plan when a person is at imminent risk of serious injury as defined in section 245.91, subdivision 6, due to self-injurious behavior and the following conditions are met:

(1) the person's expanded support team approves the emergency use of the procedures; and

(2) the interim review panel established in section 245.8251, subdivision 4, recommends commissioner approval of the emergency use of the procedures.
(c) Written requests for the emergency use of the procedures must be developed
and submitted to the commissioner by the designated coordinator with input from the
person's expanded support team in accordance with the requirements set by the interim
review panel, in addition to the following:

(1) a copy of the person's current positive support transition plan and copies of
each positive support transition plan review containing data on the progress of the plan
from the previous year;

(2) documentation of a good faith effort to eliminate the use of the procedures that
had been part of an approved positive support transition plan;

(3) justification for the continued use of the procedures that identifies the imminent
risk of serious injury due to the person's self-injurious behavior if the procedures were
eliminated;

(4) documentation of the clinicians consulted in creating and maintaining the
positive support transition plan; and

(5) documentation of the expanded support team's approval and the recommendation
from the interim panel required under paragraph (b).

(d) A copy of the written request, supporting documentation, and the commissioner's
final determination on the request must be maintained in the person's service recipient
record.

Sec. 37. Minnesota Statutes 2013 Supplement, section 245D.071, subdivision 3,
is amended to read:

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

(b) Within 45 days of service initiation the license holder must meet with the person,
the person's legal representative, the case manager, and other members of the support team
or expanded support team to assess and determine the following based on the person's
coordinated service and support plan and the requirements in subdivision 4 and section
245D.07, subdivision 1a:

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

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

(3) the person's preferences for how services and supports are provided;
(4) whether the current service setting is the most integrated setting available and appropriate for the person; and

(5) how services must be coordinated across other providers licensed under this chapter serving the same person to ensure continuity of care for the person.

c) Within the scope of services, the license holder must, at a minimum, assess the following areas:

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

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

(3) the person's ability to self-manage symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and safety of the person or others. The assessments must produce information about the person that is descriptive of the person's overall strengths, functional skills and abilities, and behaviors or symptoms.

(b) Within the scope of services, the license holder must, at a minimum, complete assessments in the following areas before the 45-day planning meeting:

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

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

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

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

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

(c) Within 45 days of service initiation, the license holder must meet with the person, the person's legal representative, the case manager, and other members of the support team or expanded support team to determine the following based on information obtained from the assessments identified in paragraph (b), the person's identified needs in the coordinated service and support plan, and the requirements in subdivision 4 and section 245D.07, subdivision 1a:

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

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

(3) the person's preferences for how services and supports are provided;

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

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

Sec. 38. Minnesota Statutes 2013 Supplement, section 245D.071, subdivision 4, is amended to read:

Subd. 4. Service outcomes and supports. (a) Within ten working days of the 45-day planning meeting, the license holder must develop and document a service plan that documents the service outcomes and supports based on the assessments completed under subdivision 3 and the requirements in section 245D.07, subdivision 1a. The outcomes and supports must be included in the coordinated service and support plan addendum.

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

(1) the methods or actions that will be used to support the person and to accomplish the service outcomes, including information about:
(i) any changes or modifications to the physical and social environments necessary when the service supports are provided;

(ii) any equipment and materials required; and

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

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

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

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

(c) Within 20 working days of the 45-day meeting, the license holder must obtain dated signatures from the person or the person's legal representative and case manager to document completion and approval of the assessment and coordinated service and support plan addendum.

Sec. 39. Minnesota Statutes 2013 Supplement, section 245D.071, subdivision 5, is amended to read:

Subd. 5. **Progress reviews Service plan review and evaluation.** (a) The license holder must give the person or the person's legal representative and case manager an opportunity to participate in the ongoing review and development of the service plan and the methods used to support the person and accomplish outcomes identified in subdivisions 3 and 4. The license holder, in coordination with the person's support team or expanded support team, must meet with the person, the person's legal representative, and the case manager, and participate in progress service plan review meetings following stated timelines established in the person's coordinated service and support plan or coordinated service and support plan addendum or within 30 days of a written request by the person, the person's legal representative, or the case manager, at a minimum of once per year. The purpose of the service plan review is to determine whether changes are needed to the service plan based on the assessment information, the license holder's evaluation of progress towards accomplishing outcomes, or other information provided by the support team or expanded support team.

(b) The license holder must summarize the person's status and progress toward achieving the identified outcomes and make recommendations and identify the rationale for changing, continuing, or discontinuing implementation of supports and methods.
identified in subdivision 4 in a written report sent to the person or the person's legal
representative and case manager five working days prior to the review meeting, unless
the person, the person's legal representative, or the case manager requests to receive the
report at the time of the meeting.

(c) Within ten working days of the progress review meeting, the license holder
must obtain dated signatures from the person or the person's legal representative and
the case manager to document approval of any changes to the coordinated service and
support plan addendum.

Sec. 40. Minnesota Statutes 2013 Supplement, section 245D.081, subdivision 2,
is amended to read:

Subd. 2. Coordination and evaluation of individual service delivery. (a) Delivery
and evaluation of services provided by the license holder must be coordinated by a
designated staff person. The designated coordinator must provide supervision, support,
and evaluation of activities that include:

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

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

(3) instruction and assistance to direct support staff implementing the coordinated
service and support plan and the service outcomes, including direct observation of service
delivery sufficient to assess staff competency; and

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

(b) The license holder must ensure that the designated coordinator is competent to
perform the required duties identified in paragraph (a) through education and training
in human services and disability-related fields, and work experience in providing direct
care services and supports to persons with disabilities relevant to the primary disability of
persons served by the license holder and the individual persons for whom the designated
coordinator is responsible. The designated coordinator must have the skills and ability
necessary to develop effective plans and to design and use data systems to measure
effectiveness of services and supports. The license holder must verify and document
competence according to the requirements in section 245D.09, subdivision 3. The
designated coordinator must minimally have:
Sec. 41. Minnesota Statutes 2013 Supplement, section 245D.09, subdivision 3, is amended to read:

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

1. education and experience qualifications relevant to the job responsibilities assigned to the staff and to the needs of the general population primary disability of persons served by the program, including a valid degree and transcript, or a current license, registration, or certification, when a degree or licensure, registration, or certification is required by this chapter or in the coordinated service and support plan or coordinated service and support plan addendum;

2. demonstrated competency in the orientation and training areas required under this chapter, and when applicable, completion of continuing education required to maintain professional licensure, registration, or certification requirements. Competency in these areas is determined by the license holder through knowledge testing and or observed skill assessment conducted by the trainer or instructor; and

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

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

3. a diploma in a field related to human services from an accredited postsecondary institution and three years of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older, or

4. a minimum of 50 hours of education and training related to human services and disabilities; and

5. four years of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older under the supervision of a staff person who meets the qualifications identified in clauses (1) to (3).
(3) except for a license holder who is the sole direct support staff, periodic
performance evaluations completed by the license holder of the direct support staff
person's ability to perform the job functions based on direct observation.
(b) Staff under 18 years of age may not perform overnight duties or administer
medication.

Sec. 42. Minnesota Statutes 2013 Supplement, section 245D.09, subdivision 4a,
is amended to read:

Subd. 4a. Orientation to individual service recipient needs. (a) Before having
unsupervised direct contact with a person served by the program, or for whom the staff
person has not previously provided direct support, or any time the plans or procedures
identified in paragraphs (b) to (f) (g) are revised, the staff person must review and receive
instruction on the requirements in paragraphs (b) to (f) (g) as they relate to the staff
person's job functions for that person.
(b) Training and competency evaluations must include the following:
(1) appropriate and safe techniques in personal hygiene and grooming, including
hair care; bathing; care of teeth, gums, and oral prosthetic devices; and other activities of
daily living (ADLs) as defined under section 256B.0659, subdivision 1;
(2) an understanding of what constitutes a healthy diet according to data from the
Centers for Disease Control and Prevention and the skills necessary to prepare that diet;
(3) skills necessary to provide appropriate support in instrumental activities of daily
living (IADLs) as defined under section 256B.0659, subdivision 1; and
(4) demonstrated competence in providing first aid.
(c) The staff person must review and receive instruction on the person's coordinated
service and support plan or coordinated service and support plan addendum as it relates
to the responsibilities assigned to the license holder, and when applicable, the person's
individual abuse prevention plan, to achieve and demonstrate an understanding of the
person as a unique individual, and how to implement those plans.
(d) The staff person must review and receive instruction on medication setup,
assistance, or administration procedures established for the person when medication
administration is assigned to the license holder according to section 245D.05, subdivision
1, paragraph (b). Unlicensed staff may administer medications perform medication setup
or medication administration only after successful completion of a medication setup or
medication administration training, from a training curriculum developed by a registered
nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse
practitioner, physician's assistant, or physician or appropriate licensed health professional.
The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure unlicensed staff demonstrate the ability to safely and correctly follow medication procedures.

Medication administration must be taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician if, at the time of service initiation or any time thereafter, the person has or develops a health care condition that affects the service options available to the person because the condition requires:

(1) specialized or intensive medical or nursing supervision; and

(2) nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.

(e) The staff person must review and receive instruction on the safe and correct operation of medical equipment used by the person to sustain life, including but not limited to ventilators, feeding tubes, or endotracheal tubes. The training must be provided by a licensed health care professional or a manufacturer's representative and incorporate an observed skill assessment to ensure staff demonstrate the ability to safely and correctly operate the equipment according to the treatment orders and the manufacturer's instructions.

(f) The staff person must review and receive instruction on what constitutes use of restraints, time out, and seclusion, including chemical restraint, and staff responsibilities related to the prohibitions of their use according to the requirements in section 245D.06, subdivision 5 or successor provisions, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior and why they are not safe, and the safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061 or successor provisions.

(g) The staff person must review and receive instruction on mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness.

(h) In the event of an emergency service initiation, the license holder must ensure the training required in this subdivision occurs within 72 hours of the direct support staff person first having unsupervised contact with the person receiving services. The license holder must document the reason for the unplanned or emergency service initiation and maintain the documentation in the person's service recipient record.

(i) License holders who provide direct support services themselves must complete the orientation required in subdivision 4, clauses (3) to (7).

Sec. 43. Minnesota Statutes 2013 Supplement, section 245D.091, subdivision 2, is amended to read:
Subd. 2. Behavior professional qualifications. A behavior professional providing behavioral support services as identified in section 245D.03, subdivision 1, paragraph (c), clause (1), item (i), as defined in the brain injury and community alternatives for disabled individuals waiver plans or successor plans, must have competencies in the following areas related to as required under the brain injury and community alternatives for disabled individuals waiver plans or successor plans:

- (1) ethical considerations;
- (2) functional assessment;
- (3) functional analysis;
- (4) measurement of behavior and interpretation of data;
- (5) selecting intervention outcomes and strategies;
- (6) behavior reduction and elimination strategies that promote least restrictive approved alternatives;
- (7) data collection;
- (8) staff and caregiver training;
- (9) support plan monitoring;
- (10) co-occurring mental disorders or neurocognitive disorder;
- (11) demonstrated expertise with populations being served; and
- (12) must be a:
  - (i) psychologist licensed under sections 148.88 to 148.98, who has stated to the Board of Psychology competencies in the above identified areas;
  - (ii) clinical social worker licensed as an independent clinical social worker under chapter 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the areas identified in clauses (1) to (11);
  - (iii) physician licensed under chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry with competencies in the areas identified in clauses (1) to (11);
  - (iv) licensed professional clinical counselor licensed under sections 148B.29 to 148B.39 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services who has demonstrated competencies in the areas identified in clauses (1) to (11);
  - (v) person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services with demonstrated competencies in the areas identified in clauses (1) to (11); or
(vi) registered nurse who is licensed under sections 148.171 to 148.285, and who is
certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and
mental health nursing by a national nurse certification organization, or who has a master's
degree in nursing or one of the behavioral sciences or related fields from an accredited
college or university or its equivalent, with at least 4,000 hours of post-master's supervised
experience in the delivery of clinical services.

Sec. 44. Minnesota Statutes 2013 Supplement, section 245D.091, subdivision 3,
is amended to read:

Subd. 3. Behavior analyst qualifications. (a) A behavior analyst providing
behavioral support services as identified in section 245D.03, subdivision 1, paragraph
c, clause (1), item (i), as defined in the brain injury and community alternatives for
disabled individuals waiver plans or successor plans, must have competencies in the
following areas as required under the brain injury and community alternatives for disabled
individuals waiver plans or successor plans:

(1) have obtained a baccalaureate degree, master's degree, or PhD in a social services
discipline; or

(2) meet the qualifications of a mental health practitioner as defined in section
245.462, subdivision 17.

(b) In addition, a behavior analyst must:

(1) have four years of supervised experience working with individuals who exhibit
challenging behaviors as well as co-occurring mental disorders or neurocognitive disorder;

(2) have received ten hours of instruction in functional assessment and functional
analysis;

(3) have received 20 hours of instruction in the understanding of the function of
behavior;

(4) have received ten hours of instruction on design of positive practices behavior
support strategies;

(5) have received 20 hours of instruction on the use of behavior reduction approved
strategies used only in combination with behavior positive practices strategies;

(6) be determined by a behavior professional to have the training and prerequisite
skills required to provide positive practice strategies as well as behavior reduction
approved and permitted intervention to the person who receives behavioral support; and

(7) be under the direct supervision of a behavior professional.
Sec. 45. Minnesota Statutes 2013 Supplement, section 245D.091, subdivision 4, is amended to read:

Subd. 4. **Behavior specialist qualifications.** (a) A behavior specialist providing behavioral support services as identified in section 245D.03, subdivision 1, paragraph (c), clause (1), item (i), as defined in the brain injury and community alternatives for disabled individuals waiver plans or successor plans, must meet the following qualifications:

- have competencies in the following areas as required under the brain injury and community alternatives for disabled individuals waiver plans or successor plans:
  - have an associate's degree in a social services discipline; or
  - have two years of supervised experience working with individuals who exhibit challenging behaviors as well as co-occurring mental disorders or neurocognitive disorder.

(b) In addition, a behavior specialist must:

- have received a minimum of four hours of training in functional assessment;
- have received 20 hours of instruction in the understanding of the function of behavior;
- have received ten hours of instruction on design of positive practices behavioral support strategies;
- be determined by a behavior professional to have the training and prerequisite skills required to provide positive practices strategies as well as behavior reduction approved intervention to the person who receives behavioral support; and
- be under the direct supervision of a behavior professional.

Sec. 46. Minnesota Statutes 2013 Supplement, section 245D.10, subdivision 3, is amended to read:

Subd. 3. **Service suspension and service termination.** (a) The license holder must establish policies and procedures for temporary service suspension and 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.

(b) The policy must include the following requirements:

- the license holder must notify the person or the person's legal representative and case manager in writing of the intended termination or temporary service suspension, and the person's right to seek a temporary order staying the termination of service according to the procedures in section 256.045, subdivision 4a, or 6, paragraph (c);
- notice of the proposed termination of services, including those situations that began with a temporary service suspension, must be given at least 60 days before the proposed termination is to become effective when a license holder is providing intensive
supports and services identified in section 245D.03, subdivision 1, paragraph (c), and 30
days prior to termination for all other services licensed under this chapter. This notice
may be given in conjunction with a notice of temporary service suspension;
(3) notice of temporary service suspension must be given on the first day of the
service suspension;
(4) the license holder must provide information requested by the person or case
manager when services are temporarily suspended or upon notice of termination;
(5) prior to giving notice of service termination or temporary service suspension,
the license holder must document actions taken to minimize or eliminate the need for
service suspension or termination;
(6) during the temporary service suspension or service termination notice period,
the license holder will work with the appropriate county agency support team or
expanded support team to develop reasonable alternatives to protect the person and others;
(7) the license holder must maintain information about the service suspension or
termination, including the written termination notice, in the service recipient record; and
(8) the license holder must restrict temporary service suspension to situations in
which the person's conduct poses an imminent risk of physical harm to self or others and
less restrictive or positive support strategies would not achieve and maintain safety.

Sec. 47. Minnesota Statutes 2013 Supplement, 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:
(i) grievance policy and procedure required under subdivision 2; and
(ii) service suspension and termination policy and procedure required under
subdivision 3.
(3) For all other license holders this includes the:
(i) policies and procedures in clause (2);
(ii) emergency use of manual restraints policy and procedure required under section
245D.061, subdivision 10, or successor provisions; and
(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.

Sec. 48. Minnesota Statutes 2013 Supplement, section 245D.11, subdivision 2, is amended to read:

Subd. 2. Health and safety. The license holder must establish policies and procedures that promote health and safety by ensuring:

(1) use of universal precautions and sanitary practices in compliance with section 245D.06, subdivision 2, clause (5);

(2) if the license holder operates a residential program, health service coordination and care according to the requirements in section 245D.05, subdivision 1;

(3) safe medication assistance and administration according to the requirements in sections 245D.05, subdivisions 1a, 2, and 5, and 245D.051, that are established in consultation with a registered nurse, nurse practitioner, physician's assistant, or medical doctor and require completion of medication administration training according to the requirements in section 245D.09, subdivision 4a, paragraph (d). Medication assistance and administration includes, but is not limited to:

(i) providing medication-related services for a person;

(ii) medication setup;

(iii) medication administration;

(iv) medication storage and security;

(v) medication documentation and charting;
(vi) verification and monitoring of effectiveness of systems to ensure safe medication handling and administration;

(vii) coordination of medication refills;

(viii) handling changes to prescriptions and implementation of those changes;

(ix) communicating with the pharmacy; and

(x) coordination and communication with prescriber;

(4) safe transportation, when the license holder is responsible for transportation of persons, with provisions for handling emergency situations according to the requirements in section 245D.06, subdivision 2, clauses (2) to (4);

(5) a plan for ensuring the safety of persons served by the program in emergencies as defined in section 245D.02, subdivision 8, and procedures for staff to report emergencies to the license holder. A license holder with a community residential setting or a day service facility license must ensure the policy and procedures comply with the requirements in section 245D.22, subdivision 4;

(6) a plan for responding to all incidents as defined in section 245D.02, subdivision 11; and reporting all incidents required to be reported according to section 245D.06, subdivision 1. The plan must:

(i) provide the contact information of a source of emergency medical care and transportation; and

(ii) require staff to first call 911 when the staff believes a medical emergency may be life threatening, or to call the mental health crisis intervention team or similar mental health response team or service when such a team is available and appropriate when the person is experiencing a mental health crisis; and

(7) a procedure for the review of incidents and emergencies to identify trends or patterns, and corrective action if needed. The license holder must establish and maintain a record-keeping system for the incident and emergency reports. Each incident and emergency report file must contain a written summary of the incident. The license holder must conduct a review of incident reports for identification of incident patterns, and implementation of corrective action as necessary to reduce occurrences. Each incident report must include:

(i) the name of the person or persons involved in the incident. It is not necessary to identify all persons affected by or involved in an emergency unless the emergency resulted in an incident;

(ii) the date, time, and location of the incident or emergency;

(iii) a description of the incident or emergency;
(iv) a description of the response to the incident or emergency and whether a person's
coordinated service and support plan addendum or program policies and procedures were
implemented as applicable;
(v) the name of the staff person or persons who responded to the incident or
emergency; and
(vi) the determination of whether corrective action is necessary based on the results
of the review.

Sec. 49. Minnesota Statutes 2013 Supplement, section 252.27, subdivision 2a, is
amended to read:

Subd. 2a. Contribution amount. (a) The natural or adoptive parents of a minor
child, including a child determined eligible for medical assistance without consideration of
parental income, must contribute to the cost of services used by making monthly payments
on a sliding scale based on income, unless the child is married or has been married, parental
rights have been terminated, or the child's adoption is subsidized according to chapter
259A or through title IV-E of the Social Security Act. The parental contribution is a partial
or full payment for medical services provided for diagnostic, therapeutic, curing, treating,
mitigating, rehabilitation, maintenance, and personal care services as defined in United
States Code, title 26, section 213, needed by the child with a chronic illness or disability.
(b) For households with adjusted gross income equal to or greater than 275 percent
of federal poverty guidelines, the parental contribution shall be computed by applying the
following schedule of rates to the adjusted gross income of the natural or adoptive parents:

(1) if the adjusted gross income is equal to or greater than 275 percent of federal
poverty guidelines and less than or equal to 545 percent of federal poverty guidelines,
the parental contribution shall be determined using a sliding fee scale established by the
commissioner of human services which begins at $76 2.48 percent of adjusted gross
income at 275 percent of federal poverty guidelines and increases to $75 6.75 percent of
adjusted gross income for those with adjusted gross income up to 545 percent of federal
poverty guidelines;

(2) if the adjusted gross income is greater than 545 percent of federal poverty
guidelines and less than 675 percent of federal poverty guidelines, the parental
contribution shall be 7.5 6.75 percent of adjusted gross income;

(3) if the adjusted gross income is equal to or greater than 675 percent of federal
poverty guidelines and less than 975 percent of federal poverty guidelines, the parental
contribution shall be determined using a sliding fee scale established by the commissioner
of human services which begins at $75 6.75 percent of adjusted gross income at 675 percent
of federal poverty guidelines and increases to **ten nine** percent of adjusted gross income
for those with adjusted gross income up to 975 percent of federal poverty guidelines; and

(4) if the adjusted gross income is equal to or greater than 975 percent of federal
poverty guidelines, the parental contribution shall be **11.25** percent of adjusted
gross income.

If the child lives with the parent, the annual adjusted gross income is reduced by
$2,400 prior to calculating the parental contribution. If the child resides in an institution
specified in section 256B.35, the parent is responsible for the personal needs allowance
specified under that section in addition to the parental contribution determined under this
section. The parental contribution is reduced by any amount required to be paid directly to
the child pursuant to a court order, but only if actually paid.

(c) The household size to be used in determining the amount of contribution under
paragraph (b) includes natural and adoptive parents and their dependents, including the
child receiving services. Adjustments in the contribution amount due to annual changes
in the federal poverty guidelines shall be implemented on the first day of July following
publication of the changes.

(d) For purposes of paragraph (b), "income" means the adjusted gross income of the
natural or adoptive parents determined according to the previous year's federal tax form,
except, effective retroactive to July 1, 2003, taxable capital gains to the extent the funds
have been used to purchase a home shall not be counted as income.

(e) The contribution shall be explained in writing to the parents at the time eligibility
for services is being determined. The contribution shall be made on a monthly basis
effective with the first month in which the child receives services. Annually upon
redetermination or at termination of eligibility, if the contribution exceeded the cost of
services provided, the local agency or the state shall reimburse that excess amount to
the parents, either by direct reimbursement if the parent is no longer required to pay a
contribution, or by a reduction in or waiver of parental fees until the excess amount is
exhausted. All reimbursements must include a notice that the amount reimbursed may be
taxable income if the parent paid for the parent's fees through an employer's health care
flexible spending account under the Internal Revenue Code, section 125, and that the
parent is responsible for paying the taxes owed on the amount reimbursed.

(f) The monthly contribution amount must be reviewed at least every 12 months;
when there is a change in household size; and when there is a loss of or gain in income
from one month to another in excess of ten percent. The local agency shall mail a written
notice 30 days in advance of the effective date of a change in the contribution amount.
A decrease in the contribution amount is effective in the month that the parent verifies a reduction in income or change in household size.

(g) Parents of a minor child who do not live with each other shall each pay the contribution required under paragraph (a). An amount equal to the annual court-ordered child support payment actually paid on behalf of the child receiving services shall be deducted from the adjusted gross income of the parent making the payment prior to calculating the parental contribution under paragraph (b).

(h) The contribution under paragraph (b) shall be increased by an additional five percent if the local agency determines that insurance coverage is available but not obtained for the child. For purposes of this section, "available" means the insurance is a benefit of employment for a family member at an annual cost of no more than five percent of the family's annual income. For purposes of this section, "insurance" means health and accident insurance coverage, enrollment in a nonprofit health service plan, health maintenance organization, self-insured plan, or preferred provider organization.

Parents who have more than one child receiving services shall not be required to pay more than the amount for the child with the highest expenditures. There shall be no resource contribution from the parents. The parent shall not be required to pay a contribution in excess of the cost of the services provided to the child, not counting payments made to school districts for education-related services. Notice of an increase in fee payment must be given at least 30 days before the increased fee is due.

(i) The contribution under paragraph (b) shall be reduced by $300 per fiscal year if, in the 12 months prior to July 1:

1. the parent applied for insurance for the child;
2. the insurer denied insurance;
3. the parents submitted a complaint or appeal, in writing to the insurer, submitted a complaint or appeal, in writing, to the commissioner of health or the commissioner of commerce, or litigated the complaint or appeal; and
4. as a result of the dispute, the insurer reversed its decision and granted insurance.

For purposes of this section, "insurance" has the meaning given in paragraph (h).

A parent who has requested a reduction in the contribution amount under this paragraph shall submit proof in the form and manner prescribed by the commissioner or county agency, including, but not limited to, the insurer's denial of insurance, the written letter or complaint of the parents, court documents, and the written response of the insurer approving insurance. The determinations of the commissioner or county agency under this paragraph are not rules subject to chapter 14.
Sec. 50. Minnesota Statutes 2012, section 252.451, subdivision 2, is amended to read:

Subd. 2. Vendor participation and reimbursement. Notwithstanding requirements in chapter chapters 245A and 245D, and sections 252.28, 252.40 to 252.46, and 256B.501, vendors of day training and habilitation services may enter into written agreements with qualified businesses to provide additional training and supervision needed by individuals to maintain their employment.

Sec. 51. Minnesota Statutes 2012, section 256.9752, subdivision 2, is amended to read:

Subd. 2. Authority. The Minnesota Board on Aging shall allocate to area agencies on aging the state and federal funds which are received for the senior nutrition programs of congregate dining and home-delivered meals in a manner consistent with federal requirements.

Sec. 52. Minnesota Statutes 2013 Supplement, section 256B.0949, subdivision 4, is amended to read:

Subd. 4. Diagnosis. (a) A diagnosis must:

(1) be based upon current DSM criteria including direct observations of the child and reports from parents or primary caregivers; and

(2) be completed by both either (i) a licensed physician or advanced practice registered nurse and or (ii) a mental health professional.

(b) Additional diagnostic assessment information may be considered including from special education evaluations and licensed school personnel, and from professionals licensed in the fields of medicine, speech and language, psychology, occupational therapy, and physical therapy.

(c) If the commissioner determines there are access problems or delays in diagnosis for a geographic area due to the lack of qualified professionals, the commissioner shall waive the requirement in paragraph (a), clause (2), for two professionals and allow a diagnosis to be made by one professional for that geographic area. This exception must be limited to a specific period of time until, with stakeholder input as described in subdivision 8, there is a determination of an adequate number of professionals available to require two professionals for each diagnosis.

Sec. 53. Minnesota Statutes 2013 Supplement, section 256B.0949, subdivision 5, is amended to read:
Subd. 5. **Diagnostic assessment.** The following information and assessments must be performed, reviewed, and relied upon for the eligibility determination, treatment and services recommendations, and treatment plan development for the child:

1. an assessment of the child's developmental skills, functional behavior, needs, and capacities based on direct observation of the child which must be administered by a licensed mental health professional, must include medical or assessment information from the child's physician or advanced practice registered nurse and may also include observations from family members, school personnel, child care providers, or other caregivers, as well as any medical or assessment information from other licensed professionals such as the child's physician, rehabilitation therapists, licensed school personnel, or mental health professionals; and

2. an assessment of parental or caregiver capacity to participate in therapy including the type and level of parental or caregiver involvement and training recommended.

Sec. 54. Minnesota Statutes 2013 Supplement, section 256B.0949, subdivision 11, is amended to read:

Subd. 11. **Federal approval of the autism benefit.** (a) The provisions of subdivision 9 of this section shall apply to state plan services under title XIX of the Social Security Act when federal approval is granted under a 1915(i) waiver or other authority which allows children eligible for medical assistance through the TEFRA option under section 256B.055, subdivision 12, to qualify and includes children eligible for medical assistance in families over 150 percent of the federal poverty guidelines.

(b) The commissioner may use the federal authority for a Medicaid state plan amendment under Early and Periodic Screening Diagnosis and Treatment (EPSDT), United States Code, title 42, section 1396D(R)(5), or other Medicaid provision for any aspect or type of treatment covered in this section if new federal guidance is helpful in achieving one or more of the purposes of this section in a cost-effective manner.

Notwithstanding subdivisions 2 and 3, any treatment services submitted for federal approval under EPSDT shall include appropriate medical criteria to qualify for the service and shall cover children through age 20.

Sec. 55. Minnesota Statutes 2013 Supplement, section 256B.0949, is amended by adding a subdivision to read:

Subd. 12. **Autism benefit; training provided.** After approval of the autism early intensive intervention benefit under this section by the Centers for Medicare and Medicaid Services, the commissioner shall provide statewide training on the benefit for culturally
and linguistically diverse communities. Training for autism service providers on culturally
appropriate practices must be online, accessible, and available in multiple languages. The
training for families, lead agencies, advocates, and other interested parties must provide
information about the benefit and how to access it.

Sec. 56. Minnesota Statutes 2013 Supplement, section 256B.439, subdivision 1,
is amended to read:

Subdivision 1. Development and implementation of quality profiles. (a) The
commissioner of human services, in cooperation with the commissioner of health, shall
develop and implement quality profiles for nursing facilities and, beginning not later than
July 1, 2014, for home and community-based services providers, except when the quality
profile system would duplicate requirements under section 256B.5011, 256B.5012, or
256B.5013. For purposes of this section, home and community-based services providers
are defined as providers of home and community-based services under sections 256B.0625,
subdivisions 6a, 7, and 19a; 256B.0913; 256B.0915; 256B.092, and 256B.49; and
256B.85, and intermediate care facilities for persons with developmental disabilities
providers under section 256B.5013. To the extent possible, quality profiles must be
developed for providers of services to older adults and people with disabilities, regardless
of payor source, for the purposes of providing information to consumers. The quality
profiles must be developed using existing data sets maintained by the commissioners of
health and human services to the extent possible. The profiles must incorporate or be
coordinated with information on quality maintained by area agencies on aging, long-term
care trade associations, the ombudsman offices, counties, tribes, health plans, and other
entities and the long-term care database maintained under section 256.975, subdivision 7.
The profiles must be designed to provide information on quality to:

(1) consumers and their families to facilitate informed choices of service providers;
(2) providers to enable them to measure the results of their quality improvement
efforts and compare quality achievements with other service providers; and
(3) public and private purchasers of long-term care services to enable them to
purchase high-quality care.

(b) The profiles must be developed in consultation with the long-term care task
force, area agencies on aging, and representatives of consumers, providers, and labor
unions. Within the limits of available appropriations, the commissioners may employ
consultants to assist with this project.

EFFECTIVE DATE. This section is effective retroactively from February 1, 2014.
Sec. 57. Minnesota Statutes 2013 Supplement, section 256B.439, subdivision 7, is amended to read:

Subd. 7. **Calculation of home and community-based services quality add-on.**

**Effective** On July 1, 2015, the commissioner shall determine the quality add-on rate change and adjust payment rates for participating all home and community-based services providers for services rendered on or after that date. The adjustment to a provider payment rate determined under this subdivision shall become part of the ongoing rate paid to that provider. The payment rate for the quality add-on shall be a variable amount based on each provider's quality score as determined in subdivisions 1 and 2a. All home and community-based services providers shall receive a minimum rate increase under this subdivision. In addition to a minimum rate increase, a home and community-based services provider shall receive a quality add-on payment. The commissioner shall limit the types of home and community-based services providers that may receive the quality add-on and based on availability of quality measures and outcome data. The commissioner shall limit the amount of the minimum rate increase and quality add-on payments to operate the quality add-on within funds appropriated for this purpose and based on the availability of the quality measures the equivalent of a one percent rate increase for all home and community-based services providers.

Sec. 58. Minnesota Statutes 2013 Supplement, section 256B.441, subdivision 63, is amended to read:

Subd. 63. **Critical access nursing facilities.** (a) The commissioner, in consultation with the commissioner of health, may designate certain nursing facilities as critical access nursing facilities. The designation shall be granted on a competitive basis, within the limits of funds appropriated for this purpose.

(b) The commissioner shall request proposals from nursing facilities every two years. Proposals must be submitted in the form and according to the timelines established by the commissioner. In selecting applicants to designate, the commissioner, in consultation with the commissioner of health, and with input from stakeholders, shall develop criteria designed to preserve access to nursing facility services in isolated areas, rebalance long-term care, and improve quality. Beginning in fiscal year 2015, to the extent practicable, the commissioner shall ensure an even distribution of designations across the state.

(c) The commissioner shall allow the benefits in clauses (1) to (5) for nursing facilities designated as critical access nursing facilities:
(1) partial rebasing, with the commissioner allowing a designated facility operating payment rates being the sum of up to 60 percent of the operating payment rate determined in accordance with subdivision 54 and at least 40 percent, with the sum of the two portions being equal to 100 percent, of the operating payment rate that would have been allowed had the facility not been designated. The commissioner may adjust these percentages by up to 20 percent and may approve a request for less than the amount allowed;

(2) enhanced payments for leave days. Notwithstanding section 256B.431, subdivision 2r, upon designation as a critical access nursing facility, the commissioner shall limit payment for leave days to 60 percent of that nursing facility's total payment rate for the involved resident, and shall allow this payment only when the occupancy of the nursing facility, inclusive of bed hold days, is equal to or greater than 90 percent;

(3) two designated critical access nursing facilities, with up to 100 beds in active service, may jointly apply to the commissioner of health for a waiver of Minnesota Rules, part 4658.0500, subpart 2, in order to jointly employ a director of nursing. The commissioner of health will consider each waiver request independently based on the criteria under Minnesota Rules, part 4658.0040;

(4) the minimum threshold under section 256B.431, subdivision 15, paragraph (c), shall be 40 percent of the amount that would otherwise apply; and

(5) notwithstanding subdivision 58, beginning October 1, 2014, the quality-based rate limits under subdivision 50 shall apply to designated critical access nursing facilities.

d) Designation of a critical access nursing facility shall be for a period of two years, after which the benefits allowed under paragraph (c) shall be removed. Designated facilities may apply for continued designation.

Sec. 59. Minnesota Statutes 2012, section 256B.441, is amended by adding a subdivision to read:

Subd. 64. Rate adjustments for compensation-related costs. (a) Operating payment rates of all nursing facilities that are reimbursed under this section or section 256B.434 shall be increased effective for rate years beginning on and after October 1, 2014, to address changes in compensation costs for nursing facility employees paid less than $14 per hour in accordance with this subdivision.

(b) Based on the application in paragraph (d), the commissioner shall calculate the allowable annualized compensation costs by adding the totals of clauses (1), (2), and (3).

The result must be divided by the standardized or resident days from the most recently available cost report to determine per diem amounts, which must be included in the
operating portion of the total payment rate and allocated to direct care or other operating
as determined by the commissioner:

1) the sum of the difference between $8 and any hourly wage rate less than $8 for
October 1, 2014; between $9 and any hourly wage rate less than $9 for October 1, 2015;
between $9.50 and any hourly wage rate less than $9.50 for October 1, 2016; and between
the indexed value of the minimum wage, as defined in section 177.24, subdivision 1,
paragraph (f), and any hourly wage less than that indexed value for rate years beginning on
and after October 1, 2017; multiplied by the number of compensated hours at that wage rate;

2) using wages and hours in effect during the first three months of calendar year
2014, beginning with the first pay period beginning on or after January 1, 2014; 33.3
percent of the sum of items (i) to (viii) for October 1, 2014; 44.4 percent of the sum of
items (i) to (viii) for October 1, 2015; and 22.2 percent of the sum of items (i) to (viii)
for October 1, 2016;

(i) for all compensated hours from $8 to $8.49 per hour, the number of compensated
hours is multiplied by $0.13;

(ii) for all compensated hours from $8.50 to $8.99 per hour, the number of
compensated hours is multiplied by $0.25;

(iii) for all compensated hours from $9 to $9.49 per hour, the number of compensated
hours is multiplied by $0.38;

(iv) for all compensated hours from $9.50 to $10.49 per hour, the number of
compensated hours is multiplied by $0.50;

(v) for all compensated hours from $10.50 to $10.99 per hour, the number of
compensated hours is multiplied by $0.40;

(vi) for all compensated hours from $11 to $11.49 per hour, the number of
compensated hours is multiplied by $0.30;

(vii) for all compensated hours from $11.50 to $11.99 per hour, the number of
compensated hours is multiplied by $0.20; and

(viii) for all compensated hours from $12 to $13.00 per hour, the number of
compensated hours is multiplied by $0.10; and

(3) the sum of the employer's share of FICA taxes, Medicare taxes, state and federal
unemployment taxes, workers' compensation, pensions, and contributions to employee
retirement accounts attributable to the amounts in clauses (1) and (2).

(c) For the rate years beginning October 1, 2014, and later, nursing facilities that
receive approval of the applications in paragraph (d) must receive rate adjustments
according to paragraph (b). The rate adjustments must be used to pay compensation costs
for nursing facility employees paid less than $14 per hour.
(d) To receive a rate adjustment, nursing facilities must submit applications to the
commissioner in a form and manner determined by the commissioner. The applications for
the rate adjustments shall include specified data, and spending plans that describe how the
funds from the rate adjustments will be allocated for compensation to employees paid less
than $14 per hour. The applications must be submitted within three months of the effective
date of any operating payment rate adjustment under this subdivision. The commissioner
may request any additional information needed to determine the rate adjustment within
three weeks of receiving a complete application. The nursing facility must provide any
additional information requested by the commissioner within six months of the effective
date of any operating payment rate adjustment under this subdivision. The commissioner
may waive the deadlines in this subdivision under extraordinary circumstances.

(e) For nursing facilities in which employees are represented by an exclusive
bargaining representative, the commissioner shall approve the applications submitted
under this subdivision only upon receipt of a letter or letters of acceptance of the spending
plans in regard to members of the bargaining unit, signed by the exclusive bargaining
agent and dated after May 31, 2014. Upon receipt of the letter or letters of acceptance,
the commissioner shall deem all requirements of this subdivision as having been met in
regard to the members of the bargaining unit.

Sec. 60. Minnesota Statutes 2013 Supplement, section 256B.4912, subdivision 1, is amended to read:

Subdivision 1. **Provider qualifications.** (a) For the home and community-based
waivers providing services to seniors and individuals with disabilities under sections
256B.0913, 256B.0915, 256B.092, and 256B.49, the commissioner shall establish:

(1) agreements with enrolled waiver service providers to ensure providers meet
Minnesota health care program requirements;

(2) regular reviews of provider qualifications, and including requests of proof of
documentation; and

(3) processes to gather the necessary information to determine provider qualifications.

(b) Beginning July 1, 2012, staff that provide direct contact, as defined in section
245C.02, subdivision 11, for services specified in the federally approved waiver plans
must meet the requirements of chapter 245C prior to providing waiver services and as
part of ongoing enrollment. Upon federal approval, this requirement must also apply to
consumer-directed community supports.

(c) Beginning January 1, 2014, service owners and managerial officials overseeing
the management or policies of services that provide direct contact as specified in the
468.1 federally approved waiver plans must meet the requirements of chapter 245C prior to
468.2 reenrollment or revalidation or, for new providers, prior to initial enrollment if they have
468.3 not already done so as a part of service licensure requirements.

Sec. 61. Minnesota Statutes 2013 Supplement, section 256B.4913, subdivision 4a,
468.5 is amended to read:

Subd. 4a. Rate stabilization adjustment. (a) For purposes of this subdivision,
468.7 "implementation period" shall mean the period beginning January 1, 2014, and
468.8 ending on the last day of the month in which the rate management system is populated
468.9 with the data necessary to calculate rates for substantially all individuals receiving home
468.10 and community-based waiver services under sections 256B.092 and 256B.49. "Banding
468.11 period" means the time period beginning on January 1, 2014, and ending upon the
468.12 expiration of the 12-month period defined in paragraph (c), clause (5).
468.13 (b) For purposes of this subdivision, the banding value historical rate for all service
468.14 recipients shall mean the individual reimbursement rate for a recipient in effect on
468.15 December 1, 2013, except that:
468.16 (1) if for day training and habilitation pilot program service recipients, the banding
468.17 value shall be the authorized rate for the provider in the county of service effective
468.18 December 1, 2013, if the for a day service recipient who was not authorized to receive
468.19 these waiver services prior to January 1, 2014; added a new service or services on or after
468.20 January 1, 2014; or changed providers on or after January 1, 2014, the historical rate
468.21 must be the authorized rate for the provider in the county of service, effective December
468.22 1, 2013; and or
468.23 (ii) for all other unit or day service recipients, the banding value shall be the
468.24 weighted average authorized rate for each provider number in the county of service
468.25 effective December 1, 2013; if the (2) for a unit-based service with programming or
468.26 a unit-based service without programming recipient who was not authorized to receive
468.27 these waiver services prior to January 1, 2014; added a new service or services on or after
468.28 January 1, 2014; or changed providers on or after January 1, 2014, the historical rate
468.29 must be the weighted average authorized rate for each provider number in the county of
468.30 service, effective December 1, 2013; and or
468.31 (2) (3) for residential service recipients who change providers on or after January
468.32 1, 2014, the banding value shall historical rate must be set by each lead agency within
468.33 their county aggregate budget using their respective methodology for residential services
468.34 effective December 1, 2013, for determining the provider rate for a similarly situated
468.35 recipient being served by that provider.
(c) The commissioner shall adjust individual reimbursement rates determined under this section so that the unit rate is no higher or lower than:

- (1) 0.5 percent from the banding value historical rate for the implementation period;
- (2) 0.5 percent from the rate in effect in clause (1), for the 12-month period immediately following the time period of clause (1);
- (3) 1.0 percent from the rate in effect in clause (2), for the 12-month period immediately following the time period of clause (2);
- (4) 1.0 percent from the rate in effect in clause (3), for the 12-month period immediately following the time period of clause (3); and
- (5) 1.0 percent from the rate in effect in clause (4), for the 12-month period immediately following the time period of clause (4).

(d) The commissioner shall review all changes to rates that were in effect on December 1, 2013, to verify that the rates in effect produce the equivalent level of spending and service unit utilization on an annual basis as those in effect on October 31, 2013.

(e) By December 31, 2014, the commissioner shall complete the review in paragraph (d), adjust rates to provide equivalent annual spending and make appropriate adjustments.

(f) During the banding period, the Medicaid Management Information System (MMIS) service agreement rate must be adjusted to account for change in an individual's need. The commissioner shall adjust the Medicaid Management Information System (MMIS) service agreement rate by:

- (1) calculating a service rate under section 256B.4914, subdivision 6, 7, 8, or 9, for the individual with variables reflecting the level of service in effect on December 1, 2013;
- (2) calculating a service rate under section 256B.4914, subdivision 6, 7, 8, or 9, for the individual with variables reflecting the updated level of service at the time of application; and
- (3) adding to or subtracting from the Medicaid Management Information System (MMIS) service agreement rate, the difference between the values in clauses (1) and (2).

(g) This subdivision shall not apply to rates for recipients served by providers new to a given county after January 1, 2014. Providers of personal supports services who also acted as fiscal support entities must be treated as new providers as of January 1, 2014.

Sec. 62. Minnesota Statutes 2013 Supplement, section 256B.4914, subdivision 2, is amended to read:

Subd. 2. Definitions. (a) For purposes of this section, the following terms have the meanings given them, unless the context clearly indicates otherwise.

(b) "Commissioner" means the commissioner of human services.
(c) "Component value" means underlying factors that are part of the cost of providing services that are built into the waiver rates methodology to calculate service rates.

(d) "Customized living tool" means a methodology for setting service rates that delineates and documents the amount of each component service included in a recipient's customized living service plan.

(e) "Disability waiver rates system" means a statewide system that establishes rates that are based on uniform processes and captures the individualized nature of waiver services and recipient needs.

(f) "Individual staffing" means the time spent as a one-to-one interaction specific to an individual recipient by staff brought in solely to provide direct support and assistance with activities of daily living, instrumental activities of daily living, and training to participants, and is based on the requirements in each individual's coordinated service and support plan under section 245D.02, subdivision 4b; any coordinated service and support plan addendum under section 245D.02, subdivision 4c; an assessment tool; and provider observation of an individual's needs.

(g) "Lead agency" means a county, partnership of counties, or tribal agency charged with administering waivered services under sections 256B.092 and 256B.49.

(+) (h) "Median" means the amount that divides distribution into two equal groups, one-half above the median and one-half below the median.

(+) (i) "Payment or rate" means reimbursement to an eligible provider for services provided to a qualified individual based on an approved service authorization.

(+) (j) "Rates management system" means a Web-based software application that uses a framework and component values, as determined by the commissioner, to establish service rates.

(+) (k) "Recipient" means a person receiving home and community-based services funded under any of the disability waivers.

(l) "Shared staffing" means time spent by employees, not defined under paragraph (f), providing or available to provide more than one individual with direct support and assistance with activities of daily living as defined under section 256B.0659, subdivision 1, paragraph (b); instrumental activities of daily living as defined under section 256B.0659, subdivision 1, paragraph (i); ancillary activities needed to support individual services; and training to participants, and is based on the requirements in each individual's coordinated service and support plan under section 245D.02, subdivision 4b; any coordinated service and support plan addendum under section 245D.02, subdivision 4c; an assessment tool; and provider observation of an individual's service need. Total shared staffing hours are divided proportionally by the number of individuals who receive the shared service provisions.
(m) "Staffing ratio" means the number of recipients a service provider employee supports during a unit of service based on a uniform assessment tool, provider observation, case history, and the recipient's services of choice, and not based on the staffing ratios under section 245D.31.

(n) "Unit of service" means the following:

(1) for residential support services under subdivision 6, a unit of service is a day.

Any portion of any calendar day, within allowable Medicaid rules, where an individual spends time in a residential setting is billable as a day:

(2) for day services under subdivision 7:

(i) for day training and habilitation services, a unit of service is either:

(A) a day unit of service is defined as six or more hours of time spent providing direct services and transportation; or

(B) a partial day unit of service is defined as fewer than six hours of time spent providing direct services and transportation; and

(C) for new day service recipients after January 1, 2014, 15 minute units of service must be used for fewer than six hours of time spent providing direct services and transportation;

(ii) for adult day and structured day services, a unit of service is a day or 15 minutes.

A day unit of service is six or more hours of time spent providing direct services;

(iii) for prevocational services, a unit of service is a day or an hour. A day unit of service is six or more hours of time spent providing direct service;

(3) for unit-based services with programming under subdivision 8:

(i) for supported living services, a unit of service is a day or 15 minutes. When a day rate is authorized, any portion of a calendar day where an individual receives services is billable as a day; and

(ii) for all other services, a unit of service is 15 minutes; and

(4) for unit-based services without programming under subdivision 9:

(i) for respite services, a unit of service is a day or 15 minutes. When a day rate is authorized, any portion of a calendar day when an individual receives services is billable as a day; and

(ii) for all other services, a unit of service is 15 minutes.

Sec. 63. Minnesota Statutes 2013 Supplement, section 256B.4914, subdivision 4, is amended to read:
Subd. 4. **Data collection for rate determination.** (a) Rates for applicable home and community-based waivered services, including rate exceptions under subdivision 12, are set by the rates management system.

(b) Data for services under section 256B.4913, subdivision 4a, shall be collected in a manner prescribed by the commissioner.

(c) Data and information in the rates management system may be used to calculate an individual's rate.

(d) Service providers, with information from the community support plan and oversight by lead agencies, shall provide values and information needed to calculate an individual's rate into the rates management system. The determination of service levels must be part of a discussion with members of the support team as defined in section 245D.02, subdivision 34. This discussion must occur prior to the final establishment of each individual's rate. The values and information include:

(1) shared staffing hours;

(2) individual staffing hours;

(3) direct RN registered nurse hours;

(4) direct LPN licensed practical nurse hours;

(5) staffing ratios;

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

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

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

(9) service hours provided through monitoring technology.

(e) Updates to individual data shall include:

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

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

(f) Lead agencies shall review and approve all services reflecting each individual's needs, and the values to calculate the final payment rate for services with variables under subdivisions 6, 7, 8, and 9 for each individual. Lead agencies must notify the individual and the service provider of the final agreed-upon values and rate, and provide information that is identical to what was entered into the rates management system. If a value used was mistakenly or erroneously entered and used to calculate a rate, a provider may petition lead agencies to correct it. Lead agencies must respond to these requests. When responding to the request, the lead agency must consider:
473.1 (1) meeting the health and welfare needs of the individual or individuals receiving
473.2 services by service site, identified in their coordinated service and support plan under
473.3 section 245D.02, subdivision 4b, and any addendum under section 245D.02, subdivision
473.4 4c;
473.5 (2) meeting the requirements for staffing under subdivision 2, paragraphs (f), (i),
473.6 and (m); and meeting or exceeding the licensing standards for staffing required under
473.7 section 245D.09, subdivision 1; and
473.8 (3) meeting the staffing ratio requirements under subdivision 2, paragraph (n), and
473.9 meeting or exceeding the licensing standards for staffing required under section 245D.31.

473.10 Sec. 64. Minnesota Statutes 2013 Supplement, section 256B.4914, subdivision 5,
473.11 is amended to read:

473.12 Subd. 5. Base wage index and standard component values. (a) The base wage
473.13 index is established to determine staffing costs associated with providing services to
473.14 individuals receiving home and community-based services. For purposes of developing
473.15 and calculating the proposed base wage, Minnesota-specific wages taken from job
473.16 descriptions and standard occupational classification (SOC) codes from the Bureau of
473.17 Labor Statistics as defined in the most recent edition of the Occupational Handbook shall
473.18 must be used. The base wage index shall must be calculated as follows:

473.19 (1) for residential direct care staff, the sum of:
473.20 (i) 15 percent of the subtotal of 50 percent of the median wage for personal and
473.21 home health aide (SOC code 39-9021); 30 percent of the median wage for nursing aide
473.22 (SOC code 31-1012); and 20 percent of the median wage for social and human services
473.23 aide (SOC code 21-1093); and
473.24 (ii) 85 percent of the subtotal of 20 percent of the median wage for home health aide
473.25 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide
473.26 (SOC code 39-9021); 20 percent of the median wage for nursing aide (SOC code 31-1012);
473.27 20 percent of the median wage for psychiatric technician (SOC code 29-2053); and 20
473.28 percent of the median wage for social and human services aide (SOC code 21-1093);
473.29 (2) for day services, 20 percent of the median wage for nursing aide (SOC code
473.30 31-1012); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);
473.31 and 60 percent of the median wage for social and human services aide (SOC code 21-1093);
473.32 (3) for residential asleep-overnight staff, the wage will be $7.66 per hour, except in
473.33 a family foster care setting, the wage is $2.80 per hour;
473.34 (4) for behavior program analyst staff, 100 percent of the median wage for mental
473.35 health counselors (SOC code 21-1014);
(5) for behavior program professional staff, 100 percent of the median wage for clinical counseling and school psychologist (SOC code 19-3031);

(6) for behavior program specialist staff, 100 percent of the median wage for psychiatric technicians (SOC code 29-2053);

(7) for supportive living services staff, 20 percent of the median wage for nursing aide (SOC code 31-1012); 20 percent of the median wage for psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social and human services aide (SOC code 21-1093);

(8) for housing access coordination staff, 50 percent of the median wage for community and social services specialist (SOC code 21-1099); and 50 percent of the median wage for social and human services aide (SOC code 21-1093);

(9) for in-home family support staff, 20 percent of the median wage for nursing aide (SOC code 31-1012); 30 percent of the median wage for community social service specialist (SOC code 21-1099); 40 percent of the median wage for social and human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric technician (SOC code 29-2053);

(10) for independent living skills staff, 40 percent of the median wage for community social service specialist (SOC code 21-1099); 50 percent of the median wage for social and human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric technician (SOC code 29-2053);

(11) for supported employment staff, 20 percent of the median wage for nursing aide (SOC code 31-1012); 20 percent of the median wage for psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social and human services aide (SOC code 21-1093);

(12) for adult companion staff, 50 percent of the median wage for personal and home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides, orderlies, and attendants (SOC code 31-1012);

(13) for night supervision staff, 20 percent of the median wage for home health aide (SOC code 31-1011); 20 percent of the median wage for personal and home health aide (SOC code 39-9021); 20 percent of the median wage for nursing aide (SOC code 31-1012); 20 percent of the median wage for psychiatric technician (SOC code 29-2053); and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

(14) for respite staff, 50 percent of the median wage for personal and home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides, orderlies, and attendants (SOC code 31-1012);
(15) for personal support staff, 50 percent of the median wage for personal and home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides, orderlies, and attendants (SOC code 31-1012);

(16) for supervisory staff, the basic wage is $17.43 per hour with exception of the supervisor of behavior analyst and behavior specialists, which must be $30.75 per hour;

(17) for RN registered nurse, the basic wage is $30.82 per hour; and

(18) for LPN licensed practical nurse, the basic wage is $18.64 per hour.

(b) Component values for residential support services are:

(1) supervisory span of control ratio: 11 percent;

(2) employee vacation, sick, and training allowance ratio: 8.71 percent;

(3) employee-related cost ratio: 23.6 percent;

(4) general administrative support ratio: 13.25 percent;

(5) program-related expense ratio: 1.3 percent; and

(6) absence and utilization factor ratio: 3.9 percent.

(c) Component values for family foster care are:

(1) supervisory span of control ratio: 11 percent;

(2) employee vacation, sick, and training allowance ratio: 8.71 percent;

(3) employee-related cost ratio: 23.6 percent;

(4) general administrative support ratio: 3.3 percent;

(5) program-related expense ratio: 1.3 percent; and

(6) absence factor: 1.7 percent.

(d) Component values for day services for all services are:

(1) supervisory span of control ratio: 11 percent;

(2) employee vacation, sick, and training allowance ratio: 8.71 percent;

(3) employee-related cost ratio: 23.6 percent;

(4) program plan support ratio: 5.6 percent;

(5) client programming and support ratio: ten percent;

(6) general administrative support ratio: 13.25 percent;

(7) program-related expense ratio: 1.8 percent; and

(8) absence and utilization factor ratio: 3.9 percent.

(e) Component values for unit-based services with programming are:

(1) supervisory span of control ratio: 11 percent;

(2) employee vacation, sick, and training allowance ratio: 8.71 percent;

(3) employee-related cost ratio: 23.6 percent;

(4) program plan supports ratio: 3.1 percent;
(5) client programming and supports ratio: 8.6 percent;

(6) general administrative support ratio: 13.25 percent;

(7) program-related expense ratio: 6.1 percent; and

(8) absence and utilization factor ratio: 3.9 percent.

(f) Component values for unit-based services without programming except respite are:

(1) supervisory span of control ratio: 11 percent;

(2) employee vacation, sick, and training allowance ratio: 8.71 percent;

(3) employee-related cost ratio: 23.6 percent;

(4) program plan support ratio: 3.1 percent;

(5) client programming and support ratio: 8.6 percent;

(6) general administrative support ratio: 13.25 percent;

(7) program-related expense ratio: 6.1 percent; and

(8) absence and utilization factor ratio: 3.9 percent.

(g) Component values for unit-based services without programming for respite are:

(1) supervisory span of control ratio: 11 percent;

(2) employee vacation, sick, and training allowance ratio: 8.71 percent;

(3) employee-related cost ratio: 23.6 percent;

(4) general administrative support ratio: 13.25 percent;

(5) program-related expense ratio: 6.1 percent; and

(6) absence and utilization factor ratio: 3.9 percent.

(h) On July 1, 2017, the commissioner shall update the base wage index in paragraph (b) (a) based on the wage data by standard occupational code (SOC) from the Bureau of Labor Statistics available on December 31, 2016. The commissioner shall publish these updated values and load them into the rate management system. This adjustment occurs every five years. For adjustments in 2021 and beyond, the commissioner shall use the data available on December 31 of the calendar year five years prior.

(i) On July 1, 2017, the commissioner shall update the framework components in paragraphs (c) paragraphs (b) to (g); subdivision 6, clauses (8) and (9); and subdivision 7, clauses (16) and (17), for changes in the Consumer Price Index. The commissioner will adjust these values higher or lower by the percentage change in the Consumer Price Index-All Items, United States city average (CPI-U) from January 1, 2014, to January 1, 2017. The commissioner shall publish these updated values and load them into the rate management system. This adjustment occurs every five years. For adjustments in 2021 and beyond, the commissioner shall use the data available on January 1 of the calendar year four years prior and January 1 of the current calendar year.
Sec. 65. Minnesota Statutes 2013 Supplement, section 256B.4914, subdivision 6, is amended to read:

Subd. 6. Payments for residential support services. (a) Payments for residential support services, as defined in sections 256B.092, subdivision 11, and 256B.49, subdivision 22, must be calculated as follows:

(1) determine the number of shared staffing and individual direct staff hours to meet a recipient's needs provided on-site or through monitoring technology;

(2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics Minnesota-specific rates or rates derived by the commissioner as provided in subdivision 5. This is defined as the direct-care rate;

(3) for a recipient requiring customization for deaf and hard-of-hearing language accessibility under subdivision 12, add the customization rate provided in subdivision 12 to the result of clause (2). This is defined as the customized direct-care rate;

(4) multiply the number of shared and individual direct staff hours provided on-site or through monitoring technology and direct nursing hours by the appropriate staff wages in subdivision 5, paragraph (a), or the customized direct-care rate;

(5) multiply the number of shared and individual direct staff hours provided on-site or through monitoring technology and direct nursing hours by the product of the supervision span of control ratio in subdivision 5, paragraph (b), clause (1), and the appropriate supervision wage in subdivision 5, paragraph (a), clause (16);

(6) combine the results of clauses (4) and (5), excluding any shared and individual direct staff hours provided through monitoring technology, and multiply the result by one plus the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (b), clause (2). This is defined as the direct staffing cost;

(7) for employee-related expenses, multiply the direct staffing cost, excluding any shared and individual direct staff hours provided through monitoring technology, by one plus the employee-related cost ratio in subdivision 5, paragraph (b), clause (3);

(8) for client programming and supports, the commissioner shall add $2,179; and

(9) for transportation, if provided, the commissioner shall add $1,680, or $3,000 if customized for adapted transport, per year based on the resident with the highest assessed need.

(b) The total rate must be calculated using the following steps:

(1) subtotal paragraph (a), clauses (7) to (9), and the direct staffing cost of any shared and individual direct staff hours provided through monitoring technology that was excluded in clause (7);
(2) sum the standard general and administrative rate, the program-related expense
to the absence and utilization ratio;
(3) divide the result of clause (1) by one minus the result of clause (2). This is
the total payment amount; and
(4) adjust the result of clause (3) by a factor to be determined by the commissioner
to adjust for regional differences in the cost of providing services.
(c) The payment methodology for customized living, 24-hour customized living,
and residential care services shall be the customized living tool. Revisions to the
customized living tool shall be made to reflect the services and activities unique to
disability-related recipient needs.
(d) The commissioner shall establish a Monitoring Technology Review Panel to
annually review and approve the plans, safeguards, and rates that include residential
direct care provided remotely through monitoring technology. Lead agencies shall submit
individual service plans that include supervision using monitoring technology to the
Monitoring Technology Review Panel for approval. Individual service plans that include
supervision using monitoring technology as of December 31, 2013, shall be submitted to
the Monitoring Technology Review Panel, but the plans are not subject to approval.
(e) For individuals enrolled prior to January 1, 2014, the days of service authorized
must meet or exceed the days of service used to convert service agreements in effect on
December 1, 2013, and must not result in a reduction in spending or service utilization due
to conversion during the implementation period under section 256B.4913, subdivision 4a.
If during the implementation period, an individual's historical rate, including adjustments
required under section 256B.4913, subdivision 4a, paragraph (c), is equal to or greater
than the rate determined in this subdivision, the number of days authorized for the
individual is 365.
(f) The number of days authorized for all individuals enrolling after January 1, 2014,
in residential services must include every day that services start and end.

Sec. 66. Minnesota Statutes 2013 Supplement, section 256B.4914, subdivision 7,
is amended to read:
Subd. 7. Payments for day programs. Payments for services with day programs
including adult day care, day treatment and habilitation, prevocational services, and
structured day services must be calculated as follows:
(1) determine the number of units of service and staffing ratio to meet a recipient's
needs;
(i) the staffing ratios for the units of service provided to a recipient in a typical week
must be averaged to determine an individual's staffing ratio; and
(ii) the commissioner, in consultation with service providers, shall develop a uniform
staffing ratio worksheet to be used to determine staffing ratios under this subdivision;
(2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
Minnesota-specific rates or rates derived by the commissioner as provided in subdivision 5;
(3) for a recipient requiring customization for deaf and hard-of-hearing language
accessibility under subdivision 12, add the customization rate provided in subdivision 12
to the result of clause (2). This is defined as the customized direct-care rate;
(4) multiply the number of day program direct staff hours and direct nursing hours
by the appropriate staff wage in subdivision 5, paragraph (a), or the customized direct-care
rate;
(5) multiply the number of day direct staff hours by the product of the supervision
span of control ratio in subdivision 5, paragraph (d), clause (1), and the appropriate
supervision wage in subdivision 5, paragraph (a), clause (16);
(6) combine the results of clauses (4) and (5), and multiply the result by one plus
the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (d),
clause (2). This is defined as the direct staffing rate;
(7) for program plan support, multiply the result of clause (6) by one plus the
program plan support ratio in subdivision 5, paragraph (d), clause (4);
(8) for employee-related expenses, multiply the result of clause (7) by one plus the
employee-related cost ratio in subdivision 5, paragraph (d), clause (3);
(9) for client programming and supports, multiply the result of clause (8) by one plus
the client programming and support ratio in subdivision 5, paragraph (d), clause (5);
(10) for program facility costs, add $19.30 per week with consideration of staffing
ratios to meet individual needs;
(11) for adult day bath services, add $7.01 per 15 minute unit;
(12) this is the subtotal rate;
(13) sum the standard general and administrative rate, the program-related expense
ratio, and the absence and utilization factor ratio;
(14) divide the result of clause (12) by one minus the result of clause (13). This is
the total payment amount;
(15) adjust the result of clause (14) by a factor to be determined by the commissioner
to adjust for regional differences in the cost of providing services;
(16) for transportation provided as part of day training and habilitation for an
individual who does not require a lift, add:
(i) $10.50 for a trip between zero and ten miles for a nonshared ride in a vehicle
without a lift, $8.83 for a shared ride in a vehicle without a lift, and $9.25 for a shared
ride in a vehicle with a lift;
(ii) $15.75 for a trip between 11 and 20 miles for a nonshared ride in a vehicle
without a lift, $10.58 for a shared ride in a vehicle without a lift, and $11.88 for a shared
ride in a vehicle with a lift;
(iii) $25.75 for a trip between 21 and 50 miles for a nonshared ride in a vehicle
without a lift, $13.92 for a shared ride in a vehicle without a lift, and $16.88 for a shared
ride in a vehicle with a lift; or
(iv) $33.50 for a trip of 51 miles or more for a nonshared ride in a vehicle without a
lift, $16.50 for a shared ride in a vehicle without a lift, and $20.75 for a shared ride in a
vehicle with a lift;
(17) for transportation provided as part of day training and habilitation for an
individual who does require a lift, add:
(i) $19.05 for a trip between zero and ten miles for a nonshared ride in a vehicle with
a lift, and $15.05 for a shared ride in a vehicle with a lift;
(ii) $32.16 for a trip between 11 and 20 miles for a nonshared ride in a vehicle with a
lift, and $28.16 for a shared ride in a vehicle with a lift;
(iii) $58.76 for a trip between 21 and 50 miles for a nonshared ride in a vehicle with
a lift, and $58.76 for a shared ride in a vehicle with a lift; or
(iv) $80.93 for a trip of 51 miles or more for a nonshared ride in a vehicle with a
lift, and $80.93 for a shared ride in a vehicle with a lift.

Sec. 67. Minnesota Statutes 2013 Supplement, section 256B.4914, subdivision 9, is amended to read:

Subd. 9. Payments for unit-based services without programming. Payments for unit-based without program services, including night supervision, personal support, respite, and companion care provided to an individual outside of any day or residential service plan must be calculated as follows unless the services are authorized separately under subdivision 6 or 7:
(1) for all services except respite, determine the number of units of service to meet a recipient's needs;
(2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;
(3) for a recipient requiring customization for deaf and hard-of-hearing language accessibility under subdivision 12, add the customization rate provided in subdivision 12 to the result of clause (2). This is defined as the customized direct care rate;

(4) multiply the number of direct staff hours by the appropriate staff wage in subdivision 5 or the customized direct care rate;

(5) multiply the number of direct staff hours by the product of the supervision span of control ratio in subdivision 5, paragraph (f), clause (1), and the appropriate supervision wage in subdivision 5, paragraph (a), clause (16);

(6) combine the results of clauses (4) and (5), and multiply the result by one plus the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (f), clause (2). This is defined as the direct staffing rate;

(7) for program plan support, multiply the result of clause (6) by one plus the program plan support ratio in subdivision 5, paragraph (f), clause (4);

(8) for employee-related expenses, multiply the result of clause (7) by one plus the employee-related cost ratio in subdivision 5, paragraph (f), clause (3);

(9) for client programming and supports, multiply the result of clause (8) by one plus the client programming and support ratio in subdivision 5, paragraph (f), clause (5);

(10) this is the subtotal rate;

(11) sum the standard general and administrative rate, the program-related expense ratio, and the absence and utilization factor ratio;

(12) divide the result of clause (10) by one minus the result of clause (11). This is the total payment amount;

(13) for respite services, determine the number of daily day units of service to meet an individual's needs;

(14) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

(15) for a recipient requiring deaf and hard-of-hearing customization under subdivision 12, add the customization rate provided in subdivision 12 to the result of clause (14). This is defined as the customized direct care rate;

(16) multiply the number of direct staff hours by the appropriate staff wage in subdivision 5, paragraph (a);

(17) multiply the number of direct staff hours by the product of the supervisory span of control ratio in subdivision 5, paragraph (g), clause (1), and the appropriate supervision wage in subdivision 5, paragraph (a), clause (16);
(18) combine the results of clauses (16) and (17), and multiply the result by one plus
the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (g),
clause (2). This is defined as the direct staffing rate;
(19) for employee-related expenses, multiply the result of clause (18) by one plus
the employee-related cost ratio in subdivision 5, paragraph (g), clause (3);
(20) this is the subtotal rate;
(21) sum the standard general and administrative rate, the program-related expense
ratio, and the absence and utilization factor ratio;
(22) divide the result of clause (20) by one minus the result of clause (21). This is
the total payment amount; and
(23) adjust the result of clauses (12) and (22) by a factor to be determined by the
commissioner to adjust for regional differences in the cost of providing services.

Sec. 68. Minnesota Statutes 2013 Supplement, section 256B.4914, subdivision 10,
is amended to read:
Subd. 10. **Updating payment values and additional information.** (a) From
January 1, 2014, through December 31, 2017, the commissioner shall develop and
implement uniform procedures to refine terms and adjust values used to calculate payment
rates in this section.
(b) No later than July 1, 2014, the commissioner shall, within available resources,
beg to conduct research and gather data and information from existing state systems or
other outside sources on the following items:
(1) differences in the underlying cost to provide services and care across the state; and
(2) mileage and utilization, vehicle type, lift requirements, incidents of individual
and shared rides, and units of transportation for all day and unit-based services, which
must be collected from providers using the rate management worksheet and entered into
the rates management system; and
(3) the distinct underlying costs for services provided by a license holder certified
under section 245D.33.
(c) Using a statistically valid set of rates management system data, the commissioner,
in consultation with stakeholders, shall analyze for each service the average difference
in the rate on December 31, 2013, and the framework rate at the individual, provider,
lead agency, and state levels. The commissioner shall issue semiannual reports to the
stakeholders on the difference in rates by service and by county during the banding period
under section 256B.4913, subdivision 4a. The commissioner shall issue the first report
by October 1, 2014.
(d) No later than July 1, 2014, the commissioner, in consultation with stakeholders, shall begin the review and evaluation of the following values already in subdivisions 6 to 9, or issues that impact all services, including, but not limited to:

1. values for transportation rates for day services;
2. values for transportation rates in residential services;
3. values for services where monitoring technology replaces staff time;
4. values for indirect services;
5. values for nursing;
6. component values for independent living skills;
7. component values for family foster care that reflect licensing requirements;
8. adjustments to other components to replace the budget neutrality factor;
9. remote monitoring technology for nonresidential services;
10. values for basic and intensive services in residential services;
11. values for the facility use rate in day services;
12. values for workers' compensation as part of employee-related expenses;
13. values for unemployment insurance as part of employee-related expenses;
14. a component value to reflect costs for individuals with rates previously adjusted for the inclusion of group residential housing rate 3 costs, only for any individual enrolled as of December 31, 2013; and
15. any changes in state or federal law with an impact on the underlying cost of providing home and community-based services.

(e) The commissioner shall report to the chairs and the ranking minority members of the legislative committees and divisions with jurisdiction over health and human services policy and finance with the information and data gathered under paragraphs (b) to (d) on the following dates:

1. January 15, 2015, with preliminary results and data;
2. January 15, 2016, with a status implementation update, and additional data and summary information;
3. January 15, 2017, with the full report; and
4. January 15, 2019, with another full report, and a full report once every four years thereafter.

(f) Based on the commissioner's evaluation of the information and data collected in paragraphs (b) to (d), the commissioner may make recommendations to the legislature to address any potential issues by January 15, 2015, to address any issues identified during the first year of implementation. After January 15, 2015, the commissioner may make recommendations to the legislature to address potential issues.
(g) The commissioner shall implement a regional adjustment factor to all rate calculations in subdivisions 6 to 9, effective no later than January 1, 2015. Prior to implementation, the commissioner shall consult with stakeholders on the methodology to calculate the adjustment.

(h) The commissioner shall provide a public notice via LISTSERV in October of each year beginning October 1, 2014, containing information detailing legislatively approved changes in:

(1) calculation values including derived wage rates and related employee and administrative factors;
(2) service utilization;
(3) county and tribal allocation changes; and
(4) information on adjustments made to calculation values and the timing of those adjustments.

The information in this notice shall must be effective January 1 of the following year.

Sec. 69. Minnesota Statutes 2013 Supplement, section 256B.4914, subdivision 15, is amended to read:

Subd. 15. **County or tribal allocations.** (a) Upon implementation of the disability waiver rates management system on January 1, 2014, the commissioner shall establish a method of tracking and reporting the fiscal impact of the disability waiver rates management system on individual lead agencies.

(b) Beginning January 1, 2014, the commissioner shall make annual adjustments to lead agencies' home and community-based waivered service budget allocations to adjust for rate differences and the resulting impact on county allocations upon implementation of the disability waiver rates system.

(c) During the first two years of implementation under section 256B.4913, lead agencies exceeding their allocations under sections 256B.092 and 256B.49 shall only be held liable for spending in excess of their allocations after a reallocation of resources by the commissioner under paragraph (b). The commissioner shall reallocate resources under sections 256B.092, subdivision 12, and 256B.49, subdivision 11a. The commissioner shall notify lead agencies of this process by July 1, 2014.

Sec. 70. Minnesota Statutes 2013 Supplement, section 256B.492, is amended to read:

**256B.492 HOME AND COMMUNITY-BASED SETTINGS FOR PEOPLE WITH DISABILITIES.**
(a) Individuals receiving services under a home and community-based waiver under section 256B.092 or 256B.49 may receive services in the following settings:

1. an individual's own home or family home;
2. a licensed adult foster care or child foster care setting of up to five people; and
3. community living settings as defined in section 256B.49, subdivision 23, where individuals with disabilities may reside in all of the units in a building of four or fewer units, and who receive services under a home and community-based waiver occupy no more than the greater of four or 25 percent of the units in a multifamily building of more than four units, unless required by the Housing Opportunities for Persons with AIDS Program.

(b) The settings in paragraph (a) must not:

1. be located in a building that is a publicly or privately operated facility that provides institutional treatment or custodial care;
2. be located in a building on the grounds of or adjacent to a public or private institution;
3. be a housing complex designed expressly around an individual's diagnosis or disability, unless required by the Housing Opportunities for Persons with AIDS Program;
4. be segregated based on a disability, either physically or because of setting characteristics, from the larger community; and
5. have the qualities of an institution which include, but are not limited to: regimented meal and sleep times, limitations on visitors, and lack of privacy. Restrictions agreed to and documented in the person's individual service plan shall not result in a residence having the qualities of an institution as long as the restrictions for the person are not imposed upon others in the same residence and are the least restrictive alternative, imposed for the shortest possible time to meet the person's needs.

(c) The provisions of paragraphs (a) and (b) do not apply to any setting in which individuals receive services under a home and community-based waiver as of July 1, 2012, and the setting does not meet the criteria of this section.

(d) Notwithstanding paragraph (c), a program in Hennepin County established as part of a Hennepin County demonstration project is qualified for the exception allowed under paragraph (c).

(e) Notwithstanding paragraphs (a) and (b), a program in Hennepin County, located in the city of Golden Valley, within the city of Golden Valley's Highway 55 West redevelopment area, that is not a provider-owned or controlled home and community-based setting, and is scheduled to open by July 1, 2016, is exempt from the restrictions in paragraphs (a) and (b). If the program fails to comply with the Centers for Medicare and Medicaid Services rules for home and community-based settings, the exemption is void.
(f) The commissioner shall submit an amendment to the waiver plan no later than December 31, 2012.

Sec. 71. Minnesota Statutes 2012, section 256B.5012, is amended by adding a subdivision to read:

Subd. 16. **ICF/DD rate increases effective July 1, 2014.** (a) For the rate period beginning July 1, 2014, the commissioner shall increase operating payments for each facility reimbursed under this section equal to five percent of the operating payment rates in effect on June 30, 2014.

(b) For each facility, the commissioner shall apply the rate increase based on occupied beds, using the percentage specified in this subdivision multiplied by the total payment rate, including the variable rate but excluding the property-related payment rate in effect on June 30, 2014. The total rate increase shall include the adjustment provided in section 256B.501, subdivision 12.

(c) To receive the rate increase under paragraph (a), each facility reimbursed under this section must submit to the commissioner documentation that identifies a quality improvement project that the facility will implement by June 30, 2015. Documentation must be provided in a format specified by the commissioner. Projects must:

(1) improve the quality of life of intermediate care facility residents in a meaningful way;

(2) improve the quality of services in a measurable way; or

(3) deliver good quality service more efficiently while using the savings to enhance services for the participants served.

(d) For a facility that fails to submit the documentation described in paragraph (c) by a date or in a format specified by the commissioner, the commissioner shall reduce the facility's rate by one percent effective January 1, 2015.

(e) Facilities that receive a rate increase under this subdivision shall use 80 percent of the additional revenue to increase compensation-related costs for employees directly employed by the facility on or after July 1, 2014, except:

(1) persons employed in the central office of a corporation or entity that has an ownership interest in the facility or exercises control over the facility; and

(2) persons paid by the facility under a management contract.

This requirement is subject to audit by the commissioner.

(f) Compensation-related costs include:

(1) wages and salaries;
(2) the employer's share of FICA taxes, Medicare taxes, state and federal
unemployment taxes, workers' compensation, and mileage reimbursement;

(3) the employer's share of health and dental insurance, life insurance, disability
insurance, long-term care insurance, uniform allowance, pensions, and contributions to
employee retirement accounts; and

(4) other benefits provided and workforce needs, including the recruiting and
training of employees as specified in the distribution plan required under paragraph (i).

(g) For public employees under a collective bargaining agreement, the increase for
wages and benefits is available and pay rates must be increased only to the extent that the
increases comply with laws governing public employees' collective bargaining. Money
received by a facility under paragraph (e) for pay increases for public employees must be
used only for pay increases implemented between July 1, 2014, and August 1, 2014.

(h) For a facility that has employees that are represented by an exclusive bargaining
representative, the provider shall obtain a letter of acceptance of the distribution plan
required under paragraph (i), in regard to the members of the bargaining unit, signed by
the exclusive bargaining agent. Upon receipt of the letter of acceptance, the facility shall
be deemed to have met all the requirements of this subdivision in regard to the members
of the bargaining unit. Upon request, the facility shall produce the letter of acceptance for
the commissioner.

(i) A facility that receives a rate adjustment under paragraph (a) that is subject to
paragraph (e) shall prepare, and upon request submit to the commissioner, a distribution
plan that specifies the amount of money the facility expects to receive that is subject to the
requirements of paragraph (e), including how that money will be distributed to increase
compensation for employees. The commissioner may recover funds from a facility that
fails to comply with this requirement.

(j) By January 1, 2015, the facility shall post the distribution plan required under
paragraph (i) for a period of at least six weeks in an area of the facility's operation to
which all eligible employees have access and shall provide instructions for employees
who do not believe they have received the wage and other compensation-related increases
specified in the distribution plan. The instructions must include a mailing address, e-mail
address, and telephone number that an employee may use to contact the commissioner or
the commissioner's representative.

Sec. 72. Laws 2012, chapter 247, article 4, section 47, is amended to read:
Sec. 47. COMMISSIONER TO SEEK AMENDMENT FOR EXCEPTION TO CONSUMER-DIRECTED COMMUNITY SUPPORTS BUDGET

METHODOLOGY.

By July 1, 2014, if necessary, the commissioner shall request an amendment to the home and community-based services waivers authorized under Minnesota Statutes, sections 256B.092 and 256B.49, to establish an exception to the consumer-directed community supports budget methodology to provide up to 20 percent more funds for those participants who have their 21st birthday and graduate from high school during between 2013 and 2015 and are authorized for more services under consumer-directed community supports prior to graduation than what the amount they are eligible to receive under the current consumer-directed community supports budget methodology. The exception is limited to those who can demonstrate that they will have to leave consumer-directed community supports and use other waiver services because their need for day or employment supports cannot be met within the consumer-directed community supports budget limits. The commissioner shall consult with the stakeholder group authorized under Minnesota Statutes, section 256B.0657, subdivision 11, to implement this provision. The exception process shall be effective upon federal approval for persons eligible during 2013 and 2014 through June 30, 2017.

Sec. 73. Laws 2013, chapter 108, article 7, section 14, the effective date, is amended to read:

EFFECTIVE DATE. Subdivisions 1 to 7 and 9, are effective upon federal approval consistent with subdivision 11, but no earlier than March July 1, 2014. Subdivisions 8, 10, and 11 are effective July 1, 2013.

EFFECTIVE DATE. This section is effective retroactively from March 1, 2014.

Sec. 74. HOME AND COMMUNITY-BASED SETTINGS TRANSITION PLAN.

The commissioner of human services shall develop a transition plan to comply with the Centers for Medicare and Medicaid Services final rule defining home and community-based settings published on January 16, 2014, Code of Federal Regulations, title 42, section 441.301(c)(4)-(5). In developing the plan, the commissioner shall consult with individuals with disabilities, seniors, and other stakeholders, including, but not limited to advocates, providers, lead agencies, other state agencies, and the Olmstead subcabinet. The commissioner shall submit the plan to the Centers for Medicare and Medicaid Services by December 31, 2014.
By January 15, 2015, the commissioner shall provide a report with the plan
submitted to the Centers for Medicare and Medicaid Services, as well as any changes as
a result of negotiations that have occurred with the Centers for Medicare and Medicaid
Services, to the chairs and ranking minority members of the house of representatives and
senate policy and finance committees with jurisdiction over health and human services.
This report must contain any recommended legislation and funding requests necessary
to implement the transition plan.

Sec. 75. PROVIDER RATE AND GRANT INCREASES EFFECTIVE JULY 1, 2014.
(a) The commissioner of human services shall increase reimbursement rates, grants,
allocations, individual limits, and rate limits, as applicable, by five percent for the rate
period beginning July 1, 2014, for services rendered on or after July 1, 2014. County or
tribal contracts for services, grants, and programs under paragraph (b) must be amended to
pass through these rate increases by September 1, 2014.
(b) The rate changes described in this section must be provided to:
(1) home and community-based waivered services for persons with developmental
disabilities, including consumer-directed community supports, under Minnesota Statutes,
section 256B.092;
(2) waivered services under community alternatives for disabled individuals,
including consumer-directed community supports, under Minnesota Statutes, section
256B.49;
(3) community alternative care waivered services, including consumer-directed
community supports, under Minnesota Statutes, section 256B.49;
(4) brain injury waivered services, including consumer-directed community
supports, under Minnesota Statutes, section 256B.49;
(5) home and community-based waivered services for the elderly under Minnesota
Statutes, section 256B.0915;
(6) nursing services and home health services under Minnesota Statutes, section
256B.0625, subdivision 6a;
(7) personal care services and qualified professional supervision of personal care
services under Minnesota Statutes, section 256B.0625, subdivisions 6a and 19a;
(8) private duty nursing services under Minnesota Statutes, section 256B.0625,
subdivision 7;
(9) community first services and supports under Minnesota Statutes, section 256B.85;
(10) essential community supports under Minnesota Statutes, section 256B.0922;
(11) day training and habilitation services for adults with developmental disabilities under Minnesota Statutes, sections 252.41 to 252.46, including the additional cost to counties of the rate adjustments on day training and habilitation services, provided as a social service;

(12) alternative care services under Minnesota Statutes, section 256B.0913;

(13) living skills training programs for persons with intractable epilepsy who need assistance in the transition to independent living under Laws 1988, chapter 689;

(14) semi-independent living services (SILS) under Minnesota Statutes, section 252.275;

(15) consumer support grants under Minnesota Statutes, section 256.476;

(16) family support grants under Minnesota Statutes, section 252.32;

(17) housing access grants under Minnesota Statutes, section 256B.0658;

(18) self-advocacy grants under Laws 2009, chapter 101;

(19) technology grants under Laws 2009, chapter 79;

(20) aging grants under Minnesota Statutes, sections 256.975 to 256.977 and 256B.0917;

(21) deaf and hard-of-hearing grants, including community support services for deaf and hard-of-hearing adults with mental illness who use or wish to use sign language as their primary means of communication under Minnesota Statutes, section 256.01, subdivision 2;

(22) deaf and hard-of-hearing grants under Minnesota Statutes, sections 256C.233, 256C.25, and 256C.261;

(23) Disability Linkage Line grants under Minnesota Statutes, section 256.01, subdivision 24;

(24) transition initiative grants under Minnesota Statutes, section 256.478;

(25) employment support grants under Minnesota Statutes, section 256B.021, subdivision 6; and

(26) grants provided to people who are eligible for the Housing Opportunities for Persons with AIDS program under Minnesota Statutes, section 256B.492.

(c) A managed care plan or county-based purchasing plan receiving state payments for the services grants and programs in paragraph (b) must include these increases in their payments to providers. To implement the rate increase in paragraph (a), capitation rates paid by the commissioner to managed care plans and county-based purchasing plans under Minnesota Statutes, section 256B.69, shall reflect a five percent increase for the services and programs specified in paragraph (b) for the period beginning July 1, 2014.

(d) Counties shall increase the budget for each recipient of consumer-directed community supports by the amount in paragraph (a) on July 1, 2014.
(e) To receive the rate increase described in this section, providers under paragraphs (a) and (b) must submit to the commissioner documentation that identifies a quality improvement project that the provider will implement by June 30, 2015. Documentation must be provided in a format specified by the commissioner. Projects must:

(1) improve the quality of life of home and community-based services recipients in a meaningful way;

(2) improve the quality of services in a measurable way; or

(3) deliver good quality service more efficiently while using the savings to enhance services for the participants served.

Providers listed in paragraph (b), clauses (7), (9), (10), and (13) to (26), are not subject to this requirement.

(f) For a provider that fails to submit documentation described in paragraph (e) by a date or in a format specified by the commissioner, the commissioner shall reduce the provider's rate by one percent effective January 1, 2015.

(g) Providers that receive a rate increase under paragraph (a) shall use 80 percent of the additional revenue to increase compensation-related costs for employees directly employed by the program on or after July 1, 2014, except:

(1) persons employed in the central office of a corporation or entity that has an ownership interest in the provider or exercises control over the provider; and

(2) persons paid by the provider under a management contract.

This requirement is subject to audit by the commissioner.

(h) Compensation-related costs include:

(1) wages and salaries;

(2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation, and mileage reimbursement;

(3) the employer's share of health and dental insurance, life insurance, disability insurance, long-term care insurance, uniform allowance, pensions, and contributions to employee retirement accounts; and

(4) other benefits provided and workforce needs, including the recruiting and training of employees as specified in the distribution plan required under paragraph (m).

(i) For public employees under a collective bargaining agreement, the increase for wages and benefits is available and pay rates must be increased only to the extent that the increases comply with laws governing public employees' collective bargaining. Money received by a provider for pay increases for public employees under paragraph (g) must be used only for pay increases implemented between July 1, 2014, and August 1, 2014.
(j) For a provider that has employees that are represented by an exclusive bargaining representative, the provider shall obtain a letter of acceptance of the distribution plan required under paragraph (m), in regard to the members of the bargaining unit, signed by the exclusive bargaining agent. Upon receipt of the letter of acceptance, the provider shall be deemed to have met all the requirements of this section in regard to the members of the bargaining unit. Upon request, the provider shall produce the letter of acceptance for the commissioner.

(k) The commissioner shall amend state grant contracts that include direct personnel-related grant expenditures to include the allocation for the portion of the contract related to employee compensation. Grant contracts for compensation-related services must be amended to pass through these adjustments by September 1, 2014, and must be retroactive to July 1, 2014.

(l) The Board on Aging and its area agencies on aging shall amend their grants that include direct personnel-related grant expenditures to include the rate adjustment for the portion of the grant related to employee compensation. Grants for compensation-related services must be amended to pass through these adjustments by September 1, 2014, and must be retroactive to July 1, 2014.

(m) A provider that receives a rate adjustment under paragraph (a) that is subject to paragraph (g) shall prepare, and upon request submit to the commissioner, a distribution plan that specifies the amount of money the provider expects to receive that is subject to the requirements of paragraph (g), including how that money will be distributed to increase compensation for employees. The commissioner may recover funds from a provider that fails to comply with this requirement.

(n) By January 1, 2015, the provider shall post the distribution plan required under paragraph (m) for a period of at least six weeks in an area of the provider’s operation to which all eligible employees have access and shall provide instructions for employees who do not believe they have received the wage and other compensation-related increases specified in the distribution plan. The instructions must include a mailing address, e-mail address, and telephone number that the employee may use to contact the commissioner or the commissioner’s representative.

(o) For providers with rates established under Minnesota Statutes, section 256B.4914, and with a historical rate established under Minnesota Statutes, section 256B.4913, subdivision 4a, paragraph (b), that is greater than the rate established under Minnesota Statutes, section 256B.4914, the requirements in paragraph (g) must only apply to the portion of the rate increase that exceeds the difference between the rate established
under Minnesota Statutes, section 256B.4914, and the banding value established under
Minnesota Statutes, section 256B.4913, subdivision 4a, paragraph (b).

Sec. 76. DISABILITY WAIVER REIMBURSEMENT RATE ADJUSTMENTS.

Subdivision 1. Historical rate. The commissioner of human services shall adjust
the historical rates calculated in Minnesota Statutes, section 256B.4913, subdivision 4a,
paragraph (b), in effect during the banding period under Minnesota Statutes, section
256B.4913, subdivision 4a, paragraph (a), for the reimbursement rate increases effective
April 1, 2014, and any rate modification enacted during the 2014 legislative session.

Subd. 2. Residential support services. The commissioner of human services
shall adjust the rates calculated in Minnesota Statutes, section 256B.4914, subdivision 6,
paragraphs (b), clause (4), and (c), for the reimbursement rate increases effective April 1,
2014, and any rate modification enacted during the 2014 legislative session.

Subd. 3. Day programs. The commissioner of human services shall adjust the rates
calculated in Minnesota Statutes, section 256B.4914, subdivision 7, paragraph (a), clauses
(15) to (17), for the reimbursement rate increases effective April 1, 2014, and any rate
modification enacted during the 2014 legislative session.

Subd. 4. Unit-based services with programming. The commissioner of human
services shall adjust the rate calculated in Minnesota Statutes, section 256B.4914,
subdivision 8, paragraph (a), clause (14), for the reimbursement rate increases effective
April 1, 2014, and any rate modification enacted during the 2014 legislative session.

Subd. 5. Unit-based services without programming. The commissioner of
human services shall adjust the rate calculated in Minnesota Statutes, section 256B.4914,
subdivision 9, paragraph (a), clause (23), for the reimbursement rate increases effective
April 1, 2014, and any rate modification enacted during the 2014 legislative session.

Sec. 77. REVISOR'S INSTRUCTION.

(a) In each section of Minnesota Statutes or part of Minnesota Rules referred to
in column A, the revisor of statutes shall delete the word or phrase in column B and
insert the phrase in column C. The revisor shall also make related grammatical changes
and changes in headnotes.
Section 1. Minnesota Statutes 2012, section 254B.04, subdivision 3, is amended to read:

Subd. 3. Amount of contribution. The commissioner shall adopt a sliding fee scale to determine the amount of contribution to be required from persons under this section.

The commissioner may adopt rules to amend existing fee scales. The commissioner may establish a separate fee scale for recipients of chemical dependency transitional and extended care rehabilitation services that provides for the collection of fees for board and lodging expenses. The fee schedule shall ensure that employed persons are allowed the income disregards and savings accounts that are allowed residents of community mental illness facilities under section 256D.06, subdivisions 1 and 1b. The fee scale must not provide assistance to persons whose income is more than 115 percent of the state median income. Payments of liabilities under this section are medical expenses for purposes of determining spenddown under sections 256B.055, 256B.056, 256B.06, and 256D.01 to 256D.21. The required amount of contribution established by the fee scale in this subdivision is also the cost of care responsibility subject to collection under section 254B.06, subdivision 1.

EFFECTIVE DATE. This section is effective October 1, 2015.

Sec. 2. Minnesota Statutes 2012, section 256D.02, subdivision 8, is amended to read:
Subd. 8. Income. "Income" means any form of income, including remuneration for services performed as an employee and net earnings earned income from rental income and self-employment earnings, reduced by the amount attributable to employment expenses as defined by the commissioner. The amount attributable to employment expenses shall include amounts paid or withheld for federal and state personal income taxes and federal Social Security taxes as described under section 256P.05.

Income includes any payments received as an annuity, retirement, or disability benefit, including veteran's or workers' compensation; old age, survivors, and disability insurance; railroad retirement benefits; unemployment benefits; and benefits under any federally aided categorical assistance program, supplementary security income, or other assistance program; rents, dividends, interest and royalties; and support and maintenance payments. Such payments may not be considered as available to meet the needs of any person other than the person for whose benefit they are received, unless that person is a family member or a spouse and the income is not excluded under section 256D.01, subdivision 1a. Goods and services provided in lieu of cash payment shall be excluded from the definition of income, except that payments made for room, board, tuition or fees by a parent, on behalf of a child enrolled as a full-time student in a postsecondary institution, and payments made on behalf of an applicant or recipient participant which the applicant or recipient participant could legally demand to receive personally in cash, must be included as income. Benefits of an applicant or recipient participant, such as those administered by the Social Security Administration, that are paid to a representative payee, and are spent on behalf of the applicant or recipient participant, are considered available income of the applicant or recipient participant.

EFFECTIVE DATE. This section is effective February 1, 2015.

Sec. 3. Minnesota Statutes 2012, section 256D.02, subdivision 12, is amended to read:

Subd. 12. County Agency. "County agency" means the agency designated by the county board of commissioners, human services boards, local social services agencies in the several counties of the state or multicounty local social services agencies or departments where those have been established in accordance with law. "Agency" has the meaning given in section 256P.01, subdivision 2.

Sec. 4. Minnesota Statutes 2012, section 256D.05, subdivision 5, is amended to read:

Subd. 5. Transfers of property. The equity value of real and personal property transferred without reasonable compensation within 12 months preceding the date of application for general assistance must be included in determining the resources of an

Article 28 Sec. 4.
assistance unit in the same manner as in the Minnesota family investment program under chapter 256J as described in section 256P.02, subdivision 1, paragraph (c).

**EFFECTIVE DATE.** This section is effective June 1, 2016.

Sec. 5. Minnesota Statutes 2012, section 256D.06, subdivision 1, is amended to read:

Subdivision 1. **Eligibility; amount of assistance.** General assistance shall be granted in an amount that when added to the nonexempt income actually available to the assistance unit, the total amount equals the applicable standard of assistance for general assistance. In determining eligibility for and the amount of assistance for an individual or married couple, the county agency shall apply the earned income disregard the first $50 of earned income per month as determined in section 256P.03.

**EFFECTIVE DATE.** This section is effective October 1, 2015.

Sec. 6. Minnesota Statutes 2012, section 256D.08, subdivision 1, is amended to read:

Subdivision 1. **Eligibility; excluded resources.** In determining eligibility of an assistance unit, the following resources shall be excluded:

1. real or personal property or liquid assets which do not exceed $1,000; and
2. other property, which has been determined, according to limitations contained in rules promulgated by the commissioner, to be essential to the assistance unit as a means of self-support or self-care or which is producing income that is being used for the support of the assistance unit. The commissioner shall further provide by rule the conditions for those situations in which property not excluded under this subdivision may be retained by the assistance unit where there is a reasonable probability that in the foreseeable future the property will be used for the self-support of the assistance unit; and
3. payments, made according to litigation and subsequent appropriation by the United States Congress, of funds to compensate members of Indian tribes for the taking of tribal land by the federal government. To establish eligibility for general assistance under this chapter, an agency must use the procedures established in section 256P.02.

**EFFECTIVE DATE.** This section is effective June 1, 2016.

Sec. 7. Minnesota Statutes 2012, section 256D.08, is amended by adding a subdivision to read:

**Subd. 3. Verification.** To verify eligibility for general assistance under this chapter, an agency must use the procedures established in section 256P.04.
EFFECTIVE DATE. This section is effective February 1, 2015.

Sec. 8. Minnesota Statutes 2012, section 256D.10, is amended to read:

256D.10 ADMINISTRATIVE HEARING PRIOR TO ADVERSE ACTION.

No grant of general assistance except one made pursuant to section 256D.06, subdivision 2, or 256D.08, subdivision 2, shall be reduced, terminated, or suspended unless the recipient receives notice and is afforded an opportunity to be heard prior to any action by the county agency.

Nothing herein shall deprive a recipient of the right to full administrative and judicial review of an order or determination of a county agency as provided for in section 256.045 subsequent to any action taken by a county agency after a prior hearing.

EFFECTIVE DATE. This section is effective June 1, 2016.

Sec. 9. Minnesota Statutes 2012, section 256D.405, subdivision 1, is amended to read:

Subdivision 1. Verification of information. The county agency shall request, and applicants and recipients shall provide and verify, all information necessary to determine initial and continuing eligibility and assistance payment amounts. If necessary, the county agency shall assist the applicant or recipient in obtaining verifications. If the applicant or recipient refuses or fails without good cause to provide the information or verification, the county agency shall deny or terminate assistance. An agency must apply section 256P.04 when documenting, verifying, and recertifying eligibility under this chapter. An agency must only require verification of information necessary to determine eligibility under this chapter and the amount of the assistance payment.

EFFECTIVE DATE. This section is effective February 1, 2015.

Sec. 10. Minnesota Statutes 2012, section 256D.405, subdivision 3, is amended to read:

Subd. 3. Reports. Recipients Participants must report changes in circumstances that affect eligibility or assistance payment amounts within ten days of the change. Recipients Participants who do not receive SSI because of excess income must complete a monthly report form if they have earned income, if they have income deemed to them from a financially responsible relative with whom the recipient participant resides, or if they have income deemed to them by a sponsor. If the report form is not received before the end of the month in which it is due, the county agency must terminate assistance. The termination shall be effective on the first day of the month following the month in which the report was due. If a complete report is received within the month the assistance was terminated,
the assistance unit is considered to have continued its application for assistance, effective
the first day of the month the assistance was terminated.

**EFFECTIVE DATE.** This section is effective February 1, 2015.

Sec. 11. Minnesota Statutes 2012, section 256D.425, subdivision 2, is amended to read:

Subd. 2. **Resource standards.** (a) For persons receiving supplemental security
income benefits, the resource standards and restrictions for supplemental aid under
this section shall be those used to determine eligibility for disabled individuals in the
supplemental security income program.

(b) For persons not receiving supplemental security income benefits due to excess
income or resources, but whose income and resources are within the limits of the Minnesota
supplemental aid program, the resource standards shall be those in section 256P.02.

**EFFECTIVE DATE.** This section is effective June 1, 2016.

Sec. 12. Minnesota Statutes 2012, section 256I.03, is amended by adding a subdivision
to read:

Subd. 1a. **Agency.** "Agency" has the meaning given in section 256P.01, subdivision
2.

Sec. 13. Minnesota Statutes 2012, section 256I.04, subdivision 1, is amended to read:

Subdivision 1. **Individual eligibility requirements.** An individual is eligible for
and entitled to a group residential housing payment to be made on the individual’s behalf
if the county agency has approved the individual's residence in a group residential housing
setting and the individual meets the requirements in paragraph (a) or (b).

(a) The individual is aged, blind, or is over 18 years of age and disabled as
determined under the criteria used by the title II program of the Social Security Act, and
meets the resource restrictions and standards of the supplemental security income program
section 256P.02, and the individual's countable income after deducting the (1) exclusions
and disregards of the SSI program, (2) the medical assistance personal needs allowance
under section 256B.35, and (3) an amount equal to the income actually made available to
a community spouse by an elderly waiver recipient under the provisions of
sections 256B.0575, paragraph (a), clause (4), and 256B.058, subdivision 2, is less than
the monthly rate specified in the county agency's agreement with the provider of group
residential housing in which the individual resides.
The individual meets a category of eligibility under section 256D.05, subdivision 1, paragraph (a), and the individual's resources are less than the standards specified by section 256D.08. The individual's countable income as determined under sections 256D.01 to 256D.21, less the medical assistance personal needs allowance under section 256B.35 is less than the monthly rate specified in the county agency's agreement with the provider of group residential housing in which the individual resides.

**EFFECTIVE DATE.** This section is effective June 1, 2016.

Sec. 14. Minnesota Statutes 2012, section 256J.08, is amended by adding a subdivision to read:

Subd. 2a. **Agency.** "Agency" has the meaning given in section 256P.01, subdivision 2.

Sec. 15. Minnesota Statutes 2012, section 256J.08, subdivision 47, is amended to read:

Subd. 47. **Income.** "Income" means cash or in-kind benefit, whether earned or unearned, received by or available to an applicant or participant that is not an asset property under section 256J.20 256P.02.

**EFFECTIVE DATE.** This section is effective June 1, 2016.

Sec. 16. Minnesota Statutes 2012, section 256J.08, subdivision 57, is amended to read:

Subd. 57. **Minnesota family investment program or MFIP.** "Minnesota family investment program" or "MFIP" means the assistance program authorized in this chapter and chapter 256K.

Sec. 17. Minnesota Statutes 2012, section 256J.08, subdivision 83, is amended to read:

Subd. 83. **Significant change.** "Significant change" means a decline in gross income of the amount of the disregard as defined in subdivision 24 section 256P.03 or more from the income used to determine the grant for the current month.

**EFFECTIVE DATE.** This section is effective October 1, 2015.

Sec. 18. Minnesota Statutes 2012, section 256J.10, is amended to read:

**256J.10 MFIP ELIGIBILITY REQUIREMENTS.**
To be eligible for MFIP, applicants must meet the general eligibility requirements in sections 256J.11 to 256J.15, the property limitations in section 256J.20 and the income limitations in section 256J.21.

**EFFECTIVE DATE.** This section is effective June 1, 2016.

Sec. 19. Minnesota Statutes 2013 Supplement, section 256J.21, subdivision 3, is amended to read:

Subd. 3. **Initial income test.** The county agency shall determine initial eligibility by considering all earned and unearned income that is not excluded under subdivision 2. To be eligible for MFIP, the assistance unit's countable income minus the earned income disregards in paragraphs paragraph (a) and (b) section 256P.03 must be below the family wage level according to section 256J.24 for that size assistance unit.

(a) The initial eligibility determination must disregard the following items:

(1) the employment earned income disregard is 18 percent of the gross earned income whether or not the member is working full time or part time as determined in section 256P.03;

(2) dependent care costs must be deducted from gross earned income for the actual amount paid for dependent care up to a maximum of $200 per month for each child less than two years of age, and $175 per month for each child two years of age and older under this chapter and chapter 119B;

(3) all payments made according to a court order for spousal support or the support of children not living in the assistance unit's household shall be disregarded from the income of the person with the legal obligation to pay support, provided that, if there has been a change in the financial circumstances of the person with the legal obligation to pay support since the support order was entered, the person with the legal obligation to pay support has petitioned for a modification of the support order; and

(4) an allocation for the unmet need of an ineligible spouse or an ineligible child under the age of 21 for whom the caregiver is financially responsible and who lives with the caregiver according to section 256J.36.

(b) Notwithstanding paragraph (a), when determining initial eligibility for applicant units when at least one member has received MFIP in this state within four months of the most recent application for MFIP, apply the disregard as defined in section 256J.08, subdivision 24, for all unit members.

After initial eligibility is established, the assistance payment calculation is based on the monthly income test.
EFFECTIVE DATE. This section is effective October 1, 2015.

Sec. 20. Minnesota Statutes 2012, section 256J.21, subdivision 4, is amended to read:

Subd. 4. Monthly income test and determination of assistance payment.
The county agency shall determine ongoing eligibility and the assistance payment amount according to the monthly income test. To be eligible for MFIP, the result of the computations in paragraphs (a) to (e) must be at least $1.

(a) Apply an income disregard as defined in section 256J.08, subdivision 4, to gross earnings and subtract this amount from the family wage level. If the difference is equal to or greater than the MFIP transitional standard of need, the assistance payment is equal to the MFIP transitional standard of need. If the difference is less than the MFIP transitional standard of need, the assistance payment is equal to the difference. The employment earned income disregard in this paragraph must be deducted every month there is earned income.

(b) All payments made according to a court order for spousal support or the support of children not living in the assistance unit's household must be disregarded from the income of the person with the legal obligation to pay support, provided that, if there has been a change in the financial circumstances of the person with the legal obligation to pay support since the support order was entered, the person with the legal obligation to pay support has petitioned for a modification of the court order.

(c) An allocation for the unmet need of an ineligible spouse or an ineligible child under the age of 21 for whom the caregiver is financially responsible and who lives with the caregiver must be made according to section 256J.36.

(d) Subtract unearned income dollar for dollar from the MFIP transitional standard of need to determine the assistance payment amount.

(e) When income is both earned and unearned, the amount of the assistance payment must be determined by first treating gross earned income as specified in paragraph (a). After determining the amount of the assistance payment under paragraph (a), unearned income must be subtracted from that amount dollar for dollar to determine the assistance payment amount.

(f) When the monthly income is greater than the MFIP transitional standard of need after deductions and the income will only exceed the standard for one month, the county agency must suspend the assistance payment for the payment month.

EFFECTIVE DATE. This section is effective October 1, 2015.

Sec. 21. Minnesota Statutes 2012, section 256J.30, subdivision 4, is amended to read:
Subd. 4. Participant's completion of recertification of eligibility form. A participant must complete forms prescribed by the commissioner which are required for recertification of eligibility according to section 256J.32, subdivision 6 256P.04, subdivisions 8 and 9.

**EFFECTIVE DATE.** This section is effective February 1, 2015.

Sec. 22. Minnesota Statutes 2013 Supplement, section 256J.30, subdivision 9, is amended to read:

Subd. 9. Changes that must be reported. A caregiver must report the changes or anticipated changes specified in clauses (1) to (16) (15) within ten days of the date they occur, at the time of the periodic recertification of eligibility under section 256J.32, subdivision 6 256P.04, subdivisions 8 and 9, or within eight calendar days of a reporting period as in subdivision 5, whichever occurs first. A caregiver must report other changes at the time of the periodic recertification of eligibility under section 256J.32, subdivision 6 256P.04, subdivisions 8 and 9, or at the end of a reporting period under subdivision 5, as applicable. A caregiver must make these reports in writing to the county agency.

When a county agency could have reduced or terminated assistance for one or more payment months if a delay in reporting a change specified in clauses (1) to (15) (14) had not occurred, the county agency must determine whether a timely notice under section 256J.31, subdivision 4, could have been issued on the day that the change occurred. When a timely notice could have been issued, each month's overpayment subsequent to that notice must be considered a client error overpayment under section 256J.38. Calculation of overpayments for late reporting under clause (16) (15) is specified in section 256J.09, subdivision 9. Changes in circumstances which must be reported within ten days must also be reported on the MFIP household report form for the reporting period in which those changes occurred. Within ten days, a caregiver must report:

(1) a change in initial employment;
(2) a change in initial receipt of unearned income;
(3) a recurring change in unearned income;
(4) a nonrecurring change of unearned income that exceeds $30;
(5) the receipt of a lump sum;
(6) an increase in assets that may cause the assistance unit to exceed asset limits;
(7) a change in the physical or mental status of an incapacitated member of the assistance unit if the physical or mental status is the basis for reducing the hourly participation requirements under section 256J.55, subdivision 1, or the type of activities included in an employment plan under section 256J.521, subdivision 2;
503.1 (8) a change in employment status;
503.2 (9) information affecting an exception under section 256J.24, subdivision 9;
503.3 (10) the marriage or divorce of an assistance unit member;
503.4 (11) the death of a parent, minor child, or financially responsible person;
503.5 (12) a change in address or living quarters of the assistance unit;
503.6 (13) the sale, purchase, or other transfer of property;
503.7 (14) a change in school attendance of a caregiver under age 20 or an employed child;
503.8 (15) filing a lawsuit, a workers' compensation claim, or a monetary claim
503.9 (16) against a third party; and
503.10 (17) a change in household composition, including births, returns to and
503.11 departures from the home of assistance unit members and financially responsible persons,
503.12 or a change in the custody of a minor child.
503.13

**EFFECTIVE DATE.** This section is effective January 1, 2015.

503.14

Sec. 23. Minnesota Statutes 2012, section 256J.32, subdivision 1, is amended to read:

Subdivision 1. **Verification of information.** An agency must apply section
503.15 256P.04 when documenting, verifying, and recertifying MFIP eligibility. An agency must
503.16 only require verification of information necessary to determine MFIP eligibility and the
503.17 amount of the assistance payment.
503.18

**EFFECTIVE DATE.** This section is effective February 1, 2015.

503.19

Sec. 24. Minnesota Statutes 2012, section 256J.33, subdivision 2, is amended to read:

Subd. 2. **Prospective eligibility.** An agency must determine whether the
503.20 eligibility requirements that pertain to an assistance unit, including those in sections
503.21 256J.11 to 256J.15 and 256J.20, will be met prospectively for the payment
503.22 month. Except for the provisions in section 256J.34, subdivision 1, the income test will be
503.23 applied retrospectively.
503.24

**EFFECTIVE DATE.** This section is effective June 1, 2016.

503.25

Sec. 25. Minnesota Statutes 2012, section 256J.37, as amended by Laws 2013, chapter
503.26 107, article 4, section 15, is amended to read:

256J.37 **TREATMENT OF INCOME AND LUMP SUMS.**
Subdivision 1. Deemed income from ineligible household assistance unit members. Unless otherwise provided under subdivision 1a or 1b, the income of ineligible household assistance unit members must be deemed after allowing the following disregards:

1. The first 18 percent of the ineligible family member's gross earned income disregard as determined under section 256P.03;  
2. Amounts the ineligible person actually paid to individuals not living in the same household but whom the ineligible person claims or could claim as dependents for determining federal personal income tax liability;  
3. All payments made by the ineligible person according to a court order for spousal support or the support of children not living in the assistance unit's household, provided that, if there has been a change in the financial circumstances of the ineligible person since the support order was entered, the ineligible person has petitioned for a modification of the support order, and  
4. An amount for the unmet needs of the ineligible person and other persons who live in the household but are not included in the assistance unit and are or could be claimed by an ineligible person as dependents for determining federal personal income tax liability who, if eligible, would be assistance unit members under section 256J.24, subdivision 2 or 4, paragraph (b). This amount is equal to the difference between the MFIP transitional standard of need when the ineligible person is persons are included in the assistance unit and the MFIP transitional standard of need when the ineligible person is persons are not included in the assistance unit.  

Subd. 1a. Deemed income from disqualified assistance unit members. The income of disqualified members must be deemed after allowing the following disregards:

1. The first 18 percent of the disqualified member's gross earned income disregard as determined under section 256P.03;  
2. Amounts the disqualified member actually paid to individuals not living in the same household but whom the disqualified member claims or could claim as dependents for determining federal personal income tax liability;  
3. All payments made by the disqualified member according to a court order for spousal support or the support of children not living in the assistance unit's household, provided that, if there has been a change in the financial circumstances of the disqualified member's legal obligation to pay support since the support order was entered, the disqualified member has petitioned for a modification of the support order, and  
4. An amount for the unmet needs of other ineligible persons who live in the household but are not included in the assistance unit and are or could be claimed by the disqualified member as dependents for determining federal personal income tax liability.
who, if eligible, would be assistance unit members under section 256J.24, subdivision 2 or 4, paragraph (b). This amount is equal to the difference between the MFIP transitional standard of need when the ineligible person is persons are included in the assistance unit and the MFIP transitional standard of need when the ineligible person is persons are not included in the assistance unit. An amount shall not be allowed for the needs of a disqualified member members.

Subd. 1b. **Deemed income from parents of minor caregivers.** In households where minor caregivers live with a parent or parents who do not receive MFIP for themselves or their minor children, the income of the parents must be deemed after allowing the following disregards:

1. income of the parents equal to 200 percent of the federal poverty guideline for a family size not including the minor parent and the minor parent's child in the household according to section 256J.21, subdivision 2, clause (43); and
2. 18 percent of the parents' gross earned income;
3. amounts the parents actually paid to individuals not living in the same household but whom the parents claim or could claim as dependents for determining federal personal income tax liability; and
4. (2) all payments made by parents according to a court order for spousal support or the support of children not living in the parent's household, provided that, if there has been a change in the financial circumstances of the parent's legal obligation to pay support since the support order was entered, the parents have petitioned for a modification of the support order.

Subd. 2. **Deemed income and assets of sponsor of noncitizens.** (a) If a noncitizen applies for or receives MFIP, the county agency must deem the income and assets of the noncitizen's sponsor and the sponsor's spouse as provided in this paragraph and paragraph (b) or (c), whichever is applicable. The deemed income of a sponsor and the sponsor's spouse is considered unearned income of the noncitizen. The deemed assets of a sponsor and the sponsor's spouse are considered available assets of the noncitizen.

(b) The income and assets of a sponsor who signed an affidavit of support under title IV, sections 421, 422, and 423, of Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, and the income and assets of the sponsor's spouse, must be deemed to the noncitizen to the extent required by those sections of Public Law 104-193.

(c) The income and assets of a sponsor and the sponsor's spouse to whom the provisions of paragraph (b) do not apply must be deemed to the noncitizen to the full
extent allowed under title V, section 5505, of Public Law 105-33, the Balanced Budget Act of 1997.

Subd. 3. Earned income of wage, salary, and contractual employees. The county agency must include gross earned income less any disregards in the initial and monthly income test. Gross earned income received by persons employed on a contractual basis must be prorated over the period covered by the contract even when payments are received over a lesser period of time.

Subd. 3a. Rental subsidies; unearned income. (a) Effective July 1, 2003, the county agency shall count $50 of the value of public and assisted rental subsidies provided through the Department of Housing and Urban Development (HUD) as unearned income to the cash portion of the MFIP grant. The full amount of the subsidy must be counted as unearned income when the subsidy is less than $50. The income from this subsidy shall be budgeted according to section 256J.34.

(b) The provisions of this subdivision shall not apply to an MFIP assistance unit which includes a participant who is:

(1) age 60 or older;

(2) a caregiver who is suffering from an illness, injury, or incapacity that has been certified by a qualified professional when the illness, injury, or incapacity is expected to continue for more than 30 days and severely limits the person's ability to obtain or maintain suitable employment; or

(3) a caregiver whose presence in the home is required due to the illness or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household when the illness or incapacity and the need for the participant's presence in the home has been certified by a qualified professional and is expected to continue for more than 30 days.

(c) The provisions of this subdivision shall not apply to an MFIP assistance unit where the parental caregiver is an SSI recipient participant.

Subd. 4. Self-employment. Self-employed individuals are those who are responsible for their own work schedule and do not have coverage under an employer's liability insurance or workers' compensation. Self-employed individuals generally work for themselves rather than an employer. However, individuals employed in some types of services may be self-employed even if they have an employer or work out of another's business location. For example, real estate sales people, individuals who work for commission sales, manufacturer's representatives, and independent contractors may be self-employed. Self-employed individuals may or may not have FICA deducted from the check issued to them by an employer or another party.
Self-employed individuals may own a business singularly or in partnership. Individuals operating more than one self-employment business may use the loss from one business to offset self-employment income from another business. A loss from a self-employment business may not offset income earned under subdivision 3.

Self-employment has the meaning given in section 256P.01, subdivision 7.

Subd. 5. Self-employment earnings. The county agency must determine self-employment income according to the following section 256P.05, subdivision 2.

(a) Subtract allowable business expenses from total gross receipts. Allowable business expenses include:

1. Interest on mortgages and loans;
2. Employee wages, except for persons who are part of the assistance unit or whose income is deemed to the participant;
3. FICA funds paid on employees' wages, payment of employee workers' compensation, and unemployment benefits;
4. Livestock and veterinary or breeding fees;
5. Raw material;
6. Seed and fertilizer;
7. Maintenance and repairs that are not capital expenditures;
8. Tax return preparation fees;
9. License fees, professional fees, franchise fees, and professional dues;
10. Tools and supplies that are not capital expenditures;
11. Fuel and transportation expenses other than fuel costs covered by the flat rate transportation deduction;
12. Advertising costs;
13. Meals eaten when required to be away from the local work site;
14. Property expenses such as rent, insurance, taxes, and utilities;
15. Postage;
16. Purchase cost of inventory at time of sale;
17. Loss from another self-employment business;
18. Attorney fees allowed by the Internal Revenue Service; and
19. Tuition for classes necessary to maintain or improve job skills or required by law to maintain job status or salary as allowed by the Internal Revenue Service.

(b) The county agency shall not allow a deduction for the following expenses:

1. Purchases of capital assets;
2. Payments on the principals of loans for capital assets;
3. Depreciation;
(4) amortization;
(5) the wholesale costs of items purchased, processed, or manufactured which are unsold inventory;
(6) transportation costs that exceed the maximum standard-mileage rate allowed for use of a personal car in the Internal Revenue Code;
(7) costs, in any amount, for mileage between an applicant's or participant's home and place of employment;
(8) salaries and other employment deductions made for members of an assistance unit or persons who live in the household for whom an employer is legally responsible;
(9) monthly expenses in excess of $71 for each roomer;
(10) monthly expenses in excess of the Thrifty Food Plan amount for one person for each boarder. For purposes of this clause and clause (11), "Thrifty Food Plan" has the meaning given it in Code of Federal Regulations;
(11) monthly expenses in excess of the roomer rate plus the Thrifty Food Plan amount for one person for each roomer-boarder. If there is more than one boarder or roomer-boarder, use the total number of boarders as the unit size to determine the Thrifty Food Plan amount;
(12) an amount greater than actual expenses or two percent of the estimated market value on a county tax assessment form, whichever is greater, as a deduction for upkeep and repair against rental income;
(13) expenses not allowed by the Internal Revenue Code;
(14) expenses in excess of 60 percent of gross receipts for in-home child care unless a higher amount can be documented; and
(15) expenses that are reimbursed under the child and adult care food program as authorized under the National School Lunch Act, United States Code, title 42.

Subd. 6. Self-employment budget period. The self-employment budget period begins in the month of application or in the first month of self-employment. Gross receipts must be budgeted in the month received. Expenses must be budgeted against gross receipts in the month the expenses are paid, except for paragraphs (a) to (e):

(a) The purchase cost of inventory items, including materials which are processed or manufactured, must be deducted as an expense at the time payment is received for the sale of the inventory items.

(b) A 12-month rolling average based on clauses (1) to (3) must be used to budget monthly income:

(1) For a business in operation for at least 12 months, the county agency shall use the average monthly self-employment income from the most current income tax report for
the 12 months before the month of application. The county agency shall determine a new
monthly average by adding in the actual self-employment income and expenses from the
previous month and dropping the first month from the averaging period.

(2) For a business in operation for less than 12 months, the county agency shall
compute the average for the number of months the business has been in operation to
determine a monthly average. When data are available for 12 or more months, average
monthly self-employment income is determined under clause (1).

(3) If the business undergoes a major change, the county agency shall compute a new
rolling average beginning with the first month of the major change. For the purpose of this
clause, major change means a change that affects the nature and scale of the business and
is not merely the result of normal business fluctuations.

(e) For seasonal self-employment, the caregiver may choose whether to use actual
income in the month of receipt and expenses in the month incurred or the rolling average
method of computation. The choice must be made once per year at the time of application
or recertification. For the purpose of this paragraph, seasonal means working six or less
months per year.

The agency must budget self-employment earned income according to section
256P.05, subdivision 3.

Subd. 7. Farm income. Farm income is the difference between gross receipts
and operating expenses. The county agency must not allow a deduction for expenses
listed in subdivision 5, paragraph (b). Gross receipts include sales, rents, subsidies,
soil conservation payments, production derived from livestock, and income from
home-produced food. Farm income shall be treated as self-employment income under
section 256P.05, subdivision 2. The agency must budget farm income as self-employment
earned income according to section 256P.05, subdivision 3.

Subd. 8. Rental income. The county agency must treat income from rental property
as earned or unearned income. Income from rental property is unearned income unless the
assistance unit spends an average of ten hours per week on maintenance or management
of the property. When the owner spends more than ten hours per week on maintenance
or repairs, the earnings are considered self-employment earnings. An amount must be
deducted for upkeep and repairs, as specified in subdivision 5, paragraph (b), clause
(12); real estate taxes, insurance, utilities, and interest on principal payments. When the
applicant or participant lives on the rental property, expenses for upkeep, taxes, insurance,
utilities, and interest must be divided by the number of rooms to determine expense per
room and expenses deducted must be deducted only for the number of rooms rented
Rental income is subject to the requirements of section 256P.05.
Subd. 9. **Unearned income.** (a) The county agency must apply unearned income to the MFIP transitional standard of need. When determining the amount of unearned income, the county agency must deduct the costs necessary to secure payments of unearned income. These costs include legal fees, medical fees, and mandatory deductions such as federal and state income taxes.

(b) The county agency must convert unearned income received on a periodic basis to monthly amounts by prorating the income over the number of months represented by the frequency of the payments. The county agency must begin counting the monthly amount in the month the periodic payment is received and budget it according to the assistance unit’s budget cycle.

Subd. 10. **Treatment of lump sums.** (a) The county agency must treat lump-sum payments as earned or unearned income. If the lump-sum payment is included in the category of income identified in subdivision 9, it must be treated as unearned income. A lump sum is counted as income in the month received and budgeted either prospectively or retrospectively depending on the budget cycle at the time of receipt. When an individual receives a lump-sum payment, that lump sum must be combined with all other earned and unearned income received in the same budget month, and it must be applied according to paragraphs (a) to (c). A lump sum may not be carried over into subsequent months. Any funds that remain in the third month after the month of receipt are counted in the asset limit.

(b) For a lump sum received by an applicant during the first two months, prospective budgeting is used to determine the payment and the lump sum must be combined with other earned or unearned income received and budgeted in that prospective month.

(c) For a lump sum received by a participant after the first two months of MFIP eligibility, the lump sum must be combined with other income received in that budget month, and the combined amount must be applied retrospectively against the applicable payment month.

(d) When a lump sum, combined with other income under paragraphs (b) and (c), is less than the MFIP transitional standard of need for the appropriate payment month, the assistance payment must be reduced according to the amount of the countable income. When the countable income is greater than the MFIP standard or family wage level, the assistance payment must be suspended for the payment month.

**EFFECTIVE DATE.** The amendments to subdivisions 1, 1a, 1b, and 2 are effective October 1, 2015. The amendments to subdivisions 4, 5, 6, 7, and 8 are effective February 1, 2015. The amendments to subdivisions 9 and 10 are effective January 1, 2015.

Sec. 26. Minnesota Statutes 2012, section 256J.425, subdivision 1, is amended to read:
Subdivision 1. **Eligibility.** (a) To be eligible for a hardship extension, a participant in an assistance unit subject to the time limit under section 256J.42, subdivision 1, must be in compliance in the participant's 60th counted month. For purposes of determining eligibility for a hardship extension, a participant is in compliance in any month that the participant has not been sanctioned. In order to maintain eligibility for any of the hardship extension categories a participant shall develop and comply with either an employment plan or a family stabilization services plan, whichever is appropriate.

(b) If one participant in a two-parent assistance unit is determined to be ineligible for a hardship extension, the county shall give the assistance unit the option of disqualifying the ineligible participant from MFIP. In that case, the assistance unit shall be treated as a one-parent assistance unit and the assistance unit's MFIP grant shall be calculated using the shared household standard under section 256J.08, subdivision 82a.

(c) Prior to denying an extension, the county must review the sanction status and determine whether the sanction is appropriate or if good cause exists under section 256J.57. If the sanction was inappropriately applied or the participant is granted a good cause exception before the end of month 60, the participant shall be considered for an extension.

**EFFECTIVE DATE.** This section is effective January 1, 2015.

Sec. 27. Minnesota Statutes 2012, section 256J.425, subdivision 7, is amended to read:

Subd. 7. **Status of disqualified participants.** (a) An assistance unit that is disqualified under subdivision 6, paragraph (a), may be approved for MFIP if the participant complies with MFIP program requirements and demonstrates compliance for up to one month. No assistance shall be paid during this period.

(b) An assistance unit that is disqualified under subdivision 6, paragraph (a), and that reapplies under paragraph (a) is subject to sanction under section 256J.46, subdivision 1, paragraph (c), clause (1), for a first occurrence of noncompliance. A subsequent occurrence of noncompliance results in a permanent disqualification.

(c) If one participant in a two-parent assistance unit receiving assistance under a hardship extension under subdivision 3 or 4 is determined to be out of compliance with the employment and training services requirements under sections 256J.521 to 256J.57, the county shall give the assistance unit the option of disqualifying the noncompliant participant from MFIP. In that case, the assistance unit shall be treated as a one-parent assistance unit for the purposes of meeting the work requirements under subdivision 4 and the assistance unit's MFIP grant shall be calculated using the shared household standard under section 256J.08, subdivision 82a. An applicant who is disqualified from receiving assistance under this paragraph may reapply under paragraph (a). If a
participant is disqualified from MFIP under this subdivision a second time, the participant
is permanently disqualified from MFIP.

(d) Prior to a disqualification under this subdivision, a county agency must review
the participant's case to determine if the employment plan is still appropriate and attempt
to meet with the participant face-to-face. If a face-to-face meeting is not conducted, the
county agency must send the participant a notice of adverse action as provided in section
256J.31. During the face-to-face meeting, the county agency must:

(1) determine whether the continued noncompliance can be explained and mitigated
by providing a needed preemployment activity, as defined in section 256J.49, subdivision
13, clause (9);

(2) determine whether the participant qualifies for a good cause exception under
section 256J.57;

(3) inform the participant of the family violence waiver criteria and make appropriate
referrals if the waiver is requested;

(4) inform the participant of the participant's sanction status and explain the
consequences of continuing noncompliance;

(5) identify other resources that may be available to the participant to meet the
needs of the family; and

(6) inform the participant of the right to appeal under section 256J.40.

**EFFECTIVE DATE.** This section is effective January 1, 2015.

Sec. 28. Minnesota Statutes 2012, section 256J.95, subdivision 8, is amended to read:

Subd. 8. **Verification requirements.** (a) A county agency must only require
verification of information necessary to determine DWP eligibility and the amount of
the payment. The applicant or participant must document the information required or
authorize the county agency to verify the information. The applicant or participant has the
burden of providing documentary evidence to verify eligibility. The county agency shall
assist the applicant or participant in obtaining required documents when the applicant
or participant is unable to do so.

(b) A county agency must not request information about an applicant or participant
that is not a matter of public record from a source other than county agencies, the
Department of Human Services, or the United States Department of Health and Human
Services without the person's prior written consent. An applicant's signature on an
application form constitutes consent for contact with the sources specified on the
application. A county agency may use a single consent form to contact a group of similar
sources, but the sources to be contacted must be identified by the county agency prior to requesting an applicant's consent.

(c) Factors to be verified shall follow section 256J.32, subdivision 5a, and 256P.04, subdivisions 4 and 5. Except for personal needs, family maintenance needs must be verified before the expense can be allowed in the calculation of the DWP grant.

**EFFECTIVE DATE.** This section is effective February 1, 2015.

Sec. 29. Minnesota Statutes 2012, section 256J.95, subdivision 9, is amended to read:

Subd. 9. **Property and income limitations.** The asset limits and exclusions in section 256J.20, subdivision 2, apply to applicants and recipients of DWP. All payments, unless excluded in section 256J.21, must be counted as income to determine eligibility for the diversionary work program. The county agency shall treat income as outlined in section 256J.37, except for subdivision 3a. The initial income test and the disregards in section 256J.21, subdivision 3, shall be followed for determining eligibility for the diversionary work program.

**EFFECTIVE DATE.** This section is effective June 1, 2016.

Sec. 30. Minnesota Statutes 2012, section 256J.95, subdivision 10, is amended to read:

Subd. 10. **Diversionary work program grant.** (a) The amount of cash benefits that a family unit is eligible for under the diversionary work program is based on the number of persons in the family unit, the family maintenance needs, personal needs allowance, and countable income. The county agency shall evaluate the income of the family unit that is requesting payments under the diversionary work program. Countable income means gross earned and unearned income not excluded or disregarded under MFIP. The same disregards for earned income that are allowed under MFIP are allowed for the diversionary work program.

(b) The DWP grant is based on the family maintenance needs for which the DWP family unit is responsible plus a personal needs allowance. Housing and utilities, except for telephone service, shall be vendor paid. Unless otherwise stated in this section, actual housing and utility expenses shall be used when determining the amount of the DWP grant.

(c) The maximum monthly benefit amount available under the diversionary work program is the difference between the family unit's needs under paragraph (b) and the family unit's countable income not to exceed the cash portion of the MFIP transitional standard of need as defined in sections 256J.08, subdivision 5a, 256J.24, subdivision 5, for the family unit's size.
(d) Once the county has determined a grant amount, the DWP grant amount will not be decreased if the determination is based on the best information available at the time of approval and shall not be decreased because of any additional income to the family unit. The grant must be increased if a participant later verifies an increase in family maintenance needs or family unit size. The minimum cash benefit amount, if income and asset tests are met, is $10. Benefits of $10 shall not be vendor paid.

(e) When all criteria are met, including the development of an employment plan as described in subdivision 14 and eligibility exists for the month of application, the amount of benefits for the diversionary work program retroactive to the date of application is as specified in section 256J.35, paragraph (a).

(f) Any month during the four-month DWP period that a person receives a DWP benefit directly or through a vendor payment made on the person's behalf, that person is ineligible for MFIP or any other TANF cash assistance program except for benefits defined in section 256J.626, subdivision 2, clause (1).

If during the four-month period a family unit that receives DWP benefits moves to a county that has not established a diversionary work program, the family unit may be eligible for MFIP the month following the last month of the issuance of the DWP benefit.

EFFECTIVE DATE. This section is effective January 1, 2015.

Sec. 31. [256P.001] APPLICABILITY.

General assistance and Minnesota supplemental aid under chapter 256D and programs governed by chapter 256I or 256J are subject to the requirements of this chapter, unless otherwise specified or exempted.

Sec. 32. [256P.01] DEFINITIONS.

Subdivision 1. Scope. For purposes of this chapter, the terms defined in this section have the meanings given them.

Subd. 2. Agency. "Agency" means any county, federally recognized Indian tribe, or multicounty social services collaboratives.

Subd. 3. Earned income. "Earned income" means cash or in-kind income earned through the receipt of wages, salary, commissions, profit from employment activities, net profit from self-employment activities, payments made by an employer for regularly accrued vacation or sick leave, and any other profit from activity earned through effort or labor. The income must be in return for, or as a result of, legal activity.
Subd. 4. **Earned income disregard.** "Earned income disregard" means earned income that is not counted according to section 256P.03 when determining eligibility and calculating the amount of the assistance payment.

Subd. 5. **Equity value.** "Equity value" means the amount of equity in personal property owned by a person and is determined by subtracting any outstanding encumbrances from the fair market value of the personal property.

Subd. 6. **Personal property.** "Personal property" means an item of value that is not real property.

Subd. 7. **Self-employment.** "Self-employment" means employment by an individual who:

1. incurs costs in producing income and deducts these costs in order to equate the individual's income with income from sources where there are no production costs; and
2. controls the individual's work by working either independently of an employer or freelance, or by running the business; or
3. pays self-employment taxes.

**Sec. 33. [256P.02] PERSONAL PROPERTY LIMITATIONS.**

Subdivision 1. **Property ownership.** (a) The agency must apply paragraphs (b) to (e) to determine the value of personal property. The agency must use the equity value of legally available personal property to determine whether an applicant or participant is eligible for assistance.

(b) When personal property is jointly owned by two or more persons, the agency shall assume that each person owns an equal share, except that either person owns the entire sum of a joint personal checking or savings account. When an applicant or participant documents greater or lesser ownership, the agency must use that greater or lesser share to determine the equity value held by the applicant or participant. Other types of ownership must be evaluated according to law.

(c) Personal property owned by the applicant or participant must be presumed legally available to the applicant or participant unless the applicant or participant documents that the property is not legally available to the applicant or participant. When personal property is not legally available, its equity value must not be applied against the limits of subdivision 2.

(d) An applicant must disclose whether the applicant has transferred personal property valued in excess of the property limits in subdivision 2 for which reasonable compensation was not received within one year prior to application. A participant must disclose all transfers of property valued in excess of these limits, according to the reporting requirements of subdivision 1.
requirements in section 256J.30, subdivision 9. When a transfer of personal property
without reasonable compensation has occurred:

(1) the person who transferred the property must provide the property's description,
information needed to determine the property's equity value, the names of the persons who
received the property, and the circumstances of and reasons for the transfer; and

(2) when the transferred property can be reasonably reacquired, or when reasonable
compensation can be secured, the property is presumed legally available to the applicant
or participant.

(e) A participant may build the equity value of personal property to the limits in
subdivision 2.

Subd. 2. **Personal property limitations.** (a) The equity value of an assistance unit's
personal property listed in clauses (1) to (4) must not exceed $10,000 for applicants and
participants. For purposes of this subdivision, personal property is limited to:

(1) cash;

(2) bank accounts;

(3) liquid stocks and bonds that can be readily accessed without a financial penalty;

and

(4) vehicles not excluded under subdivision 3.

Subd. 3. **Vehicle exception.** One vehicle per assistance unit member age 16 or older
shall be excluded when determining the equity value of personal property. If the assistance
unit owns more than one vehicle per assistance unit member age 16 or older, the agency
shall determine the trade-in values of all additional vehicles and apply the values to the
personal property limitations in subdivision 2. To establish the trade-in values of vehicles,
an agency must use the National Automobile Dealers Association online car values and
car prices guide. When a vehicle is not listed in the online guide, or when the applicant or
participant disputes the trade-in value listed in the online guide as unreasonable given the
condition of the particular vehicle, the agency may require the applicant or participant to
document the trade-in value by securing a written statement from a motor vehicle dealer
licensed under section 168.27, stating the amount that the dealer would pay to purchase
the vehicle. The agency shall reimburse the applicant or participant for the cost of a
written statement that documents a lower loan value.

**EFFECTIVE DATE.** This section is effective June 1, 2016.

Sec. 34. **[256P.03] EARNED INCOME DISREGARD.**
Subdivision 1. **Exempted programs.** Participants who qualify for Minnesota supplemental aid under chapter 256D and for group residential housing under chapter 256I on the basis of eligibility for Supplemental Security Income are exempt from this section.

Subd. 2. **Earned income disregard.** The agency shall disregard the first $65 of earned income plus one-half of the remaining earned income per month.

**EFFECTIVE DATE.** This section is effective October 1, 2015.

Sec. 35. [256P.04] DOCUMENTING, VERIFYING, AND RECERTIFYING ELIGIBILITY.

Subdivision 1. **Exemption.** Participants who receive Minnesota supplemental aid and who maintain Supplemental Security Income eligibility under chapters 256D and 256I are exempt from the reporting requirements of this section, except that the policies and procedures for transfers of assets are those used by the medical assistance program under section 256B.0595.

Subd. 2. **Verification of information.** An agency must only require verification of information necessary to determine eligibility and the amount of the assistance payment. If necessary, the agency shall assist the applicant or participant in obtaining verifications and required documents when the applicant or participant is unable to do so.

Subd. 3. **Documentation.** The applicant or participant must document the information required under subdivisions 4 to 7 or authorize the agency to verify the information. The applicant or participant has the burden of providing documentary evidence to verify eligibility. The agency must accept a signed personal statement from the applicant or participant when determining personal property values under section 256P.02. The signed personal statement must include general penalty warnings and a disclaimer that any false or misrepresented information is subject to prosecution for fraud under sections 609.52 and 609.821 and perjury under section 609.48.

Subd. 4. **Factors to be verified.** (a) The agency shall verify the following at application:

(1) identity of adults;
(2) age, if necessary to determine eligibility;
(3) immigration status;
(4) income;
(5) spousal support and child support payments made to persons outside the household;
(6) vehicles;
(7) checking and savings accounts;
518.1  (8) inconsistent information, if related to eligibility;
518.2  (9) residence; and
518.3  (10) Social Security number.
518.4  (b) Applicants who are qualified noncitizens and victims of domestic violence as
518.5  defined under section 256J.08, subdivision 73, clause (7), are not required to verify the
518.6  information in paragraph (a), clause (10). When a Social Security number is not provided
518.7  to the agency for verification, this requirement is satisfied when each member of the
518.8  assistance unit cooperates with the procedures for verification of Social Security numbers,
518.9  issuance of duplicate cards, and issuance of new numbers which have been established
518.10  jointly between the Social Security Administration and the commissioner.
518.11  Subd. 5. MFIP-only verifications. In addition to subdivision 4, the agency shall
518.12  verify the following for programs under chapter 256J:
518.13  (1) the presence of the minor child in the home, if questionable;
518.14  (2) the relationship of a minor child to caregivers in the assistance unit;
518.15  (3) pregnancy, if related to eligibility;
518.16  (4) school attendance, if related to eligibility;
518.17  (5) a claim of family violence, if used as a basis to qualify for the family violence
518.18  waiver under chapter 256J; and
518.19  (6) disability, if used as the basis for reducing the hourly participation requirements
518.20  under section 256J.55, subdivision 1, or for the type of activity included in an employment
518.21  plan under section 256J.521, subdivision 2.
518.22  Subd. 6. Personal property inconsistent information. If there is inconsistent
518.23  information known to the agency when reporting personal property under section 256P.02,
518.24  an agency must require the applicant or participant to document the information required
518.25  under section 256P.02 or authorize the county agency to verify the information. The
518.26  applicant or participant has the burden of providing documentary evidence to verify
518.27  eligibility. The agency shall assist the applicant or participant in obtaining required
518.28  documents when the applicant or participant is unable to do so.
518.29  Subd. 7. Documenting and verifying inconsistent information. When the
518.30  agency verifies inconsistent information under subdivision 4, paragraph (a), clause (8);
518.31  subdivision 6; or subdivision 8, clause (3), the reason for verifying the information must
518.32  be documented in the financial case record.
518.33  Subd. 8. Recertification. The agency shall recertify eligibility in an annual
518.34  interview with the participant. The interview may be conducted by telephone, by Internet
518.35  telepresence, or face-to-face in the county office or in another location mutually agreed
518.36  upon. A participant must be given the option of a telephone interview or Internet
telesistence to recertify eligibility. During the interview, the agency shall verify the
following:

(1) income, unless excluded, including self-employment earnings;
(2) assets when the value is within $200 of the asset limit; and
(3) inconsistent information, if related to eligibility.

Subd. 9. **MFIP-only recertification.** In addition to subdivision 8, the agency shall verify the following for programs under chapter 256J:

(1) the presence of the minor child in the home, if questionable; and
(2) whether a single-caregiver household meets the requirements in section 256J.575, subdivision 3.

Subd. 10. **Participant's completion of form for recertification of eligibility.** A participant must complete forms prescribed by the commissioner which are required for recertification of eligibility according to subdivisions 8 and 9. An agency must end benefits when the participant fails to submit the recertification form and verifications before the end of the certification period. If the participant submits the recertification form within 30 days of the termination of benefits, benefits must be reinstated and made available retroactively for the full benefit month.

Subd. 11. **Participant's completion of household report form.** (a) When a participant is required to complete a household report form, the following paragraphs apply.

(b) If the agency receives an incomplete household report form, the agency must immediately return the incomplete form and clearly state what the participant must do for the form to be complete.

(c) The automated eligibility system must send a notice of proposed termination of assistance to the participant if a complete household report form is not received by the agency. The automated notice must be mailed to the participant by approximately the 16th of the month. When a participant submits an incomplete form on or after the date a notice of proposed termination has been sent, the termination is valid unless the participant submits a complete form before the end of the month.

(d) The submission of a household report form is considered to have continued the participant's application for assistance if a complete household report form is received within a calendar month after the month in which the form was due. Assistance shall be paid for the period beginning with the first day of that calendar month.

(e) An agency must allow good cause exemptions for a participant required to complete a household report form when any of the following factors cause a participant to fail to submit a completed household report form before the end of the month in which the form is due:

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(1) an employer delays completion of employment verification;
(2) the agency does not help a participant complete the household report form when
the participant asks for help;
(3) a participant does not receive a household report form due to a mistake on the
part of the department or the agency or a reported change in address;
(4) a participant is ill or physically or mentally incapacitated; or
(5) some other circumstance occurs that a participant could not avoid with reasonable
care which prevents the participant from providing a completed household report form
before the end of the month in which the form is due.

Subd. 12. Contacting third parties. An agency must not request information
about an applicant or participant that is not of public record from a source other than
agencies, the department, or the United States Department of Health and Human Services
without the applicant's or participant's prior written consent. An applicant's signature
on an application form constitutes consent for contact with the sources specified on the
application. An agency may use a single consent form to contact a group of similar
sources, such as banks or insurance agencies, but the sources to be contacted must be
identified by the agency prior to requesting an applicant's consent.

Subd. 13. Notice to undocumented persons; release of private data. Agencies,
in consultation with the commissioner of human services, shall provide notification
to undocumented persons regarding the release of personal data to the United States
Citizenship and Immigration Services and develop protocols regarding the release or
sharing of data about undocumented persons with the United States Citizenship and
Immigration Services as required under sections 404, 411A, and 434 of the Personal

Services. The commissioner shall comply with the reporting requirements under United
States Code, title 42, section 611a, and any federal regulation or guidance adopted under
that law.

Subd. 15. Personal statement. The agency may accept a signed personal statement
from the applicant or participant explaining the reasons that the documentation requested
in subdivision 3 is unavailable as sufficient documentation at the time of application,
recertification, or change related to eligibility only for the following factors:
(1) a claim of family violence, if used as a basis to qualify for the family violence
waiver;
(2) relationship of a minor child to caregivers in the assistance unit;
(3) citizenship status from a noncitizen who reports to be, or is identified as, a victim of severe forms of trafficking in persons, if the noncitizen reports that the noncitizen's immigration documents are being held by an individual or group of individuals against the noncitizen's will. The noncitizen must follow up with the Office of Refugee Resettlement (ORR) to pursue certification. If verification that certification is being pursued is not received within 30 days, the case must be closed and the agency shall pursue overpayments. The ORR documents certifying the noncitizen's status as a victim of severe forms of trafficking in persons, or the reason for the delay in processing, must be received within 90 days, or the case must be closed and the agency shall pursue overpayments; and

(4) other documentation unavailable for reasons beyond the control of the applicant or participant. The applicant or participant must have made reasonable attempts to obtain the documents requested under subdivision 3.

Subd. 16. **Excluded resources.** Payments of funds made according to litigation and subsequent appropriation by the United States Congress to compensate members of Indian tribes for the taking of tribal lands by the federal government are excluded.

**EFFECTIVE DATE.** This section is effective February 1, 2015.

Sec. 36. [256P.05] **SELF-EMPLOYMENT EARNINGS.**

**Subdivision 1. Exempted programs.** Participants who qualify for Minnesota supplemental aid under chapter 256D and for group residential housing under chapter 256I on the basis of eligibility for Supplemental Security Income are exempt from this section.

**Subd. 2. Self-employment income determinations.** An agency must determine self-employment income, which is either:

(1) one-half of gross earnings from self-employment; or

(2) taxable income as determined from an Internal Revenue Service tax form that has been filed with the Internal Revenue Service within the last year. A 12-month average using net taxable income shall be used to budget monthly income.

**Subd. 3. Self-employment budgeting.** (a) The self-employment budget period begins in the month of application or in the first month of self-employment. Applicants and participants must choose one of the methods described in subdivision 2 for determining self-employment earned income.

(b) Applicants and participants who elect to use taxable income as described in subdivision 2, clause (2), to determine self-employment income must continue to use this method until recertification, unless there is an unforeseen significant change in gross income equaling a decline in gross income of the amount equal to or greater than the
earned income disregard as defined in section 256P.03 from the income used to determine
the benefit for the current month.
(c) For applicants and participants who elect to use one-half of gross earnings as
described in subdivision 2, clause (1), to determine self-employment income, earnings
must be counted as income in the month received.

EFFECTIVE DATE. This section is effective February 1, 2015.

Sec. 37. REPEALER.
(a) Minnesota Statutes 2012, sections 256J.08, subdivisions 55a and 82a; and
256J.24, subdivision 9, are repealed effective January 1, 2015.
(b) Minnesota Statutes 2012, sections 256D.405, subdivisions 1a and 2; 256J.08,
subdivision 42; and 256J.32, subdivisions 2, 3, 4, 5a, 6, 7, 7a, and 8, are repealed effective
February 1, 2015.
(c) Minnesota Statutes 2012, section 256D.06, subdivision 1b, is repealed effective
October 1, 2015.
(d) Minnesota Statutes 2013 Supplement, section 256J.08, subdivision 24, is
repealed effective October 1, 2015.
(e) Minnesota Statutes 2012, sections 256D.08, subdivision 2; and 256J.20, are
repealed effective June 1, 2016.

ARTICLE 29
CHEMICAL AND MENTAL HEALTH

Section 1. Minnesota Statutes 2012, section 245.466, is amended by adding a
subdivision to read:
Subd. 3a. Transition plan related to termination of contract. Counties must
prepare a transition plan that provides for continuity of care in the event of contract
termination with a community mental health center under section 245.715, or a community
support services program under section 245.462, subdivision 6. The county shall provide
at least 90 days' notice of the termination to the contracted agency and the commissioner
of human services. The transition plan must provide information to clients on how to
access medical records and how to transfer to other providers.

Sec. 2. Minnesota Statutes 2012, section 245A.04, is amended by adding a subdivision
to read:
Subd. 15a. Plan for transfer of clients and records upon closure. (a) Except for child care providers, an applicant for initial or continuing licensure must submit a written plan indicating how the agency will provide for the transfer of clients and records for both open and closed cases if the agency closes. The plan must provide for managing private and confidential information concerning agency clients. The plan must also provide for notifying affected clients of the closure at least 25 days prior to closure, including information on how to access their medical records. A controlling individual of the agency must annually review and sign the plan.

(b) Plans for the transfer of open cases and case records must specify arrangements the agency will make to transfer clients to another agency or county agency for continuation of services and to transfer the case record with the client.

(c) Plans for the transfer of closed case records must be accompanied by a signed agreement or other documentation indicating that a county or a similarly licensed agency has agreed to accept and maintain the agency's closed case records and to provide follow-up services as necessary to affected clients.

Sec. 3. Minnesota Statutes 2012, section 253B.066, subdivision 1, is amended to read:

Subdivision 1. Treatment alternatives. If the court orders early intervention under section 253B.065, subdivision 5, the court may include in its order a variety of treatment alternatives including, but not limited to, day treatment, medication compliance monitoring, assertive community treatment, crisis assessment and stabilization, partial hospitalization, and short-term hospitalization not to exceed 21 days.

If the court orders short-term hospitalization and the proposed patient will not go voluntarily, the court may direct a health officer, peace officer, or other person to take the person into custody and transport the person to the hospital.

Sec. 4. Minnesota Statutes 2012, section 254B.12, is amended to read:

254B.12 RATE METHODOLOGY.

Subdivision 1. CCDTF rate methodology established. The commissioner shall establish a new rate methodology for the consolidated chemical dependency treatment fund. The new methodology must replace county-negotiated rates with a uniform statewide methodology that must include a graduated reimbursement scale based on the patients' level of acuity and complexity. At least biennially, the commissioner shall review the financial information provided by vendors to determine the need for rate adjustments.

Subd. 2. Payment methodology for highly specialized vendors. (a) Notwithstanding subdivision 1, the commissioner shall seek federal authority to develop
separate payment methodologies for chemical dependency treatment services provided
under the consolidated chemical dependency treatment fund: (1) by a state-operated
vendor; or (2) for persons who have been civilly committed to the commissioner, present
the most complex and difficult care needs, and are a potential threat to the community. A
payment methodology under this subdivision is effective for services provided on or after
October 1, 2015, or on or after the receipt of federal approval, whichever is later.

(b) Before implementing an approved payment methodology under paragraph
(a), the commissioner must also receive any necessary legislative approval of required
changes to state law or funding.

Sec. 5. Minnesota Statutes 2013 Supplement, section 256B.06, subdivision 4, is
amended to read:

Subd. 4. Citizenship requirements. (a) Eligibility for medical assistance is limited
to citizens of the United States, qualified noncitizens as defined in this subdivision, and
other persons residing lawfully in the United States. Citizens or nationals of the United
States must cooperate in obtaining satisfactory documentary evidence of citizenship or
nationality according to the requirements of the federal Deficit Reduction Act of 2005,
Public Law 109-171.

(b) "Qualified noncitizen" means a person who meets one of the following
immigration criteria:

(1) admitted for lawful permanent residence according to United States Code, title 8;
(2) admitted to the United States as a refugee according to United States Code,
title 8, section 1157;
(3) granted asylum according to United States Code, title 8, section 1158;
(4) granted withholding of deportation according to United States Code, title 8,
section 1253(h);
(5) paroled for a period of at least one year according to United States Code, title 8,
section 1182(d)(5);
(6) granted conditional entrant status according to United States Code, title 8,
section 1153(a)(7);
(7) determined to be a battered noncitizen by the United States Attorney General
according to the Illegal Immigration Reform and Immigrant Responsibility Act of 1996,
title V of the Omnibus Consolidated Appropriations Bill, Public Law 104-200;
(8) is a child of a noncitizen determined to be a battered noncitizen by the United
States Attorney General according to the Illegal Immigration Reform and Immigrant
Responsibility Act of 1996, title V, of the Omnibus Consolidated Appropriations Bill, Public Law 104-200; or

(9) determined to be a Cuban or Haitian entrant as defined in section 501(e) of Public Law 96-422, the Refugee Education Assistance Act of 1980.

(c) All qualified noncitizens who were residing in the United States before August 22, 1996, who otherwise meet the eligibility requirements of this chapter, are eligible for medical assistance with federal financial participation.

(d) Beginning December 1, 1996, qualified noncitizens who entered the United States on or after August 22, 1996, and who otherwise meet the eligibility requirements of this chapter are eligible for medical assistance with federal participation for five years if they meet one of the following criteria:

(1) refugees admitted to the United States according to United States Code, title 8, section 1157;

(2) persons granted asylum according to United States Code, title 8, section 1158;

(3) persons granted withholding of deportation according to United States Code, title 8, section 1253(h);

(4) veterans of the United States armed forces with an honorable discharge for a reason other than noncitizen status, their spouses and unmarried minor dependent children; or

(5) persons on active duty in the United States armed forces, other than for training, their spouses and unmarried minor dependent children.

Beginning July 1, 2010, children and pregnant women who are noncitizens described in paragraph (b) or who are lawfully present in the United States as defined in Code of Federal Regulations, title 8, section 103.12, and who otherwise meet eligibility requirements of this chapter, are eligible for medical assistance with federal financial participation as provided by the federal Children's Health Insurance Program Reauthorization Act of 2009, Public Law 111-3.

(e) Nonimmigrants who otherwise meet the eligibility requirements of this chapter are eligible for the benefits as provided in paragraphs (f) to (h). For purposes of this subdivision, a "nonimmigrant" is a person in one of the classes listed in United States Code, title 8, section 1101(a)(15).

(f) Payment shall also be made for care and services that are furnished to noncitizens, regardless of immigration status, who otherwise meet the eligibility requirements of this chapter, if such care and services are necessary for the treatment of an emergency medical condition.
(g) For purposes of this subdivision, the term "emergency medical condition" means a medical condition that meets the requirements of United States Code, title 42, section 1396b(v).

(h)(1) Notwithstanding paragraph (g), services that are necessary for the treatment of an emergency medical condition are limited to the following:

(i) services delivered in an emergency room or by an ambulance service licensed under chapter 144E that are directly related to the treatment of an emergency medical condition;

(ii) services delivered in an inpatient hospital setting following admission from an emergency room or clinic for an acute emergency condition; and

(iii) follow-up services that are directly related to the original service provided to treat the emergency medical condition and are covered by the global payment made to the provider.

(2) Services for the treatment of emergency medical conditions do not include:

(i) services delivered in an emergency room or inpatient setting to treat a nonemergency condition;

(ii) organ transplants, stem cell transplants, and related care;

(iii) services for routine prenatal care;

(iv) continuing care, including long-term care, nursing facility services, home health care, adult day care, day training, or supportive living services;

(v) elective surgery;

(vi) outpatient prescription drugs, unless the drugs are administered or dispensed as part of an emergency room visit;

(vii) preventative health care and family planning services;

(viii) rehabilitation services;

(ix) physical, occupational, or speech therapy;

(x) transportation services;

(xi) case management;

(xii) prosthetics, orthotics, durable medical equipment, or medical supplies;

(xiii) dental services;

(xiv) hospice care;

(xv) audiology services and hearing aids;

(xvi) podiatry services;

(xvii) chiropractic services;

(xviii) immunizations;

(xix) vision services and eyeglasses;
(xx) waiver services;
(xxii) chemical dependency treatment.

(i) Pregnant noncitizens who are ineligible for federally funded medical assistance because of immigration status, are not covered by a group health plan or health insurance coverage according to Code of Federal Regulations, title 42, section 457.310, and who otherwise meet the eligibility requirements of this chapter, are eligible for medical assistance through the period of pregnancy, including labor and delivery, and 60 days postpartum, to the extent federal funds are available under title XXI of the Social Security Act, and the state children's health insurance program.

(j) Beginning October 1, 2003, persons who are receiving care and rehabilitation services from a nonprofit center established to serve victims of torture and are otherwise ineligible for medical assistance under this chapter are eligible for medical assistance without federal financial participation. These individuals are eligible only for the period during which they are receiving services from the center. Individuals eligible under this paragraph shall not be required to participate in prepaid medical assistance. The nonprofit center referenced under this paragraph may establish itself as a provider of mental health targeted case management services through a county contract under section 256.0112, subdivision 6. If the nonprofit center is unable to secure a contract with a lead county in its service area, then, notwithstanding the requirements of section 256B.0625, subdivision 20, the commissioner may negotiate a contract with the nonprofit center for provision of mental health targeted case management services. When serving clients who are not the financial responsibility of their contracted lead county, the nonprofit center must gain the concurrence of the county of financial responsibility prior to providing mental health targeted case management services for those clients.

(k) Notwithstanding paragraph (h), clause (2), the following services are covered as emergency medical conditions under paragraph (f) except where coverage is prohibited under federal law:

(1) dialysis services provided in a hospital or freestanding dialysis facility; and
(2) surgery and the administration of chemotherapy, radiation, and related services necessary to treat cancer if the recipient has a cancer diagnosis that is not in remission and requires surgery, chemotherapy, or radiation treatment.

(l) Effective July 1, 2013, recipients of emergency medical assistance under this subdivision are eligible for coverage of the elderly waiver services provided under section 256B.0915, and coverage of rehabilitative services provided in a nursing facility. The age limit for elderly waiver services does not apply. In order to qualify for coverage, a
recipient of emergency medical assistance is subject to the assessment and reassessment
requirements of section 256B.0911. Initial and continued enrollment under this paragraph
is subject to the limits of available funding.

Sec. 6. Minnesota Statutes 2012, section 256B.0615, subdivision 3, is amended to read:

Subd. 3. Eligibility. Peer support services may be made available to consumers of
(1) the intensive rehabilitative mental health services under section 256B.0622; (2) adult
rehabilitative mental health services under section 256B.0623; and (3) crisis stabilization
and mental health mobile crisis intervention services under section 256B.0624.

Sec. 7. Minnesota Statutes 2012, section 256B.0624, subdivision 2, is amended to read:

Subd. 2. Definitions. For purposes of this section, the following terms have the
meanings given them.

(a) "Mental health crisis" is an adult behavioral, emotional, or psychiatric situation
which, but for the provision of crisis response services, would likely result in significantly
reduced levels of functioning in primary activities of daily living, or in an emergency
situation, or in the placement of the recipient in a more restrictive setting, including, but
not limited to, inpatient hospitalization.

(b) "Mental health emergency" is an adult behavioral, emotional, or psychiatric
situation which causes an immediate need for mental health services and is consistent
with section 62Q.55.

A mental health crisis or emergency is determined for medical assistance service
reimbursement by a physician, a mental health professional, or crisis mental health
practitioner with input from the recipient whenever possible.

(c) "Mental health crisis assessment" means an immediate face-to-face assessment
by a physician, a mental health professional, or mental health practitioner under the
clinical supervision of a mental health professional, following a screening that suggests
that the adult may be experiencing a mental health crisis or mental health emergency
situation. It includes, when feasible, assessing whether the person might be willing to
voluntarily accept treatment, determining whether the person has an advance directive,
and obtaining information and history from involved family members or caretakers.

(d) "Mental health mobile crisis intervention services" means face-to-face,
short-term intensive mental health services initiated during a mental health crisis or mental
health emergency to help the recipient cope with immediate stressors, identify and utilize
available resources and strengths, engage in voluntary treatment, and begin to return to the
recipient's baseline level of functioning. The services, including screening and treatment plan recommendations, must be culturally and linguistically appropriate.

(1) This service is provided on site by a mobile crisis intervention team outside of an inpatient hospital setting. Mental health mobile crisis intervention services must be available 24 hours a day, seven days a week.

(2) The initial screening must consider other available services to determine which service intervention would best address the recipient's needs and circumstances.

(3) The mobile crisis intervention team must be available to meet promptly face-to-face with a person in mental health crisis or emergency in a community setting or hospital emergency room.

(4) The intervention must consist of a mental health crisis assessment and a crisis treatment plan.

(5) The team must be available to individuals who are experiencing a co-occurring substance use disorder, who do not need the level of care provided in a detoxification facility.

(6) The treatment plan must include recommendations for any needed crisis stabilization services for the recipient, including engagement in treatment planning and family psychoeducation.

(e) "Mental health crisis stabilization services" means individualized mental health services provided to a recipient following crisis intervention services which are designed to restore the recipient to the recipient's prior functional level. Mental health crisis stabilization services may be provided in the recipient's home, the home of a family member or friend of the recipient, another community setting, or a short-term supervised, licensed residential program. Mental health crisis stabilization does not include partial hospitalization or day treatment. Mental health crisis stabilization services includes family psychoeducation.

Sec. 8. Minnesota Statutes 2012, section 256B.0624, subdivision 5, is amended to read:

Subd. 5. Mobile crisis intervention staff qualifications. For provision of adult mental health mobile crisis intervention services, a mobile crisis intervention team is comprised of at least two mental health professionals as defined in section 245.462, subdivision 18, clauses (1) to (6), or a combination of at least one mental health professional and one mental health practitioner as defined in section 245.462, subdivision 17, with the required mental health crisis training and under the clinical supervision of a mental health professional on the team. The team must have at least two people with at least one member providing on-site crisis intervention services when needed. Team
members must be experienced in mental health assessment, crisis intervention techniques, treatment engagement strategies, working with families, and clinical decision-making under emergency conditions and have knowledge of local services and resources. The team must recommend and coordinate the team's services with appropriate local resources such as the county social services agency, mental health services, and local law enforcement when necessary.

Sec. 9. Minnesota Statutes 2012, section 256B.0624, subdivision 6, is amended to read:

Subd. 6. Crisis assessment and mobile intervention treatment planning. (a)

Prior to initiating mobile crisis intervention services, a screening of the potential crisis situation must be conducted. The screening may use the resources of crisis assistance and emergency services as defined in sections 245.462, subdivision 6, and 245.469, subdivisions 1 and 2. The screening must gather information, determine whether a crisis situation exists, identify parties involved, and determine an appropriate response.

(b) If a crisis exists, a crisis assessment must be completed. A crisis assessment evaluates any immediate needs for which emergency services are needed and, as time permits, the recipient's current life situation, sources of stress, mental health problems and symptoms, strengths, cultural considerations, support network, vulnerabilities, current functioning, and the recipient's preferences as communicated directly by the recipient, or as communicated in a health care directive as described in chapters 145C and 253B, the treatment plan described under paragraph (d), a crisis prevention plan, or a wellness recovery action plan.

(c) If the crisis assessment determines mobile crisis intervention services are needed, the intervention services must be provided promptly. As opportunity presents during the intervention, at least two members of the mobile crisis intervention team must confer directly or by telephone about the assessment, treatment plan, and actions taken and needed. At least one of the team members must be on site providing crisis intervention services. If providing on-site crisis intervention services, a mental health practitioner must seek clinical supervision as required in subdivision 9.

(d) The mobile crisis intervention team must develop an initial, brief crisis treatment plan as soon as appropriate but no later than 24 hours after the initial face-to-face intervention. The plan must address the needs and problems noted in the crisis assessment and include measurable short-term goals, cultural considerations, and frequency and type of services to be provided to achieve the goals and reduce or eliminate the crisis. The treatment plan must be updated as needed to reflect current goals and services.
(e) The team must document which short-term goals have been met and when no further crisis intervention services are required.

(f) If the recipient's crisis is stabilized, but the recipient needs a referral to other services, the team must provide referrals to these services. If the recipient has a case manager, planning for other services must be coordinated with the case manager. If the recipient is unable to follow up on the referral, the team must link the recipient to the service and follow up to ensure the recipient is receiving the service.

(g) If the recipient's crisis is stabilized and the recipient does not have an advance directive, the case manager or crisis team shall offer to work with the recipient to develop one.

Sec. 10. Minnesota Statutes 2012, section 256B.0624, subdivision 10, is amended to read:

Subd. 10. **Recipient file.** Providers of mobile crisis intervention or crisis stabilization services must maintain a file for each recipient containing the following information:

1. individual crisis treatment plans signed by the recipient, mental health professional, and mental health practitioner who developed the crisis treatment plan, or if the recipient refused to sign the plan, the date and reason stated by the recipient as to why the recipient would not sign the plan;
2. signed release forms;
3. recipient health information and current medications;
4. emergency contacts for the recipient;
5. case records which document the date of service, place of service delivery, signature of the person providing the service, and the nature, extent, and units of service. Direct or telephone contact with the recipient's family or others should be documented;
6. required clinical supervision by mental health professionals;
7. summary of the recipient's case reviews by staff; and
8. any written information by the recipient that the recipient wants in the file; and
9. an advance directive, if there is one available.

Documentation in the file must comply with all requirements of the commissioner.

Sec. 11. Minnesota Statutes 2012, section 256I.05, subdivision 2, is amended to read:

Subd. 2. **Monthly rates; exemptions.** The maximum group residential housing rate does not apply to a residence that on August 1, 1984, was licensed by the commissioner of health only as a boarding care home, certified by the commissioner of health as an intermediate care facility, and licensed by the commissioner of human
services under Minnesota Rules, parts 9520.0500 to 9520.0690. Notwithstanding the
provisions of subdivision 1c, the rate paid to a facility reimbursed under this subdivision
shall be determined under section 256B.431, or under section 256B.434 if the facility is
accepted by the commissioner for participation in the alternative payment demonstration
project. The rate paid to this facility shall also include adjustments to the group residential
housing rate according to subdivision 1, and any adjustments applicable to supplemental
service rates statewide.

Sec. 12. DIRECTION TO COMMISSIONER; REPORT ON PROGRAM

WAITING LISTS

In preparing background materials for the 2016-2017 biennium, the commissioner
of human services shall prepare a listing of all of the waiting lists for services that the
department oversees and directs. The listing shall identify the number of persons on those
waiting lists as of October 1, 2014, and an estimate of the cost of serving them based on
current average costs. The commissioner is encouraged to engage postsecondary students
in the assembly, analysis, and reporting of this information. The information shall be
provided to the governor, the chairs and ranking minority members of the legislative
committees with jurisdiction over health and human services policy and finance, and the
Legislative Reference Library in electronic form by December 1, 2014.

Sec. 13. MENTALLY ILL OFFENDERS ARRESTED OR SUBJECT TO
ARREST; WORKING GROUP.

Subdivision 1. Working group established; study and draft legislation required.
The commissioner of human services may convene a working group to address issues
related to offenders with mental illness who are arrested or subject to arrest. The working
group shall consider the special needs of these offenders and determine how best to
provide for these needs. Specifically, the group shall consider the efficacy of a facility
that would serve as a central point for accepting, assessing, and addressing the needs of
offenders with mental illness brought in by law enforcement as an alternative to arrest or
following arrest. The facility would consolidate and coordinate existing resources as well
as offer new resources that would provide a continuum of care addressing the immediate,
short-term, and long-term needs of these offenders. The facility would do the following for
these offenders: perform timely, credible, and useful mental health assessments; identify
community placement opportunities; coordinate community care; make recommendations
concerning pretrial release when appropriate; and, in some cases, provide direct services
to offenders at the facility or in nearby jails. The working group shall establish criteria
to determine which offenders may be admitted to the facility. The facility would be 
located in the metropolitan region and serve the needs of nearby counties. The facility 
would represent a partnership between the state, local units of government, and the private 
sector. In addition, the working group may consider how similar facilities could function 
in outstate areas. When studying this issue, the working group shall examine what other 
states have done in this area to determine what programs have been successful and use 
those programs as models in developing the program in Minnesota. The working group 
may also study and make recommendations on other ways to improve the process for 
addressing and assisting these offenders. The commissioner shall enter into an agreement 
with NAMI Minnesota to carry out the work of the working group.

Subd. 2. Membership. The commissioner shall ensure that the working group 
has expertise and a broad range of interests represented, including, but not limited to: 
prosecutors; law enforcement, including jail staff; correctional officials; community 
corrections staff; probation officials; criminal defense attorneys; judges; county and city 
oficials; mental health advocates; mental health professionals; and hospital and health 
care officials.

Subd. 3. Administrative issues. (a) The commissioner shall convene the first 
meeting of the working group by September 1, 2014. NAMI Minnesota shall provide 
meeting space and administrative support to the working group. The working group shall 
select a chair from among its members.

(b) The commissioner may solicit in-kind support from work group member 
agencies to accomplish its assigned duties.

Subd. 4. Report required. By January 1, 2015, the working group shall submit a 
report to the chairs and ranking minority members of the senate and house of representatives 
committees and divisions having jurisdiction over human services and public safety. The 
report must summarize the working group's activities and include its recommendations 
and draft legislation. The recommendations must be specific and include estimates of the 
costs involved in implementing the recommendations, including the funding sources that 
might be used to pay for it. The working group shall explore potential funding sources 
at the federal, local, and private levels, and provide this information in the report. In 
addition, the report must include draft legislation to implement the recommendations.

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

Sec. 14. DETOXIFICATION SERVICES PLAN.

The commissioner of human services shall develop a plan to include detoxification 
services as a covered medical assistance benefit and present the plan to the members of the
legislative committees having jurisdiction over health and human services provisions and
funding by December 15, 2014.

Sec. 15. REPORT ON RATE SETTING METHODOLOGY FOR MENTAL
HEALTH SERVICES.

The commissioner of human services shall provide a report to the chairs of the
Health and Human Services Finance Division by February 1, 2015, that assesses the
current rate setting methodology for intensive residential treatment services (IRTS), adult
crisis, and assertive community treatment (ACT). The report will include an assessment
of alternative payment structures consistent with the intent and direction of the federal
centers for Medicare and Medicaid services which could provide adequate reimbursement
to sustain community-based mental health services regardless of geographic location.
Stakeholders will be included in the development of the report and the report will also
include concerns regarding payment rates for other mental health services that may
require further analysis in the future.

ARTICLE 30

HEALTH AND HUMAN SERVICES APPROPRIATIONS

Section 1. HEALTH AND HUMAN SERVICES APPROPRIATIONS.

The sums shown in the columns marked "Appropriations" are added to or, if shown
in parentheses, subtracted from the appropriations in Laws 2013, chapter 108, articles 14
and 15, to the agencies and for the purposes specified in this article. The appropriations
are from the general fund and are available for the fiscal years indicated for each purpose.
The figures "2014" and "2015" used in this article mean that the addition to or subtraction
from the appropriation listed under them is available for the fiscal year ending June 30,
2014, or June 30, 2015, respectively. Supplemental appropriations and reductions to
appropriations for the fiscal year ending June 30, 2014, are effective the day following
final enactment unless a different effective date is explicit.

<table>
<thead>
<tr>
<th>APPROPRIATIONS</th>
<th>Available for the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ending June 30</td>
</tr>
<tr>
<td>2014</td>
<td>2015</td>
</tr>
<tr>
<td>(2,120,000)</td>
<td>105,844,000</td>
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</tbody>
</table>

Sec. 2. COMMISSIONER OF HUMAN SERVICES

Subdivision 1. Total Appropriation

Article 30 Sec. 2.
Appropriations by Fund

<table>
<thead>
<tr>
<th>Fund</th>
<th>General</th>
<th>Federal TANF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$(2,120,000)$</td>
<td>$-0-$</td>
</tr>
<tr>
<td></td>
<td>$104,944,000$</td>
<td>$900,000$</td>
</tr>
</tbody>
</table>

535.4 The appropriation modifications for each purpose are shown in the following subdivisions.

535.7 Subd. 2. Central Office Operations

535.8 (a) Operations

535.9 Base adjustment. The general fund base is increased by $112,000 in fiscal year 2016 and decreased by $45,000 in fiscal year 2017.

535.12 (b) Health Care

535.13 Base adjustment. The general fund base is increased by $112,000 in fiscal years 2016 and 2017.

535.16 (c) Continuing Care

535.17 Autism resource Web site. $769,000 is for the development of an interagency Web site with autism-related resources for children and adults with autism spectrum disorder, their family members, and other interested parties. The commissioners of education, employment and economic development, and health are requested to provide technical assistance to the commissioner in the development of the Web site in order to consolidate autism-related resources that are under the jurisdiction of affected agencies, and any other related resources of which the agencies are aware, in an effort to provide a comprehensive intra-agency Web site for interested users. This is a onetime appropriation and expires on June 30, 2017.
536.1 **Base adjustment.** The general fund base is decreased by $2,220,000 in fiscal year 2016 and $2,362,000 in fiscal year 2017.

536.4 **(d) Chemical and Mental Health**

- 0- 115,000

536.5 **Base adjustment.** The general fund base is decreased by $115,000 in fiscal years 2016 and 2017.

536.6 **Subd. 3. Forecasted Programs**

536.9 **(a) MFIP/DWP**

536.10 **Appropriations by Fund**

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>0-122,000</td>
</tr>
<tr>
<td>Federal TANF</td>
<td>0-548,000</td>
</tr>
</tbody>
</table>

536.13 **(b) General Assistance**

- 0- 21,000

536.14 **(c) Group Residential Housing**

- 0- 681,000

536.15 **(d) Medical Assistance**

(2,930,000) 77,863,000

536.16 **Critical access nursing facilities.**

$1,500,000 in fiscal year 2015 is for critical access nursing facilities under Minnesota Statutes, section 256.441, subdivision 63.

536.19 **Base adjustment.** The health care access fund base for medical assistance is $221,035,000 in fiscal year 2016 and $221,035,000 in fiscal year 2017.

536.23 **(e) Alternative Care**

- 0- 965,000

536.25 **Subd. 4. Grant Programs**

536.26 **(a) Children's Services Grants**

- 0- (3,000)

536.27 **Base adjustment.** The general fund base is increased by $9,000 in fiscal year 2017.

536.30 **Stearns County.** $26,000 in fiscal year 2015 is for a grant to Stearns County to provide administrative funding to support a group
residential housing services provider serving veterans in Stearns County. This is a onetime appropriation.

**Safe harbor.** $500,000 in fiscal year 2015 from the general fund is for housing and supportive services for sexually exploited youth.

**Homeless youth.** $1,000,000 in fiscal year 2015 is for purposes of Minnesota Statutes, section 256K.45.

**Base adjustment.** The general fund base is decreased by $26,000 in fiscal years 2016 and 2017.

**Aging and Adult Services Grants** (15,000) 1,212,000

**Senior nutrition.** $250,000 in fiscal year 2015 from the general fund is for congregate dining services under Minnesota Statutes, section 256.9752. This is a onetime appropriation.

**Base adjustment.** The general fund base is decreased by $5,000 in fiscal year 2016 and is increased by $8,000 in fiscal year 2017.

**Deaf and Hard-of-Hearing Grants** -0- 81,000

**Base adjustment.** The general fund base is increased by $9,000 in fiscal years 2016 and 2017.

**Disabilities Grants** -0- 1,548,000

**Autism respite services development.** $2,500,000 in fiscal year 2015 is to establish service development grants for in-home and out-of-home respite for children and adults with autism spectrum disorder. In developing out-of-home respite services,
the commissioner may authorize exceptions
to the licensing moratorium in Minnesota
Statutes, section 245A.03, subdivision 7,
of up to eight beds. This is a onetime
appropriation and expires on June 30, 2017.

HIV grants. The general fund appropriation
for the HIV drug and insurance grant
program is reduced by $2,219,000 in fiscal
year 2015. This reduction is onetime and
must not be applied to the base.

Services for individuals living with
HIV/AIDS. The commissioner shall work
with community stakeholders, including
the HIV Planning Council, to identify
gaps in services for individuals living with
HIV/AIDS and, within allowable state and
federal law and guidelines, develop and
implement a plan to use funds in the ADAP
drug rebates special revenue account to
enhance existing service levels and establish
an amount to retain in the account to
ensure long-term stability of services. The
commissioner shall report the results of this
work with stakeholders and the progress
on implementing the plan to the chairs and
ranking minority members of the senate
health and human services finance division
and the house of representatives health
and human services finance committee by
December 15, 2014.

Base adjustment. The general fund base is
increased by $11,000 in fiscal year 2017.

(f) Adult Mental Health Grants

Intensive community rehabilitation
services. The commissioner shall continue
to fund intensive community rehabilitation services with existing funds through fiscal year 2015.

539.4 (g) **CD Treatment Support Grants**

(175,000) (175,000)

539.5 **Subd. 5. State-Operated Services**

539.6 (a) **SOS Mental Health**

-0- 8,111,000

539.7 **Online training program.** $35,000 in fiscal year 2015 is to develop an online training program to promote better clarity and interpretation of the civil commitment laws for interested individuals and personnel, specifically county and hospital staff and mental health providers, to understand, clarify, and interpret the Civil Commitment Act under Minnesota Statutes, chapter 253B, as it pertains to persons with mental illnesses. The training must be developed in collaboration with the ombudsman for mental health and developmental disabilities,

539.20 Minnesota County Attorneys Association,

539.21 National Alliance on Mental Illness of Minnesota, State Advisory Council on Mental Health, Mental Health Consumer/Survivor Network of Minnesota, Mental Health Association, Minnesota Psychiatric Society,

539.22 Hennepin Commitment Defense Panel,

539.23 Minnesota Disability Law Center, Minnesota Association of Community Mental Health Programs, Minnesota Hospital Association, and Minnesota Board of Public Defense.

This is a onetime appropriation.

539.32 **Base adjustment.** The general fund base is increased by $178,000 in fiscal years 2016 and 2017.
(b) **SOS Enterprise Services**

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1,000,000</td>
<td>1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**Community Addiction Recovery**

**Enterprise (C.A.R.E.) deficiency funding.**

(1) Notwithstanding Minnesota Statutes, section 254B.06, subdivision 1, the commissioner shall transfer up to $4,000,000, if available, in each of fiscal years 2014 and 2015 only from the consolidated chemical dependency treatment fund administrative account in the special revenue fund to the enterprise fund for the Community Addiction Recovery Enterprise.

(2) $1,000,000 in fiscal year 2014 and $1,000,000 in fiscal year 2015 from the general fund is for the C.A.R.E. program. The commissioner must transfer $1,000,000 in fiscal year 2014 and $1,000,000 in fiscal year 2015 to the enterprise fund for the Community Addiction Recovery Enterprise. This is a onetime appropriation.

(3) Clauses (1) and (2) are effective the day following final enactment.

**Base adjustment.** The general fund base is reduced by $1,000,000 in fiscal years 2016 and 2017.

(c) **SOS Minnesota Security Hospital**

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<table>
<thead>
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<tbody>
<tr>
<td>-0-</td>
<td>4,820,000</td>
<td></td>
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</tbody>
</table>

**Sex Offender Program**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>-0-</td>
<td>4,177,000</td>
<td></td>
</tr>
</tbody>
</table>

**Court-ordered experts.** $3,000,000 in fiscal year 2015 is for the commissioner to comply with the United States District Court order of February 20, 2014, in the matter of Karsjens et al. v. Jesson et al. For purposes of Minnesota Statutes, section 246B.10, activities funded by this appropriation are
not considered part of the cost of care. This appropriation is onetime and is available until June 30, 2017. This paragraph expires June 30, 2017.

**Base adjustment.** The general fund base is decreased by $4,177,000 in fiscal years 2016 and 2017.

Subd. 7. **Technical Activities** -0- 352,000

This appropriation is from the federal TANF fund.

**Base adjustment.** The federal TANF fund base is increased by $684,000 in fiscal year 2016 and $1,207,000 in fiscal year 2017.

Subd. 8. **Transfer**

**Supplemental security interim assistance reimbursement funds.** $642,000 in fiscal year 2015 and $637,000 in fiscal year 2016 of uncommitted revenue available to the commissioner of human services under Minnesota Statutes, section 256D.06, must be transferred to and deposited into the general fund. This paragraph expires on June 30, 2016.

Sec. 3. **COMMISSIONER OF HEALTH.**

**Total Appropriation** $ 767,000 $ 3,418,000

<table>
<thead>
<tr>
<th>Appropriations by Fund</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>950,000</td>
<td>3,611,000</td>
</tr>
<tr>
<td>State Government</td>
<td>817,000</td>
<td>807,000</td>
</tr>
<tr>
<td>Special Revenue</td>
<td>(1,000,000)</td>
<td>(1,000,000)</td>
</tr>
<tr>
<td>Health Care Access</td>
<td>(25,000)</td>
<td>1,526,000</td>
</tr>
</tbody>
</table>

**Health equity grants.** $501,000 in fiscal year 2015 is for grants under Minnesota Statutes,
section 145.928, subdivision 8, except that
grants are not limited to the conditions listed
in Minnesota Statutes, section 145.928,
subdivision 8, paragraph (a), or for other
activities to address health equity issues,
with an emphasis on refugee populations. A
portion of the funds must be used to address
health equity issues facing East African
communities, conduct a conference focused
on mental health in immigrant and refugee
communities, and fund women's reproductive
health and dementia outreach projects. This
is a onetime appropriation and is available
until expended. The commissioner may use
up to $10,000 to administer these grants.

Safe harbor. $1,000,000 of the general fund
appropriation is for grants for comprehensive
services, including trauma-informed,
culturally specific services, for youth who are
sexually exploited. The commissioner may
use up to $100,000 for the administration of
these grants.

Base level adjustment. The general fund
base is decreased by $551,000 in fiscal year
2016 and $501,000 in fiscal year 2017.

Subd. 3. Policy Quality and Compliance

<table>
<thead>
<tr>
<th>Appropriations by Fund</th>
<th>General</th>
<th>-0-</th>
<th>1,785,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Government</td>
<td>-0-</td>
<td>159,000</td>
</tr>
<tr>
<td></td>
<td>Health Care Access</td>
<td>(1,000,000)</td>
<td>(1,000,000)</td>
</tr>
</tbody>
</table>

Legislative health care workforce

commission. $75,000 in fiscal year 2015 is
for the health care workforce commission
in article 23, section 9. This is a onetime
appropriation and expires on June 30, 2017.
The commissioner may transfer part of this
appropriation to the Legislative Coordinating
Commission to provide per diem and expense
reimbursements to health care workforce
commision members.

**Spoken language health care interpreters.**

$81,000 in fiscal year 2015 from the
state government special revenue fund is
to develop a proposal to promote health
equity and quality health outcomes through
changes to laws governing spoken language
health care interpreters. The commissioner
shall consult with a broad range of spoken
language health care interpreters, including
independent contractors and those who
speak rare languages, organizations that
employ these interpreters, organizations
that pay for interpreter services, health
care providers who use interpreters,
clients who use interpreters, community
organizations serving non-English-speaking
populations, and other relevant organizations
including but not limited to Interpreter
Agencies of Minnesota and the Interpreters
Stakeholder Group. The commissioner shall
draft legislation and submit a report that
documents the process followed and the
rationale for the recommendations to the
committees with jurisdiction over health
and human services by January 15, 2015.

In drafting the legislation and report, the
commissioner must consider input received
from individuals and organizations consulted
and must address issues related to:

(1) qualifications for spoken language health
care interpreters that assure quality service
to health care providers and their patients,
considering differences for common and rare
languages;
(2) methods to support the education and
skills development of spoken language health
care interpreters serving Minnesotans;
(3) the role of an advisory council in
maintaining a quality system for spoken
language health care interpreting in
Minnesota;
(4) management of complaints regarding
spoken language health care interpreters,
including investigation and enforcement
actions;
(5) an appropriate structure for oversight of
spoken language health care interpreters,
including administrative and technology
requirements; and
(6) other issues that address qualifications,
quality, access, and affordability of spoken
language interpreter services.

This is a onetime appropriation.

Health care grants for uninsured
individuals. (a) $100,000 of the general
fund appropriation in fiscal year 2015 is for
dental provider grants in Minnesota Statutes,
section 145.929, subdivision 1. The base for
this appropriation is $50,000 in fiscal years
2016 and 2017.
(b) $300,000 of the general fund
appropriation in fiscal year 2015 is for
community mental health program grants
in Minnesota Statutes, section 145.929.
subdivision 2. The base for this appropriation is $175,000 in fiscal years 2016 and 2017.

(c) $1,000,000 of the general fund appropriation in fiscal year 2015 is for the emergency medical assistance outlier grant program in Minnesota Statutes, section 145.929, subdivision 3. The base for this appropriation is $600,000 in fiscal years 2016 and 2017.

(d) $300,000 of the general fund appropriation in fiscal year 2015 is for community health center grants under Minnesota Statutes, section 145.9269. A community health center that receives a grant from this appropriation is not eligible for a grant under paragraph (b). The base for this appropriation is $175,000 in fiscal years 2016 and 2017.

(e) The commissioner may use up to $20,000 of the appropriations for health care grants for uninsured individuals in fiscal year 2015 and up to $10,000 in fiscal years 2016 and 2017 for grant administration.

Base level adjustment. The general fund base is decreased by $775,000 in fiscal years 2016 and 2017. The state government special revenue fund base is decreased by $77,000 in fiscal years 2016 and 2017.

Subd. 4. Health Protection

| Appropriations by Fund | General | 0 | 300,000 | State Government | 817,000 | 648,000 |

Healthy housing grants. (a) $60,000 of the general fund appropriation in fiscal year 2015 is for healthy housing grants. (b) $50,000 of the general fund appropriation for healthy housing grants is for assistance to individuals who are battered women.
2015 is for lead poisoning prevention and healthy homes activities under Minnesota Statutes, sections 144.9501 to 144.9513.

(b) $240,000 of the general fund appropriation in fiscal year 2015 is for healthy housing implementation grants under Minnesota Statutes, section 144.9513.

Subdivision 3. The commissioner is encouraged to geographically balance the distribution of the grant funding between the seven-county metropolitan area and nonmetropolitan communities.

Subd. 5. Administrative Support Services 975,000 -0-

Lawsuit settlement. In fiscal year 2014, $975,000 from the general fund is a onetime appropriation for the cost of settling the lawsuit Bearder v. State.

Sec. 4. BOARD OF NURSING.  

Chronic pain therapies. $75,000 in fiscal year 2015 from the state government special revenue fund is transferred to the commissioner of health to gather data and complete a report on the provision of chronic pain therapies by physicians, doctors of osteopathy, and certified registered nurse anesthetists.

Sec. 5. OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES.  

Sec. 6. Laws 2013, chapter 1, section 6, as amended by Laws 2013, chapter 108, article 6, section 32, is amended to read:
(a) The commissioner of management and budget shall transfer from the health care
access fund to the general fund up to $21,319,000 in fiscal year 2014; up to $42,314,000
in fiscal year 2015; up to $56,147,000 in fiscal year 2016; and up to $64,683,000 in fiscal
year 2017.

(b) The commissioner of human services shall determine the difference between the
actual or forecasted cost to the medical assistance program of adding 19- and 20-year-olds
and parents and relative caretaker populations with income between 100 and 138 percent of
the federal poverty guidelines and the cost of adding those populations that was estimated
during the 2013 legislative session based on the data from the February 2013 forecast.

(c) For each fiscal year from 2014 to 2017, the commissioner of human services shall
certify and report to the commissioner of management and budget the actual or forecasted
estimated cost difference of adding 19- and 20-year-olds and parents and relative caretaker
populations with income between 100 and 138 percent of the federal poverty guidelines,
as determined under paragraph (b), to the commissioner of management and budget at
least four weeks prior to the release of a forecast under Minnesota Statutes, section
16A.103, of each fiscal year.

(d) No later than three weeks before the release of the forecast for fiscal years 2014 to
2017, forecasts under Minnesota Statutes, section 16A.103, prepared by the commissioner
of management and budget shall reduce the include actual or estimated adjustments to
health care access fund transfers in paragraph (a), by the cumulative differences in
costs reported by the commissioner of human services under paragraph (e)
(e). If, for any fiscal year, the amount of the cumulative cost differences determined under
paragraph (b) is positive, no change is made to the appropriation. If, for any fiscal year,
the amount of the cumulative cost differences determined under paragraph (b) is less than
the amount of the original appropriation, the appropriation for that year must be zero.

(e) For each fiscal year from 2014 to 2017, the commissioner of management and
budget must adjust the transfer amounts in paragraph (a) by the cumulative difference in
costs reported by the commissioner of human services under paragraph (c). If, for any
fiscal year, the amount of the cumulative difference in costs reported under paragraph (c)
is positive, no adjustment shall be made.

**EFFECTIVE DATE.** This section is effective retroactively from July 1, 2013.

Sec. 7. Laws 2013, chapter 108, article 14, section 2, subdivision 3, is amended to read:

Subd. 3. TANF Transfer to Federal Child Care
and Development Fund

Article 30 Sec. 7.
(a) The following TANF fund amounts are appropriated to the commissioner for purposes of MFIP/transition year child care assistance under Minnesota Statutes, section 119B.05:

1. Fiscal year 2014: $14,020,000; and
2. Fiscal year 2015: $14,020,000;
3. Fiscal year 2016: $1,036,000; and
4. Fiscal year 2017: $1,559,000.

(b) The commissioner shall authorize the transfer of sufficient TANF funds to the federal child care and development fund to meet this appropriation and shall ensure that all transferred funds are expended according to federal child care and development fund regulations.

Sec. 8. Laws 2013, chapter 108, article 14, section 3, subdivision 1, is amended to read:

Subdivision 1. **Total Appropriation**

<table>
<thead>
<tr>
<th>Fund</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>79,476,000</td>
<td>74,256,000</td>
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<tr>
<td>State Government</td>
<td>48,094,000</td>
<td>50,119,000</td>
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<tr>
<td>Health Care Access</td>
<td>29,743,000</td>
<td>29,143,000</td>
</tr>
<tr>
<td>Federal TANF</td>
<td>11,713,000</td>
<td>11,713,000</td>
</tr>
<tr>
<td>Special Revenue</td>
<td>300,000</td>
<td>300,000</td>
</tr>
</tbody>
</table>

The amounts that may be spent for each purpose are specified in the following subdivisions.

Sec. 9. Laws 2013, chapter 108, article 14, section 3, subdivision 4, is amended to read:

Subd. 4. **Health Protection**
Appropriations by Fund

<table>
<thead>
<tr>
<th></th>
<th>General</th>
<th>State Government</th>
<th>Special Revenue</th>
<th>Special Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>549.1</td>
<td>9,201,000</td>
<td>9,201,000</td>
<td>32,633,000</td>
<td>300,000</td>
</tr>
<tr>
<td>549.2</td>
<td></td>
<td></td>
<td>32,636,000</td>
<td></td>
</tr>
</tbody>
</table>

Infectious Disease Laboratory. Of the general fund appropriation, $200,000 in fiscal year 2014 and $200,000 in fiscal year 2015 are to monitor infectious disease trends and investigate infectious disease outbreaks.

Surveillance for Elevated Blood Lead Levels. Of the general fund appropriation, $100,000 in fiscal year 2014 and $100,000 in fiscal year 2015 are for the blood lead surveillance system under Minnesota Statutes, section 144.9502.

Base Level Adjustment. The state government special revenue base is increased by $6,000 in fiscal year 2016 and by $13,000 in fiscal year 2017.

Sec. 10. Laws 2013, chapter 108, article 14, section 4, subdivision 8, is amended to read:

Subd. 8. Board of Nursing Home Administrators

<table>
<thead>
<tr>
<th></th>
<th>3,742,000</th>
<th>2,252,000</th>
</tr>
</thead>
</table>

Administrative Services Unit - Operating Costs. Of this appropriation, $676,000 in fiscal year 2014 and $626,000 in fiscal year 2015 are for operating costs of the administrative services unit. The administrative services unit may receive and expend reimbursements for services performed by other agencies.

Administrative Services Unit - Volunteer Health Care Provider Program. Of this appropriation, $150,000 in fiscal year 2014 and $150,000 in fiscal year 2015 are to pay...
for medical professional liability coverage
required under Minnesota Statutes, section
214.40.

Administrative Services Unit - Contested
Cases and Other Legal Proceedings. Of
this appropriation, $200,000 in fiscal year
2014 and $200,000 in fiscal year 2015 are
for costs of contested case hearings and other
unanticipated costs of legal proceedings
involving health-related boards funded
under this section. Upon certification of a
health-related board to the administrative
services unit that the costs will be incurred
and that there is insufficient money available
to pay for the costs out of money currently
available to that board, the administrative
services unit is authorized to transfer money
from this appropriation to the board for
payment of those costs with the approval
of the commissioner of management and
budget. This appropriation does not cancel
and is available until expended.

This appropriation includes $44,000 in
fiscal year 2014 for rulemaking. This is
a onetime appropriation. $1,441,000 in
fiscal year 2014 and $420,000 in fiscal year
2015 are for the development of a shared
disciplinary, regulatory, licensing, and
information management system. $391,000
in fiscal year 2014 is a onetime appropriation
for retirement costs in the health-related
boards. This funding may be transferred to
the health boards incurring retirement costs.
These funds are available either year of the
biennium.
This appropriation includes $16,000 in fiscal years 2014 and 2015 for evening security, $2,000 in fiscal years 2014 and 2015 for a state vehicle lease, and $18,000 in fiscal years 2014 and 2015 for shared office space and administrative support. $205,000 in fiscal year 2014 and $221,000 in fiscal year 2015 are for shared information technology services, equipment, and maintenance. The remaining balance of the state government special revenue fund appropriation in Laws 2011, First Special Session chapter 9, article 10, subdivision 8, for Board of Nursing Home Administrators rulemaking, estimated to be $44,000, is canceled, and the remaining balance of the state government special revenue fund appropriation in Laws 2011, First Special Session chapter 9, article 10, section 8, subdivision 8, for electronic licensing system adaptors, estimated to be $761,000, and for the development and implementation of a disciplinary, regulatory, licensing, and information management system, estimated to be $1,100,000, are canceled. This paragraph is effective the day following final enactment.

**Base Adjustment.** The base is decreased by $370,000 in fiscal years 2016 and 2017.

**EFFECTIVE DATE.** This section is effective retroactively from July 1, 2013.
$261,660,000 in fiscal year 2016; and $279,984,000 in fiscal year 2017, for medical
assistance eligibility and administration changes related to:

1. eligibility for children age two to 18 with income up to 275 percent of the federal
poverty guidelines;

2. eligibility for pregnant women with income up to 275 percent of the federal
poverty guidelines;

3. Affordable Care Act enrollment and renewal processes, including elimination
of six-month renewals, ex parte eligibility reviews, preprinted renewal forms, changes
in verification requirements, and other changes in the eligibility determination and
enrollment and renewal process;

4. automatic eligibility for children who turn 18 in foster care until they reach age 26;

5. eligibility related to spousal impoverishment provisions for waiver recipients; and

6. presumptive eligibility determinations by hospitals.

(b) the commissioner of human services shall determine the difference between the
actual or forecasted estimated costs to the medical assistance program attributable to
the program changes in paragraph (a), clauses (1) to (6), and the costs of paragraph (a),
clauses (1) to (6), that were estimated during the 2013 legislative session based on data
from the 2013 February forecast. The costs in this paragraph must be calculated between

(c) For each fiscal year from 2014 to 2017, the commissioner of human services
shall certify the actual or forecasted estimated cost differences to the medical assistance
program determined under paragraph (b), and report the difference in costs to the
commissioner of management and budget at least four weeks prior to a forecast under
Minnesota Statutes, section 16A.103. No later than three weeks before the release of
the forecast For fiscal years 2014 to 2017, forecasts under Minnesota Statutes, section
16A.103, prepared by the commissioner of management and budget shall include
actual or estimated adjustments to the health care access fund appropriation in section
2, subdivision 5, paragraph (g), by the cumulative difference in costs determined in
accordance to paragraph (b) (d). If for any fiscal year, the amount of the cumulative cost
differences determined under paragraph (b) is positive, no adjustment shall be made to the
health care access fund appropriation. If for any fiscal year, the amount of the cumulative
cost differences determined under paragraph (b) is less than the original appropriation, the
appropriation for that fiscal year is zero.

(d) For each fiscal year from 2014 to 2017, the commissioner of management and
budget must adjust the health care access fund appropriation by the cumulative difference
in costs reported by the commissioner of human services under paragraph (b). If, for any
fiscal year, the amount of the cumulative difference in costs determined under paragraph
(b) is positive, no adjustment shall be made to the health care access fund appropriation.
(e) This section expires on January 1, 2018.

EFFECTIVE DATE. This section is effective retroactively from July 1, 2013.

Sec. 12. DEDICATED FUNDS REPORT.
By October 1, 2014, and with each February forecast thereafter, the commissioner of
human services must provide to the chairs and ranking minority members of the house of
representatives and senate committees with jurisdiction over health and human services
finance a report of all dedicated funds and accounts. The report must include the name
of the dedicated fund or account; a description of its purpose, and the legal citation for
its creation; the beginning balance, projected receipts, and expenditures; and the ending
balance for each fund and account. This section shall not expire.

Sec. 13. EXPIRATION OF UNCODIFIED LANGUAGE.
All uncodified language in this article expires on June 30, 2015, unless a different
expiration date is specified.

ARTICLE 31
HUMAN SERVICES FORECAST ADJUSTMENTS

Section 1. HUMAN SERVICES APPROPRIATION.
The sums shown in the columns marked "Appropriations" are added to or, if shown
in parentheses, are subtracted from the appropriations in Laws 2013, chapter 108, article
14, from the general fund or any fund named to the Department of Human Services for
the purposes specified in this article, to be available for the fiscal year indicated for each
purpose. The figures "2014" and "2015" used in this article mean that the appropriations
listed under them are available for the fiscal years ending June 30, 2014, or June 30, 2015,
respectively. "The first year" is fiscal year 2014. "The second year" is fiscal year 2015.
"The biennium" is fiscal years 2014 and 2015.

<table>
<thead>
<tr>
<th>APPROPRIATIONS</th>
<th>Available for the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ending June 30</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>2015</td>
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</table>

Sec. 2. COMMISSIONER OF HUMAN SERVICES
Subdivision 1. **Total Appropriation**  
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<thead>
<tr>
<th></th>
<th>Amount</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>$196,275,000</td>
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<tr>
<td></td>
<td>$64,288,000</td>
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Appropriations by Fund

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<tr>
<th></th>
<th>Amount</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>General Fund</td>
<td>(152,845,000)</td>
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<tr>
<td>Health Care Access</td>
<td>(36,533,000)</td>
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<td></td>
</tr>
<tr>
<td>Federal TANF</td>
<td>(6,897,000)</td>
<td></td>
<td></td>
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</tbody>
</table>

Subd. 2. **Forecasted Programs**

(a) MFIP/DWP

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
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<tr>
<td>General Fund</td>
<td>3,571,000</td>
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<tr>
<td>Federal TANF</td>
<td>(6,475,000)</td>
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(b) MFIP Child Care Assistance  
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<th></th>
<th>Amount</th>
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<tbody>
<tr>
<td></td>
<td>(684,000)</td>
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<tr>
<td></td>
<td>11,114,000</td>
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</table>

(c) General Assistance  
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<tr>
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<tbody>
<tr>
<td></td>
<td>(2,569,000)</td>
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<tr>
<td></td>
<td>(1,940,000)</td>
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(d) Minnesota Supplemental Aid  
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<tr>
<td></td>
<td>(690,000)</td>
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<td></td>
<td>(614,000)</td>
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</table>

(e) Group Residential Housing  
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<tr>
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<tr>
<td></td>
<td>250,000</td>
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<tr>
<td></td>
<td>(1,740,000)</td>
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</table>

(f) MinnesotaCare  
<table>
<thead>
<tr>
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<td></td>
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<tr>
<td></td>
<td>96,340,000</td>
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</table>

These appropriations are from the health care access fund.

(g) Medical Assistance

<table>
<thead>
<tr>
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<th>Amount</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(422,000)</td>
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</tr>
<tr>
<td></td>
<td>(426,000)</td>
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</table>

(h) Alternative Care Program  
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(6,936,000)</td>
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<tr>
<td></td>
<td>(13,260,000)</td>
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</table>

(i) CCDTF Entitlements  
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<th>Amount</th>
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<td></td>
<td>8,060,000</td>
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Subd. 3. **Technical Activities**  
<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(422,000)</td>
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</tr>
<tr>
<td></td>
<td>(426,000)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These appropriations are from the federal TANF fund.

Sec. 3. Laws 2013, chapter 108, article 14, section 2, subdivision 1, is amended to read:

Subdivision 1. **Total Appropriation**  
<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$6,438,485,000</td>
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<tr>
<td></td>
<td>$6,427,417,000</td>
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</table>

Subdivision 1. **Total Appropriation**  
<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$6,437,815,000</td>
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</tr>
<tr>
<td></td>
<td>$6,456,311,000</td>
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</table>
Appropriations by Fund

<table>
<thead>
<tr>
<th>Fund</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>5,654,765,000</td>
<td>5,677,458,000</td>
</tr>
<tr>
<td>State Government</td>
<td>5,654,095,000</td>
<td>5,676,652,000</td>
</tr>
<tr>
<td>Special Revenue</td>
<td>4,099,000</td>
<td>4,510,000</td>
</tr>
<tr>
<td>Health Care Access</td>
<td>519,816,000</td>
<td>518,446,000</td>
</tr>
<tr>
<td>Federal TANF</td>
<td>257,915,000</td>
<td>254,813,000</td>
</tr>
<tr>
<td>Lottery Prize Fund</td>
<td>1,890,000</td>
<td>1,890,000</td>
</tr>
</tbody>
</table>

**Receipts for Systems Projects.**

Appropriations and federal receipts for information systems projects for MAXIS, PRISM, MMIS, and SSIS must be deposited in the state system account authorized in Minnesota Statutes, section 256.014.

Money appropriated for computer projects approved by the commissioner of Minnesota information technology services, funded by the legislature, and approved by the commissioner of management and budget, may be transferred from one project to another and from development to operations as the commissioner of human services considers necessary. Any unexpended balance in the appropriation for these projects does not cancel but is available for ongoing development and operations.

**Nonfederal Share Transfers.** The nonfederal share of activities for which federal administrative reimbursement is appropriated to the commissioner may be transferred to the special revenue fund.

**ARRA Supplemental Nutrition Assistance Benefit Increases.** The funds provided for food support benefit increases under the Supplemental Nutrition Assistance Program provisions of the American Recovery and

Article 31 Sec. 3.
Reinvestment Act (ARRA) of 2009 must be used for benefit increases beginning July 1, 2009.

**Supplemental Nutrition Assistance Program Employment and Training.**

(1) Notwithstanding Minnesota Statutes, sections 256D.051, subdivisions 1a, 6b, and 6c, and 256J.626, federal Supplemental Nutrition Assistance employment and training funds received as reimbursement of MFIP consolidated fund grant expenditures for diversionary work program participants and child care assistance program expenditures must be deposited in the general fund. The amount of funds must be limited to $4,900,000 per year in fiscal years 2014 and 2015, and to $4,400,000 per year in fiscal years 2016 and 2017, contingent on approval by the federal Food and Nutrition Service.

(2) Consistent with the receipt of the federal funds, the commissioner may adjust the level of working family credit expenditures claimed as TANF maintenance of effort. Notwithstanding any contrary provision in this article, this rider expires June 30, 2017.

**TANF Maintenance of Effort.** (a) In order to meet the basic maintenance of effort (MOE) requirements of the TANF block grant specified under Code of Federal Regulations, title 45, section 263.1, the commissioner may only report nonfederal money expended for allowable activities listed in the following clauses as TANF/MOE expenditures:
(1) MFIP cash, diversionary work program, and food assistance benefits under Minnesota Statutes, chapter 256J;

(2) the child care assistance programs under Minnesota Statutes, sections 119B.03 and 119B.05, and county child care administrative costs under Minnesota Statutes, section 119B.15;

(3) state and county MFIP administrative costs under Minnesota Statutes, chapters 256J and 256K;

(4) state, county, and tribal MFIP employment services under Minnesota Statutes, chapters 256J and 256K;

(5) expenditures made on behalf of legal noncitizen MFIP recipients who qualify for the MinnesotaCare program under Minnesota Statutes, chapter 256L;

(6) qualifying working family credit expenditures under Minnesota Statutes, section 290.0671;

(7) qualifying Minnesota education credit expenditures under Minnesota Statutes, section 290.0674; and

(8) qualifying Head Start expenditures under Minnesota Statutes, section 119A.50.

(b) The commissioner shall ensure that sufficient qualified nonfederal expenditures are made each year to meet the state's TANF/MOE requirements. For the activities listed in paragraph (a), clauses (2) to (8), the commissioner may only report expenditures that are excluded from the
558.1 definition of assistance under Code of
558.2 Federal Regulations, title 45, section 260.31.
558.3 (c) For fiscal years beginning with state fiscal
558.4 year 2003, the commissioner shall ensure
558.5 that the maintenance of effort used by the
558.6 commissioner of management and budget
558.7 for the February and November forecasts
558.8 required under Minnesota Statutes, section
558.9 16A.103, contains expenditures under
558.10 paragraph (a), clause (1), equal to at least 16
558.11 percent of the total required under Code of
558.12 Federal Regulations, title 45, section 263.1.
558.13 (d) The requirement in Minnesota Statutes,
558.14 section 256.011, subdivision 3, that federal
558.15 grants or aids secured or obtained under that
558.16 subdivision be used to reduce any direct
558.17 appropriations provided by law, do not apply
558.18 if the grants or aids are federal TANF funds.
558.19 (e) For the federal fiscal years beginning on
558.20 or after October 1, 2007, the commissioner
558.21 may not claim an amount of TANF/MOE in
558.22 excess of the 75 percent standard in Code
558.23 of Federal Regulations, title 45, section
558.24 263.1(a)(2), except:
558.25 (1) to the extent necessary to meet the 80
558.26 percent standard under Code of Federal
558.27 Regulations, title 45, section 263.1(a)(1),
558.28 if it is determined by the commissioner
558.29 that the state will not meet the TANF work
558.30 participation target rate for the current year;
558.31 (2) to provide any additional amounts
558.32 under Code of Federal Regulations, title 45,
558.33 section 264.5, that relate to replacement of
558.34 TANF funds due to the operation of TANF
558.35 penalties; and
(3) to provide any additional amounts that may contribute to avoiding or reducing TANF work participation penalties through the operation of the excess MOE provisions of Code of Federal Regulations, title 45, section 261.43 (a)(2).

For the purposes of clauses (1) to (3), the commissioner may supplement the MOE claim with working family credit expenditures or other qualified expenditures to the extent such expenditures are otherwise available after considering the expenditures allowed in this subdivision and subdivisions 2 and 3.

(f) Notwithstanding any contrary provision in this article, paragraphs (a) to (e) expire June 30, 2017.

**Working Family Credit Expenditures as TANF/MOE.** The commissioner may claim as TANF maintenance of effort up to $6,707,000 per year of working family credit expenditures in each fiscal year.

**EFFECTIVE DATE.** This section is effective retroactively from July 1, 2013.

Sec. 4. Laws 2013, chapter 108, article 14, section 2, subdivision 4, as amended by Laws 2013, chapter 144, section 24, is amended to read:

Subd. 4. **Central Office**

The amounts that may be spent from this appropriation for each purpose are as follows:

(a) **Operations**

Appropriations by Fund

<table>
<thead>
<tr>
<th>Fund</th>
<th>General</th>
<th>101,979,000</th>
<th>96,858,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Government</td>
<td>3,974,000</td>
<td>4,385,000</td>
<td></td>
</tr>
</tbody>
</table>
Health Care Access 13,177,000 13,004,000
Federal TANF 100,000 100,000

DHS Receipt Center Accounting. The commissioner is authorized to transfer appropriations to, and account for DHS receipt center operations in, the special revenue fund.

Administrative Recovery; Set-Aside. The commissioner may invoice local entities through the SWIFT accounting system as an alternative means to recover the actual cost of administering the following provisions:

1. Minnesota Statutes, section 125A.744, subdivision 3;
2. Minnesota Statutes, section 245.495, paragraph (b);
3. Minnesota Statutes, section 256B.0625, subdivision 20, paragraph (k);
4. Minnesota Statutes, section 256B.0924, subdivision 6, paragraph (g);
5. Minnesota Statutes, section 256B.0945, subdivision 4, paragraph (d); and
6. Minnesota Statutes, section 256F.10, subdivision 6, paragraph (b).

Systems Modernization. The following amounts are appropriated for transfer to the state systems account authorized in Minnesota Statutes, section 256.014:

1. $1,825,000 in fiscal year 2014 and $2,502,000 in fiscal year 2015 is for the state share of Medicaid-allocated costs of the health insurance exchange information technology and operational structure. The
funding base is $3,222,000 in fiscal year 2016 and $3,037,000 in fiscal year 2017 but shall not be included in the base thereafter; and

(2) $9,344,000 in fiscal year 2014 and $3,660,000 in fiscal year 2015 are for the modernization and streamlining of agency eligibility and child support systems. The funding base is $5,921,000 in fiscal year 2016 and $1,792,000 in fiscal year 2017 but shall not be included in the base thereafter.

The unexpended balance of the $9,344,000 appropriation in fiscal year 2014 and the $3,660,000 appropriation in fiscal year 2015 must be transferred from the Department of Human Services state systems account to the Office of Enterprise Technology when the Office of Enterprise Technology has negotiated a federally approved internal service fund rates and billing process with sufficient internal accounting controls to properly maximize federal reimbursement to Minnesota for human services system modernization projects, but not later than June 30, 2015.

If contingent funding is fully or partially disbursed under article 15, section 3, and transferred to the state systems account, the unexpended balance of that appropriation must be transferred to the Office of Enterprise Technology in accordance with this clause. Contingent funding must not exceed $11,598,000 for the biennium.

**Base Adjustment.** The general fund base is increased by $2,868,000 in fiscal year 2016 and decreased by $1,206,000 in fiscal
year 2017. The health access fund base is
decreased by $551,000 in fiscal years 2016
and 2017. The state government special
revenue fund base is increased by $4,000 in
fiscal year 2016 and decreased by $236,000
in fiscal year 2017.

(b) Children and Families

Appropriations by Fund

<table>
<thead>
<tr>
<th>Fund</th>
<th>2016</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>General</td>
<td>8,023,000</td>
<td>8,015,000</td>
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<tr>
<td>Federal TANF</td>
<td>2,282,000</td>
<td>2,282,000</td>
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</tbody>
</table>

Financial Institution Data Match and Payment of Fees. The commissioner is
authorized to allocate up to $310,000 each
year in fiscal years 2014 and 2015 from the
PRISM special revenue account to make
payments to financial institutions in exchange
for performing data matches between account
information held by financial institutions
and the public authority's database of child
support obligors as authorized by Minnesota Statutes, section 13B.06, subdivision 7.

Base Adjustment. The general fund base is
decreased by $300,000 in fiscal years 2016
and 2017. The TANF fund base is increased
by $300,000 in fiscal years 2016 and 2017.

(c) Health Care

Appropriations by Fund

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<thead>
<tr>
<th>Fund</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
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<td>General</td>
<td>14,028,000</td>
<td>13,826,000</td>
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<tr>
<td>Health Care Access</td>
<td>28,442,000</td>
<td>31,137,000</td>
</tr>
</tbody>
</table>

Base Adjustment. The general fund base
is decreased by $86,000 in fiscal year 2016
and by $86,000 in fiscal year 2017. The
health care access fund base is increased
by $6,954,000 in fiscal year 2016 and by
$5,489,000 in fiscal year 2017.
(d) Continuing Care

Appropriations by Fund

General 20,993,000 22,359,000
State Government 125,000 125,000

Base Adjustment. The general fund base is increased by $1,690,000 in fiscal year 2016 and by $798,000 in fiscal year 2017.

(e) Chemical and Mental Health

Appropriations by Fund

General 4,639,000 4,490,000
Lottery Prize Fund 157,000 157,000

Of the general fund appropriation, $68,000 in fiscal year 2014 and $59,000 in fiscal year 2015 are for compulsive gambling treatment under Minnesota Statutes, section 297E.02, subdivision 3, paragraph (c).

EFFECTIVE DATE. This section is effective retroactively from July 1, 2013.

Sec. 5. Laws 2013, chapter 108, article 14, section 2, subdivision 6, as amended by Laws 2013, chapter 144, section 25, is amended to read:

Subd. 6. Grant Programs

The amounts that may be spent from this appropriation for each purpose are as follows:

(a) Support Services Grants

Appropriations by Fund

General 8,915,000 13,333,000
Federal TANF 94,611,000 94,611,000

Paid Work Experience. $2,168,000 each year in fiscal years 2015 and 2016 is from the general fund for paid work experience for long-term MFIP recipients.

Paid work includes full and partial wage
subsidies and other related services such as job development, marketing, preworksite training, job coaching, and postplacement services. These are onetime appropriations. Unexpended funds for fiscal year 2015 do not cancel, but are available to the commissioner for this purpose in fiscal year 2016.

**Work Study Funding for MFIP**

Participants. $250,000 each year in fiscal years 2015 and 2016 is from the general fund to pilot work study jobs for MFIP recipients in approved postsecondary education programs. This is a onetime appropriation. Unexpended funds for fiscal year 2015 do not cancel, but are available for this purpose in fiscal year 2016.

**Local Strategies to Reduce Disparities.**

$2,000,000 each year in fiscal years 2015 and 2016 is from the general fund for local projects that focus on services for subgroups within the MFIP caseload who are experiencing poor employment outcomes. These are onetime appropriations. Unexpended funds for fiscal year 2015 do not cancel, but are available to the commissioner for this purpose in fiscal year 2016.

**Home Visiting Collaborations for MFIP**

Teen Parents. $200,000 per year in fiscal years 2014 and 2015 is from the general fund and $200,000 in fiscal year 2016 is from the federal TANF fund for technical assistance and training to support local collaborations that provide home visiting services for MFIP teen parents. The general fund
appropriation is onetime. The federal TANF fund appropriation is added to the base.

Performance Bonus Funds for Counties.

The TANF fund base is increased by $1,500,000 each year in fiscal years 2016 and 2017. The commissioner must allocate this amount each year to counties that exceed their expected range of performance on the annualized three-year self-support index as defined in Minnesota Statutes, section 256J.751, subdivision 2, clause (6). This is a permanent base adjustment. Notwithstanding any contrary provisions in this article, this provision expires June 30, 2016.

Base Adjustment. The general fund base is decreased by $200,000 in fiscal year 2016 and $4,618,000 in fiscal year 2017. The TANF fund base is increased by $1,700,000 in fiscal years 2016 and 2017.

(b) Basic Sliding Fee Child Care Assistance Grants

<table>
<thead>
<tr>
<th></th>
<th>36,836,000</th>
<th>42,318,000</th>
</tr>
</thead>
</table>

Base Adjustment. The general fund base is increased by $3,778,000 in fiscal year 2016 and by $3,849,000 in fiscal year 2017.

(c) Child Care Development Grants

<table>
<thead>
<tr>
<th>1,612,000</th>
<th>1,737,000</th>
</tr>
</thead>
</table>

(d) Child Support Enforcement Grants

<table>
<thead>
<tr>
<th>50,000</th>
<th>50,000</th>
</tr>
</thead>
</table>

Federal Child Support Demonstration Grants. Federal administrative reimbursement resulting from the federal child support grant expenditures authorized under United States Code, title 42, section 1315, is appropriated to the commissioner for this activity.

(e) Children's Services Grants
566.1 Appropriations by Fund
566.2 General  49,760,000  52,961,000
566.3 Federal TANF  140,000  140,000

566.4 Adoption Assistance and Relative Custody
566.5 Assistance. $37,453,000 in fiscal year 2014
566.6 and $37,453,000 in fiscal year 2015 is for
566.7 the adoption assistance and relative custody
566.8 assistance programs. The commissioner
566.9 shall determine with the commissioner of
566.10 Minnesota Management and Budget the
566.11 appropriation for Northstar Care for Children
566.12 effective January 1, 2015. The commissioner
566.13 may transfer appropriations for adoption
566.14 assistance, relative custody assistance, and
566.15 Northstar Care for Children between fiscal
566.16 years and among programs to adjust for
566.17 transfers across the programs.

566.18 Title IV-E Adoption Assistance. Additional
566.19 federal reimbursements to the state as a result
566.20 of the Fostering Connections to Success
566.21 and Increasing Adoptions Act's expanded
566.22 eligibility for Title IV-E adoption assistance
566.23 are appropriated for postadoption services,
566.24 including a parent-to-parent support network.

566.25 Privatized Adoption Grants. Federal
566.26 reimbursement for privatized adoption grant
566.27 and foster care recruitment grant expenditures
566.28 is appropriated to the commissioner for
566.29 adoption grants and foster care and adoption
566.30 administrative purposes.

566.31 Adoption Assistance Incentive Grants.
566.32 Federal funds available during fiscal years
566.33 2014 and 2015 for adoption incentive grants
566.34 are appropriated for postadoption services,
566.35 including a parent-to-parent support network.

Article 31 Sec. 5.  566
Base Adjustment. The general fund base is increased by $5,913,000 in fiscal year 2016 and by $10,297,000 in fiscal year 2017.

(f) Child and Community Service Grants 53,301,000 53,301,000

(g) Child and Economic Support Grants 21,047,000 20,848,000

Minnesota Food Assistance Program.

Unexpended funds for the Minnesota food assistance program for fiscal year 2014 do not cancel but are available for this purpose in fiscal year 2015.

Transitional Housing. $250,000 each year is for the transitional housing programs under Minnesota Statutes, section 256E.33.

Emergency Services. $250,000 each year is for emergency services grants under Minnesota Statutes, section 256E.36.

Family Assets for Independence. $250,000 each year is for the Family Assets for Independence Minnesota program. This appropriation is available in either year of the biennium and may be transferred between fiscal years.

Food Shelf Programs. $375,000 in fiscal year 2014 and $375,000 in fiscal year 2015 are for food shelf programs under Minnesota Statutes, section 256E.34. If the appropriation for either year is insufficient, the appropriation for the other year is available for it. Notwithstanding Minnesota Statutes, section 256E.34, subdivision 4, no portion of this appropriation may be used by Hunger Solutions for its administrative expenses, including but not limited to rent and salaries.
568.1 **Homeless Youth Act.** $2,000,000 in fiscal year 2014 and $2,000,000 in fiscal year 2015 is for purposes of Minnesota Statutes, section 256K.45.

568.5 **Safe Harbor Shelter and Housing.**

568.6 $500,000 in fiscal year 2014 and $500,000 in fiscal year 2015 is for a safe harbor shelter and housing fund for housing and supportive services for youth who are sexually exploited.

568.10 **(h) Health Care Grants**

<table>
<thead>
<tr>
<th>Appropriations by Fund</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>$190,000</td>
<td>$190,000</td>
</tr>
<tr>
<td>Health Care Access</td>
<td>$190,000</td>
<td>$190,000</td>
</tr>
</tbody>
</table>

568.14 **Emergency Medical Assistance Referral and Assistance Grants.** (a) The commissioner of human services shall award grants to nonprofit programs that provide immigration legal services based on indigency to provide legal services for immigration assistance to individuals with emergency medical conditions or complex and chronic health conditions who are not currently eligible for medical assistance or other public health care programs, but who may meet eligibility requirements with immigration assistance.

568.27 (b) The grantees, in collaboration with hospitals and safety net providers, shall provide referral assistance to connect individuals identified in paragraph (a) with alternative resources and services to assist in meeting their health care needs. $100,000 is appropriated in fiscal year 2014 and $100,000 in fiscal year 2015. This is a onetime appropriation.
569.1 **Base Adjustment.** The general fund is decreased by $100,000 in fiscal year 2016 and $100,000 in fiscal year 2017.

569.4 **(i) Aging and Adult Services Grants**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>14,827,000</td>
</tr>
<tr>
<td>2017</td>
<td>15,010,000</td>
</tr>
</tbody>
</table>

569.5 **Base Adjustment.** The general fund is increased by $1,150,000 in fiscal year 2016 and $1,151,000 in fiscal year 2017.

569.8 **Community Service Development**

569.9 **Grants and Community Services Grants.**

569.10 Community service development grants and community services grants are reduced by $1,150,000 each year. This is a onetime reduction.

569.14 **(j) Deaf and Hard-of-Hearing Grants**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>1,771,000</td>
</tr>
<tr>
<td>2017</td>
<td>1,785,000</td>
</tr>
</tbody>
</table>

569.15 **(k) Disabilities Grants**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>18,605,000</td>
</tr>
<tr>
<td>2017</td>
<td>18,823,000</td>
</tr>
</tbody>
</table>

569.16 **Advocating Change Together.** $310,000 in fiscal year 2014 is for a grant to Advocating Change Together (ACT) to maintain and promote services for persons with intellectual and developmental disabilities throughout the state. This appropriation is onetime. Of this appropriation:

569.23 (1) $120,000 is for direct costs associated with the delivery and evaluation of peer-to-peer training programs administered throughout the state, focusing on education, employment, housing, transportation, and voting;

569.29 (2) $100,000 is for delivery of statewide conferences focusing on leadership and skill development within the disability community; and

569.33 (3) $90,000 is for administrative and general operating costs associated with managing
or maintaining facilities, program delivery, staff, and technology.

**Base Adjustment.** The general fund base is increased by $535,000 in fiscal year 2016 and by $709,000 in fiscal year 2017.

**570.6 (l) Adult Mental Health Grants**

<table>
<thead>
<tr>
<th>Appropriations by Fund</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>71,199,000</td>
<td>69,530,000</td>
</tr>
<tr>
<td>Health Care Access</td>
<td>750,000</td>
<td>750,000</td>
</tr>
<tr>
<td>Lottery Prize</td>
<td>1,733,000</td>
<td>1,733,000</td>
</tr>
</tbody>
</table>

**Compulsive Gambling Treatment.** Of the general fund appropriation, $602,000 in fiscal year 2014 and $747,000 in fiscal year 2015 are for compulsive gambling treatment under Minnesota Statutes, section 297E.02, subdivision 3, paragraph (c).

**Problem Gambling.** $225,000 in fiscal year 2014 and $225,000 in fiscal year 2015 is appropriated from the lottery prize fund for a grant to the state affiliate recognized by the National Council on Problem Gambling. The affiliate must provide services to increase public awareness of problem gambling, education and training for individuals and organizations providing effective treatment services to problem gamblers and their families, and research relating to problem gambling.

**Funding Usage.** Up to 75 percent of a fiscal year's appropriations for adult mental health grants may be used to fund allocations in that portion of the fiscal year ending December 31.
Base Adjustment. The general fund base is decreased by $4,427,000 in fiscal years 2016 and 2017.

Mental Health Pilot Project. $230,000 each year is for a grant to the Zumbro Valley Mental Health Center. The grant shall be used to implement a pilot project to test an integrated behavioral health care coordination model. The grant recipient must report measurable outcomes and savings to the commissioner of human services by January 15, 2016. This is a onetime appropriation.

High-risk adults. $200,000 in fiscal year 2014 is for a grant to the nonprofit organization selected to administer the demonstration project for high-risk adults under Laws 2007, chapter 54, article 1, section 19, in order to complete the project. This is a onetime appropriation.

(m) Child Mental Health Grants

Text Message Suicide Prevention Program. $625,000 in fiscal year 2014 and $625,000 in fiscal year 2015 is for a grant to a nonprofit organization to establish and implement a statewide text message suicide prevention program. The program shall implement a suicide prevention counseling text line designed to use text messaging to connect with crisis counselors and to obtain emergency information and referrals to local resources in the local community. The program shall include training within schools and communities to encourage the use of the program.
Mental Health First Aid Training. $22,000

in fiscal year 2014 and $23,000 in fiscal
year 2015 is to train teachers, social service
personnel, law enforcement, and others who
come into contact with children with mental
illnesses, in children and adolescents mental
health first aid training.

Funding Usage. Up to 75 percent of a fiscal
year's appropriation for child mental health
grants may be used to fund allocations in that
portion of the fiscal year ending December
31.

(n) CD Treatment Support Grants 1,816,000 1,816,000

SBIRT Training. (1) $300,000 each year is
for grants to train primary care clinicians to
provide substance abuse brief intervention
and referral to treatment (SBIRT). This is a
onetime appropriation. The commissioner of
human services shall apply to SAMHSA for
an SBIRT professional training grant.

(2) If the commissioner of human services
receives a grant under clause (1) funds
appropriated under this clause, equal to
the grant amount, up to the available
appropriation, shall be transferred to the
Minnesota Organization on Fetal Alcohol
Syndrome (MOFAS). MOFAS must use
the funds for grants. Grant recipients must
be selected from communities that are
not currently served by federal Substance
Abuse Prevention and Treatment Block
Grant funds. Grant money must be used to
reduce the rates of fetal alcohol syndrome
and fetal alcohol effects, and the number of
drug-exposed infants. Grant money may be
used for prevention and intervention services
and programs, including, but not limited to,
community grants, professional education,
public awareness, and diagnosis.

**Fetal Alcohol Syndrome Grant.** $180,000
each year from the general fund is for a
grant to the Minnesota Organization on Fetal
Alcohol Syndrome (MOFAS) to support
nonprofit Fetal Alcohol Spectrum Disorders
(FASD) outreach prevention programs
in Olmsted County. This is a onetime
appropriation.

**Base Adjustment.** The general fund base is
decreased by $480,000 in fiscal year 2016
and $480,000 in fiscal year 2017.

**EFFECTIVE DATE.** This section is effective retroactively from July 1, 2013.

Sec. 6. **EFFECTIVE DATE.**
Sections 1 and 2 are effective the day following final enactment.
ARTICLE 1  HIGHER EDUCATION ........................................... Page.Ln 4.14
   APPROPRIATIONS FOR DEPARTMENT OF EMPLOYMENT
   AND ECONOMIC DEVELOPMENT, DEPARTMENT OF LABOR
   AND INDUSTRY, DEPARTMENT OF COMMERCE, AND
ARTICLE 2  HOUSING FINANCE ............................................ Page.Ln 11.23
ARTICLE 3  JOBS, ECONOMIC DEVELOPMENT, ENERGY, AND LABOR .... Page.Ln 32.24
ARTICLE 4  STATE DEPARTMENTS AND VETERANS ......................... Page.Ln 53.20
ARTICLE 5  PUBLIC SAFETY AND CORRECTIONS APPROPRIATIONS ...... Page.Ln 69.21
ARTICLE 6  PUBLIC SAFETY AND CORRECTIONS .......................... Page.Ln 79.22
            DISASTER ASSISTANCE FOR PUBLIC ENTITIES; FEDERAL
            AID GRANTED .................................................. Page.Ln 83.19
            DISASTER ASSISTANCE FOR PUBLIC ENTITIES; ABSENT
ARTICLE 8  FEDERAL AID .................................................. Page.Ln 86.27
ARTICLE 9  TRANSPORTATION APPROPRIATIONS .......................... Page.Ln 91.12
ARTICLE 10 RAILROAD AND PIPELINE SAFETY ............................. Page.Ln 110.20
ARTICLE 11 TRANSPORTATION FINANCE PROVISIONS ...................... Page.Ln 119.14
            AGRICULTURE, ENVIRONMENT, AND NATURAL RESOURCES
            APPROPRIATIONS .............................................. Page.Ln 145.13
            AGRICULTURE, ENVIRONMENT, AND NATURAL RESOURCES
ARTICLE 13 FISCAL IMPLEMENTATION PROVISIONS .......................... Page.Ln 158.4
ARTICLE 14 CLEAN WATER FUND .......................................... Page.Ln 189.27
ARTICLE 15 GENERAL EDUCATION ....................................... Page.Ln 195.6
ARTICLE 16 EDUCATION EXCELLENCE .................................... Page.Ln 216.8
ARTICLE 17 SPECIAL EDUCATION ........................................ Page.Ln 228.4
ARTICLE 18 FACILITIES .................................................. Page.Ln 244.21
ARTICLE 19 NUTRITION .................................................... Page.Ln 267.6
            EARLY EDUCATION, COMMUNITY EDUCATION,
            SELF-SUFFICIENCY AND LIFELONG LEARNING ............... Page.Ln 268.19
ARTICLE 20 STATE AGENCIES ............................................. Page.Ln 279.6
ARTICLE 21 FORECAST ADJUSTMENTS .................................... Page.Ln 282.23
ARTICLE 22 HEALTH DEPARTMENT ........................................ Page.Ln 290.12
ARTICLE 23 HEALTH CARE ................................................ Page.Ln 308.13
            CHILDREN, FAMILIES, AND NORTHSTAR CARE FOR
ARTICLE 24 CHILDREN ..................................................... Page.Ln 345.19
ARTICLE 25 COMMUNITY FIRST SERVICES AND SUPPORTS ............... Page.Ln 373.1
ARTICLE 26 CONTINUING CARE .......................................... Page.Ln 403.1
ARTICLE 27 PUBLIC ASSISTANCE SIMPLIFICATION ........................ Page.Ln 494.17
ARTICLE 28 CHEMICAL AND MENTAL HEALTH ............................. Page.Ln 522.19
ARTICLE 29 HEALTH AND HUMAN SERVICES APPROPRIATIONS ............ Page.Ln 534.15
ARTICLE 30 HUMAN SERVICES FORECAST ADJUSTMENTS ................. Page.Ln 553.16
115A.551 RECYCLING.
Subd. 2. County recycling goals. By December 31, 1993, each county outside of the metropolitan area will have as a goal to recycle a minimum of 25 percent by weight of total solid waste generation; and by December 31, 1993, each county within the metropolitan area will have as a goal to recycle a minimum of 35 percent by weight of total solid waste generation. Each county will develop and implement or require political subdivisions within the county to develop and implement programs, practices, or methods designed to meet its recycling goal. Nothing in this section or in any other law may be construed to prohibit a county from establishing a higher recycling goal.

116J.997 PROGRAM ACCOUNTABILITY REQUIREMENTS.
Subdivision 1. Accountability measurement. By October 1, 2009, the commissioner of employment and economic development shall develop a uniform accountability report for economic development or workforce-related programs funded in whole or in part by state or federal funds. The commissioner shall also develop a formula for measuring the return on investment for each program and a comparison of the return on investment of all programs funded in whole or in part by state or federal funds. The requirements of this section apply to programs administered directly by the commissioner or administered by other employment organizations under a grant made by the department. The report and formula required by this subdivision shall be submitted to the chairs and ranking minority members of the committees of the house of representatives and senate having jurisdiction over economic development and workforce policy and finance by October 15, 2009, for review and comment.

Subd. 2. Report to the legislature. By December 31 of each even-numbered year the commissioner must report to the chairs and the ranking minority members of the committees of the house of representatives and the senate having jurisdiction over economic development and workforce policy and finance the following information for each program subject to the requirements of subdivision 1:

(1) the target population;
(2) the number of jobs affected by the program, including the number of net new jobs created in the state and the average annual wage per job;
(3) the number of individuals leaving the unemployment compensation program as a result of the program;
(4) the number of individuals leaving the Minnesota Family Investment Program support as a result of the program;
(5) the region of the state in which the program operated;
(6) the amount of state or federal funds allocated to the program;
(7) the return on investment as calculated by the formula developed by the commissioner; and
(8) the dollar amount and percentage of the total grant used for administrative expenses.

Subd. 3. Report to the commissioner. A recipient of a grant made by or through the department must report to the commissioner by September 1 of each even-numbered year on each of the items in subdivision 2 for each program it administers. The report must be in a format prescribed by the commissioner.

Beginning November 1, 2009, the commissioner shall provide notice to grant applicants and recipients regarding the data collection and reporting requirements under this subdivision and must provide technical assistance to applicants and recipients to assist in complying with the requirements of this subdivision.

Subd. 4. Biennial budget request. The information collected and reported under subdivisions 2 and 3 shall be included in budgets submitted to the legislature under section 16A.11.

123B.71 REVIEW AND COMMENT FOR SCHOOL DISTRICT CONSTRUCTION.
Subdivision 1. Consultation. A school district shall consult with the commissioner of education before developing any plans and specifications to construct, remodel, or improve the building or site of an educational facility for which the estimated cost exceeds $500,000. This consultation shall occur before a referendum for bonds, solicitation for bids, or use of capital expenditure facilities revenue according to section 126C.10, subdivision 14, clause (2). The commissioner may require the district to participate in a management assistance plan before conducting a review and comment on the project.
256.969 PAYMENT RATES.
Subd. 2c. Property payment rates. For each hospital's first two consecutive fiscal years beginning on or after July 1, 1988, the commissioner shall limit the annual increase in property payment rates for depreciation, rents and leases, and interest expense to the annual growth in the hospital cost index derived from the methodology in effect on the day before July 1, 1989. When computing budgeted and settlement property payment rates, the commissioner shall use the annual increase in the hospital cost index forecasted by Data Resources, Inc., consistent with the quarter of the hospital's fiscal year end. For admissions occurring on or after the rate year beginning January 1, 1991, the commissioner shall obtain property data from an updated base year and establish property payment rates per admission for each hospital. Property payment rates shall be derived from data from the same base year that is used to establish operating payment rates. The property information shall include cost categories not subject to the hospital cost index and shall reflect the cost-finding methods and allowable costs of the Medicare program. The base year property payment rates shall be adjusted for increases in the property cost by increasing the base year property payment rate 85 percent of the percentage change from the base year through the year for which a Medicare cost report has been submitted to the Medicare program and filed with the department by the October 1 before the rate year. The property rates shall only reflect inpatient services covered by medical assistance. The commissioner shall adjust rates for the rate year beginning January 1, 1991, to ensure that all hospitals are subject to the hospital cost index limitation for two complete years.

Subd. 8b. Admissions for persons who apply during hospitalization. For admissions for individuals under section 256D.03, subdivision 3, paragraph (a), clause (2), that occur before the date of eligibility, payment for the days that the patient is eligible shall be established according to the methods of subdivision 14.

Subd. 9a. Disproportionate population adjustments until July 1, 1993. For admissions occurring between January 1, 1993 and June 30, 1993, the adjustment under this subdivision shall be paid to a hospital, excluding regional treatment centers and facilities of the federal Indian Health Service, with a medical assistance inpatient utilization rate in excess of one standard deviation above the arithmetic mean. The adjustment must be determined by multiplying the total of the operating and property payment rates by the difference between the hospital's actual medical assistance inpatient utilization rate and the arithmetic mean for all hospitals excluding regional treatment centers and facilities of the federal Indian Health Service, and the result must be multiplied by 1.1.

The provisions of this paragraph are effective only if federal matching funds are not available for all adjustments under this subdivision and it is necessary to implement ratable reductions under subdivision 9.

Subd. 9b. Implementation of ratable reductions. Notwithstanding the provisions in subdivision 9, any ratable reductions required under that subdivision or subdivision 9a for fiscal year 1993 shall be implemented as follows:

(1) no ratable reductions shall be applied to admissions occurring between October 1, 1992, and December 31, 1992; and

(2) sufficient ratable reductions shall be taken from hospitals receiving a payment under subdivision 9a for admissions occurring between January 1, 1993, and June 30, 1993, to ensure that all state payments under subdivisions 9 and 9a during federal fiscal year 1993 qualify for federal match.

Subd. 11. Special rates. The commissioner may establish special rate-setting methodologies, including a per day operating and property payment system, for hospice, ventilator dependent, and other services on a hospital and recipient specific basis taking into consideration such variables as federal designation, program size, and admission from a medical assistance waiver or home care program. The data and rate calculation method shall conform to the requirements of subdivision 13, except that rates shall not be standardized by the case mix index or adjusted by relative values and hospice rates shall not exceed the amount allowed under federal law. Rates and payments established under this subdivision must meet the requirements of section 256.9685, subdivisions 1 and 2. The cost and charges used to establish rates shall only reflect...
inpatient medical assistance covered services. Hospital and claims data that are used to establish rates under this subdivision shall not be used to establish payments or relative values under subdivisions 2, 2b, 2c, 3a, 4a, 5a, and 7 to 14.

Subd. 13. Neonatal transfers. For admissions occurring on or after July 1, 1989, neonatal diagnostic category transfers shall have operating and property payment rates established at receiving hospitals which have neonatal intensive care units on a per day payment system that is based on the cost finding methods and allowable costs of the Medicare program during the base year. Other neonatal diagnostic category transfers shall have rates established according to subdivision 14. The rate per day for the neonatal service setting within the hospital shall be determined by dividing base year neonatal allowable costs by neonatal patient days. The operating payment rate portion of the rate shall be adjusted by the hospital cost index and the disproportionate population adjustment. For admissions occurring after the transition period specified in section 256.9695, subdivision 3, the operating payment rate portion of the rate shall be standardized by the case mix index and adjusted by relative values. The cost and charges used to establish rates shall only reflect inpatient services covered by medical assistance. Hospital and claims data used to establish rates under this subdivision shall not be used to establish rates under subdivisions 2, 2b, 2c, 3a, 4a, 5a, and 7 to 14.

Subd. 20. Increases in medical assistance inpatient payments; conditions. (a) Medical assistance inpatient payments shall increase 20 percent for inpatient hospital originally paid admissions, excluding Medicare crossovers, that occurred between July 1, 1988 and December 31, 1990, if:

1. the hospital had 100 or fewer Minnesota medical assistance annualized paid admissions, excluding Medicare crossovers, that were paid by March 1, 1988, for the period January 1, 1987 to June 30, 1987;
2. the hospital had 100 or fewer licensed beds on March 1, 1988;
3. the hospital is located in Minnesota; and
4. the hospital is not located in a city of the first class as defined in section 410.01.

For purposes of this paragraph, medical assistance does not include general assistance medical care.

(b) Medical assistance inpatient payments shall increase 15 percent for inpatient hospital originally paid admissions, excluding Medicare crossovers, that occurred between July 1, 1988 and December 31, 1990, if:

1. the hospital had more than 100 but fewer than 250 Minnesota medical assistance annualized paid admissions, excluding Medicare crossovers, that were paid by March 1, 1988, for the period January 1, 1987 to June 30, 1987;
2. the hospital had 100 or fewer licensed beds on March 1, 1988;
3. the hospital is located in Minnesota; and
4. the hospital is not located in a city of the first class as defined in section 410.01.

For purposes of this paragraph, medical assistance does not include general assistance medical care.

(c) Medical assistance inpatient payment rates shall increase 20 percent for inpatient hospital originally paid admissions, excluding Medicare crossovers, that occur on or after October 1, 1992, if:

1. the hospital had 100 or fewer Minnesota medical assistance annualized paid admissions, excluding Medicare crossovers, that were paid by March 1, 1988, for the period January 1, 1987 to June 30, 1987;
2. the hospital had 100 or fewer licensed beds on March 1, 1988;
3. the hospital is located in Minnesota; and
4. the hospital is not located in a city of the first class as defined in section 410.01.

For a hospital that qualifies for an adjustment under this paragraph and under subdivision 9 or 23, the hospital must be paid the adjustment under subdivisions 9 and 23, as applicable, plus any amount by which the adjustment under this paragraph exceeds the adjustment under those subdivisions. For this paragraph, medical assistance does not include general assistance medical care.

(d) Medical assistance inpatient payment rates shall increase 15 percent for inpatient hospital originally paid admissions, excluding Medicare crossovers, that occur after September 30, 1992, if:

1. the hospital had more than 100 but fewer than 250 Minnesota medical assistance annualized paid admissions, excluding Medicare crossovers, that were paid by March 1, 1988, for the period January 1, 1987 to June 30, 1987;
2. the hospital had 100 or fewer licensed beds on March 1, 1988;
3. the hospital is located in Minnesota; and
4. the hospital is not located in a city of the first class as defined in section 410.01.
For a hospital that qualifies for an adjustment under this paragraph and under subdivision 9 or 23, the hospital must be paid the adjustment under subdivisions 9 and 23, as applicable, plus any amount by which the adjustment under this paragraph exceeds the adjustment under those subdivisions. For purposes of this paragraph, medical assistance does not include general assistance medical care.

Subd. 21. Mental health or chemical dependency admissions; rates. Admissions under the general assistance medical care program occurring on or after July 1, 1990, and admissions under medical assistance, excluding general assistance medical care, occurring on or after July 1, 1990, and on or before September 30, 1992, that are classified to a diagnostic category of mental health or chemical dependency shall have rates established according to the methods of subdivision 14, except the per day rate shall be multiplied by a factor of 2, provided that the total of the per day rates shall not exceed the per admission rate. This methodology shall also apply when a hold or commitment is ordered by the court for the days that inpatient hospital services are medically necessary. Stays which are medically necessary for inpatient hospital services and covered by medical assistance shall not be billable to any other governmental entity. Medical necessity shall be determined under criteria established to meet the requirements of section 256B.04, subdivision 15, or 256D.03, subdivision 7, paragraph (b).

Subd. 22. Hospital payment adjustment. For admissions occurring from January 1, 1993 until June 30, 1993, the commissioner shall adjust the medical assistance payment paid to a hospital, excluding regional treatment centers and facilities of the federal Indian Health Service, with a medical assistance inpatient utilization rate in excess of the arithmetic mean. The adjustment must be determined as follows:

1. For a hospital with a medical assistance inpatient utilization rate above the arithmetic mean for all hospitals excluding regional treatment centers and facilities of the federal Indian Health Service, the adjustment must be determined by multiplying the total of the operating and property payment rates by the difference between the hospital's actual medical assistance inpatient utilization rate and the arithmetic mean for all hospitals excluding regional treatment centers and facilities of the federal Indian Health Service; and

2. For a hospital with a medical assistance inpatient utilization rate above one standard deviation above the mean, the adjustment must be determined by multiplying the adjustment under clause (1) for that hospital by 1.1. Any payment under this clause must be reduced by the amount of any payment received under subdivision 9a. For purposes of this subdivision, medical assistance does not include general assistance medical care.

This subdivision is effective only if federal matching funds are not available for all adjustments under this subdivision and it is necessary to implement ratable reductions under subdivision 9.

Subd. 26. Greater Minnesota payment adjustment after June 30, 2001. (a) For admissions occurring after June 30, 2001, the commissioner shall pay fee-for-service inpatient admissions for the diagnosis-related groups specified in paragraph (b) at hospitals located outside of the seven-county metropolitan area at the higher of:

1. The hospital's current payment rate for the diagnostic category to which the diagnosis-related group belongs, exclusive of disproportionate population adjustments received under subdivision 9 and hospital payment adjustments received under subdivision 23; or

2. 90 percent of the average payment rate for that diagnostic category for hospitals located within the seven-county metropolitan area, exclusive of disproportionate population adjustments received under subdivision 9 and hospital payment adjustments received under subdivisions 20 and 23.

(b) The payment increases provided in paragraph (a) apply to the following diagnosis-related groups, as they fall within the diagnostic categories:

1. Cesarean section with complicating diagnosis;
2. Cesarean section without complicating diagnosis;
3. Vaginal delivery with complicating diagnosis;
4. Vaginal delivery without complicating diagnosis;
5. Extreme immaturity and respiratory distress syndrome, neonate;
6. Full-term neonates with other problems;
7. Prematurity without major problems;
8. Normal newborn;
9. Neonate, died or transferred to another acute care facility;
10. Acute adjustment reaction and psychosocial dysfunction;
11. Psychoses;
12. Childhood mental disorders; and
Subd. 27. Quarterly payment adjustment. (a) In addition to any other payment under this section, the commissioner shall make the following payments effective July 1, 2007:

(1) for a hospital located in Minnesota and not eligible for payments under subdivision 20, with a medical assistance inpatient utilization rate greater than 17.8 percent of total patient days as of the base year in effect on July 1, 2005, a payment equal to 13 percent of the total of the operating and property payment rates;

(2) for a hospital located in Minnesota in a specified urban area outside of the seven-county metropolitan area and not eligible for payments under subdivision 20, with a medical assistance inpatient utilization rate less than or equal to 17.8 percent of total patient days as of the base year in effect on July 1, 2005, a payment equal to ten percent of the total of the operating and property payment rates. For purposes of this clause, the following cities are specified urban areas: Detroit Lakes, Rochester, Willmar, Alexandria, Austin, Cambridge, Brainerd, Hibbing, Mankato, Duluth, St. Cloud, Grand Rapids, Wyoming, Fergus Falls, Albert Lea, Winona, Virginia, Thief River Falls, and Wadena;

(3) for a hospital located in Minnesota but not located in a specified urban area under clause (2), with a medical assistance inpatient utilization rate less than or equal to 17.8 percent of total patient days as of the base year in effect on July 1, 2005, a payment equal to four percent of the total of the operating and property payment rates. A hospital located in Woodbury and not in existence during the base year shall be reimbursed under this clause; and

(4) in addition to any payments under clauses (1) to (3), for a hospital located in Minnesota and not eligible for payments under subdivision 20 with a medical assistance inpatient utilization rate of 17.9 percent of total patient days as of the base year in effect on July 1, 2005, a payment equal to eight percent of the total of the operating and property payment rates, and for a hospital located in Minnesota and not eligible for payments under subdivision 20 with a medical assistance inpatient utilization rate of 59.6 percent of total patient days as of the base year in effect on July 1, 2005, a payment equal to nine percent of the total of the operating and property payment rates. After making any ratable adjustments required under paragraph (b), the commissioner shall proportionately reduce payments under clauses (2) and (3) by an amount needed to make payments under this clause.

(b) The state share of payments under paragraph (a) shall be equal to federal reimbursements to the commissioner to reimburse expenditures reported under section 256B.199, paragraphs (a) to (d). The commissioner shall ratably reduce or increase payments under this subdivision in order to ensure that these payments equal the amount of reimbursement received by the commissioner under section 256B.199, paragraphs (a) to (d), except that payments shall be ratably reduced by an amount equivalent to the state share of a four percent reduction in MinnesotaCare and medical assistance payments for inpatient hospital services. Effective July 1, 2009, the ratable reduction shall be equivalent to the state share of a three percent reduction in these payments. Effective for federal disproportionate share hospital funds earned on payments reported under section 256B.199, paragraphs (a) to (d), for services rendered on or after April 1, 2010, payments shall not be made under this subdivision or subdivision 28.

(c) The payments under paragraph (a) shall be paid quarterly based on each hospital's operating and property payments from the second previous quarter, beginning on July 15, 2007, or upon federal approval of federal reimbursements under section 256B.199, paragraphs (a) to (d), whichever occurs later.

(d) The commissioner shall not adjust rates paid to a prepaid health plan under contract with the commissioner to reflect payments provided in paragraph (a).

(e) The commissioner shall maximize the use of available federal money for disproportionate share hospital payments and shall maximize payments to qualifying hospitals. In order to accomplish these purposes, the commissioner may, in consultation with the nonstate entities identified in section 256B.199, paragraphs (a) to (d), adjust, on a pro rata basis if feasible, the amounts reported by nonstate entities under section 256B.199, paragraphs (a) to (d), when application for reimbursement is made to the federal government, and otherwise adjust the provisions of this subdivision. The commissioner shall utilize a settlement process based on finalized data to maximize revenue under section 256B.199, paragraphs (a) to (d), and payments under this section.

(f) For purposes of this subdivision, medical assistance does not include general assistance medical care.

Subd. 28. Temporary rate increase for qualifying hospitals. For the period from April 1, 2009, to September 30, 2010, for each hospital with a medical assistance utilization rate equal to or greater than 25 percent during the base year, the commissioner shall provide an equal percentage rate increase for each medical assistance admission. The commissioner shall estimate the percentage rate increase using as the state share of the increase the amount available under
section 256B.199, paragraph (d). The commissioner shall settle up payments to qualifying hospitals based on actual payments under that section and actual hospital admissions.

256.9695 APPEALS OF RATES; PROHIBITED PRACTICES FOR HOSPITALS; TRANSITION RATES.

Subd. 3. Transition. Except as provided in section 256.969, subdivision 8, the commissioner shall establish a transition period for the calculation of payment rates from July 1, 1989, to the implementation date of the upgrade to the Medicaid management information system or July 1, 1992, whichever is earlier.

During the transition period:
(a) Changes resulting from section 256.969, subdivisions 7, 9, 10, 11, and 13, shall not be implemented, except as provided in section 256.969, subdivisions 12 and 20.
(b) The beginning of the 1991 rate year shall be delayed and the rates notification requirement shall not be applicable.
(c) Operating payment rates shall be indexed from the hospital's most recent fiscal year ending prior to January 1, 1991, by prorating the hospital cost index methodology in effect on January 1, 1989. For payments made for admissions occurring on or after June 1, 1990, until the implementation date of the upgrade to the Medicaid management information system the hospital cost index excluding the technology factor shall not exceed five percent. This hospital cost index limitation shall not apply to hospitals that meet the requirements of section 256.969, subdivision 20, paragraphs (a) and (b).
(d) Property and pass-through payment rates shall be maintained at the most recent payment rate effective for June 1, 1990. However, all hospitals are subject to the hospital cost index limitation of subdivision 2c, for two complete fiscal years. Property and pass-through costs shall be retroactively settled through the transition period. The laws in effect on the day before July 1, 1989, apply to the retroactive settlement.
(e) If the upgrade to the Medicaid management information system has not been completed by July 1, 1992, the commissioner shall make adjustments for admissions occurring on or after that date that as follows:
(1) provide a ten percent increase to hospitals that meet the requirements of section 256.969, subdivision 20, or, upon written request from the hospital to the commissioner, 50 percent of the rate change that the commissioner estimates will occur after the upgrade to the Medicaid management information system; and
(2) adjust the Minnesota and local trade area rebased payment rates that are established after the upgrade to the Medicaid management information system to compensate for a rebasing effective date of July 1, 1992. The adjustment shall be determined using claim specific payment changes that result from the rebased rates and revised methodology in effect after the systems upgrade. Any adjustment that is greater than zero shall be ratably reduced by 20 percent. In addition, every adjustment shall be reduced for payments under clause (1), and differences in the hospital cost index. Hospitals shall revise claims so that services provided by rehabilitation units of hospitals are reported separately. The adjustment shall be in effect until the amount due to or owed by the hospital is fully paid over a number of admissions that is equal to the number of admissions under adjustment multiplied by 1.5. The adjustment for admissions occurring from July 1, 1992 to December 31, 1992, shall be based on claims paid as of August 1, 1993, and the adjustment shall begin with the effective date of rules governing rebasing. The adjustment for admissions occurring from January 1, 1993, to the effective date of the rules shall be based on claims paid as of February 1, 1994, and shall begin after the first adjustment period is fully paid. For purposes of appeals under subdivision 1, the adjustment shall be considered payment at the time of admission.

Subd. 4. Study. The commissioner shall contract for an evaluation of the inpatient and outpatient hospital payment systems. The study shall include recommendations concerning:
(1) more effective methods of assigning operating and property payment rates to specific services or diagnoses;
(2) effective methods of cost control and containment;
(3) fiscal impacts of alternative payment systems;
(4) the relationships of the use of and payment for inpatient and outpatient hospital services;
(5) methods to relate reimbursement levels to the efficient provision of services; and
(6) methods to adjust reimbursement levels to reflect cost differences between geographic areas.
The commissioner shall report the findings to the legislature by January 15, 1991, along with recommendations for implementation.

256B.0625 COVERED SERVICES.

Subd. 18f. Enrollee assessment process. (a) The commissioner shall require that the administrator of nonemergency medical transportation adhere to the assessment process recommended by the Nonemergency Medical Transportation Advisory Committee. The commissioner shall implement, by July 1, 2014, the comprehensive, statewide, standard assessment process for medical assistance enrollees seeking nonemergency medical transportation services recommended by the Nonemergency Medical Transportation Advisory Committee. The assessment process must identify a client's level of needs, abilities, and resources, and match the client with the mode of transportation in the client's service area that best meets those needs.

(b) The assessment process must:

1. address mental health diagnoses when determining the most appropriate mode of transportation;
2. base decisions on clearly defined criteria that are available to clients, providers, and counties;
3. be standardized across the state and be aligned with other similar existing processes;
4. allow for extended periods of eligibility for certain types of nonemergency transportation when a client's condition is unlikely to change; and
5. increase the use of public transportation when appropriate and cost-effective, including offering monthly bus passes to clients.

256D.06 AMOUNT OF ASSISTANCE.

Subd. 1b. Earned income savings account. In addition to the $50 disregard required under subdivision 1, the county agency shall disregard an additional earned income up to a maximum of $500 per month for: (1) persons residing in facilities licensed under Minnesota Rules, parts 9520.0500 to 9520.0690 and 9530.2500 to 9530.4000, and for whom discharge and work are part of a treatment plan; (2) persons living in supervised apartments with services funded under Minnesota Rules, parts 9535.0100 to 9535.1600, and for whom discharge and work are part of a treatment plan; and (3) persons residing in group residential housing, as that term is defined in section 256D.03, subdivision 3, for whom the county agency has approved a discharge plan which includes work. The additional amount disregarded must be placed in a separate savings account by the eligible individual, to be used upon discharge from the residential facility into the community. For individuals residing in a chemical dependency program licensed under Minnesota Rules, parts 9530.4100, subpart 22, item D, withdrawals from the savings account require the signature of the individual and for those individuals with an authorized representative payee, the signature of the payee. A maximum of $2,000, including interest, of the money in the savings account must be excluded from the resource limits established by section 256D.08, subdivision 1, clause (1). Amounts in that account in excess of $2,000 must be applied to the resident's cost of care. If excluded money is removed from the savings account by the eligible individual at any time before the individual is discharged from the facility into the community, the money is income to the individual in the month of receipt and a resource in subsequent months. If an eligible individual moves from a community facility to an inpatient hospital setting, the separate savings account is an excluded asset for up to 18 months. During that time, amounts that accumulate in excess of the $2,000 savings limit must be applied to the patient's cost of care. If the patient continues to be hospitalized at the conclusion of the 18-month period, the entire account must be applied to the patient's cost of care.

256D.08 EXCLUSION FROM RESOURCES.

Subd. 2. Rulemaking: exclusion of property. Notwithstanding any other provision of sections 256D.01 to 256D.21, the commissioner shall provide by rule for the exclusion of property from the determination of eligibility for general assistance when it appears likely that the need for general assistance will not exceed 30 days or an undue hardship would be imposed on an assistance unit by the forced disposal of the property.

256D.405 VERIFICATION AND REPORTING REQUIREMENTS.
Subd. 1a. **Exemption.** Recipients who maintain supplemental security income eligibility are exempt from the reporting requirements of subdivision 1, except that the policies and procedures of transfers of assets are those used by the medical assistance program under section 256B.0595.

Subd. 2. **Redetermination of eligibility.** The eligibility of each recipient must be redetermined at least once every 12 months.

**256J.08 DEFINITIONS.**

Subd. 24. **Disregard.** "Disregard" means earned income that is not counted in the initial income test in section 256J.21, subdivision 3, or income that is not counted when determining ongoing eligibility and calculating the amount of the assistance payment for participants. The disregard for ongoing eligibility shall be 50 percent of gross earned income.

Subd. 42. **Gross receipts.** "Gross receipts" means the money received by a business before the expenses of the business are deducted.

Subd. 55a. **MFIP standard of need.** "MFIP standard of need" means the appropriate standard used to determine MFIP benefit payments for the MFIP unit and applies to:

1. the transitional standard, sections 256J.08, subdivision 85, and 256J.24, subdivision 5; and
2. the shared household standard, section 256J.24, subdivision 9.

Subd. 82a. **Shared household standard.** "Shared household standard" means the basic standard used when the household includes an unrelated member. The standard also applies to a member disqualified under section 256J.425. The cash portion of the shared household standard is equal to 90 percent of the cash portion of the transitional standard. The cash portion of the shared household standard plus the food portion equals the full shared household standard.

**256J.20 PROPERTY LIMITATIONS.**

Subdivision 1. **Property ownership provisions.** The county agency must apply paragraphs (a) to (d) to real and personal property. The county agency must use the equity value of legally available real and personal property, except property excluded in subdivisions 2 and 3, to determine whether an applicant or participant is eligible for assistance.

(a) When real or personal property is jointly owned by two or more persons, the county agency shall assume that each person owns an equal share, except that either person owns the entire sum of a joint personal checking or savings account. When an applicant or participant documents greater or lesser ownership, the county agency must use that greater or lesser share to determine the equity value held by the applicant or participant. Other types of ownership must be evaluated according to law.

(b) Real or personal property owned by the applicant or participant must be presumed legally available to the applicant or participant unless the applicant or participant documents that the property is not legally available to the applicant or participant. When real or personal property is not legally available, its equity value must not be applied against the limits of subdivisions 2 and 3.

(c) An applicant must disclose whether the applicant has transferred real or personal property valued in excess of the property limits in subdivisions 2 and 3 for which reasonable compensation was not received within one year prior to application. A participant must disclose all transfers of property valued in excess of these limits, according to the reporting requirements in section 256J.30, subdivision 9. When a transfer of real or personal property without reasonable compensation has occurred:

1. the person who transferred the property must provide the property's description, information needed to determine the property's equity value, the names of the persons who received the property, and the circumstances of and reasons for the transfer; and
2. when the transferred property can be reasonably reacquired, or when reasonable compensation can be secured, the property is presumed legally available to the applicant or participant.

(d) A participant may build the equity value of real and personal property to the limits in subdivisions 2 and 3.

Subd. 2. **Real property limitations.** Ownership of real property by an applicant or participant is subject to the limitations in paragraphs (a) and (b).

(a) A county agency shall exclude the homestead of an applicant or participant according to clauses (1) to (5):

1. an applicant or participant who is purchasing real property through a contract for deed and using that property as a home is considered the owner of real property;
(2) the total amount of land that can be excluded under this subdivision is limited to surrounding property which is not separated from the home by intervening property owned by others. Additional property must be assessed as to its legal and actual availability according to subdivision 1;

(3) when real property that has been used as a home by a participant is sold, the county agency must treat the cash proceeds from the sale as excluded property for six months when the participant intends to reinvest the proceeds in another home and maintains those proceeds, unused for other purposes, in a separate account;

(4) when the homestead is jointly owned, but the client does not reside in it because of legal separation, pending divorce, or battering or abuse by the spouse or partner, the homestead is excluded; and

(5) the homestead shall continue to be excluded if it is temporarily unoccupied due to employment, illness, or as the result of compliance with a county-approved employability plan. The education, training, or job search must be within the state, but can be outside the immediate geographic area. A homestead temporarily unoccupied because it is not habitable due to a casualty or natural disaster is excluded. The homestead is excluded during periods only if the client intends to return to it.

(b) The equity value of real property that is not excluded under paragraph (a) and which is legally available must be applied against the limits in subdivision 3. When the equity value of the real property exceeds the limits under subdivision 3, the applicant or participant may qualify to receive assistance when the applicant or participant continues to make a good faith effort to sell the property and signs a legally binding agreement to repay the amount of assistance, less child support collected by the agency. Repayment must be made within five working days after the property is sold. Repayment to the county agency must be in the amount of assistance received or the proceeds of the sale, whichever is less.

Subd. 3. Other property limitations. To be eligible for MFIP, the equity value of all nonexcluded real and personal property of the assistance unit must not exceed $2,000 for applicants and $5,000 for ongoing participants. The value of assets in clauses (1) to (19) must be excluded when determining the equity value of real and personal property:

(1) a licensed vehicle up to a loan value of less than or equal to $10,000. If the assistance unit owns more than one licensed vehicle, the county agency shall determine the loan value of all additional vehicles and exclude the combined loan value of less than or equal to $7,500. The county agency shall apply any excess loan value as if it were equity value to the asset limit described in this section, excluding: (i) the value of one vehicle per physically disabled person when the vehicle is needed to transport the disabled unit member; this exclusion does not apply to mentally disabled people; (ii) the value of special equipment for a disabled member of the assistance unit; and (iii) any vehicle used for long-distance travel, other than daily commuting, for the employment of a unit member.

To establish the loan value of vehicles, a county agency must use the N.A.D.A. Official Used Car Guide, Midwest Edition, for newer model cars. When a vehicle is not listed in the guidebook, or when the applicant or participant disputes the loan value listed in the guidebook as unreasonable given the condition of the particular vehicle, the county agency may require the applicant or participant document the loan value by securing a written statement from a motor vehicle dealer licensed under section 168.27, stating the amount that the dealer would pay to purchase the vehicle. The county agency shall reimburse the applicant or participant for the cost of a written statement that documents a lower loan value;

(2) the value of life insurance policies for members of the assistance unit;

(3) one burial plot per member of an assistance unit;

(4) the value of personal property needed to produce earned income, including tools, implements, farm animals, inventory, business loans, business checking and savings accounts used at least annually and used exclusively for the operation of a self-employment business, and any motor vehicles if at least 50 percent of the vehicle's use is to produce income and if the vehicles are essential for the self-employment business;

(5) the value of personal property not otherwise specified which is commonly used by household members in day-to-day living such as clothing, necessary household furniture, equipment, and other basic maintenance items essential for daily living;

(6) the value of real and personal property owned by a recipient of Supplemental Security Income or Minnesota supplemental aid;

(7) the value of corrective payments, but only for the month in which the payment is received and for the following month;

(8) a mobile home or other vehicle used by an applicant or participant as the applicant's or participant's home;
(9) money in a separate escrow account that is needed to pay real estate taxes or insurance
and that is used for this purpose;
(10) money held in escrow to cover employee FICA, employee tax withholding, sales tax
withholding, employee worker compensation, business insurance, property rental, property taxes,
and other costs that are paid at least annually, but less often than monthly;
(11) monthly assistance payments for the current month's or short-term emergency needs
under section 256J.626, subdivision 2;
(12) the value of school loans, grants, or scholarships for the period they are intended
to cover;
(13) payments listed in section 256J.21, subdivision 2, clause (9), which are held in escrow
for a period not to exceed three months to replace or repair personal or real property;
(14) income received in a budget month through the end of the payment month;
(15) savings from earned income of a minor child or a minor parent that are set aside in a
separate account designated specifically for future education or employment costs;
(16) the federal earned income credit, Minnesota working family credit, state and federal
income tax refunds, state homeowners and renters credits under chapter 290A, property tax
rebates and other federal or state tax rebates in the month received and the following month;
(17) payments excluded under federal law as long as those payments are held in a separate
account from any nonexcluded funds;
(18) the assets of children ineligible to receive MFIP benefits because foster care or
adoption assistance payments are made on their behalf; and
(19) the assets of persons whose income is excluded under section 256J.21, subdivision
2, clause (43).

256.24 FAMILY COMPOSITION; ASSISTANCE STANDARDS; EXIT LEVEL.
Subd. 9. Shared household standard; MFIP. (a) Except as prohibited in paragraph (b),
the county agency must use the shared household standard when the household includes one or
more unrelated members, as that term is defined in section 256J.08, subdivision 86a. The county
agency must use the shared household standard, unless a member of the assistance unit is a
victim of family violence and has an alternative employment plan, regardless of the number of
unrelated members in the household.
(b) The county agency must not use the shared household standard when all unrelated
members are one of the following:
(1) a recipient of public assistance benefits, including food stamps or food support,
Supplemental Security Income, adoption assistance, relative custody assistance, or foster care
payments;
(2) a rooer or boarder, or a person to whom the assistance unit is paying room or board;
(3) a minor child under the age of 18;
(4) a minor caregiver living with the minor caregiver's parents or in an approved
supervised living arrangement;
(5) a caregiver who is not the parent of the minor child in the assistance unit; or
(6) an individual who provides child care to a child in the MFIP assistance unit.
(c) The shared household standard must be discontinued if it is not approved by the United
States Department of Agriculture under the MFIP waiver.

256J.32 DOCUMENTING, VERIFYING, AND RECERTIFYING ELIGIBILITY.
Subd. 2. Documentation. The applicant or participant must document the information
required under subdivisions 4 to 6 or authorize the county agency to verify the information. The
applicant or participant has the burden of providing documentary evidence to verify eligibility.
The county agency shall assist the applicant or participant in obtaining required documents when
the applicant or participant is unable to do so. The county agency may accept a signed personal
statement from the applicant or participant only for factors specified under subdivision 8.
Subd. 3. Contacting third parties. A county agency must not request information about an
applicant or participant that is not of public record from a source other than county agencies, the
department, or the United States Department of Health and Human Services without the person's
prior written consent. An applicant's signature on an application form constitutes consent for
contact with the sources specified on the application. A county agency may use a single consent
form to contact a group of similar sources, such as banks or insurance agencies, but the sources to
be contacted must be identified by the county agency prior to requesting an applicant's consent.
Subd. 4. Factors to be verified. The county agency shall verify the following at application:
(1) identity of adults;
(2) presence of the minor child in the home, if questionable;
(3) relationship of a minor child to caregivers in the assistance unit;
(4) age, if necessary to determine MFIP eligibility;
(5) immigration status;
(6) Social Security number according to the requirements of section 256J.30, subdivision 12;
(7) income;
(8) self-employment expenses used as a deduction;
(9) source and purpose of deposits and withdrawals from business accounts;
(10) spousal support and child support payments made to persons outside the household;
(11) real property;
(12) vehicles;
(13) checking and savings accounts;
(14) savings certificates, savings bonds, stocks, and individual retirement accounts;
(15) pregnancy, if related to eligibility;
(16) inconsistent information, if related to eligibility;
(17) burial accounts;
(18) school attendance, if related to eligibility;
(19) residence;
(20) a claim of family violence if used as a basis to qualify for the family violence waiver;
(21) disability if used as the basis for reducing the hourly participation requirements under section 256J.55, subdivision 1, or the type of activity included in an employment plan under section 256J.521, subdivision 2; and
(22) information needed to establish an exception under section 256J.24, subdivision 9.

Subd. 5a. Inconsistent information. When the county agency verifies inconsistent information under subdivision 4, clause (16) or clause (5), the reason for verifying the information must be documented in the financial case record.

Subd. 6. Recertification. (a) The county agency shall recertify eligibility in an annual face-to-face interview with the participant. The county agency may waive the face-to-face interview and conduct a phone interview for participants who qualify under paragraph (b). During the interview, the county agency shall verify the following:
   (1) presence of the minor child in the home, if questionable;
   (2) income, unless excluded, including self-employment expenses used as a deduction or deposits or withdrawals from business accounts;
   (3) assets when the value is within $200 of the asset limit;
   (4) information to establish an exception under section 256J.24, subdivision 9, if questionable;
   (5) inconsistent information, if related to eligibility; and
   (6) whether a single caregiver household meets requirements in section 256J.575, subdivision 3.

(b) A participant who is employed any number of hours must be given the option of conducting a face-to-face or phone interview to recertify eligibility. The participant must be employed at the time the interview is scheduled. If the participant loses the participant’s job between the time the interview is scheduled and when it is to be conducted, the phone interview may still be conducted.

Subd. 7. Notice to undocumented persons; release of private data. County agencies in consultation with the commissioner of human services shall provide notification to undocumented persons regarding the release of personal data to the United States Citizenship and Immigration Services and develop protocol regarding the release or sharing of data about undocumented persons with the United States Citizenship and Immigration Services as required under sections 404, 434, and 411A of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Subd. 7a. Requirement to report to United States Citizenship and Immigration Services. The commissioner shall comply with the reporting requirements under United States Code, title 42, section 611a, and any federal regulation or guidance adopted under that law.

Subd. 8. Personal statement. The county agency may accept a signed personal statement from the applicant or participant explaining the reasons that the documentation requested in subdivision 2 is unavailable as sufficient documentation at the time of application, recertification, or change related to eligibility only for the following factors:
   (1) a claim of family violence if used as a basis to qualify for the family violence waiver;
   (2) information needed to establish an exception under section 256J.24, subdivision 9;
(3) relationship of a minor child to caregivers in the assistance unit;

(4) citizenship status from a noncitizen who reports to be, or is identified as, a victim of severe forms of trafficking in persons, if the noncitizen reports that the noncitizen's immigration documents are being held by an individual or group of individuals against the noncitizen's will. The noncitizen must follow up with the Office of Refugee Resettlement (ORR) to pursue certification. If verification that certification is being pursued is not received within 30 days, the MFIP case must be closed and the agency shall pursue overpayments. The ORR documents certifying the noncitizen's status as a victim of severe forms of trafficking in persons, or the reason for the delay in processing, must be received within 90 days, or the MFIP case must be closed and the agency shall pursue overpayments; and

(5) other documentation unavailable for reasons beyond the control of the applicant or participant. Reasonable attempts must have been made to obtain the documents requested under subdivision 2.

256N.26 BENEFITS AND PAYMENTS.

Subd. 7. Special at-risk monthly payment for at-risk children in guardianship assistance and adoption assistance. A child eligible for guardianship assistance under section 256N.22 or adoption assistance under section 256N.23 who is determined to be an at-risk child shall receive a special at-risk monthly payment of $1 per month basic, unless and until the potential disability manifests itself and the agreement is renegotiated to include reimbursement. Such an at-risk child shall receive neither a supplemental difficulty of care monthly rate under subdivision 4 nor home and vehicle modifications under subdivision 10, but must be considered for medical assistance under subdivision 2.
Laws 2014, chapter 272, article 1, section 22

Sec. 22. Minnesota Statutes 2012, section 122A.414, subdivision 2, is amended to read:

Subd. 2. Alternative teacher professional pay system. (a) To participate in this program, a school district, intermediate school district, school site, or charter school must have an educational improvement plan under section 122A.413 and an alternative teacher professional pay system agreement under paragraph (b). A charter school participant also must comply with subdivision 2a.

(b) The alternative teacher professional pay system agreement must:

(1) describe how teachers can achieve career advancement and additional compensation;

(2) describe how the school district, intermediate school district, school site, or charter school will provide teachers with career advancement options that allow teachers to retain primary roles in student instruction and facilitate site-focused professional development that helps other teachers improve their skills;

(3) reform the "steps and lanes" salary schedule, prevent any teacher's compensation paid before implementing the pay system from being reduced as a result of participating in this system, and base at least 60 percent of any compensation increase on teacher performance using:

(i) schoolwide student achievement gains under section 120B.35 or locally selected standardized assessment outcomes, or both;

(ii) measures of student achievement, including the academic literacy, oral academic language, and achievement of English learners, among other measures; and

(iii) an objective evaluation program that includes:

(A) individual teacher evaluations aligned with the educational improvement plan under section 122A.413 and the staff development plan under section 122A.60; and

(B) objective evaluations using multiple criteria conducted by a locally selected and periodically trained evaluation team that understands teaching and learning;

(4) provide integrated ongoing site-based professional development activities to improve instructional skills and learning that are aligned with student needs under section 122A.413, consistent with the staff development plan under section 122A.60 and led during the school day by trained teacher leaders such as master or mentor teachers;

(5) allow any teacher in a participating school district, intermediate school district, school site, or charter school that implements an alternative pay system to participate in that system without any quota or other limit; and

(6) encourage collaboration rather than competition among teachers.

EFFECTIVE DATE. This section is effective August 1, 2014, and applies to agreements approved after that date.

Laws 2014, chapter 272, article 3, section 32

Sec. 32. Minnesota Statutes 2012, section 124D.09, subdivision 9, is amended to read:

Subd. 9. Enrollment priority. (a) A postsecondary institution shall give priority to its postsecondary students when enrolling 10th, 11th, and 12th grade pupils in its courses. A postsecondary institution may provide information about its programs to a secondary school or to a pupil or parent and it may advertise or otherwise recruit or solicit a secondary pupil to enroll in its programs. An institution must not enroll secondary pupils, for postsecondary enrollment options purposes, in remedial, developmental, or other courses that are not college level. Once any pupil has been enrolled in a postsecondary course under this section, the pupil shall not be displaced by another student.

(b) If a postsecondary institution enrolls a secondary school pupil in a course under this section, the postsecondary institution also must enroll in the same course an otherwise enrolled and qualified postsecondary student who qualifies as a veteran under section 197.447, and demonstrates to the postsecondary institution's satisfaction that the institution's established enrollment timelines were not practicable for that student.

EFFECTIVE DATE. This section is effective July 1, 2014.